University of Namibia – University of Toronto
2010 Student Partnership Programme

Initial Summary Reports

Presented at the Programme’s Final Forum
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Windhoek, Namibia
10 August 2010
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Introduction

This booklet presents the initial summary reports of the students participating in the 2010 Student Partnership Programme that unites the Universities of Namibia (UNAM) and Toronto (UofT) in Namibia. These summary reports were presented at the Programme’s Final Forum in Windhoek on 10 August. Final reports will be produced in the coming months. They will be made available by UNAM’s HIV/AIDS Unit and UofT’s Centre for International Health, Dalla Lana School of Public Health.

This year’s programme ran from May 29th to August 10th, 2010. Ten UofT students participated in service placements with a variety of organizations in northern Namibia and Windhoek. In the North, four students were placed with four separate organizations in Ongwediva/Oshakati. The six students in Windhoek were paired and placed with three separate organizations.

Two thousand and ten marked the 12th year of the programme. This year the following departments of UofT participated in the programme:

- Anthropology, Department of
- Human Biology Program
- Leslie Dan, Faculty of Pharmacy
- New College - Gender and Equity Studies and African Studies
- Physical Education and Health, Faculty of

The work of the students was carried out under the direction of Dr. Scholastika Iipinge (siipinge@unam.na), Faculty of Medical and Health Sciences/HIV/AIDS Unit, UNAM, and Ms. Hilka Udjombala (hudjombala@unam.na), Nursing, UNAM Northern Campus, with UofT’s Co-directors Mr. Aaron N. Yarmoshuk (a.yarmoshuk@utoronto.ca), Director, HIV/AIDS Initiative-Africa, Centre for International Health, Dalla Lana School of Public Health and Professor Richard B. Lee (richardb.lee@utoronto.ca), Department of Anthropology and New College. Ms. Linzi Manicom, Service Coordinator, New College, provided valuable supervision and support to the programme for two weeks in July.
Service Placement at the Communicable Disease Clinic, Intermediate Hospital Oshakati
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Background
The Communicable Disease Clinic (CDC) is part of the Intermediate Hospital Oshakati (IHO), a 750-bed state hospital which serves the Oshakati District in the Oshana region of northern Namibia. The hospital has a catchment population of almost 200,000 people and serves as a referral hospital for several other regions in the north of the country.

The CDC itself was established in 2003 with funding from PEPFAR (the United States President’s Emergency Plan for AIDS Relief). The CDC is comprised of a TB clinic and the pre-HAART (highly active antiretroviral therapy) and HAART clinics, where I was placed. The clinic employs six doctors, who work as part of a team with nurses, pharmacists, community counselors, data clerks, and volunteers to provide a variety of HIV-related services for their patients. These services range from the provision of antiretrovirals (ARVs) and contraceptives to counseling about good adherence and safe sex. The two HAART clinics have over 17,000 patients, over 16,000 of whom are on ARVs.

What I did at the CDC
During my placement at the CDC I assisted the nurses and other staff with daily tasks like registering patients, retrieving patient files from the records room, sorting laboratory results, and labeling test tubes in the blood room. I also spent a great deal of time working in the CDC pharmacy. For the academic component of my placement I wrote surveys about barriers to ARV adherence in the Oshana region and distributed them to several of the doctors, nurses, and pharmacists working at the CDC.

Challenges facing the CDC
The biggest challenge facing the CDC seems to be the quantity of patients that come to the clinic every day and the number of staff available to attend to them. I have heard many staff members mention that they would like to spend more time with each patient to discuss issues like poor adherence, but that the sheer number of patients makes this impossible. Given that the national HAART guidelines are going to be updated soon to allow for patients with CD4 cell counts greater than 200 cells/mm\(^3\) to be initiated on HAART, this issue is likely to worsen as the clinic becomes more crowded.

Barriers to antiretroviral adherence
Adherence, in the context of HAART, refers to taking the correct number of ARV pills each day and is critical for avoiding the development of ARV resistance and suppressing HIV. Taking over 95% of prescribed ARV doses is considered very good adherence. At the CDC, adherence is measured by counting the pills left in patients’ ARV bottles when they arrive at the clinic to receive a new supply. In my presentation I will be discussing the preliminary findings from my surveys about barriers to ARV adherence in the Oshana region, as well as recommendations that CDC staff have made for how to improve patient adherence at the clinic.
Service Placement at the Sam Nujoma Multi-Purpose Centre (SNMPC)
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Background
The Sam Nujoma Multi-Purpose Centre (SNMPC) was built in 2003 by the Ongwediva Town Council in response to a community needs assessment. Currently, the centre is governed by a Steering Committee that is comprised of several representatives from governmental and non-governmental organizations and is chaired by the Mayor of Ongwediva. The centre primarily runs on funds provided by USAID and the Ongwediva Town Council.

The SNMPC serves as a hub for community members to access information and support regarding HIV/AIDS and other issues facing the community. The SNMPC does so by providing the Ongwediva community with several programs and activities. These programs include the Computer Training Program for those in the community who wish to develop their computer skills, the After School Orphans and Vulnerable Children (OVC) Program, the Home Based Care (HBC) Program for those affected by TB and HIV, and the Behaviour Change Communication (BCC) Strategy, which is a peer education HIV prevention program. The SNMPC also offers a physical space and operational resources for community member-run initiatives such as the Ongwediva Youth Club, a youth-led HIV prevention and awareness education initiative, and the Tukwafela support group, an income-generating support group for HIV positive individuals.

Placement Objectives
As a Human Biology intern, my placement objectives were to provide assistance to the SNMPC and understand the centre’s structural organization, to assist the BCC in recollecting, managing, and compiling surveys to evaluate the effectiveness of the centre’s HIV prevention program and lastly to understand HIV/AIDS and outreach education prevention strategies in the Namibian context.

My Activities
I was placed at the BCC to provide assistance to program coordinator, Aina Tobias. My daily activities included preparing, setting-up and attending HIV prevention sessions. However, the main activity I provided assistance with in the BCC was the recollection of surveys used to evaluate the effectiveness of the centre’s prevention program. In all, over 220 surveys were recollected, and entered into databases during the month of July, in preparation for a workshop held in Windhoek where baseline and recollected data will be compared. My duties included preparing interview packages for each location, interviewing session attendees, and managing and entering completed surveys within databases.

During my time at the SNMPC I also was involved with the HBC program. Here my main activities included making quarterly client home visits with program coordinator Patrick Shikesho, and DED volunteer Antonia Hofmann, to evaluate clients’ health-statuses, relationships with care providers and concerns relating to program delivery.
Internship at the Small Business Development Centre at UNAM Northern Campus
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Background
The formation of the Small Business Development Centre (sBDC) came after a workshop held early in 2000 to address the challenges that local entrepreneurs were facing and how these could be addressed so as to further economic progress in the surrounding regions. The workshop put forward that an organization was required to provide training courses for business owners, up-to-date literature about the business climate in Namibia and business consulting services. With the help of the North Carolina Small Business and Technology Development Centre (NCSBTDC), the University of Namibia (UNAM) went about setting up the sBDC as it is today.

Activities as an Intern
- My biggest and main task as an intern was to prepare an 80 page frequently asked questions (FAQ) booklet. This booklet answers 60 of the most frequently asked questions that the sBDC faces on a daily basis. It is hoped that the FAQ book will streamline processes in the sBDC office, thus allowing Mr. Haukongo more free time to deal with more complex issues. Researching this book took a large amount of time and involved visiting Ministry Offices to get answers to pieces of legislation that were not clear. Thanks to my fellow intern, Matthew Haihambo for helping me to navigate the various echelons of government bureaucracy to get answers.
- My second task was to carry out case studies on three businesses that had been helped by the sBDC so as to measure what impact the sBDC was having at the community level, since that is where its objectives are focused.
- My third task was to carry out some research for one of the companies I carried out a case study on: Joe Archer’s Photo Studio. Mr. Shikongo (“Joe Archer”) was interested in seeing the opportunities available to his business in the digital challenge. As a result, I wrote him a 10 page report on how other photo studios in the world have innovated in the face of the digital challenge.
- My fourth task was to accompany Mr. Haukongo when he went out into the field, to carry out activities such as a “Feasibility Study of Industrial Opportunities” in Outapi, or giving a lecture on how to start a business on the Oshiwambo service radio station, so as to observe how the sBDC functions outside of the office at UNAM.
- My fifth task was to carry out a follow up on Kristen Yee’s recommendations from her situational analysis in 2008 to see if they had been implemented, and the results of the implementation or lack thereof.

Final Thoughts
Business is the backbone of society, and without a focus on improving it, other attempts to improve a society cannot reach their full potential. A prosperous society cannot be arrived at if the government is the only employer. As such, there should be an emphasis on making sure that the business environment in a society is conducive to the business sector flourishing. The sBDC is an example of an organization that plays this role, and as such should be supported to the fullest of capabilities. This way, a more prosperous Namibia may be built faster, thus improving the quality life in all communities in the four corners of the country.
Background
For people with disabilities in Namibia, common issues such as poverty, unemployment and lack of access to education are exacerbated by the environmental barriers and stigma which devalue and marginalize their roles as members of society. Within this context, The Disability Economic Empowerment Project (DEEP) endeavours to provide a space where people with disabilities can economically and socially empower themselves. Since 2007, the six members have grown the project into a thriving bicycle sales and repairs shop, as well as a hub of community in Oneshila. While furthering the issue of disability, DEEP provides a sustainable and affordable transportation option for residents of Oneshila. DEEP has been successful in creating a space for people with disabilities to assert their dignity and value.

Activities
I divided my time at DEEP between working on deliverables for the project and working with the members to improve their various skills relevant to the project. Throughout the placement, I was able to help the members with their school work (literacy), English, mechanical and business skills. We worked together to maintain correspondence with donors and past interns, developing internet, word processing and report writing skills. I worked with the Toronto cycling community to arrange a shipment of spare tools from Canada to DEEP. Other deliverables included the 2010 Project Document, which will explain the project to potential donors. I also worked with the members to write grant application to start a computer training school. The application proved to be successful, with DEEP being granted over N$200, 000 (>CAD 16,000) to start the project. Lastly, I compiled a document outlining important features of the grant contract and project plan to give the members a sense of continuity after I leave.

Challenges
Lack of resources is an overarching challenge for DEEP. This affects the project’s ability to find and complete new grant applications, which require resources for internet, telephone, fax and taxi fares. The project also lacked resources to replace their tool collection, a large part of which has worn down over the last three years. Because of the seasonal rains and fluctuation in business, the project cannot accumulate enough resources to purchase inventory due to the need to subsidize salaries when business slows. Other challenges include disconnect with donors – many of the bicycles DEEP receives from Canada have skinny tires which are not useful in the Namibian context. This challenge is compounded by the lack of infrastructure (paved roads) in townships and rural areas, which prevents skinny-tired bicycles from being useful and makes getting around in a wheelchair, crutches or tricycle more difficult.

Observations
The DEEP project members have done an amazing job at growing this successful project. It is clear that they have gained the trust and respect of the community. For the future of the project, it is my hope that the members can endeavour to get more management and business training, increase their inventory and do more disability advocacy – the project members have important insights on the economic empowerment of people with disabilities. Good luck with the computer school!
Between June 1st and August 9th, 2010, we conducted an internship at the Katutura Health Centre (KHC), with a team of doctors, nurses, pharmacists, pharmacy assistants and expert patients who are responsible for the care of 7,000 patients. KHC specializes in Antiretroviral Therapy (ART) and in Tuberculosis prevention and treatment due to the high incidence of co-infection with HIV. Although the Antiretroviral (ARV) Pharmacy at KHC mainly dispenses to patients from Katutura, they also serve patients coming from areas as far as Ovamboland, bringing their patient count for the pharmacy to approximately 10,000. In addition, on a weekly basis the pharmacist or a pharmacy assistant will do outreach at a satellite clinic at Robert Mugabe, Otjomuise, and/or Dordabis. With regards to public health, KHC actively participates in national health initiatives such as the National HIV Testing day and the National Polio/H1N1 Vaccination Campaign.

Our duties at the pharmacy included dispensing ARVs, prepacking medications, monitoring patient adherence and performing simple counseling in Oshimambo, Afrikaans and/or English. Furthermore, we referred patients to peer counselors for compliance or communication issues. We also helped train pharmacy assistant students during their practical rotations.

Under the direction of Dr. Zarou, Head Physician at KHC, we organized a focus group composed of patients living positively and coming from different walks of life such as a mother, a person with a disability and a patient from a rural area. This was to improve the clinic’s services by opening the lines of communication between the patient body and the clinic staff. Ideally, this group will be sustainable and will meet with a nurse, a pharmacist, a doctor and a counselor on a monthly basis for the next year.

Our other special projects included updating the Standard Operating Procedures Manual for Dispensing which will be used to train future staff, and creating a resource booklet for counselors, pharmacy staff and doctors. The resource booklet contains pictorial/three-dimensional representations of different regimens patients may be on including 1st and 2nd line therapy along with pre-highly active anti-retroviral therapy. In the appendices, there is a guide on counseling patients on certain medications and a list of support groups in the Windhoek area provided to us by the Namibian Women’s Health Network.

From July 12th to the 16th, we did a placement at Katutura State Hospital where we got a different perspective on pharmacy practice in Namibia. We worked in the inpatient and outpatient pharmacies, helped out with ward stock and compounded oral medications for pediatric patients and topical creams for patients with dermatological conditions.

We’d like to thank all the staff at the Katutura Health Centre and the Katutura State Hospital for supporting our internship over the past 3 months. We are very grateful for this experience and the knowledge gained. We hope that our projects at the clinic will reap sustainable benefits for the patients and the clinic. Lastly, we’d like to thank our supervisors from the University of Toronto, Mr. Aaron Yarmoshuk and Dr. Richard Lee, for providing us with this once in a lifetime opportunity.
Physically Active Youth (PAY) is a community-based project focusing on the healthy development of young people, namely Orphans and Vulnerable Children (OVC), in low-income communities in Windhoek. PAY’s holistic approach to youth development addresses the issues of physical health and fitness, academic success, personal development and community awareness and involvement. PAY’s goals for the development of its participants include: (i) Encourage a healthy and physically active lifestyle; (ii) Improve academic performance; (iii) Increase physical fitness and develop sport skills; (iv) Engage learners in life skills training, with an emphasis on healthy gender relations and behaviours which minimize HIV risk; (v) Instill values and attitudes of general equality; and to (VI) Create starting points for participants to be successful in life.

PAY Program runs from Monday to Friday during the afterschool hours, 14:00 to 17:00. During these hours, from Monday to Thursday we, along with the staff and volunteers, implement the Academic and Sport programs. From 14:00 to 15:30, we engage the participants in mathematics sessions, vocabulary lessons and tutoring. This is followed by physical fitness training, sport skill development (cycling, basketball, soccer, and dance) or creative/cooperative games, depending on the day of the week. Ben has spent his ten-week placement co-coaching and training the PAY cycling team, taking participants through cycling-specific training activities and weekend rides through the city, in addition to teaching basic bicycle mechanics and maintenance. Sonam started a weekly dance program at PAY for the female participants, where various genres of dance have been taught. Each Friday, we led the youth in a life skills development session, each week featuring a new theme that is relevant to adolescent life. These include healthy relationship development, conflict resolution and HIV-AIDS prevention. PAY’s interns and staff spend the remainder of the day developing program materials, discussing best practices and strategies for improving the program, and working on the various community development projects that are on the organization’s agenda (see below).

In addition to our day-to-day responsibilities at PAY, we have also taken the lead on a number of projects within the organization. Ben has been heading the initial organization and promotion of the first annual Tour de Tura, which is a competitive road bike race and full-day event which will take place in Katutura this fall. The goal of the Tour de Tura is to bridge the gap between Namibia’s cycling community (cycling is very popular in Namibia) and the community of Katutura, while showcasing the rich culture and storied history of the community. We would like to bring cycling, an empowering form of physical activity and transportation, to the citizens of the community, many of whom would otherwise have never been introduced to the activity. He has also designed and piloted the PAY Volunteer Incentive Program, a system which will reward PAY volunteers with various prizes and PAY paraphernalia once they attain a pre-determined number of volunteer hours with the organization. The goal of the program is to encourage graduates of the program to stay on as volunteers once they complete high school studies, and to reward our volunteers for their dedication to PAY.

Sonam has spearheaded both the Safe Spaces project and the PAY Self-awareness project. Safe Spaces is a program that enables adolescent girls to develop a variety of skills in a safe, protected environment. A Safe Spaces program is being established in Namibia, and starting off with the female participants at PAY. The objectives of the program include: (i) Creating a dedicated safe space for girls and young women in Windhoek; (ii) Providing a platform for girls to voice and discuss their issues; (iii) Empowering girls to create a legacy of female driven development, community leaders, and role models for girls; (iv) Teaching and nurturing leadership skills, self-esteem, assertiveness, and gender consciousness in young girls. The Safe Spaces program that is being developed in Windhoek will include Art-based programming, Life Skills Training, Sport Development, Vocational Training & Social Enterprise and Exchanges & Mentorship. The PAY Self-Awareness Project, a collaborative program between Pathways Consultants and PAY, is targeted for youth with disabilities. The goal is to provide an opportunity to understand oneself as an individual with great power. The mission of the program is to nurture the holistic development of youth through creative expression activities.
Service Placement at Namibia Women’s Health Network

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Background:
Namibia Women’s Health Network (NWHN) is a community-based organization founded to empower women and youth living with or affected by HIV to become leaders at the local and national level. The NWHN aims to equip this group with adequate information to make informed decisions about their sexual reproductive health, sexuality, and economic opportunities. The organization has a number of programs to achieve these endeavours. To compliment the work accomplished in women support groups in all of Namibia’s 13 regions, four youth programs have been established to work with young people:

- The Young Women’s Dialogue (YWD) creates a forum in which young women can share their experiences and begin to build a group of activists prepared to advocate for the improvement of the lives of women living with HIV (WLHIV).
- The Youth Economic Empowerment Program (YEEP) awards grants to unemployed young men and women (many of whom are school drop-outs and commercial sex workers living with HIV), which support their participation in vocational programs, enabling them to secure the skills needed to start small enterprises.
- The Youth Empowerment Program (YEP) mobilizes young people, including adolescents born with or living with HIV to teach them about their rights through training and provision of information on HIV/AIDS, sexual reproductive health rights and gender-based violence.
- Youth Against Crime (YAC) was established in 2008 in the small rural community of Dordabis to address the rampant issues of poverty, alcohol abuse, unemployment, and illiteracy that they are experiencing. These conditions have led to increased incidences of sexual violence, as well as a greater number of women resorting to commercial sex work, increasing HIV prevalence in the community. YAC provides courses in English, computer skills, drama, and training in income generating activities.

The Campaign:
More than simply an avenue to air grievances, the support groups are also designed to determine the challenges facing WLHIV and how to empower women themselves and to help advocate for their rights. It was through these support groups that the campaign to end forced sterilization came about. Women from different regions were reportedly sterilized without their consent because of their HIV status. Since 2008, NWHN has been documenting these cases, and in collaboration with the Legal Assistance Centre, three of these cases are being heard at the High Court of Namibia. During our internship, we assisted with the mobilization of people and resources, and reporting the proceedings to the organization’s social networks during the weeklong events to raise awareness and support for the court cases.

Projects:
Through YAC the NWHN became aware of various issues of mismanagement of community resources and a denial of family planning services to young women seeking them at the local clinic in Dordabis. We then wrote a report to all relevant government ministries, as well as to the Prime Minister. From this report, we had successful meetings with the Prime Minister and the Minister of Youth, while the Ministry of Health and Social Services sent a delegation to investigate. The prompt response demonstrates an extraordinary commitment from the Namibian government to rectify these issues and a strong willingness to work with the civil society sector.

The NWHN has also expanded its scope this year to reach out to adolescents living with or affected by HIV. This target group has been largely neglected from the support services currently offered through any organization or government sector. To address this gap, NWHN has been working in collaboration with a local NGO, Positive Vibes, and the Katutura State Hospital to establish a peer support group that will create a safe and positive space environment promoting HIV/AIDS awareness, education, and support. During our time at NWHN
we were also able to establish a peer youth support group in Freedomland, Katutura and develop a program on which to base future adolescent services.
10 UofT interns for Namibia 2010 with colleagues from UNAM during the programme’s orientation at UNAM on 31 May.