University of Namibia – University of Toronto
2011 Student Partnership Programme

Initial Summary Reports

Presented at the Programme’s Final Forum
CES Board Room, UNAM
Windhoek, Namibia
10 August 2011
Table of Contents

Introduction .................................................................................................................................................. 1

Map of Namibia ........................................................................................................................................ 2

Reports from Windhoek Internships

1. Service Placement at The Namibia Women’s Health Network
   Niamh Fitzgerald and Sandra Godoy ........................................................................................................3

2. Service Placement at Physically Active Youth (PAY)
   Laura Dekroon and Lindsay McCabe ........................................................................................................6

3. Service Placement at Katutura Health Centre
   Heather Bannerman and Priya Bansal .....................................................................................................8

Reports from Northern Namibia Internships

4. Service Placement at Oshakati State Hospital – Communicable Disease Clinic
   Stephanie Kim ..............................................................................................................................................10

5. Service Placement at the Oshakati Intermediate Hospital, Communicable Disease Clinic – Paediatric HIV Care at the CDC: Successes, Challenges and Concerns
   Lisa Bauslaugh .......................................................................................................................................11

6. Service Placement at the Sam Nujoma Multi-Purpose Centre (SNMPC)
   Abeer Ahmad ..........................................................................................................................................12

7. Service Placement at Disability Economic Empowerment Project (DEEP)
   Robyn Walter ..........................................................................................................................................13

Group Photo .............................................................................................................................................14
Introduction: The University of Toronto/University of Namibia Project in HIV/AIDS, 1997-2011

By Richard B. Lee, Co-Director

Welcome to the Final Forum of the University of Toronto/University of Namibia partnership. The project was launched in 1997 and since 1999 over 100 Canadian students have spent 2-3 months each working with Namibian students, faculty, health workers in clinics, centres and NGOs.

The project began when Dr. Ida Susser of the City University of New York and I met Dr. Scholastika Iipinge of the University of Namibia and we designed a series of workshops for capacity building in AIDS research and management. The workshops attracted a wide range of Namibian students, faculty, health care professionals and AIDS activists.

Canadian student involvement began in 1999. Our reasoning was that it could be mutually beneficial to combine the wisdom and experience of Namibian experts with the energy and perspectives of the Canadian students.

From 1999-2001 the Canadian students acted as resource workers for the AIDS workshops. From 2003-2006 the program partnered each Toronto student with a UNAM student to carry out a joint research project. Many good studies resulted from these collaborations working in such organizations as:

1. Namibian Men for Change (NAMEC); combating men’s violence against women;
2. TUCSIN; conducting an in-depth survey of students’ AIDS awareness;
3. Catholic AIDS Action; focusing on home-based care programs;
4. UNAM students AIDS Awareness clubs; how the tertiary sector was facing the challenge of AIDS;
5. Katutura Hospital AIDS ward; treatment of patients with AIDS prior to the availability of ARV treatment;
6. Early Positive Living mutual support groups; tracing the beginnings of groups like Tuyakula.

In 2006 the program expanded, when it united with the University of Toronto Centre for International Health HIV/AIDS Initiative-Africa, beyond Windhoek and placed students in Oshakati-Ongwediva in northern Namibia. Also at this time more units (e.g. New College and Faculty of Physical Education and Health) of the University of Toronto began participating in the program. In 2008 (to the present), my colleague Aaron Yarmoshuk, Director of the HIV/AIDS Initiative-Africa, joined the program as co-director. Since 2008 we have focused on service placements. Service placements do not involve research per se; rather, the goal is to match the specific needs of a Namibian host organization with the educational background and skill-set of a Canadian student.

Today you will hear reports from this year’s program including:
- Physical and Health Education students from Toronto at PAY-Namibia (Physically Active Youth - Namibia)
- Pharmacy students at the Katutura Health Clinic dispensary for ARVs
- Global Health and African Studies students working at Namibia Women’s Health Network with Jennifer Gatsi-Mallet

From students placed in the north you will hear reports from:
- The Sam Nujoma Multi-Purpose Centre in Ongwediva,
- The Communicable Diseases Clinic (CDC) at the Oshakati Regional Hospital
- DEEP, a bicycle repair centre in the Oneshila neighbourhood founded and operated by disabled workers

Before turning the floor over to the students, I want to take a moment to thank Dr. Iipinge and our Namibian partners for hosting our students. We hope that our participation has been positive for you in your vital work facing the challenges of HIV/AIDS. Our future here depends on you. It is up to Namibians to give us input on how the Canadian students can be most useful to you in the fight against AIDS.
Map of Namibia

- **Oshakati/Ongwediva Placements**
  - Intermediate Hospital Oshakati (IHO)
  - Sam Nujoma Multi-Purpose Centre (SNMPC)
  - Disability Economic Empowerment Program (DEEP)

- **Windhoek Placements**
  - Katutura Health Centre (KHC)
  - Physically Active Youth (PAY)
  - Namibia Women’s Health Network (NWHN)
Service Placement at the Namibia Women’s Health Network

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Background:
The Namibia Women’s Health Network (NWHN) is a community-based, non-governmental organization that aims to provide information, education, skills and capacity-building to improve the health of Namibian women, specifically women living with HIV and AIDS and disabilities. The organization works to empower women and youth to become leaders at the local and national level. Since its founding in 2008, NWHN has been an inclusive network that serves all persons infected and affected by HIV/AIDS. All of the organization’s program areas are built around a strategy to empower women, men and youth with adequate information to enable them to make informed decisions regarding their reproductive health, sexuality and economic opportunities. NWHN currently connects over 1500 network members representing the 13 regions of Namibia.

NWHN’s Projects:

**Human Rights of Women Living with HIV:** As the name suggests, this project focuses on advocacy for the human rights of WLHIV. Since 2008, NWHN has documented the stories of WLHIV who were sterilized against their will in Namibia’s public hospitals, and over the past two years has created partnerships with local and regional NGOs to assist in litigation and documentation of such forced and coerced sterilization violations.

**Partnership with Parliament:** NWHN works with members of Parliament and with the Parliamentary Standing Committee on Human Resources and Community Development in order to influence and sensitize policy makers about the realities and needs of WLHIV.

**Youth Empowerment:** NWHN has four youth programs that work with young people in Namibia’s 13 regions:
- **Young Women’s Dialogue (YWD):** A series of workshops that provides young women with the opportunity to come together, share experiences and issues, and advocate to improve the lives of young women living with HIV.
- **Youth Empowerment Program (YEP):** Mobilizes and educates young people, including HIV positive youth. NWHN provides advocacy, training and information on HIV/AIDS, Sexual Reproductive Health and Rights, and Gender Based Violence and teaches participants how to share this information with their peers.
- **Youth Economic Empowerment Program (YEEP):** Awards grants to unemployed young women and men (many of whom are school drop-outs and/or young sex workers living with HIV) which support their participation in vocational programs, enabling them to secure the skills needed to start small enterprises. This program currently operates in three sites: Katutura, Dordabis and Rehoboth.
- **Youth Against Crime (YAC):** Founded in 2008 to address the challenges of the young people of Dordabis (a rural community in central Namibia) who are impacted by poverty, unemployment and illiteracy. YAC provides courses in English, computer skills, drama, and training in income-generating activities.

Our Objectives and Projects:
As interns for the Namibia Women’s Health Network, the purpose of our placement was to assist with the development of the YAC and YEEP projects. Specifically, we worked with YAC on ensuring the sustainability of a poultry project that they have initiated in order generate income for the young members of the Dordabis community who are involved, and we conducted research for the YEEP project in Rehoboth for the purpose of producing a situational analysis that outlines the primary challenges that youth face in the area.

Currently, the main focus of the YAC program is a small-scale poultry farm which has been running since January 2011. The goal is to create a long-term, self-sustainable business that will provide youth with practical skills and employment. Currently the project has 550 chickens and supplies eggs on a weekly basis to companies in Windhoek and to individuals in the community. However, because the project is still in its initial stages it faces many challenges, which we sought to address during the course of our internship. For example, profits have been less than expenses for some time and the long-term sustainability of the project is uncertain. We wrote a detailed business plan that includes a 3-year plan of action for the expansion of the project, which involves increasing the number of layer chickens,
implementing a complimentary gardening project, and starting a free range with guinea fowl. We have also forged partnerships for sponsorship of the project with members of the private sector, such as the animal feed company Feedmaster. Additionally, we have worked with the youth to develop skills that are necessary for the operation of a small business, including ensuring that they keep proper records of their production, sales and expenses.

The beneficiaries of the YEEP project in Rehoboth face many challenges, as there are few opportunities for employment in the community and limited resources to assist those who wish to start up a small business. Thus, our primary task for the YEEP project was to conduct research in the community and write a detailed situational analysis that makes clear the challenges that youth face there. We compiled a series of questionnaires which we used to interview over 50 youth and several NGOs in the community, as well as the Mayor of Rehoboth, from which we were able to ascertain the extremity of the situation in Rehoboth. For example, we found that as a result of so many of the youth being unemployed and out of school, many have turned to alcoholism in their idleness. Other problems such as teen pregnancy, drug abuse, gender-based violence, rape and prostitution are also rampant in the community. We also discovered that there are no recreational facilities in Rehoboth to occupy the youth and to deliver youth services such as educational and athletic programs, vocational skills training, counselling, etc, for which there is a great need. Therefore, the situational analysis that we wrote will be sent out to various stakeholders and government ministries to encourage youth development projects in Rehoboth and will be incorporated into NWHN’s funding proposals for future projects in Rehoboth, including the construction of a community centre for the youth.

**Strengths and Challenges of NWHN:**

Like many small NGOs, NWHN faces a myriad of challenges, but persists in spite of these due to its considerable strengths. We consider NWHN’s greatest strengths to be:

- **Empowerment of women:** NWHN constantly seeks to engage women in ways that will develop their skills, provide them with educational resources, build their self-confidence and encourage them to take their own initiatives. By focusing on empowerment instead of charity, NWHN is contributing to the emergence of a generation of strong women who are prepared to advocate for their rights.

- **Youth development:** Currently the unemployment rate in Namibia is over 50% and this is highest amongst youth. By providing youth with education, employable skills, and skills to start their own small businesses, NWHN is contributing to the reduction of unemployment amongst one of the largest yet most vulnerable populations in the country.

- **Partnerships with other organizations:** In forging partnerships with other organizations, NWHN is able to gain access to resources that it would not otherwise have. For example, as part of the ‘End Forced Sterilization’ campaign, NWHN has partnered with the Legal Assistance Centre, an organization that has been able to provide legal expertise and assist in the litigation of forced sterilization violations.

- **Director:** Jennifer Gatsi-Mallet, director of NWHN, is a passionate and dedicated woman whose fortitude and unwavering commitment to the work of the organization is truly inspiring. She is the driving force behind NWHN and a role model for the women that the organization reaches.

We believe that the most daunting challenges that the organization is currently facing are:

- **Lack of funding:** NWHN depends solely on the funding of donors to support its projects. However, such funds are often inconsistent which threatens the sustainability of the organization.

- **Lack of technical expertise:** Apart from Jennifer, NWHN has no permanent staff. Despite the dedication of its volunteers, NWHN lacks more experienced personnel who would be able to provide technical and administrative expertise.

- **High volunteer turnover:** NWHN depends largely on the work of volunteers, who often stay for short periods of time (e.g. 3 months). The organizational capacity of NWHN is extremely diminished by the fact that there are no permanent staff members, as projects are constantly being passed between hands.

*We would like to thank all the staff and volunteers at NWHN and CRIAA SA-DC, specifically Jennifer Gatsi-Mallet, Carina Brueckner, Ivy Rutize and Foibe Haludilu for their guidance, assistance and friendship. Thank you also to Mr. Aaron Yarmoshuk, Dr. Richard Lee, Dr. Dan Allman, Dr. Dena Taylor, and Dr. Scholastika Iipinge for their support.*
U of T interns Sandra Godoy and Niamh Fitzgerald with other NWHN volunteers and NWHN Director Jennifer Gatsi-Mallet at the launching of a booklet about unsafe abortions and unwanted pregnancies, 04/08/2011.

YEEP beneficiaries in Rehoboth at an NWHN outreach, 20/07/2011.
Physically Active Youth (PAY) is a community-based project located in Katutura, Windhoek. As an after school program, PAY’s goal is to foster the development of well-rounded young Namibians. The holistic approach the program uses is three-fold: 1) academic programming which involves homework help and one-on-one tutoring 2) physical activity in the form of fitness training, sport specific skills, and cooperative games 3) life skills discussions and workshops centered on topics that are relevant to the personal development of youth. PAY is also committed to community outreach initiatives. These projects allow participants to mature into young leaders within their schools and social settings, as well as recognize the importance of giving back to the community. Another key feature of PAY is its focus on HIV and AIDS education, which is done through Kicking AIDS Out sessions that take place on a weekly basis.

The program runs Monday to Friday, from 14:00 to 17:00. From 14:00 until 16:00 is academic programming, where students complete assigned homework and study for upcoming exams. During this time, we were responsible for working with the students who needed extra help with their studies, most often in the areas of English, French, mathematics, and sciences. We also conducted weekly testing in math and English in order to monitor participants’ progress throughout the school term and pinpoint areas that needed extra attention. Sports programming takes place from 16:00 to 17:00, and each day is dedicated to a different sport code. Mondays we led the fitness training, where participants engaged in a series of exercises that worked on strength, flexibility, and endurance. Tuesdays and Thursdays are committed to sport specific skills. During our placement, there were two sport options offered. Laura was in charge of leading basketball sessions, while Lindsay ran soccer practices. Besides training that incorporated skill specific drills, we organized matches within PAY, as well as neighbouring youth organizations. Wednesdays are Kicking AIDS Out lessons, which we planned for and led on a weekly basis. During these sessions we used cooperative games to educate participants about HIV infection, transmission, and prevention. Friday afternoons are devoted to life skills sessions, which often involve guest speakers or workshops that focus on issues such as leadership, healthy relationships, conflict resolution, and career paths.

During our time at PAY, we were responsible for planning and organizing community outreach initiatives. The first project we planned was a visit to a local orphanage, the Katutura Children’s Shelter. As well as bringing our participants to engage with the children at the shelter, we were able to gather and donate a number of food and clothing items. Our second community initiative has been an ongoing project throughout our placement. PAY was selected by the African Adaptation Project to be the pilot site of an Urban Garden Project. The goal of the Urban Garden is to eventually provide healthy food options for participants, and become a sustainable means of income for the organization. In the beginning stages of planning for the garden, we were in charge of coming up with a budget for and purchasing necessary equipment. We also organized and helped with the clean-up of the site in preparation for planting.

Another notable event we were involved with was the Winter Sport and Culture Festival. In preparation for this event, we took on various tasks that included writing proposals, sponsorship letters, invitations to local schools and youth organizations, and media articles. When the event took place in July, we were in charge of facilitating team registration, organizing tournament draws, and overseeing the matches. The festival reflected positively on PAY as an organization, and created an opportunity for the program to fundraise. For these reasons, we hope that it can continue to be an annual event.
Recently we had the chance to help with two different events that both took place in Katutura. The Climate Change Adaptation Youth Conference and the Katutura Youth Expo were both events that allowed PAY to showcase the objectives of the program and their current projects within the community. Prior to the events, we had a role in sending invitations to the public, packaging materials for participants, and planning for our display. Both the conference and the expo were opportunities to raise funds for PAY. We were able to help with crafting and selling clothing items at each event, the profits of which were given to the program.

We would like to thank everyone who has made our internship possible. Our thanks to the Faculty of Physical Education and Health at the University of Toronto for their support of our placement this summer...to our supervisors Mr. Aaron Yarmoshuk, Dr. Dan Allman, Dr. Dena Taylor, and Dr. Richard Lee for their guidance...and to our brothers and sisters at PAY for making this experience truly unforgettable.
Service Placement at Katutura Health Centre

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We completed our service placement at the Katutura Health Centre from May 30th until August 9th, 2011. The Katutura Health Centre is located in Windhoek and consists of two main public health facilities; one offers general primary health care services, while the other provides specialized services for patients with HIV and tuberculosis. Our placement was at the clinic which specializes in HIV/AIDS and tuberculosis testing and treatment, and dispenses Anti-Retroviral Therapy (ART) and other related medications to its many HIV-positive patients. Patients do not have to pay for their medications, and they also receive free counselling at the clinic. The team of health care staff includes doctors, nurses, pharmacists, pharmacy assistants, and expert patients who deliver medical services to about 10 000 patients.

At the Katutura Health Centre we participated in a variety of duties. On a daily basis we dispensed antiretroviral (ARV) and tuberculosis medications to HIV patients as well as HIV-related medications such as antibiotics and multivitamins. We counselled patients in English, and basic Oshivambo and Afrikaans. We assessed patient adherence and referred patients to counsellors when needed. We also assisted with other pharmacy related tasks such as stocking shelves and pre-packaging medications. Throughout our placement we also went to several outreach clinics, where we dispensed medications to patients in remote areas such as Otjomuise and Groot Aub.

We developed several educational projects while at the Katutura Health Centre. We created two educational posters for the counsellors and other clinic staff to use. Both posters were created in English, Afrikaans, and Oshivambo. The first poster aimed to educate patients on the importance of adhering to their medication regimen in order to prevent the development of resistant forms of HIV. The second poster was developed to help patients understand how to read the medication labels so they could take their medications as prescribed.

Another project which we developed during our placement was an educational video for patients on tuberculosis treatment or prophylaxis. The rates of adherence to tuberculosis treatment and prophylaxis are low at the clinic, so our video serves the purpose of educating patients about tuberculosis, and the importance of the medications used to treat or prevent it. The video also discusses cough hygiene, healthy diet, and lifestyle.

We would like to thank all the staff at the Katutura Health Centre for their guidance and support. They provided us with an invaluable experience, and we learned so much from them. We are incredibly grateful for the patience and enthusiasm they demonstrated throughout our placement. We hope they find our projects useful for years to come. We would also like to thank Dr. Richard Lee, Aaron Yarmoshuk, Dr. Dena Taylor and Dr. Dan Allman for providing us with this incredible experience.
Ms. Kunda (head pharmacist), Priya, Brian (pharmacy staff) and Heather at the Katutura Health Centre.
Service Placement at Oshakati State Hospital – Communicable Disease Clinic

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The Communicable Disease Clinic (CDC) at the Oshakati State Hospital provides medical services for approximately 300 patients per day who are infected with HIV, Tuberculosis, or Malaria. At the CDC, patients have access to counselling sessions conducted by community counsellors, appointments with doctors who often have specialized training in HIV and AIDS medicine, regular blood tests and a pharmacy that specializes in ARV distribution.

As undergraduate students, our primary role at the CDC was to provide support for the staff. Lisa and I assisted with filing blood test reports, refilling patient files, and organizing patient passports and files for patients with doctor’s appointments. My main responsibilities took place in the CDC pharmacy. I stocked the pharmacy shelves and distribution table and counted and dispensed ARV medications for patients.

The most interesting part of working in the CDC was the opportunity that I had to observe the realities of life for HIV-positive patients in northern Namibia. Firstly, many patients expressed that they struggled to keep their hospital appointments due to insufficient funds for transportation. This can cause problems because patients who are unable to keep their appointments will often accumulate a record of poor adherence, which results in more frequent appointments for health monitoring. Secondly, it was interesting to observe the high number of children that came to the hospital without an adult. This causes problems as it can be difficult to make a child understand the importance of adherence. Thirdly, I found the health passports to be fascinating. They can be quite disorganized, making it difficult to find important information such as prescriptions or appointment dates. I have observed that many patients continue to be confounded by their own passport. Though able to arrive at the hospital on the appropriate date, they often find themselves in the wrong queue, causing a long delay.

Given the challenges outlined above, the staff and volunteers at the CDC are doing an excellent job at overcoming these obstacles by using hard work and innovation to provide health care to their large patient population. Many of the staff members show a real concern for adherence, exemplified by the varied counselling programs available. They have also shown an awareness and understanding for children who come in to the clinic on their own: staff will regularly help children get to school on time for an exam, or take time to provide them with colouring books and crayons. Nurses will also highlight and explain passport dates to patients to ensure that they don’t accidentally arrive on the wrong date, or queue in the wrong line upon arrival.

The CDC is small, yet staffed with a capable and caring team of staff members. The main challenge that they face lies in maintaining quality of care, while balancing efficiency in the clinic. Hopefully in the future, further innovations will help facilitate a more efficient and easier experience for both the patients and the staff at the CDC.
Service Placement at Oshakati Intermediate Hospital, Communicable Disease Clinic – Paediatric HIV Care at the CDC: Successes, Challenges, and Concerns

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Background
The Communicable Disease Clinic (CDC) operates within the Oshakati Intermediate Hospital and is the most important treatment center for STIs, HIV, Malaria, and TB in Northern Namibia. It is a physically small facility yet it manages to service 19,300 patients, 17,000 of which are on Anti-Retroviral Therapy (ART). The clinic is divided into two main facilities: a Pre-HAART clinic and a HAART clinic. Pre-HAART is the initial admittance point to the CDC’s HIV services. It offers HIV rapid-testing, family planning resources, and counselling for serostatus disclosure, ART introduction and adherence, and safe sex practices. Once patients start ART or HAART, they are transferred to the HAART section, where they attend further adherence counselling sessions and have access to doctors’ consultations, blood testing, and a pharmacy which fills prescriptions and monitors adherence. On average, 300 patients go through the CDC every day. It is one of the busiest clinics at the OIH.

My service placement
The main objective of my service placement at the CDC was to study how cultural and social dynamics are influencing the HIV epidemic in Namibia. It was also an opportunity to judge the successes and shortcomings of the public health policies and measures put in place to decrease the incidence of HIV infection. My day-to-day duties at the clinic included registering patients, retrieving and filing laboratory reports, balancing and dispensing ARVs in the pharmacy, and labelling blood tubes. Through these tasks, I was able to interact with patients, community counsellors, and various health care professionals. I was also in a position where I could witness first-hand the challenges, successes, and short-comings of the CDC in providing quality care to their HIV patients.

Quality of paediatric care and challenges
Providing appropriate care to paediatric HIV patients is one of the biggest challenges that the CDC faces. It is estimated that 1,000 patients receiving ARVs at the CDC are under the age of 15. Increased preventative mother-to-child transmission (PMTCT) coverage in Namibia means that today, the rates of perinatal infection are very low. The concern then is for the health and well-being of the generation of already infected youth that is growing into adolescence and adulthood. Currently, access to ART and availability of paediatric treatment lines are excellent at the clinic. However, in children, as in adults, poor adherence and defaulting on treatment are major concerns and are most often due to either neglect on behalf of the caregiver or to the child being in a poor state of mental health as a result of living with HIV. It is becoming increasingly obvious at the CDC that a stable biomedical infrastructure alone is not sufficient model of care for seropositive children. Social support and mental health services for paediatric patients and their families also need to be incorporated into the HIV treatment model at the CDC.
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 2002 by the Ongwediva Town Council, and is run by a multi-sectored advisory committee that offers input on its programs. Currently funded by the Ongwediva Town Council, the SNMPC aims to provide the community with a friendly atmosphere where people of all ages can feel safe, access computer training, and learn about health, economic, environmental and other issues affecting their community. Thus, the SNMPC stands as a beacon of hope to the local community.

A variety of programs are based at the centre; these include the Orphan and Vulnerable (OVC) Children Bright Future After School Program, which focuses on teaching students important life skills; the Home Based Care Program for TB and HIV+ community members; the Outreach Peer Educator Program for HIV/AIDS prevention education and the Computer Training Program. In addition, the centre provides physical space and resources for community member-run programs like the Tukwafela Support Group and the Ongwediva Youth Club.

Placement Objectives
As a Human Biology intern, the purpose of my placement was to provide assistance at the Behaviour Change Communication program. This was to be done by facilitating awareness sessions in the community, training current volunteers, and participating in home visits to the centre’s clients.

My Activities
The Behaviour Change Communication, BCC, program was started as a response to the increasing HIV prevalence rate in the northern region of Namibia. It is currently estimated that 25% of the population in the north is HIV positive. One method that is thought to be effective in altering this dangerous situation is behaviour change communication, through which community members are made aware of certain behaviours that are practiced and might be fuelling the spread of the virus. The BCC program currently employs 10 outreach volunteers who participate in awareness sessions in 6 schools, in addition to informal settlement sites. Topics discussed in these sessions include multiple and concurrent partners, intergenerational relationships, transactional sex, teenage pregnancy, and love and infatuation. Sessions could take form of focus group discussions, dramas, or informative videos.

Challenges facing the BCC program
A few challenges that are hindering the progress of the program were identified during my placement. One challenge is ignorance. It seems that the general population is aware of the dangers associated with certain sexual behaviours; however, the consequences of the behaviour are not taken seriously. In addition, funding remains a challenge that is hindering the advancement of the program; current volunteers cannot be re-trained to update their knowledge on the topics given, since the budget cannot accommodate such activities.
Service Placement at Disability Economic Empowerment Project (DEEP)

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Background on DEEP
DEEP is a bicycle mechanic shop located in Oneshila, an informal settlement in Oshakati, Oshana. The project was started in 2007 as part of the Ministry of Health and Social Service’s Community-Based Rehabilitation (CBR) program. Currently, the project is run by two women and four men, all with disabilities. The project is guided by a Steering Committee.

DEEP offers a variety of services to the local community including bicycle repairs, sales and welding. It has also recently opened a computer training and technology access centre which runs computer classes and offers basic office services (faxing, scanning, printing, laminating and copying). The computer classes provide basic computer literacy and are designed to empower people with disabilities and assist them in essential skill development. As of 2011, 23 people have been enrolled in computer classes at DEEP.

My Activities at DEEP
Over the past ten weeks, I worked closely with Hannah Kambowe and Simon Ndakeva to assist DEEP. One of my main tasks was helping register the project as a trust organization through the High Court of Namibia. This process involved meeting with Mr. Haukongo at the Small Business Development Centre (University of Namibia) and writing a Deed of Trust. I also spent a significant amount of time working on an in-depth situational analysis of DEEP, looking at the project’s impact on the community and people with disabilities. Finally, I arranged a small donation of tools for the project, helped clean up the flood damage on computer centre and office and assist with the computer lessons.

Reflections on DEEP
One thing that I noticed during my placement was the growth of DEEP since 2007. It has been interesting to compare the experiences of past interns with what I have been able to see. DEEP has expanded from just a small bicycle shop operating out of a shipping container to a permanent structure with a computer technology and training centre. It has been encouraging to see that DEEP has continued to fulfill the community’s needs and remain relevant.

Through my work on the situational analysis, I was able to better understand the impact of DEEP on the members, people with disabilities and the community. DEEP members have played a significant part in empowering people with disabilities. The project members have been empowered by receiving a steady income and skill development courses which may not have been available without DEEP. The community around DEEP has also been impacted by the project. DEEP provides unique and important services to the community and through their hard work have shown that a disability does not mean incapability. In addition to offering computer classes, DEEP’s unique relationship with the MoHSS’ CBR program has allowed it to expand its impact outside the project. CBR volunteers have commented that by donating bicycles, DEEP has made a measurable impact on their ability to support people with disabilities.

Document the impact of DEEP has allowed me to understand some of the positive impact of income-generating projects.

Down Syndrome Association of Namibia
During my time in Namibia I was also able to work with the Down Syndrome Association of Namibia (DSAN), a group started recently through the MoHSS Rehabilitation Division. DSAN is comprised of people with Down Syndrome and their caregivers and works to raise awareness about the condition throughout Oshana. The group meets once per month to offer support to each other and strategize ways to educate their communities on Down Syndrome. As of the end of my placement, the group had approximately 28 people with Down Syndrome and their caregivers registered. I was able to assist DSAN by securing sponsors for refreshments and requesting media coverage for an awareness event planned for August 19. I also updated the DSAN Member Profile, adding pictures and information about each caregiver and child. I hope that in the future, DSAN can help improve the lives of many children with Down Syndrome and their caregivers throughout Namibia.
10 UoT interns for Namibia 2011 with colleagues from UNAM during the programme’s orientation at UNAM on 30 May.