

AIDSTAR-Two Project Trip Report – Namibia 10/17/10

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5 key words:

Namibia, Centership, USAID, HIS, HIV/AIDS

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1. Scope of Work:

Destination and Client(s)/ Partner(s)	Windhoek, Namibia
Traveler(s) Name, Role	Sarah Johnson, Project Director, AIDSTAR-Two
Date of travel on Trip	October 16-31, 2010
Purpose of trip	To discuss Namibia Centership project with USAID Namibia and USAID AIDSTAR-Two COTR and to attend the HIS Southern Africa Regional Forum (“Country Ownership Strategies: Leadership Forum on Health Information Systems”)
Objectives/Activities/ Deliverables	<ol style="list-style-type: none"> 1. Discuss Centership scenarios with AIDSTAR-Two COTR and USAID Namibia 2. Participate in HIS Regional Forum Pre-conference activities the week of Oct. 18, 2010 3. Participate in HIS Forum Oct. 25-29, 2010 and co facilitate sessions with one of the country teams attending the Forum
Background/Context, if appropriate.	<p>1. Centerships:</p> <p>The AIDSTAR-Two project was asked by the HIS technical group with the Office of HIV/AIDS to provide support to a pilot project in Namibia called Centerships. The pilot was conceptualized by HIS staff in the USAID Office of HIV/AIDS in collaboration with USAID Namibia. The roll-out of the pilot has been delayed since mid July to allow time for internal USAID discussion and consultation on the concept and the design of the pilot and needed financial, technical and materials resources.</p> <p>In the interim, the concept of Centerships has evolved from the description in the original scope of work. According to a recent concept note from USAID Namibia (November 2010) “Centerships are community led ,information hubs’ that offer services to the community on health and HIV/AIDS interventions. The Centership is characterized by strengthening HIV and health information and referral links within the community as well as between the community and public and private facilities (as appropriate). In the development of a Centership, the community establishes business model processes and procedures (including revenue generating activities) to ensure sustainability of the hub. In so doing, this activity contributes to community systems strengthening efforts.” As part of HIV/AIDS interventions in both the pilot communities (Rosh Pinah and Aminuis), community-based health information will be collected to identify and monitor health problems and risks. This data may be collected by community health workers/volunteers who will liaise with existing local public and private health facilities.</p> <p>According to the concept note, the Centerships in Namibia will strengthen an existing physical space for community workers and volunteers (where feasible is supported by a local organization) that is guided by a community governing structure that meets regularly to address health, development and HIV/AIDS</p> <ul style="list-style-type: none"> • To strengthen community driven surveillance on HIV and health through community volunteers that may use internet, print media, cell phones and other sources. • To serve as a distribution and access point for information and educational materials for the community on health and wellness issues

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such as HIV, nutrition, and water and sanitation.

- To serve as a financial sustainable resource center in which community members may for example pay nominal fees for internet access, computer use and publishing services.

2. Country Ownership Leadership Forum on Health Information Systems. Oct. 25-29, 2010:

The Forum in Namibia followed an earlier HIS Forum held in Addis Ababa, Ethiopia Aug. 10-12 2009. The purpose of both conferences was to help countries in the region strengthen their HIS and country ownership and management of HIS.

USAID/DC HIS, USAID Namibia and USG, along with other donors/partners (WHO, HMN, ITU, Norad, etc.), organized this 5 day forum in Windhoek. Delegates from 9 countries attended: Angola, Botswana, Lesotho, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe. The delegations were small with the exception of the delegation from the host country Namibia. Delegation size was due to the conference invitation being sent very late. Each delegation was also supposed to be multi-sectoral in composition with representatives from Ministries of Health, Ministries of Finance, Vital Statistics, Information/Communications and Technology and others. Members of the delegations were, however, from Ministries of Health, with few exceptions.

The objectives of the Forum were as follows:

- 1) Delegates will broaden their perspectives on implementation options, challenges and roles related to health information systems (HIS) by interacting with colleagues from other countries and sectors.
- 2) Delegates will develop a shared awareness of the options and strategies for improving coordination of country HIS.
- 3) Delegates will explore leadership roles in managing health information systems as a national asset
- 4) Delegates and donor participants will work together to develop preliminary follow-on plans to promote stakeholder engagement and commitment to HIS.
- 5) Donor participants will highlight relevant follow on resources (information, financial and technical assistance) available in their respective sectors to strengthen HIS.

AIDSTAR-Two was originally asked to also offer the Virtual Leadership Development Program (VLDP) to country teams following the Forum. The VLDP strengthens leadership skills and competencies and team cohesion and direction, while participating teams address a real challenge, develop or strengthen an action plan to address that challenge and implement this plan. The VLDP was chosen largely because the Forum was described as a leadership forum and enhanced leadership skills can help teams engage other stakeholders and act upon their plan. The VLDP was intended to be one of the concrete Forum follow-on activities. Because the participating country teams were much smaller than anticipated, the VLDP was put on hold.

The HIS Country Leadership and Ownership Continuum was presented and discussed at the Forum. Common HIS challenges include lack of multisectoral coordination, inadequate data quality and sharing, lack of data

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	for decision making, interoperability among sectors and programs, inadequate training and support for HIS Officers, gaps in HIS country ownership and leadership. Various teams spoke about the need for technical support to develop or implement a HIS strategic plan, improve coordination in the MOH and cross sector , improve training of HIS staff, etc.
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2. Major Trip Accomplishments: Should include the major programmatic goals realized, relevant metrics, and stories of impact from the trip.

1. Centerships: The USAID AIDSTAR-Two COTR and I worked on different scenarios for Centerships and the COTR discussed these with the mission. The COTR and I met with Susna De at the mission to discuss the Centership concept, what had transpired and possible roles for AIDSTAR-Two
2. The HIS Country Ownership and Leadership Forum: AIDSTAR-Two participated in the planning of the Forum. At the Forum in Windhoek, I co-facilitated five(5) work group sessions of the Namibia country team(Theo Lippevald). The work group sessions were rated as useful by the participants. Each country team produced an action plan to improve their HIS and reported out on this plan. The true measure of a success of the conference will be actual measurable HIS improvements resulting from successful implementation of the action plans developed at the Forum.

3. Next steps: Key actions to continue and/or complete work from trip.

Description of task	Responsible staff	Due date
1. Discuss follow-on activities to the HIS Regional Forum with John Novak, specifically technical support that AIDSTAR-Two might provide to any team attending the forum (concept papers to be submitted by December 27 to John Novak from country teams requesting assistance)	USAID: Emily Hughes and John Novak AIDSTAR-Two: Sarah Johnson and other AS Two staff TBD	TBD by John
2. Meet to discuss next steps on Centerships	USAID: Emily Hughes and John Novak	TBD by John, once Susna De, John Novak and Emily Hughes have approved next steps
3. Concept paper by AIDSTAR-Two on proposed roles, responsibilities and activities, given revised November concept paper	Sarah Johnson	The concept paper was sent to USAID in early December.

4. Contacts: List key individuals contacted during your trip, including the contacts' organization, all contact information, and brief notes on interactions with the person.

Name	Contact info	Home organization	Notes
1. Susna De,	Tel. +264 61 273 723	USAID Namibia	

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2.Ida Lamperth, Technical Program Assistant, USAID Namibia	ilamperth@usaid.gov	USAID Namibia	
3.John Novak, Senior Monitoring &Evaluation Advisor, USAID/DC	jnovak@usaid.gov	USAID, Office of HIV/AIDs	
4.Ramesh Krishnamurthy, Chief Information Systems and Framework, HMN	Krishnamurthy@WHO.INT	Health Metrics Network, Geneva	
5. Robert Festus, Strategic Information System, USAID, Namibia	rfestus@usaid.gov	USAID Namibia	
6.Dr. Clementine Murora, Deputy Director, MoHSS, Namibia		MoHSS Namibia	
7. Mr. Puumue Katjuanja, Regional Director, Karas Region, MoHSS, Namibia		MoHSS Namibia	
8.Ms. N, Nghatanga Director PHC, MoHSS, Namibia		MoHSS Namibia	
9. Dr. Sikota Zeko, Chief Medical Officer, MOH, Namibia		MoHSS Namibia	

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10. Dr. Norbert Foster, Deputy Permanent Secretary, MoHSS, Namibia		MoHSS Namibia	
11. Vincent Shaw, Executive Director, HISP-SA, Norad	vshaw@hisp.org	Norad	

5. Description of Relevant Documents / Addendums: Give the document's file name, a brief description of the relevant document's value to other staff, as well as the document's location in eRooms or the MSH network. Examples could include finalized products and/or formal presentations, TraiNet Participant List, Participant Contact sheet, and Meeting/Workshop Participant Evaluation form are examples of relevant documents.

File name	Description of file	Location of file
N/A. The conference report will be produced by another organization. AIM also has the participant evaluations		