



AIDSFree NAMIBIA WORKPLAN FISCAL YEAR 2016



AIDSFREE NAMIBIA WORKPLAN

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AIDSFree

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ACRONYMS

AIDSFree	Strengthening High Impact Interventions for an AIDS-free Generation
ART	antiretroviral therapy
ARV	antiretroviral
ASSIST	Applying Science to Strengthen and Improve Systems
COP	Country Operational Plan
CPD	continuing professional development
CQI	continuing quality improvement
DQA	data quality assessment
DSD	direct service delivery
EIMC	early infant male circumcision
EWI	early warning indicator
GH	global health
GRN	Government of the Republic of Namibia
HIV	Human immunodeficiency virus
HIVDR	HIV Drug Resistance
HTS	HIV Testing Services
JSI	JSI Research & Training Institute, Inc.
MC	male circumcision
MOHSS	Ministry of Health and Social Services
NAMAF	Namibia Association of Medical Aid Funds
NGO	nongovernmental organization
NMC	Namibian Medical Care
OSCE	Objective Structured Clinical Examination
PAFN	PharmAccess Foundation of Namibia
PEPFAR	U.S. President’s Emergency Plan for AIDS Relief
PITC	provider-initiated testing and counseling

PMTCT	prevention of mother-to-child transmission
PPP	public-private partnership
PSA	private sector assessment
PSN	Pharmaceutical Society of Namibia
SHOPS	Strengthening Health Outcomes through the Private Sector
STI	sexually transmitted infection
TA	technical assistance
TB	tuberculosis
TWG	technical working group
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	U.S. Agency for International Development
VMMC	voluntary medical male circumcision
WHO	World Health Organization

INTRODUCTION AND BACKGROUND

Namibia has a well-established and robust private health sector. The 2012/2013 national health accounts showed that the private sector constitutes 27 percent of total health expenditures, and approximately 18 percent of the population accesses services in the private sector. This figure includes roughly 16,000 people on ART. A private sector assessment conducted by the Strengthening Health Outcomes through the Private Sector (SHOPS) project in 2010 also showed that the private sector has more health facilities and health care professionals than the public sector in Namibia. Starting in 2011, SHOPS/Namibia used a health systems strengthening approach to support private sector involvement in the national HIV response. Leveraging these private sector resources has resulted in increased access to HIV prevention, treatment, and care.

SHOPS/Namibia worked toward increasing the number of voluntary medical male circumcisions (VMMCs) performed in and financed by the private sector, in line with U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plan (COP) goals. SHOPS/Namibia defined and proposed a tariff for male circumcision (MC) so that insured men could access the service as a medical aid benefit for HIV prevention and conducted a rapid assessment to determine private health providers' interest in delivering MC services. SHOPS/Namibia, with lead partner Jhpiego, also developed a strategy and a curriculum for the training of private providers to ensure that MCs services are high quality. Finally, SHOPS/Namibia facilitated the formation of a network of private providers participating in the VMMC program. The network consists of approximately 50 private health providers located in Khomas (Windhoek), Oshana (Oshakati and Ongwediva), Ohangwena (Eenhana, Oshikango and Engela), Omusati (Outapi), Kavango (Rundu), Okahandja, and Rehoboth.

To improve quality of HIV care, SHOPS/Namibia, along with the Ministry of Health and Social Services (MOHSS) HIV Drug Resistance (HIVDR) Technical Working Group (TWG) and the Namibia Association of Medical Aid Funds (NAMAF) worked on understanding how HIVDR can be monitored in the private sector. Specifically, SHOPS worked to identify which HIVDR Early Warning Indicators (EWIs) can be collected with available medical aid data and supported the MOHSS to collect and review EWIs in the private sector. Additionally, SHOPS/Namibia worked with the Pharmaceutical Society of Namibia (PSN) and other private sector partners to promote adherence to HIV medication in the private sector through posters, radio advertisements, and piloting the short text messaging services (SMS) reminder system.

SHOPS/Namibia also printed and distributed national ART guidelines to private providers throughout the country and provided training on the guidelines and through the HIV Clinicians Society. Furthermore, SHOPS/Namibia brokered a partnership with NAMAF to receive annual

private sector HIV management data. These data are reported to the national program and analyzed to identify gaps in HIV management practices and design appropriate interventions.

AIDSFree

AIDSFree Namibia will leverage this work by the SHOPS/Namibia project and continue to provide targeted assistance to private for-profit health providers and stakeholders to increase access, affordability, and quality of HIV services, with emphasis on VMMC, HIV testing services (HTS) services, tuberculosis (TB) control services, and antiretroviral treatment (ART) services. Activities carried out by AIDSFree support Namibia's partnership between the Government of the Republic of Namibia (GRN) and PEPFAR to support control of Namibia's HIV epidemic.

AIDSFree will support a public-private partnership (PPP) among USAID, the GRN, and insurance stakeholders to leverage private resources to reach low-income clients. The initial objective of the PPP will be to increase the provision of VMMC for low-income insurance holders and the uninsured, and subsequently, to build on this success to support other HIV care and treatment services.

The 2014 Namibia Health PPP framework identifies opportunities for partnership with the private sector as a means to "decongest" the overstretched public facilities and increase access to services, as well as to leverage private investments and mobilize domestic resources.

Reaching scale for some key interventions such as VMMC is difficult task if carried by the public sector alone. Collaboration with the private sector can provide expansion of HIV services and increase uptake and financing of core HIV services including ART and VMMC. AIDSFree will build on the accomplishments of SHOPS/Namibia and work with MOHSS and the private sector stakeholders to facilitate a formal PPP focused on improving access to and harmonizing HIV services through engagement with the private sector. Key aspects of the partnership include:

- Increase overall national capacity to provide HIV services to all individuals in the country through utilization of available human resources for health
- Improve the quality of HIV service delivery in the private sector
- Ensure harmonized treatment between public and private sector with adherence to national protocols.

Improving Reporting and Information Sharing between the Public and Private Sectors

AIDSFree will continue to work with SHOPS local partners such as the MOHSS, HealthWorks (formerly Namibia Business Coalition on HIV/AIDS, or NABCOA), the HIV Clinicians Society, PSN, NAMAFA, Public Service Employees Medical Aid Scheme (PSEMAS), and private providers to carry out these activities. AIDSFree will actively engage consortium partner Jhpiego for technical

assistance (TA) and USAID partners IntraHealth and the USAID ASSIST project to improve the clinical quality of services offered by private providers; and KNCV to support any TB related activities. To the extent possible, the efforts of AIDSFree will be coordinated with those of other donors, to increase overall impact and promote efficiencies.

In the next year, AIDSFree activities are intended to benefit up to 389,000 Namibians with access to health insurance, the approximately 14,600 clients currently receiving ART in the private sector, as well as out-of-pocket and low-income clients who may not be currently accessing insurance. Through AIDSFree, USAID will provide commodities, training, and quarterly quality monitoring for each participating site; insurance stakeholders will provide payment for MC services; and clinicians will perform the services. In FY 2016 the project expects that:

- 1,200 new clients will be initiated on ART
- 7,500 VMMCs will be conducted
- 25,000 HTS visits will be conducted
- 90 percent of existing ART clients will adhere to treatment
- 90 percent of newly-diagnosed individuals with HIV who consent to HIV care will be linked to the appropriate services.

Critical Assumptions

- Providers are interested in participating in the network
- OGAC central funds will be available and timely procurement of commodities will be possible
- The PPP will be formalized and finalized
- Medical insurers will be willing to cover MC

COUNTRY PROGRAM ACTIVITIES

Activity 1: Voluntary Male Medical Circumcision

Approximately 25 percent of the target population for male circumcision in Namibia has received this service. Delivery of this service must be rapidly scaled to reach the required 80 percent coverage of circumcision necessary for national-level epidemiological benefit.

Beginning in 2015, SHOPS/Namibia worked with private providers to form a network of trained doctors and provide these clinicians with access to MC kits as an incentive to standardize care and increase service provision. Facilities in the network were assessed for VMMC readiness, received business model training, quality assurance visits, and technical assistance.

1.1 Expanding Access to Quality VMMC

AIDSFree will build on SHOPS/Namibia's work to promote VMMC within medical associations and will continue to work with the existing network of clinicians to provide targeted assistance at service delivery points. The number of participating providers will be increased from 50 to 100, and the geographic coverage will also be expanded.

Locations for expansion will be selected based on where VMMC services are expected to be scaled up, the number of private providers, and PEPFAR priorities, including urban hot spots (Gobabis, Grootfontein, Luderitz, Otjiwatrongo, Swakopmund, and Walvis Bay). It is expected that Tsumeb in the Oshikoto region will be one of the target towns for expansion. Providers will also be identified through review of medical aid funds records. To engage the providers in the identified towns AIDSFree will meet with interested parties and present on the value of joining the network and providing VMMC services. Interested providers will indicate this through a formal expression of interest to AIDSFree. A formal partnership agreement will be entered into with interested providers. The partnership agreement will detail roles and responsibilities of the provider and AIDSFree.

AIDSFree's support to committed providers includes a facility site readiness assessment (proper use of infection control procedures and emergency preparedness, appropriate waste management, sufficient space, and reporting capabilities) to determine ability and level of support needed and includes a continuous quality improvement (CQI) component. Following this, new facilities/clinicians participate in clinical training and coaching (which includes off-site support on clinical and non-clinical matters) to increase provider capacity to provide MC and are included in the provider network.

Training will be conducted for providers in and outside the network. To minimize the time trainees will spend away from their medical practice, the training takes place in three phases.

The first phase is to understand the theory; this material is delivered using a web-based learning platform and is completed prior to the contact session. Phase two is the Objective Structured Clinical Examination (OSCE), which is an observed simulation practical training. This is followed by phase three, the actual clinical practical training in which each provider is expected to circumcise five clients. Components covered during the training include site set-up and in-service communication, including education and counseling on-site. WHO minimum package of service and MOHSS and PEPFAR VMMC policy and guidelines; CQI in VMMC; monitoring, evaluation and reporting; diagnosis, management and reporting of adverse events, and infection prevention and control. Jhpiego will provide support and QA during the trainings over the course of two TA visits.

Mentorship will be provided to all new providers to the network. It is aimed to provide support on the clinical, site set-up and demand creation aspects of the program. Mentorship will be done by an AIDSFree team member or an experienced provider. It includes observation of clinical procedure, infection control practices, and review of emergency preparedness at the site. Ongoing mentorship is provided through visits, telephone calls, or email communication. AIDSFree will work with those mentors who meet the following criteria—experience in MC, CQI performance, MC performance, demand creation, reporting, overall clinic management, and a willingness to serve as a mentor.

In addition to training and mentoring, CQI will be conducted at all network VMMC sites to ensure continued quality of services. CQI will be based on six quality dimensions of safety, efficiency, effectiveness, client-centeredness, timeliness, and equity. A baseline quality assessment will be conducted for all facilities (to be included in readiness assessments for new facilities), as well as quarterly follow-up visits. During these visits, facilities will be assessed, scored, and supported to improve in their areas of weakness. Facilities will be followed up until they are “graduated” from intensive support. (However, they will be encouraged to continue with CQI as a self-guided activity without AIDSFree support.) These follow-up visits will form part of the supportive supervisory visits to the sites. Support visits will also be used to monitor compliance to policy guidelines (MOHSS and PEPFAR directives). Initial CQI activities will be conducted in collaboration with ASSIST. ASSIST, with AIDSFree, will adapt CQI tools for Namibia, conduct initial assessments, analyze results, and provide feedback to providers. AIDSFree will continue with follow-up visits with oversight and support from ASSIST.

Furthermore, AIDSFree will provide commodities (MC kits, emergency kits, and cautery machines) and standard operating procedures (SOPs), including PEPFAR VMMC policy guidelines, MOHSS policy guidelines, MOHSS policy, MOHSS guidelines, and job aids, to facilities. Single-use MC kits will be provided to all network providers with the number of kits supplied based on the reported number of MCs (the VMMC monthly reporting form will be used also to reorder MC kits). Sites identified as high-volume VMMC sites will be provided with

diathermy cautery machines which reduce the VMMC procedure time and emergency supply kits. The commodities will be procured through OGAC central funds and distributed by AIDSFree.

To further increase uptake of VMMC in the private sector, AIDSFree will provide support for demand creation within the network and among the insurance members. Demand creation efforts will include technical assistance to providers for individualized demand creation strategies, provision of information, education and communication materials (including posters, brochures, leaflets, referral cards, and discussion guides), newsletters for insurers, and facilitating linkages with wellness officers of large employer groups. Materials will be adapted from existing national documents where available. Furthermore, AIDSFree will review strategy and seek innovative ways to generate awareness and create demand for VMMC services among the private clients.

AIDSFree will also support clinicians in the network to improve monitoring. The project will work to design, develop and implement a monitoring system that will allow for real-time reporting by members of the network. Please see Activity 4 for additional details.

In addition, the Namibia AIDSFree budget will provide support to the regional VMMC learning platform to provide online training throughout the region in collaboration with USAID/South Africa and AIDSFree core teams. South Africa COP funds and AIDSFree core funds will also contribute to development and launch of the platform. Namibia will contribute to content instructional design and participate in piloting of the online training platform.

Tasks:

- Conduct meetings with medical associations to promote VMMC
- Review medical insurance records to identify potential new network members
- Conduct presentations in identified towns to promote VMMC among private providers and their participation in the provider network
- Conduct facility assessments
- Conduct three VMMC trainings for private providers; 45 participants expected at each training
- Conduct post-training follow-up and mentorship visits
- Design an overall demand creation strategy
- Develop demand creation tools
- Explore demand creation strategies for private clients
- Contribute as needed to the VMMC University learning platform
- Classify providers based on performance output in order to identify high-volume providers and determine levels of support
- Provide commodities

- Keep accurate record of commodities supplied and MCs performed
- Conduct baseline facility assessments for CQI and share with providers
- Conduct quarterly CQI assessment/supportive supervision visits

In addition to the above activities, AIDSFree headquarters received Core Funding from USAID to provide the following complementary support to Namibia (at no cost to AIDSFree Namibia): a short-term M&E consultant (retained by Jhpiego); a short-term employee to provide program management assistance (hired by Jhpiego); up to four trips to Namibia in PY 2 to provide in-country implementation TA, including all travel expenses (technical experts for TDYs to be provided by Jhpiego); and, a process evaluation and report of this novel pilot program, describing lessons learned for other programs in the region considering private providers/insurance to expand the reach of their VMMC programs.

1.2 Expanding Access to Funding for VMMC

The sustained success of the private sector VMMC program in part relies on insurance mechanisms continuing to cover MC. While there is a tariff that covers VMMC specifically, data shows that this is not universally applied and that the cost of MC in the private sector still remains high due to inappropriate billing and lack of stringent implementation of the tariff. AIDSFree will provide technical assistance to the medical insurance funds and their administrators to reduce circumcision costs through appropriate implementation of the tariff. This will be done by introducing inclusion and exclusion rules for circumcision and providing training on VMMC specifically targeted for administrators. The training will include a basic orientation on VMMC, different methods (techniques) and their associated codes, billing structures, the VMMC tariff (what it includes), common billing practices (what to look for and what to reject). In addition, AIDSFree will work with Avenir Health to review the MC tariff, pending agreement that the tariff needs review and buy-in from NAMAf to use Avenir Health.

In FY15, SHOPS began a successful advocacy campaign with one of the larger medical aid funds, Namibia Medical Care (NMC), to cover males that on lower-cost plans that had previously not covered MC. This campaign will continue into FY 2016. AIDSFree will build on the success with NMC to advocate with other insurance groups to do the same. The advocacy entails value proposition meetings and proposal writing (where necessary). If successful, the campaigns will include collaboration between AIDSFree and the insurance company where AIDSFree partially covers the cost of creating demand for the services among the target group and generating publicity for the insurance while the insurance pays for the circumcisions conducted. Providers will contribute to this initiative by conducting information sessions at workplaces and participating in talk shows (radio and TV) and other demand creation and awareness-raising campaigns. AIDSFree will continue to provide MC kits to providers for VMMC for these men.

Finally, AIDSFree will explore the possibility of working with fishing companies to support VMMC by subsidizing services for the uninsured as part of their contributions toward the corporate social responsibility requirements which are needed in order to renew their fishing licenses.

Tasks:

- Conduct regular reviews of VMMC insurance claims
- Design training for insurance claim administrators
- Conduct trainings for administrators
- Conduct a tariff review (cost analysis) in collaboration with Avenir Health
- Conduct advocacy meetings with medical insurance companies
- Conduct VMMC demand creation advocacy campaigns with insurance companies

Voluntary Male Medical Circumcision Targets:

1. 7,500 VMMCs conducted

Partners:

- MOHSS MC TWG
- HIV Clinicians Society
- Private sector doctors and clinics
- Insurance industry
- Jhpiego
- USAID ASSIST project

Activity 2: HIV Testing Services

Integrating HIV testing into routine health services is a critical first step for entry into treatment, care and support in the private and public sectors. To increase the uptake of HIV testing, provider-initiated testing and counseling (PITC) is recommended at all health facilities. AIDSFree will work with the private providers' network to promote PITC. This will be accomplished through trainings in collaboration with IntraHealth, and through support supervisory visits that will be conducted quarterly. AIDSFree will also leverage their relationship with the laboratories, providing quality improvement and other technical assistance for testing. Specific activities to support HIV testing and/or reporting by the laboratories will be clarified based on their needs.

In addition, AIDSFree will also leverage existing relationships with the medical aid industry to engender support for PITC both in terms of promotion and financing. This will include an advocacy visit from a Metropolitan Health South Africa representative, as Metropolitan Health has had success in financing and promoting HIV testing through their medical aid.

Finally, AIDSFree will explore the possibility of expanding access to HIV testing by supporting testing through pharmacies with counseling and referrals. Although HIV self-test kits are available at pharmacies, pharmacists are not necessarily equipped to advise or support clients purchasing the kits. Should this prove possible, pharmacists and pharmacists' assistants will be included in the PITC trainings.

One of the barriers identified with testing in the private sector is the need for accreditation of the private providers and their facilities by the MOHSS through the National Institute of Pathology (NIP). This accreditation does not typically happen in the private sector thus limiting the ability of private providers, especially nurses, to provide HIV testing services. Furthermore, the requirements for accreditation of facilities for HIV testing services are not always suitable for private sector, for example, personnel requirements call for two trained people one being a registered nurse, while most private facilities operate with just a medical doctor. To ensure that providers who are trained are not inhibited from providing HIV testing services, AIDSFree will work with MOHSS on modalities for ensuring accreditation of private providers.

Tasks:

- Conduct assessment to establish to what extent testing is happening in the private sector
- Identify factors affecting HIV testing in the private sector
- Conduct two PITC trainings for private providers (nurses, doctors, and pharmacy staff)
- Conduct support supervisory/quality visits to facilities
- Design HIV testing services reporting tools for facilities
- Collect HIV testing data routinely
- Advocacy visits to promote PITC among medical aid societies
- Explore expansion of HIV testing services to pharmacies
- Provide quality improvement and other technical assistance to private labs for testing.
- Work with MOHSS on adjusting accreditation requirements to the realities of the private providers.

HIV Testing Services Targets:

1. 12,500 clients tested for HIV

Partners:

- MOHSS MC TWG
- HIV Clinicians Society
- Private sector doctors and clinics
- Laboratories
- IntraHealth
- PSN

Activity 3: Antiretroviral Therapy Services

Expanding access to HIV care and treatment in targeted geographies is critical to reaching epidemic control and achieving an AIDS-free generation for Namibia. With Namibia having adopted the 2013 World Health Organization (WHO) antiretroviral therapy (ART) guidelines to enroll patients in treatment at a CD4 threshold of 500, there is an urgent need to increase the quality, access, and demand for HIV testing, care and treatment.

To strengthen the quality of HIV services provided in the private sector, AIDSFree will work with insurance and clinical stakeholders to support operating protocols to confirm HIV diagnoses, ART provision, as well as related adherence and follow-up mechanisms for client tracing and HIV drug resistance (HIV DR) monitoring.

One of the challenges facing Namibia is not knowing exactly how many patients are on treatment in the private sector. AIDSFree will therefore work with the CompuKit Namibia (CKN), an IT vendor operating in private pharmacies, to determine a mechanism for establishing the precise number of patients receiving HIV treatment in the private sector and where they are located in the country. Additionally, AIDSFree will conduct an exercise that will inform the level of private sector providers' compliance with national guidelines (treatment regimen used, transitioning from first-line therapy, medicine collection practices, retention into care, and viral load testing).

In 2014, SHOPS/Namibia printed, distributed, and provided training on national ART guidelines to private providers. AIDSFree will continue to collaborate with other private sector players such as ErongoMed/NewMed to distribute and train clinicians on national ART guidelines. Distribution and training on national protocols is the first step in ensuring harmonized treatment between private and public sectors.

AIDSFree will continue to work with Prosperity Health, a medical aid administrator, in the development of their disease management program for HIV. Part of AIDSFree's support to Prosperity Health will include designing of protocols which meet standards national and international for ART provision; follow-up schedules for clinical, laboratory, and pharmacy visits; monitoring of patient outcomes using viral load and CD4 counts as proxy and monitoring of drug resistance at individual and program levels. Systems for enrolling HIV-positive patients in care, monitoring patient adherence, and related patient follow-up will also be put in place.

In addition to working with Prosperity Health, AIDSFree will work on improving patient adherence by working with pharmacies on the SMS reminder system. This system was implemented by SHOPS as a pilot in which the pharmacy software automatically sends an SMS reminder to patients who are due for a prescription refill. After an analysis of the impact of the pilot, AIDSFree will scale up the SMS reminder system to pharmacies in PEPFAR priority areas to be determined with USAID. SMS capability is already built into the pharmacy system and

therefore no costs will be incurred in development should this approach go to sale. The only associated cost will be the cost of initial SMS bundles; the pharmacies will bear the cost of follow-on bundles. The project will also work with the case managers in the medical aids funds to incorporate SMS reminders for patients to go for their laboratory monitoring visits.

In FY2015, SHOPS had great success with a pilot which posted HIV counselors at one of the busy clinics in Katutura, Windhoek to provide HIV testing and adherence counseling and support. This was done through linking Betesda Clinic with Lifeline/Childline. AIDSFree will build on the success of this pilot to seek opportunities for partnering counseling partners with private high-volume facilities for adherence monitoring and support at the facility.

Building on the work of SHOPS, AIDSFree, in collaboration with the NAMAF actuaries, will continue to analyze the private sector HIV management data to inform current practices and identify gaps in practice. AIDSFree will work with the HIV Clinicians Society and other stakeholders to provide continuing professional development (CPD) sessions on these identified gaps and other areas of concern in HIV and TB management in the private sector. Additionally, AIDSFree will work with opinion leaders in the field of HIV both in the private and public sectors to set up a case review team that will inform management of difficult HIV cases.

Tasks:

- Identify a mechanism for determining the number of patients on ART in the private sector
- Private sector compliance assessment
- Conduct SMS reminder pilot review
- Provide technical assistance for SMS reminders for laboratory follow-up visits
- Design a system for HIV management for Prosperity Health
- Conduct regular private sector HIV data review
- Work with medical aids to identify training needs and provide targeted training
- Conduct CPD sessions on related HIV and TB topics

ART Targets:

1. 1,200 (TA) newly enrolled ART clients
2. 90 percent of existing ART clients will maintain adherence to their treatment regimen, as demonstrated through viral load data

Partners:

- MOHSS HTC TWG
- HealthWorks (former NABCOA)
- Medical Aid Funds/Administrators
- Private practitioners

Activity 4: Community HIV Care

AIDSFree will work with a local NGO, PharmAccess Foundation Namibia (PAFN) to support the mobile delivery of HIV services to contribute to epidemic control. This will be achieved through implementing a PPP strategy that will scale up current outreach services through mobile clinics. Existing PharmAccess mobile clinics will be used to increase access to HIV services by underserved populations (rural and urban informal settlements), mobilize demand for services such as VMMC, support continuity of care through linkages to care and referrals, and follow up with patients as well as defaulter tracing. Specific services which will be provided by the clinics include HIV testing, PMTCT, tuberculosis screening, sexually transmitted infection management, demand creation and referrals for VMMC, linkages of patients to care, adherence monitoring, and defaulter tracing.

PAFN has since 2008 been operating mobile wellness screening clinics in partnership with the MOHSS and various local and international private partners. Since 2010 mobile primary health care provision has been provided through a PPP with the MOHSS to uninsured workforces of employers in Windhoek, paid for by the company, and into the informal settlements in and around Windhoek, paid for largely through corporate social responsibility funding received from NMC and some international donor funding. PAFN currently owns five mobile clinics, two 2x4 and three 4x4 trucks converted to include two fully equipped consultation rooms. The clinics are fully licensed and certified to provide primary health care and as rapid testing sites. At present two mobile clinics are available full time for additional activities.

With support from AIDSFree, PAFN will engage in three activities:

1. Provision of a basic package of services, including HTS, blood pressure screening, TB screening, STI screening, and promotion of VMMC, as well as recruiting clients for VMMC, in informal settlements in Khomas Region
2. Piloting of VMMC using mobile clinics to informal settlements
3. Piloting the provision of PMTCT and ART services on the mobile primary health care clinic in Drimiopsis, Omaheke region.

4.1 HTS, TB screening, and VMMC awareness-raising in informal settlements

Since 2014, PAFN has in partnership with the MOHSS been providing primary health care services to selected sites including informal settlements in and around Windhoek which have few health centers. Although HTS is included in the service offering, the demand for all services is extremely high; bringing additional dedicated HTS into these areas would be very beneficial.

Through AIDSFree, PAFN would provide services with dedicated mobile clinics to the informal settlements in and around Windhoek. The current catchment population of the areas to be serviced is estimated in excess of 100,000 people. The services offered will be a combination

package including HTS, blood pressure monitoring, TB screening questions and TB sputum collection (if applicable) as well as awareness-raising for VMMC.

Referral of patients who test positive on any of the conditions, or who are interested in VMMC are made to the nearest public health facility in line with PAFN's PPP agreement with the MOHSS.

4.2 Pilot the provision of VMMC using mobile clinics to informal settlements

Using the PAFN mobile clinics, VMMC services could be provided on-site in informal settlements. It is proposed that this activity would include a) development and implementation of targeted awareness campaigns, b) developing modality and procedures for mobile VMMC, c) staff training and contracting of public/private providers/interns to provide services, d) scheduling pilot and follow-up campaigns, and e) evaluating the pilot.

PAFN currently has an agreement with the Meat Corporation of Namibia, or Meatco, to provide PHC service to various target groups. This would be a good platform to discuss a workplace VMMC pilot with Meatco, scheduling the activity around their annual down periods. Meatco employs over 1,000 men in their operations in Windhoek and Okahandja.

4.3 Pilot PMTCT and ART provision using mobile clinics in informal settlements

In addition to the routine service sites in Khomas, PAFN has been contracted by Meatco to commence providing primary health care to the Drimiopsis Resettlement Farm (an informal settlement) 40 kilometers outside of Gobabis in early 2016, under the PPP agreement with the regional office of the MOHSS. This farm is home to over 1,400 inhabitants. The MOHSS in Omaheke has requested to work with PAFN in early 2016 on a procedure and pilot the addition of PMTCT and the provision of ART to the current service offering.

1. Develop the process with MOHSS in Omaheke to pilot the provision of a) PMTCT and b) ART services to HIV-positive patients in the informal settlement of Drimiopsis.
2. Recommend HTS package (identical to the one proposed in 4.1 above) be offered to the Drimiopsis community
3. Commence PMTCT and ART
4. Evaluate the pilot of the provision of a) PMTCT and b) ART services to HIV-positive patients in the informal settlement of Drimiopsis for 9 months

Targets:

1. XXXX men referred for VMMC. (This target is a point for discussion with USAID/ PharmAccess)
2. 12,500 HTS conducted

3. 90 percent of newly-diagnosed individuals with HIV who consent to HIV care linked to appropriate services

Partners that AIDSFree will work with:

- PharmAccess
- MOHSS
- MSH
- MCSP

Activity 5: Monitoring and Evaluation/MIS

Namibia's public and private health care systems operate independently; because of this, the private sector's contribution is not known or reported on. . Better availability of private sector data will help quantify the private sector's contribution to essential health service delivery and will assist the MOHSS with health planning. In FY 2012 and 2013, SHOPS/Namibia successfully brokered systematized annual reporting of private sector data on key HIV indicators to the MOHSS. However, these reports do not adequately meet the needs of MOHSS.

In FY 2016, AIDSFree will promote more sustainable and institutionalized reporting by the private health sector to the MOHSS by supporting the development of an M&E system. The system will allow real-time reporting from members of the network, in the format required by the national program. The system will allow for the capturing of ART, HTS and VMMC data at the site level with the ability for reporting aggregated at the district, regional, and national level. Data collected and reported will include client demographics, treatment indicators (cases, regimen, viral load, CD4, and retention); HTS indicators (cases and outcomes); VMMC indicators (cases, HIV testing, and adverse events), TB/HIV and site performance. Furthermore, the system will facilitate monitoring of quality indicators and enable technical staff to identify gaps easily and quickly in any of the participating facilities. AIDSFree will complete an analysis of current needs and opportunities, and will provide a detailed scope of work for a firm to design and implement the system.

While the database is under development, AIDSFree will use existing systems to collect and report on private sector HIV data. AIDSFree will work with the M&E consultant, Jhpiego M&E team and site team to strengthen the existing systems to support easy data analysis and reporting. Annual private sector HIV management data will be collected from NAMAFA. These data will be analyzed to identify quality gaps and interventions designed to address identified gaps. The data will also be used for monthly, quarterly and annual reporting.

AIDSFree will continue to ensure that private sector HIV data is reported to the MOHSS.

Tasks:

- Conduct a needs analysis

- Define a scope of work for an M&E system
- Routinely collect and report on private sector HIV data (ART, HST, VMMC)

M&E Targets:

1. 80 percent of data reported/collected from participating facilities, accurately and on time.

Partners:

- Private providers
- USAID ASSIST project
- Jhpiego
- Medical aid industry
- Private laboratories
- MOHSS

PROGRAM MONITORING

The program will be monitored through a set of core and custom indicators. To consistently ensure the quality of program data, routine data quality audits (DQA) will be instituted. The DQA system will include:

- Providing relevant training, tools, software, and technical support to the providers.
- Developing data quality audits tools for each service area for AIDSFree team use. The data quality audit tools will consist of a common structure designed to investigate three main types of errors—data availability and correctness, data consistency, and data aggregation.

To ensure the quality of site-level data, it is envisioned that the AIDSFree M&E officer will attempt to visit each facility once per quarter for mentoring, support, and site-level data quality audits. Once a site is visited and a data quality audit carried out, summary forms will be sent to the central offices and the results, including key recommendations, kept on file for future follow-up. AIDSFree will use technology to gather results at service delivery points into a central database. The assessment process will yield data quality scores for each service area, and facilities will be compared at each point in time regarding standards in accuracy to better target AIDSFree's technical assistance. Scores will also be monitored over time so as to examine trends and improvements. These visits will form part of the CQI.

Monthly, quarterly, and annual indicators will be used to monitor the progress and performance of the program.

A detailed performance monitoring plan outlining all program indicators (MER and custom) is submitted separately.

PROGRAM MANAGEMENT

Abt Associates Field Team

Position	Responsibilities
<p>Chief of Party—Dineo Dawn Pereko</p>	<ul style="list-style-type: none"> • Ensures effective and efficient performance of all aspects of the project including oversight of all technical quality control. • Represents Abt and the project to USAID/Namibia, the MOHSS, and other key stakeholders. • Sets and pursues a results-oriented program strategy in coordination with the project team and in consultation with USAID, other partners, and stakeholders. • Ensures that all country planning activities, technical compliance measures, and other deliverables are achieved in a timely manner.
<p>Deputy Chief of Party and Technical Director— Dr. Lawrence Kahindi</p>	<p>Responsible for technical oversight of the AIDSFree activities together with the Chief of Party. He provides day-to-day program management. He supervises technical staff and STTA and monitors deliverables. He also liaises with other project partners to ensure technical implementation expertise to all project components.</p>
<p>Senior Technical Advisor for HIV/ VMMC Clinical Skills Building and QA —TBD</p>	<p>The Technical Advisor will plan, design, organize, and conduct a range of training activities related to HIV management and VMMC for private providers. S/he will also identify QI/QA related needs from providers and partners and design and implement appropriate interventions. This will be done in consultation with the DCoP and other team members.</p>
<p>Technical Advisor Monitoring, Evaluation and Reporting—TBD</p>	<p>The M&E Advisor will work as a member of the Abt country team to help collect relevant data and provide quality assurance for program activities. The advisor will perform a lead role in supporting the dissemination of data collection tools, training, and guide</p>

Position	Responsibilities
	the complication of baseline and monthly reporting forms from network facilities and other private sector partners. The advisor will work with the team to collect and compile monthly service statistic reports, and will together with the QA advisor perform data QA visits to selected reporting facilities.
Technical Advisor Communication, Advocacy and Demand Creation—TBD	The communication advisor will provide technical guidance and oversight for strategic health communication interventions including demand generation for services, adoption of HIV risk reduction behaviors, and quality interpersonal communication and counseling at the community and health service levels.
Finance and Admin Manager – Ruusa Iita	Under the supervision and direction from the Chief of Party, the Finance and Administrative Manager provides a variety of accounting, administrative and logistical support to the Namibia office in Windhoek.
Administrative Assistant - Yvonne Christy	The Administrative Assistant fulfills reception duties in a way that contributes to a smooth running of Abt Associates office. Provide administrative support to technical staff and visitors to the office.

Abt Associates HQ Team

- Portfolio Manager—Catherine Thompson
- Technical Project Officer—Katherine Brouhard
- Senior Finance and Administration Manager—Jackie Madron
- Finance and Contract Analyst– TBD
- International STTA – Including Jhpiego Clinical and M&E support, as well as Abt STTA as needed.

RESOURCES REQUIRED

Please see the attached budget and workplan timeline.

AIDSFree Project Line Item Budget Summary AIDSFree Private Sector Namibia October 1, 2015 - September 30, 2016		
Line Item	Total Budget	Notes
Salaries & Fringe	\$35,001	Consists of Salary Allocation for AIDSFree direct oversight
Indirect Costs	\$27,301	Represents JSI's indirect costs per its approved NICRA
Travel and Per Diem	\$12,001	3 international trips included for AIDSFree Project Director, Country Manager, and Finance Manager for programmatic and financial/administrative oversight
Equipment, Materials, and Supplies	-	(See Abt Budget)
Other Direct Costs	-	(See Abt Budget)
Subcontracts	\$1,400,000	Represents Abt funding allocation (see Abt budget), plus an \$11,875 allocation for Jhpiego STTA
AIDSFree Program Management	\$200,949	Represents non-country-specific AIDSFree management costs to support AIDSFree operations, Knowledge Management, Program Management, and Strategic Information.
Total	\$1,675,253	

AIDSFree Private Sector Namibia - Abt Budget Summary

October 1, 2015 - September 30, 2016

Line Item	Sub-Total	Total Budget	Notes
Salaries & Fringe		\$488,808	
Site Office Staff	\$401,886		Consists of salary and benefits allocation for all Abt field-based staff
Home Office Support	\$86,922		Consists of salary and benefits allocations for Abt home office support staff
Indirect Costs		\$279,333	Represents indirect costs based on Abt's approved NICRA
Travel & Per Diem		\$124,922	
In-Country Travel	\$106,913		Includes Abt travel costs associated with in-country activities and site visits
International Travel	\$18,009		Includes Abt home office STTA and management oversight visits
Equipment, Materials, and Supplies		\$12,396	Includes costs associated with the procurement of IT & computer equipment and office furniture
Other Direct Costs		\$202,666	Includes costs associated with operational expenses such as office rent and utilities, insurance, postage, shipping, and bank fees, as well as local allowances for in-country staff.
Subcontracts		\$280,000	
PharmAccess Int'l	\$180,000		Represents allocation for PharmAccess International to provide services through their mobile clinics in Namibia and pilot expanded services to Drimiposis.
TBD-VMMC Learning Platform	\$50,000		Represents allocation for TBD for VMMC Learning Platform
TBD-M&E Software Systems	\$50,000		Represents allocation for TBD for M&E Software Systems
Total		\$1,388,125	

COST SHARE

AIDSFree Namibia will look for every opportunity to contribute to the AIDSFree 10% cost share requirement. Cost share will most likely come through donation of trainee time, as AIDSFree will not provide per diem to trainees for VMMC, HTS and CPD trainings. Another likely avenue is the Medical Aid Funds advertising/ creating demand for VMMC services.



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