

## The Capacity Project in Namibia

Namibia has made impressive gains in economic, political and social development since its independence in 1990. However, poverty remains a serious problem and the country's most precious asset, its human resource base, is being devastated by the HIV epidemic. HIV prevalence is estimated at 22% among the adult population, and TB prevalence is the second highest in the world.

Treatment facilities run by faith-based organizations (FBOs) and services offered by nongovernmental organizations (NGOs) are important components of the government's strategy for mitigating the impact of HIV and AIDS. In Namibia, FBO health care delivery sites and community-based providers account for a large portion of HIV/AIDS services. However, their funding is insufficient to deliver such high-demand services with the greatest efficacy.

The Capacity Project commenced operations in Namibia in June 2006. Initially, the Project focused principally on clinical strengthening—to review and improve the model of HIV care and treatment at five FBO hospitals, supporting the eight program areas of the President's Emergency Plan for AIDS Relief. The Project's work has since been expanded to provide human resources for health (HRH) technical assistance to the Ministry of Health and Social Services (MOHSS) as well as three FBOs and six NGOs. The overall goal is to build the capacity of these and other local organizations to develop, implement and scale up comprehensive HIV prevention, treatment, care and support programs.

The Project is working primarily through faith-based mission hospitals, NGOs and one professional society at the national and regional levels. The prevention component focuses on students, community members, health workers and pregnant women, while the treatment, care and support programs focus on people affected by and infected with HIV.

### Activities in Brief

#### ***Improving the Model of HIV Treatment, Care and Support***

Comprehensive HIV treatment, care and support are essential for infected persons to continue contributing to society. Though FBO health facilities provide HIV treatment, the current model concentrates all the activities of treatment at the district hospitals. Essential components of a comprehensive HIV package, including care, support and palliative care need to be incorporated into the model of care. Services must be decentralized; otherwise, the current system will become overwhelmed by the sheer numbers of clients.

To this end, the Capacity Project is providing clinical technical assistance to service provision sites, via in-country and regional experts, to develop and use a more integrated model of care at the hospitals. In addition, the Project is helping to decentralize care to lessen the burden on district hospitals.

Through assistance to the MOHSS and its technical working group, the Project initiated voluntary counseling and testing (VCT) activities and helped to draft and update the country's guidelines on antiretroviral therapy and prevention of mother-to-child transmission

(PMTCT). Activities include training staff on the guidelines; recruiting health workers and counselors as partners; making supervisory and supportive visits; and providing clinical support through a variety of tools.

Among the accomplishments to date are substantial increases in the number of HIV patients being treated by the five faith-based hospitals and in the number of patients being managed by the private sector. The Capacity Project has provided VCT services to 40,600 new clients and has rolled out PMTCT services at 50 sites with an estimated catchment population of 300,000 in rural and semi-urban settings. At these sites, all mothers now receive counseling on infant feeding options, all TB patients have access to counseling and testing and all HIV patients receive routine TB screening as part of every hospital visit.

#### ***Strengthening Human Resources Management Functions of Subgrantee Organizations***

The Project conducted a comprehensive human resources management (HRM) assessment of Anglican Medical Services, Catholic Health Services, Lutheran Medical Services and Lifeline/Childline. These organizations' HIV/AIDS programs receive support through subgrants.



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However, strengthening the HRM operations of the broader hospital systems is essential to ensure that the organizations and their programs remain strong and self-sustaining. For each organization, the Project identified areas where it could help strengthen HRM practices and capabilities. These measures could improve the HIV/AIDS programs by ensuring that health workers are oriented to the national HIV guidelines, mobilized in sufficient numbers and supported in their day-to-day work.

The Project has developed a separate HRM development strategy for each subgrantee organization. Project staff shared strategies with each organization and collaborated through discussions and agreement on priority areas to be addressed. The Project will contract with local service providers to work with and deliver HRM support to each organization.

**Developing the HRIS Capabilities of the Ministry of Health and Social Services**

Initial activities of the Project’s human resources information systems (HRIS) strengthening program for the MOHSS included disseminating an assessment questionnaire, conducting an information technology infrastructure and operations assessment, determining key policy issues and forming the stakeholder leadership group. Project staff incorporated findings from the assessment to prepare a comprehensive HRIS strategy for the MOHSS.

Following a stakeholder meeting, Project staff successfully piloted a new HRIS assessment

tool that efficiently identified local strengths and weaknesses. The team provided detailed recommendations to USAID/Namibia and the stakeholder group, focusing on the development of a computerized HRIS that will foster better understanding of the current health workforce and prepare decision-makers to plan for recruitment, training and retention of health professionals. The Project assisted the MOHSS in the transfer of paper records into electronic format and is working to strengthen the MOHSS’s infrastructure, create and deliver training for the new system and provide post-implementation support. Ultimately, the Project will assist the MOHSS with linking to other ministries and FBOs to provide a complete picture of health workers in Namibia.

**Managing Subgrants**

A portion of the Project’s budget is being used to fund the selected FBOs and NGOs. It is important that the funding be monitored to assure that subgrantees receive appropriate funding levels as they are needed, account for funds received and achieve and report results in a timely manner.

The Project is strengthening the financial and administrative capabilities of the subgrantee organizations through targeted training from regional experts and local Project staff. Several processes were automated through the development and implementation of software programs and licenses. Going forward, the Project plans to maintain a dedicated resource to oversee and coordinate the subgrant program; conduct quality control activities to ensure compliance with USAID regulations and accounting practices; and strengthen the accounting and reporting practices within each organization as required.



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**The Capacity Project Partnership**



innovating to save lives



**Additional Partners in Namibia**

Ministry of Health and Social Services  
 Lutheran Medical Services  
 Catholic Health Services  
 Lifeline/Childline  
 HIV Clinicians Society

Anglican Medical Services  
 Catholic Aids Action  
 Development Aid from People to People  
 Democratic Resettlement Community

Evangelical Lutheran Church  
 Namibia Red Cross Society  
 Pharmaceutical Society of Namibia  
 Walvis Bay Multi-Purpose Center