Namibia Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:
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Describe the process used for NCPI data gathering and validation:
Stakeholders to be interviewed were identified by the coordinating body for NCPI together with the consultant. A desk review was conducted followed by individual interviews with key stakeholders. Information gathered through the interviews were then consolidated and analyzed and validated in a consensus meeting
Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:
Consensus meetings were held to validate the responses. The process used for resolving disagreements was discussion of the responses in the questionnaires followed by a consensus.
Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):
There are limitations in the methodology that have been observed that may have potential influence to the data. These limitations primarily include the sampling of respondents was not random and were few. Although the respondents were key informants in their areas, they are not necessarily representative of their constituencies. However, this bias was minimized by the consensus meetings.

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
OPM	Abner Xoagub/ Dep. Director	Yes	No	No	No	No	No
MOHSS/DSP	Anne-Marie Nitschke/ Deputy Director	Yes	No	Yes	No	No	Yes
MRLGHRD	Mr Maswahu/ Deputy Director	No	Yes	No	No	No	No
MOHSS/DSP	Ms Anna Jonas/ Chief Health Progs. M&E	No	No	Yes	No	No	Yes
MOE	Ms Felicity Haingura/ Head HIV AIDS Management Unit	No	No	No	Yes	No	No
MOHSS/DSP	Dr Gweshe/ Chief Medical Officer	No	No	No	No	Yes	No
Khomas Region	Ms Nussita/ Regional AIDS Coordinator	No	No	No	Yes	No	No

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
NANASO	Mr Michael Mulondo/CEO	Yes	No	No	No	No
Positive Vibes	Mr Casper Erichen/Director	Yes	No	No	No	No
SFH	Ms Lavinia Shikongo/CEO	Yes	No	No	Yes	No
NAPPA	Mr Sam Ntelamo/CEO	No	Yes	No	Yes	No
LAC	Amon Ngavetene/ Coordinator AIDS Law Unit	No	Yes	Yes	No	No
ARASA	Michaela Clayton/Director	No	No	Yes	No	No
CDC	Mr John Pitman/Dep. Director	No	No	No	Yes	No

UNICEF	Mr Arjan De Wagt HIV Coordinator	No	No	No	Yes	No
Nawa Life	Ms Salem/ Deputy Director	No	No	No	Yes	No
USAID	Mr Brad Corner/ Prevention Advisor	No	No	No	Yes	No
USAID	Dr Didier Kangudie/Treatment Advisor	No	No	No	No	Yes
WHO	Dr Desta Tiruneh/Medical Officer	No	No	No	No	Yes

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?
(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):
Yes
IF YES, what was the period covered:
2010/11-2015/16
IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:
The current National Strategic Framework (NSFD) marks a paradigm shift from the previous Medium Development Plan (MDP3). The focus is on achieving quantifiable results, thus making it more result-based based compared to MDP3 that was target-based. The NSF is more specific in governance, has mainstreamed gender and human rights in the strategic and prioritized interventions.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:
Ministry of Health and Social Services

1.2. Which sectors are included in the multisectoral strategy with a specifc HIV budget for their activities?

SECTORS

Included in Strategy	Earmarked Budget
Yes	-
Yes	Yes
Yes	-
Yes	-
Yes	-
Yes	-
Yes	-

Other [write in]:
-
IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specifc activities?:
The limitation of the NSF is that there is no budget earmarked or a structured resource mobilization strategy for the NSF. Institutes are using their individual budget to fund the activities outlined in the NSF and funding provided through the development partners i.e Global Fund, USAID, UN agencies and other sectors.

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:
Yes
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
Yes
People with disabilities:
Yes
People who inject drugs:
-
Sex workers:
Yes
Transgendered people:

No
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations:
Yes
Prisons:
Yes
Schools:
Yes
Workplace:
Yes
Addressing stigma and discrimination:
Yes
Gender empowerment and/or gender equality:
Yes
HIV and poverty:
Yes
Human rights protection:
Yes
Involvement of people living with HIV:
Yes

IF NO, explain how key populations were identifed?:
-
1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:
Sex workers, MSM, Uniformed services, Inmates (Prisoners), PLHIV, OVC
1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:
Yes
b) Clear targets or milestones?:
Yes
c) Detailed costs for each programmatic area?:
Yes
d) An indication of funding sources to support programme implementation?:
Yes
e) A monitoring and evaluation framework?:
Yes

1.7

1.7. Has the country ensured "full involvement and participation" of civil society in the development of the multisectoral strategy?:
Active involvement
IF ACTIVE INVOLVEMENT, briefly explain how this was organised:
Civil society was involved from the start of the NSF development process in the form of planning, providing technical people to draft the strategy, validation of the expected results and also served on the technical working groups.

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:
Yes

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:
Yes, all partners

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:
Yes

2.1. IF YES, is support for HIV integrated in the following specifc development plans?

Common Country Assessment/UN Development Assistance Framework:
Yes

National Development Plan:
Yes
Poverty Reduction Strategy:
Yes
Sector-wide approach:
Yes
Other [write in]:
-

2.2. IF YES, are the following specifc HIV-related areas included in one or more of the development plans?

HIV impact alleviation:
Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:
Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:
Yes
Reduction of stigma and discrimination:
Yes
Treatment, care, and support (including social security or other schemes):
Yes
Women's economic empowerment (e.g. access to credit, access to land, training):
Yes
Other[write in below]:
-

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:
-
4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:
Yes
5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:
Yes
5.1. Have the national strategy and national HIV budget been revised accordingly?:
Yes
5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:
Estimates of Current and Future Needs
5.3. Is HIV programme coverage being monitored?:
Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:
Yes
(b) IF YES, is coverage monitored by population groups?:
Yes
IF YES, for which population groups?:
Adults and Children, Male and Female
Briefly explain how this information is used:
Used for decision making, planning programmes e.g. NSF and annual workplans, writing donor proposals and resource allocation
(c) Is coverage monitored by geographical area:
Yes
IF YES, at which geographical levels (provincial, district, other)?:
At regional, district and constituency level as well urban and rural
Briefly explain how this information is used:
Preparing reports, planning including procurements, progress indication, identify and address bottlenecks.

5.4. Has the country developed a plan to strengthen health systems?:
Yes
Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:
Infrastructure development such as ART clinics were built as well as rooms for voluntary counseling and testing. Human resoures for Health are continuously trained on program management and service delivery. Support to Logistics Management of pharmaceuticals has extended beyond HIV commodities through a central procurement arrangement managed by the Government of the Republic of Namibia. Health personnel now being used for all health services. Transport is available for all health programmes.

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:
7
Since 2009, what have been key achievements in this area:
Development of the NSF which gives clear mandate and focus, eliminates duplication and confusion. It gives guidance with mainstreaming and is results-based thus adding value to money.
What challenges remain in this area:
Overall coordination of implementation remains an issue. No sectoral committees have been established. Funding and technical expertise in some areas are are challenge as well as sustainability of programs with the reduction of donor aid. Absence of data from serobehavioural population based surveys to inform strategic planning is another challenge.

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high offcials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:
Yes
B. Other high offcials at sub-national level:
Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):
Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:
H.E, The Head of State constantly makes reference to the HIV response in his speeches. H.E committed to elimination of Mother to Child Transmission. H.E launched the National Strategic Framework and the 2010 HIV ANC sentinel surveillance report. H.E presented a statement on the National Testing Days urging people to go for testing. The same applies to all other high officials such as the Minister of Health and Social Services who has participated in national HIV programme campaigns e.g couple counseling and testing
2. Does the country have an offcially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:
Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:
Yes
Have active government leadership and participation?:
Yes
Have an official chair person?:
Yes
IF YES, what is his/her name and position title?:
Kahijoro Kahuure
Have a defined membership?:
Yes
IF YES, how many members?:
28
Include civil society representatives?:
Yes
IF YES, how many?:
4
Include people living with HIV?:
Yes
IF YES, how many?:
1
Include the private sector?:
Yes
Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:
Yes

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:

Yes

IF YES, briefly describe the main achievements:

Creation of Technical Advisory Committees (TACs) as part of the coordination framework that have been useful in allowing for participatory advice and support to the national HIV programmes. The TACs have representation of government agencies, civil society, private sector and development partners. The secretariat for the National AIDS Executive Committee and the TACs is the Directorate of Special Programmes in the Ministry of Health and Social Services

What challenges remain in this area:

Overall coordination remains an issue to track progress of different sectors and tracking what is being implemented. Funding for civil society is a barrier to always get the buy-in from civil society.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

1%

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

Yes

Technical guidance:

Yes

Other [write in below]:

-

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:

Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:

Yes

IF YES, name and describe how the policies / laws were amended:

The country has mobilized government sectors to develop individual HIV policies since the National HIV policy is outdated. Efforts are being made to review the National HIV policy to streamline it with the new HIV sector policies. The country has thus used a bottom up approach in its review process.

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

Due to the HIV sector policies and the NSF that are more updated with current trends, the National HIV policy of 2007 is due for review to address current inconsistencies.

7. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the political support for the HIV programme in 2011?:

8

Since 2009, what have been key achievements in this area:

The continuous reference to HIV by the Head of State in his speeches, the First Lady is the patron of the PMTCT programme. H.E committed to elimination of Mother to Child Transmission. H.E launched the National Strategic Framework and the 2010 HIV ANC sentinel surveillance report. H.E presented a statement on the National Testing Days urging people to go for testing. The same applies to all other high officials such as the Minister of Health and Social Services who has participated in national HIV programme campaigns e.g couple counseling and testing.

What challenges remain in this area:

Commitment is there however implementation is questionable. Although the National AIDS Executive Committee (NAEC) is geared for the Permanent Secretaries of the different ministries, attendance is not good and junior staff are rather delegated for the meetings. The lack of proper implementation of the coordinating framework. Key line ministries are not entirely taking lead in their respective areas. All HIV related work is left to the focal persons in the ministries which should not be the case with external mainstreaming.

A - III. HUMAN RIGHTS

1.1

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:
Yes
People who inject drugs:
No
Prison inmates:
Yes
Sex workers:
No
Transgendered people:
No
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations [write in]:
-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes
IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:
The constitution of the country
Briefly explain what mechanisms are in place to ensure these laws are implemented:
The Office of the Ombudsman and the Justice, Law and Order Sector in general ensure that laws are implemented.
Briefly comment on the degree to which they are currently implemented:
Policies are widely being implemented, particularly as there has been no specific cases of discrimination noted.
2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:
No

IF YES, for which subpopulations?

People living with HIV:
-
Men who have sex with men:
-
Migrants/mobile populations:
-
Orphans and other vulnerable children:
-
People with disabilities:
-
People who inject drugs :
-
Prison inmates:
-
Sex workers:
-
Transgendered people:
-
Women and girls:
-
Young women/young men:
-
Other specific vulnerable subpopulations [write in below]:
-

Briefly describe the content of these laws, regulations or policies:
According to the country's constitution, every Namibian should be treated equally regardless of their sex, education or social status without discrimination and the promotes and protects of the Human Rights of our citizens. The HIV Policy has an objective of facilitating the reduction of stigma and discrimination against people infected with, and affected by HIV/AIDS. The NSF has components of services and programmes targeting key populations.
Briefly comment on how they pose barriers:
-

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on

HIV to the general population?:
Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:
Yes
Avoid commercial sex:
Yes
Avoid inter-generational sex:
Yes
Be faithful:
Yes
Be sexually abstinent:
Yes
Delay sexual debut:
Yes
Engage in safe(r) sex:
Yes
Fight against violence against women:
Yes
Greater acceptance and involvement of people living with HIV:
Yes
Greater involvement of men in reproductive health programmes:
Yes
Know your HIV status:
Yes
Males to get circumcised under medical supervision:
Yes
Prevent mother-to-child transmission of HIV:
Yes
Promote greater equality between men and women:
Yes
Reduce the number of sexual partners:
Yes
Use clean needles and syringes:
Yes
Use condoms consistently:
Yes
Other [write in below]:
-

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:
Yes
2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:
Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:
Yes
Secondary schools?:
Yes
Teacher training?:
Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:
Yes
2.3. Does the country have an HIV education strategy for out-of-school young people?:
Yes
3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:
Yes
Briefly describe the content of this policy or strategy:
The strategy has the following results: More sex workers use condoms; More clients of sex workers use condoms,; More MSM use condoms when having sex with a male partner; More MARPS have correct prevention knowledge; and specifies other customized prevention programmes for key or other vulnerable populations e.g HIV counseling and Testing.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
No	Yes	Yes	No	No	-
No	No	No	No	No	-
No	No	No	No	Yes	-
No	No	No	No	No	-
No	No	No	No	No	-
No	No	No	No	No	-
No	No	No	No	No	-
No	No	No	No	No	-

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:
8
Since 2009, what have been key achievements in this area:
- Policy formulation has been very conducive; the country has done well in developing policies to enable implementation. Policies have assisted in the HIV training for teachers, integrated HIV educational programs in the school curriculum and Psychosocial support for learners through the feeding scheme - Policies have further created increased demand of condoms in remote areas, increased number of people voluntarily tested for HIV, increased awareness of PMTCT and HIV prevention in general.
What challenges remain in this area:
- Although policies are in place, the implementation thereof remains a challenge, at most, policies are partially implemented - The extent to which the prevention messages are transferred is not clear - BCC remains a challenge since it really is an individual choice - Limited HR, technical and infrastructure capacity at regional and national level to successfully implement programmes. - Poverty, continued stigma and discrimination
4. Has the country identified specifc needs for HIV prevention programmes?:
Yes
IF YES, how were these specific needs determined?:
Needs were identified as part of the NSF development for all sectors. The Ministry of Education in addition, conducted an impact study on the prevention programme which identified specific needs for the education sector.

4.1. To what extent has HIV prevention been implemented?

Blood safety:
Strongly Agree
Condom promotion:
Strongly Agree
Harm reduction for people who inject drugs:
N/A
HIV prevention for out-of-school young people:
Agree
HIV prevention in the workplace:
Agree
HIV testing and counseling:
Strongly Agree
IEC on risk reduction:
Agree
IEC on stigma and discrimination reduction:
Disagree
Prevention of mother-to-child transmission of HIV:
Strongly Agree
Prevention for people living with HIV:
Strongly Agree
Reproductive health services including sexually transmitted infections prevention and treatment:
Agree
Risk reduction for intimate partners of key populations:
Agree
Risk reduction for men who have sex with men:
Agree
Risk reduction for sex workers:
Agree
School-based HIV education for young people:
Strongly Agree
Universal precautions in health care settings:
Strongly Agree

Other[write in]:
-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:
8

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:
Yes
If YES, Briefly identify the elements and what has been prioritized:
The country identified essential elements of a comprehensive package of HIV treatment, care and support through a consultative process which resulted in the National Strategic Framework. The following elements have been prioritized: 1. Retain patients in care and the linkages of people tested and transferred to care, maximizing on referral systems and retaining patients not yet eligible for care 2. Maximize treatment as prevention to be formalized 3. TB/HIV collaboration at implementation level i.e. improve recording & monitoring case finding of TB amongst ART patients, simplify the process of ART uptake in TB patients 4. Adolescents living with HIV, develop disclosure guidelines 5. Decentralization of point of care for diagnostic
Briefly identify how HIV treatment, care and support services are being scaled-up?:
Scale up is being achieved through decentralization and task shifting. The current model of implementation is required to change in order to scale up by decentralizing services from central to facility level, integrate services and empower nurses to offer ART services instead of physicians.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:
Strongly Agree
ART for TB patients:
Strongly Agree
Cotrimoxazole prophylaxis in people living with HIV:
Strongly Agree
Early infant diagnosis:
Agree
HIV care and support in the workplace (including alternative working arrangements):
Agree
HIV testing and counselling for people with TB:
Strongly Agree
HIV treatment services in the workplace or treatment referral systems through the workplace:
Agree
Nutritional care:
Agree
Paediatric AIDS treatment:
Strongly Agree
Post-delivery ART provision to women:
Strongly Agree
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
Disagree
Post-exposure prophylaxis for occupational exposures to HIV:
Agree
Psychosocial support for people living with HIV and their families:
Agree
Sexually transmitted infection management:
Agree
TB infection control in HIV treatment and care facilities:
Disagree
TB preventive therapy for people living with HIV:
Agree
TB screening for people living with HIV:
Agree
Treatment of common HIV-related infections:
Strongly Agree
Other [write in]:
-

2. Does the government have a policy or strategy in place to provide social and economic support to people

infected/affected by HIV?:
-
Please clarify which social and economic support is provided:
Social and Economic support for HIV infected and affected is provided for in the NSF. The government does not isolate services for HIV infected and affected people in particular. Directive was given for budget allocation in each ministry for HIV activities/programmes and thus should be geared to beneficiaries which include HIV infected and affected people.
3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:
Yes
4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:
No
5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:
8
Since 2009, what have been key achievements in this area:
The country is very strong on treatment: - Treatment coverage is very high - Security of ARV supply in palce - Government assuming greater responsibility for financing ARV and HIV response
What challenges remain in this area:
- The biggest challenge faced by the country is the risk caused by the transition from an emergency to a sustainable programme. There is no amble time to put systems in place for the transition and government is forced to step in much quicker yet very much unprepared. - Donor projections of funds not clear, the future looks unpredictable. - Mechanisms not in place for the withdrawal of external human resources. - Financial support from donors has been off budget, thus withdrawal will leave a huge gap for funding. - Integration of programmes in the mainstream health system.
6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:
Yes
IF YES, is there an operational definition for orphans and vulnerable children in the country?:
Yes
IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:
Yes
IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:
Yes
IF YES, what percentage of orphans and vulnerable children is being reached? :
50%
7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:
7
Since 2009, what have been key achievements in this area:
Rapid scale up and high coverage of OVC through welfare grants provided by the Ministry of Gender Equality and Child Welfare
What challenges remain in this area:
Identification of vulnerable children

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:
Yes
Briefly describe any challenges in development or implementation:
o Under reporting by some of the stakeholders o Stakeholder participation with some donor supported not using existing systems especially for non-health sector HIV M&E o Continuous competing priorities o Few skilled and experienced HR o Serobehavioural population based surveys have delayed to be conducted
1.1 IF YES, years covered:
2010/11-2015/16
1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:
Yes, some partners
Briefly describe what the issues are:
Implementers are more inclined to align their tools to their donors because of funding. However, development partners have aligned and harmonized their M&E requirements such as quality service, visionary and strategic management.

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:
Yes
Behavioural surveys:
Yes

Evaluation / research studies:
Yes
HIV Drug resistance surveillance:
Yes
HIV surveillance:
Yes
Routine programme monitoring:
Yes
A data analysis strategy:
Yes
A data dissemination and use strategy:
Yes
A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):
Yes
Guidelines on tools for data collection:
Yes

3. Is there a budget for implementation of the M&E plan?:
Yes
3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :
10%
4. Is there a functional national M&E Unit?:
Yes
Briefly describe any obstacles:
getting support from all the partners

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:
Yes
In the National HIV Commission (or equivalent)?:
-
Elsewhere [write in]?:
-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Program manager	yes	-	2007
Research and survaillance officer	yes	-	2006
Data manager	yes	-	2009
statistician	yes	-	2010
data analyst	yes	-	2011
data clerks	yes	-	2004
M&E officers	yes	-	2009

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:
Yes
Briefly describe the data-sharing mechanisms:
The Response Monitoring and Evaluation unit has introduced a System for Programme Monitoring (SPM) non-Health HIV data in addition to the systems for collection of health sector data. Electronic data is sent from district hospitals as well as regions for SPM. There is a clear data flow system from the facilities as we as community based organizations. The data is compiled into annual reports that are shared at the National AIDS Executive Committee meetings and to other stakeholders.
What are the major challenges in this area:
- High staff turnover - Reduction in donor funding - No data feedback mechanism - Data use remains a challenge - Not all organizations have M&E focal persons
5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:
Yes

6. Is there a central national database with HIV- related data?:
Yes
IF YES, briefly describe the national database and who manages it.:
The national database collects detailed indicators defined in the national M&E plan to help improve HIV/AIDS information management as well as internal and external sharing of information products. It is fragmented and still undergoing further development and is managed by the Response Monitoring and Evaluation unit in the Ministry of Health and Social Services
6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:
Yes, but only some of the above
IF YES, but only some of the above, which aspects does it include?:
o Routine monitoring information such as ART treatment, o Non health facility data from implementers, o Adhoc and routine survey data o Demographic and Health Survey, Health Facility Census

6.2. Is there a functional Health Information System?

At national level:
Yes
At subnational level:
Yes
IF YES, at what level(s)?:
Regional level, district level, facility level

7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:
Yes

8. How are M&E data used?

For programme improvement?:
Yes
In developing / revising the national HIV response?:
Yes
For resource allocation?:
Yes
Other [write in]:
-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:
The developments of the NSF, Global Fund Round 2 Rolling Continuing Channel and the PEPFAR COPs 10 and 11 were informed using M&E data. However, challenges still remain such as the lack of M&E culture, limited data use at all levels for planning, data quality assurance due to limited manpower and the absence of serobehaovioural population based data to inform strategic planning

9. In the last year, was training in M&E conducted

At national level?:
Yes
IF YES, what was the number trained:
all 11 Regioan M&E officers, 11 senior data clerks and most of the implementers in the region
At subnational level?:
-
At service delivery level including civil society?:
Yes
IF YES, how many?:
200

9.1. Were other M&E capacity-building activities conducted` other than training?:
Yes
IF YES, describe what types of activities:
o Strengthened the decentralization of M&E at all levels by providing databases for collation of data at that level o Provision of computer equipment o Oriented staff on programme evaluation such as ART outcome, PMTCT o Disseminated revised M&E tools e.g. forms, registers and guidelines to align with the NSF and new WHO guidelines for ART and PMTCT
10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:
8
Since 2009, what have been key achievements in this area:
- Recruitment of regional M&E officers in all the regions as well as for umbrella organisations including the public sector; - Produced National annual progress reports on time and shared with National AIDS Executive Committee and other stakeholders; - Developed two prototypes for the national HIV data base; - Completed health facility census and disseminated report; - Carried out ANC HIV sentinel surveillance for 2010 and disseminated report; - Production of the HIV research and evaluation agenda; the national HIV M&E plan; the three year annual integrated action plan; - HIV M&E advocacy and communication plan produced and disseminated; Revised HIV estimates and projections and reported; - Observed regional

and international reporting commitments e.g. SADC, Universal Access reporting; - Developed protocols for serobehavioural surveys for the key populations most at risk and a concept for the general population; - Carried out ARV drugs resistance montoring; - Revised and disseminated the guidelines and tools and developed a database for Systems of Programme Monitoring of non-health sector HIV data to align them to the new NSF; - Revised and disseminated the M&E tools for ART and PMTCT; - Mobilised resources for M&E from development partners e.g PEPFAR, JICA

What challenges remain in this area:

- High HIV M&E staff turnover; - Buy-in from all the stakeholders in terms of reporting is poor especially among some donor supported; - Most HIV M&E staff are donor funded and pose a problem with sustainability; - Delays in conducting serobehavioural population based surveys to inform strategic planning of the AIDS response - Routine data quality needs improvement

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

3

Comments and examples:

There is general lack in the strengthening of political commitment from top leaders. This is partly due to the fact that there is distrust and lack of confidence among top leaders towards CSOs which compromise the transparent process of community engagement and involvement in national strategies and policies. Additionally, civil society contribution is fragmented and not well organized with only few organizations having strong links with government to achieve this. Contribution by civil society has largely involved service delivery aspects within the national response only and very limited advocacy done. Although much was done during the early years of the HIV response, CSO contribution has gradually declined.

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

4

Comments and examples:

Extensive consultation with CSO took place during the development of the NSF and CSO were involved throughout the planning process. However, CSO were not involved in the budgeting process and although they contributed greatly in the planning process, this unfortunately did not result in funding benefits.

3.

a. The national HIV strategy?:

4

b. The national HIV budget?:

1

c. The national HIV reports?:

2

Comments and examples:

Civil Society programmes are clearly indicated in the NSF, CSO are well recognized in the NSF however there is no budget provision for CSO for implementation. Most CSO strategies contributing to the NSF are donor funded and with the withdrawal of major donors and limited funding CSO are significantly challenged. Not much recognition is given to CSO in national reports despite their significant contribution to the NSF.

4.

a. Developing the national M&E plan?:

3

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:

3

c. Participate in using data for decision-making?:

2

Comments and examples:

M&E activities needs to be strengthened to involve more grassroots organizations and SPM reporting tools should be simplified to accommodate the needs of CSOs in rural areas. GRN should involve CSOs in decision making. The M&E committees have been effective and involved CSOs. It is not clear where organizations are required to report to, M&E is not well coordinated. Notmuch is coming forth from NANASO or the MOHSS.

5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

3

Comments and examples:

CSO are more inclusive of diverse organizations compared to government. Representation is good at national level but not so at regional level. The country does not have very good and strong networks partly because donors are not keen to fund

network organizations compared to service delivery organizations. The national network for PLWHA is no longer.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

a. Adequate financial support to implement its HIV activities?:
2
b. Adequate technical support to implement its HIV activities?:
3
Comments and examples:
The decrease in funding has negatively affected the role of CSOs in the implementation of HIV activities. Local technical support is limited as technical support is always sort externally. There is a dependency on donor resources with very little access to domestic funding.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

People living with HIV:
25-50%
Men who have sex with men:
>75%
People who inject drugs:
-
Sex workers:
>75%
Transgendered people:
>75%
Testing and Counselling:
<25%
Reduction of Stigma and Discrimination:
>75%
Clinical services (ART/OI)*:
<25%
Home-based care:
>75%
Programmes for OVC:**
25-50%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2011?:
7
Since 2009, what have been key achievements in this area:
Substantial improvements and effective prevention programmes but has not resulted in resources. Key achievements include: - Establishment of CSO advisory committee - Civil society is a PR - Representation in the NSF - Buy in of GRN in the prevention agenda - Formation of a new prevention alliance to coordinate to improve service delivery - Programmes by CSO have increased demand of services met by GRN
What challenges remain in this area:
- Weak coordination - Duplication of efforts - Limited and decreased funding - Weak Civil Society Private Partnership

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:
Yes
IF YES, describe some examples of when and how this has happened:
PLWHA were involved in the development of the NSF

B - III. HUMAN RIGHTS

1.1.

People living with HIV:
Yes
Men who have sex with men:
No
Migrants/mobile populations:
No
Orphans and other vulnerable children:
Yes
People with disabilities:

Yes
People who inject drugs:
No
Prison inmates:
No
Sex workers:
No
Transgendered people:
No
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations [write in]:
-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes
If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:
The constitution makes provision for no discrimination. The Labour Act has a provision which prohibits discrimination on a number of grounds. Other laws such as Affirmative Action are aimed at dealing with discrimination and inequalities.
Briefly explain what mechanisms are in place to ensure that these laws are implemented:
There are quite a number of instruments and systems. One would start with the open independent judiciary system. There is also an Ombudsman as well as the Labour Commissioner and the Employment Equity Commissioner.
Briefly comment on the degree to which they are currently implemented:
These laws are being fairly implemented despite structural and institutional challenges.
2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:
Yes

2.1. IF YES, for which sub-populations?

People living with HIV:
No
Men who have sex with men:
Yes
Migrants/mobile populations:
No
Orphans and other vulnerable children:
No
People with disabilities:
No
People who inject drugs:
Yes
Prison inmates:
Yes
Sex workers:
Yes
Transgendered people:
Yes
Women and girls:
No
Young women/young men:
No
Other specific vulnerable subpopulations [write in]:
-

Briefly describe the content of these laws, regulations or policies:
- The criminalization of same sex relationships through common law provisions - The criminalization of sex workers through the combating of Immoral Practices Act - The criminalization of sodomy makes it impossible for distribution of condoms in prisons - The Children's Act is vague and requires children below the age of 14 years to give consent for medical treatment such as testing for HIV
Briefly comment on how they pose barriers:
Prevents the above mentioned groups from accessing services due to fear of prosecution. These groups of people often face stigmatization from health workers.
3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:
Yes

Briefly describe the content of the policy, law or regulation and the populations included:
The following laws/policies are all aimed at reducing or preventing violence against women: o Combating of Rape Act o Combating of Domestic Violence Act

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:
Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:
The national policy on HIV/AIDS is framed on the fundamental principles of Human Rights and the NSF is based on human rights principles.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:
Yes

IF YES, briefly describe this mechanism:
Office of the Ombudsman and the Namibia Women Health Networks example is the recent sterilization case

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:
-

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:
Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:
Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:
No

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:
Yes

IF YES, briefly describe the content of the policy or law:
The national code on HIV/AIDS and employment developed in 1998 prohibits pre-employment testing of HIV as well as discrimination in the workplace on the basis of HIV/AIDS.

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:
Yes

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:
No

IF YES on any of the above questions, describe some examples:
Although the Ombudsman is regarded as an independent national institute on human rights, it is however not clear whether HIV/AIDS is considered a human rights issue by the Ombudsman office.

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:
Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:
Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:
Yes

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:

No

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:
Yes

IF YES, what types of programmes?

Programmes for health care workers:
Yes
Programmes for the media:
Yes
Programmes in the work place:
Yes
Other [write in]:
-

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:
7
Since 2009, what have been key achievements in this area:
The lifting of the travel restriction that required HIV testing before entering the country.
What challenges remain in this area:
The current policies and laws though very good do not adequately protect the key population groups. Accessing legal services are restrictive.
15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:
7
Since 2009, what have been key achievements in this area:
The development of the NSF was largely influenced by human rights based approach.
What challenges remain in this area:
- Implementation mechanisms lacking - Rights of key populations are not fully realized and all policies/laws fall short of giving effect to that.

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:
Yes
IF YES, how were these specific needs determined?:
- Studies conducted on the drivers of the epidemic - The development of the NSF

1.1 To what extent has HIV prevention been implemented?

Blood safety:
Agree
Condom promotion:
Agree
Harm reduction for people who inject drugs:
-
HIV prevention for out-of-school young people:
Disagree
HIV prevention in the workplace:
Agree
HIV testing and counseling:
Agree
IEC on risk reduction:
Agree
IEC on stigma and discrimination reduction:
Agree
Prevention of mother-to-child transmission of HIV:
Strongly Agree
Prevention for people living with HIV:
Agree
Reproductive health services including sexually transmitted infections prevention and treatment:
Agree
Risk reduction for intimate partners of key populations:
Disagree
Risk reduction for men who have sex with men:
Strongly Disagree
Risk reduction for sex workers:

Agree
School-based HIV education for young people:
Agree
Universal precautions in health care settings:
Agree
Other [write in]:
-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:
7
Since 2009, what have been key achievements in this area:
- Inclusion of the most at risk population in the NSF - Request by GRN to develop a sustainability plan for HIV - Efforts are being done to achieve and implement the NSF - Voluntary MC is being rolled out - Expanding VCT through door to door testing - Task shifting in VCT through community counselors and community group - PMTCT move to put all women on full treatment regardless of CD4count - Prevention agenda
What challenges remain in this area:
- Slow MC implementation due to HR and funding - Financial sustainability - Poor and limited evidence for programming - Limited information on impact and cost effectiveness

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:
Yes
IF YES, Briefly identify the elements and what has been prioritized:
National guidelines updated in October 2010 with threshold changed to 320 from the previous guidelines.
Briefly identify how HIV treatment, care and support services are being scaled-up?:
Country adopted the WHO guidelines to scale up treatment. Scale up is however not addressed in the new guidelines although the NSF highlights targets stretched for over 5 years

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:
Strongly Agree
ART for TB patients:
Agree
Cotrimoxazole prophylaxis in people living with HIV:
Strongly Agree
Early infant diagnosis:
Strongly Agree
HIV care and support in the workplace (including alternative working arrangements):
Agree
HIV testing and counselling for people with TB:
Strongly Agree
HIV treatment services in the workplace or treatment referral systems through the workplace:
Agree
Nutritional care:
Disagree
Paediatric AIDS treatment:
Strongly Agree
Post-delivery ART provision to women:
Strongly Agree
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
Agree
Post-exposure prophylaxis for occupational exposures to HIV:
Strongly Agree
Psychosocial support for people living with HIV and their families:
Agree
Sexually transmitted infection management:
Strongly Agree
TB infection control in HIV treatment and care facilities:
Strongly Agree
TB preventive therapy for people living with HIV:
Strongly Agree
TB screening for people living with HIV:
Strongly Agree
Treatment of common HIV-related infections:

Strongly Agree
Other [write in]:
-

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:
8
Since 2009, what have been key achievements in this area:
- High treatment coverage, quality assurance in place - Electronic patient record in place - Rapid scale up - Achieved universal access - Task shifting taking place though not in a legal framework
What challenges remain in this area:
- Limited operational research - No incentives in leadership to reward people undertaking research - No clear guidelines how to retain and care for discontent couples, issues of adherence still a challenge, follow up lost - Nutrition for clients on treatment
2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:
Yes
2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:
Yes
2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:
Yes
2.3. IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:
Yes
2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :
60%
3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":
7
Since 2009, what have been key achievements in this area:
- The development of the OVC plan of action - Social grant for OVCs - Increased coverage
What challenges remain in this area:
- Quality of services remains a challenge
