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Foreword

What sets AIDS apart as a growing global concern is its unprecedented impact on development. The economic and social impacts of AIDS are not uniform across countries nor within societies, yet wherever it strikes, AIDS affects individuals, communities and sectors, relentlessly eroding human capacity, productivity and prospects.¹

The 2001 UNGASS Declaration of Commitment enjoins countries to integrate (internalise/mainstream) AIDS responses into their development frameworks at national, sectoral (public, private and civil society) and local levels. To achieve this, key stakeholders are to engage in a process of mainstreaming HIV and AIDS for multisectoral action in order to scale up AIDS responses. Effective AIDS responses are premised on strong interactive links between national development instruments, National Action Frameworks for HIV and AIDS and sector plans. This integrated development and governance approach also provides a sound basis for countries to achieve the interrelated targets of the Millennium Declaration.

Substantially increased global financial resources available for HIV and AIDS multisectoral action provide a unique opportunity to accelerate country level responses to the epidemic. But a major challenge facing countries, including Namibia, is to ensure that sufficient technical resources are available to strengthen capacity for effective implementation of the national response. A further challenge is how to coordinate and harmonise multi-stakeholder efforts that aim to achieve sustainable joint results. The adoption of the Three Ones principles bolsters efforts to address these challenges, ensuring collective harmonisation and alignment with national policies and strategies.

In all SADC countries, and indeed in countries across the globe, HIV and AIDS mainstreaming is now considered as an appropriate and sustainable strategy to address the multifaceted drivers and consequences of the epidemic. This is rooted in an appreciation of HIV and AIDS as a development issue requiring development-related responses and is clearly articulated in documents such as the Maseru Declaration.

In Namibia, this position is further reflected in a number of our national and sectoral development instruments, most importantly in our Third National Development Plan, where it clearly states that HIV and AIDS represent a significant challenge to the achievement of our national goals of food security, poverty reduction, macroeconomic growth, sustainable development and the realisation of Vision 2030.

Every sector in society is required to respond, within their mandates and spheres of influence, in ways that will contribute to the goals of our National Strategic Plans on HIV/AIDS (MTP III 2004-2010 and 2010 - 2016). In the first instance, this means examining:

- How the spread of HIV is caused or contributed to by the respective sector; and
- How the epidemic is likely to affect the goals, objectives and programmes of the respective sector.

Then, based on this analysis, taking action in those areas where the respective sector can limit the further spread of HIV and mitigate the impact of the epidemic.

Namibia has been making progress in mainstreaming HIV and AIDS; however current mainstreaming efforts needed to be strengthened and scaled up. One critical requirement for this to happen has been to build capacity for mainstreaming planning and implementation. Therefore, in 2005 a curriculum was developed and trainings were conducted in 2006 and 2007.

¹ UNDP, UNAIDS, World Bank; Mainstreaming HIV and AIDS in sectors & programmes: An implementation guide for national responses (September 2005)
During that time, 496 participants from the Government Offices, Ministries, and Agencies (OMAs) and Regional AIDS Coordinating Committees (RACOCs) were trained and the capacity of the Polytechnic of Namibia (PoN) has been strengthened to deliver future training on mainstreaming.

It is a pre-requisite that middle and high level management create an enabling environment for the trainees to ensure that their knowledge and skills can be put into practice. The sensitisation of management is thus crucial for the future roll-out of mainstreaming.

An important distinction to be remembered is that sectoral HIV and AIDS mainstreamed responses must occur in two domains, the internal or workplace, which focuses on the sector’s employees and employment practices and the external, which deals with aligning an HIV and AIDS response to the sector’s core mandate, policies, programmes and strategies.


Now, in support of those responsible for their sector’s external HIV and AIDS mainstreaming, the Government of Namibia introduces this Guide, in anticipation that its use will be evident in strengthened services, development programmes and the emergence of increasingly confident and appropriate responses to the HIV and AIDS epidemic in all sectors.

Lastly, we recognise the contributions of all who participated in the design of the Guide; during the initial scoping that defined the parameters of the document, as well as during the consultations on successive development of the Guide.

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# Acronyms and Abbreviations

<table>
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<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>ART</td>
<td>Antiretroviral Therapy</td>
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<tr>
<td>AU</td>
<td>African Union</td>
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<td>C&amp;T</td>
<td>Counselling and Testing</td>
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<td>CACOC</td>
<td>Constituency AIDS Coordinating Committee</td>
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<td>CHBC</td>
<td>Community Home Based Care</td>
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<td>DSP</td>
<td>Directorate for Special Programmes</td>
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<tr>
<td>FBO</td>
<td>Faith-based Organisation</td>
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<tr>
<td>GTZ</td>
<td>Deutsche Gesellschaft für Technische Zusammenarbeit</td>
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<td>HDA</td>
<td>Health and Development Africa</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>HRCDP</td>
<td>Namibia HIV/AIDS Response Capacity Development Programme</td>
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<tr>
<td>KIT</td>
<td>Royal Tropical Institute</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
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<tr>
<td>MAWF</td>
<td>Ministry of Agriculture, Water and Forestry</td>
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<td>MoE</td>
<td>Ministry of Education</td>
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<td>MoF</td>
<td>Ministry of Finance</td>
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<td>MGECW</td>
<td>Ministry of Gender Equality and Child Welfare</td>
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<td>MoHSS</td>
<td>Ministry of Health and Social Services</td>
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<tr>
<td>MRLGHRD</td>
<td>Ministry of Regional and Local Government, Housing and Rural Development</td>
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<tr>
<td>MTEF</td>
<td>Medium Term Expenditure Framework</td>
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<td>MTP</td>
<td>Medium Term Plan</td>
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<td>MWT</td>
<td>Ministry of Works and Transport</td>
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<td>NABCOA</td>
<td>Namibia Business Coalition on AIDS</td>
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<td>NAC</td>
<td>National AIDS Committee</td>
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<td>NAEC</td>
<td>National AIDS Executive Committee</td>
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<td>NAMACOC</td>
<td>National Multisectoral AIDS Coordination Committee</td>
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<tr>
<td>NDP</td>
<td>National Development Plan</td>
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<td>NGO</td>
<td>Non-governmental Organisation</td>
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<td>NPC</td>
<td>National Planning Commission</td>
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<tr>
<td>OMA</td>
<td>Offices / Ministries / Agencies</td>
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<td>OPM</td>
<td>Office of the Prime Minister</td>
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<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
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<tr>
<td>PLWH</td>
<td>People/Person Living with HIV</td>
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<td>PoN</td>
<td>Polytechnic of Namibia</td>
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<td>RACOC</td>
<td>Regional AIDS Coordinating Committee</td>
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<td>SADC</td>
<td>Southern African Development Community</td>
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<td>SFP</td>
<td>Sector Focal Person</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>TWC</td>
<td>Technical Working Committee</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNGASS</td>
<td>United Nations General Assembly Special Session on HIV/AIDS</td>
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<td>VACOC</td>
<td>Village AIDS Coordinating Committee</td>
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Introduction

As HIV and AIDS continue to threaten societies across the globe, a new approach – known as mainstreaming – has been developed to address the causes and consequences of the epidemic. Increasingly HIV and AIDS mainstreaming is now a required competency for officials and practitioners working in the development arena in every sector.

In Namibia, an extensive HIV and AIDS capacity development programme – that includes a mainstreaming module – has been undertaken since 2005. In order to further roll-out mainstreaming, both middle and senior levels managers highlighted the need for an additional resource to support the implementation of mainstreaming.

As a result, this booklet has been produced, to guide advocacy for and implementation of HIV and AIDS

Purpose

The purpose of the booklet – entitled *A Guide for HIV and AIDS Mainstreaming* and referred to as the “Guide” – is thus to stimulate active sectoral participation while anchoring HIV and AIDS concerns within the mandatory functions of sectors, Ministries, institutions and programmes. While the focus is on HIV and AIDS, the approaches and methods offered can easily be adapted for mainstreaming other cross-cutting concerns, particularly food security, equity, gender and poverty.

The Guide does not address specific thematic HIV and AIDS issues directly, such as how to roll out condom promotion, procurement and social marketing; impact mitigation projects; or behaviour change communication programmes. Instead, it locates mainstreaming in a multi-sectoral development context that outlines what individual sectors (including the health sector), institutions and programmes can do to achieve HIV and AIDS, food security, development and poverty eradication priorities.

The Guide is useful in strengthening knowledge and capacity for implementing the Third National Development Plan (NDP III) and the National Strategic Plan on HIV/AIDS: Medium Term Plan (MTP) III and IV where sector specific responsibilities/obligations for implementation have been defined.

Users

There are many potential users of the Guide, including:

- Planning and financial officials in all Line Ministries and Regional Councils;
- Staff in the National Planning Commission (NPC), Office of the Prime Minister (OPM) and the Ministry of Finance (MoF) who support Ministries in their sectoral planning processes;
- Staff in the Ministry of Regional and Local Government, Housing and Rural Development (MRLGHRD), who have similar functions in supporting regional planning;
- Sectoral Committee members;
- Ministry Sector Focal Persons (SFP) and the staff in HIV and AIDS Units; and
- Private sector and civil society personnel.
National, International and Regional Commitments

The mandate for HIV and AIDS mainstreaming is derived from a number of regional and international declarations, as well as from important national and sectoral development instruments and HIV and AIDS policies and plans.

Extracts from selected ones are summarised below.

1. Third National Development Plan

Namibia’s (draft) Third National Development Plan (NDP III) 2007/8-2011/12 acknowledges HIV and AIDS as a serious development challenge and has, as one of its goals: the reduced spread of HIV/AIDS and its effects. HIV and AIDS are noted as a cross-cutting issue and there is an explicit requirement for all sectors to implement both internal and external mainstreaming. In addition, the NDP III includes a specific programme on mainstreaming HIV/AIDS in socio-economic development, with activities to strengthen capacity for mainstreaming HIV/AIDS in development processes and for tracking resource flows and the impact of AIDS on the economy.


The National Policy on HIV/AIDS that was approved by the National Assembly in March 2007 endorses mainstreaming in a policy statement that Government, at central, regional and local level, and partners, shall ensure the mainstreaming of HIV/AIDS into all policies, plans and programmes.

3. The National Strategic Plan on HIV and AIDS

The Third Medium Term Plan (MTP III) 2004-2009 requires implementing partners to systematically include HIV/AIDS, STI and TB in all sectoral and programme analyses, strategies and plans in all organisations – Ministries, parastatals, private, NGO, FBO and SME sectors.

4. International Commitments

Mainstreaming is entrenched in a number of international instruments, such as:
- The Millennium Development Goals (MDGs);
- The Three Ones; and
- The Paris Declaration on Aid Effectiveness.

Importantly, at the UN General Assembly Special Session on HIV/AIDS (UNGASS) in 2001 all signatories committed their nations to ... integrate HIV/AIDS prevention, care, treatment and support and impact-mitigation priorities into the mainstream of development planning, including in poverty eradication strategies, national budget allocations and sectoral development plans.

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5. Regional Commitments

In recognition of the status of the epidemic in Africa and more particularly in Southern Africa, countries have agreed a number of targets and priorities, many of which emphasise mainstreaming.

The *Maseru Declaration on HIV and AIDS (2003)*, to which Namibia is a signatory, prioritises the need to mainstream HIV and AIDS into regional integration processes and priority intervention areas, particularly trade liberalisation, infrastructure development, food security and social and human development. This commitment is further endorsed in the Abuja Declaration and Framework for Action (2001); the Brazzaville Commitment on Scaling Up Towards Universal Access to HIV and AIDS Prevention, Treatment, Care and Support in Africa by 2010 (2006) and the Johannesburg Declaration of African Union (AU) Ministers of Health (2007).

The Southern African Development Community (SADC) HIV and AIDS Strategic Framework (2003-2007) and the SADC Framework for HIV and AIDS Mainstreaming (2005) both prioritise mainstreaming as an approach to be adopted by all Member States within a common framework, guided by a set of principles and following a step-by-step process.

It is therefore abundantly clear that HIV and AIDS mainstreaming is firmly established in Namibia as a strategically sound approach that is required of all sectors.
Definitions and Fundamental Mainstreaming Concepts

UNAIDS recently proposed the following working definition of mainstreaming HIV and AIDS:

- Mainstreaming HIV and AIDS is a process that enables management of sectors and institutions to address the causes and effects of HIV and AIDS in an effective and sustained manner, both through their usual work and within their workplace.
- Mainstreaming addresses both the direct and indirect aspects of HIV and AIDS within the context of the normal functions of an organisation, sector, institution or community. It is essentially a process whereby a sector analyses how HIV and AIDS can impact it now and in the future, and considers how sectoral policies, decisions and actions might influence the longer-term development of the epidemic and the sector.

Words like integrate, internalise, incorporate all reflect pivotal aspects of HIV and AIDS mainstreaming.

For the purpose of the Guide, mainstreaming HIV and AIDS means all sectors determining (i) how the spread of HIV is caused or contributed to by their sector; (ii) how the epidemic is likely to affect their sector’s goals, objectives and programmes; and (iii) where their sector has a comparative advantage to respond - to limit the spread of HIV and to mitigate the impact of the epidemic… AND THEN TAKING ACTION!

The SADC Framework for HIV and AIDS Mainstreaming expands on these elements in the following way:

- Understand the impact of the epidemic on development and the impact of development efforts on the epidemic, including the aspects of development efforts that facilitate and mitigate the spread of HIV;
- Place the response to HIV and AIDS in the core agenda of the public and private sector of all SADC Member States, so that it is integrated into their normal and routine functions;
- Use the comparative advantage of different stakeholders to put in place strategies and programmes to address the epidemic; and
- Recognise the complementarity amongst stakeholders and their mandates, as a pre-requisite for preventing duplication and ensuring that the money works optimally.

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Mainstreaming is thus a strategic process of making HIV and AIDS issues part and parcel of the way a sector functions, organises itself, treats its staff members and delivers its services.

Understanding mainstreaming requires an appreciation of the following:

1. **Gender**

   It is of critical importance that HIV and AIDS mainstreaming be gender sensitive. Plans and actions must identify and address the structural gender imbalances that drive the epidemic and programming must take into account the particular needs and different risks of men and women, girls and boys.

2. **Comparative Advantages**

   As stated in the definition, a key requirement of mainstreaming is to identify and utilise comparative advantages. A comparative advantage is the way in which a sector (or organisation or project) can best contribute to HIV and AIDS prevention, care and mitigation within its core activities, competencies or spheres of influence. This implies finding those ways in which a sector can intervene, due to its mandate and ways of operating, using opportunities that other sectors do not have.

3. **Internal and External Mainstreaming**

   Mainstreaming also implies addressing HIV and AIDS within two key domains, namely the internal or workplace domain and the external domain, which is linked to the core function of a sector.

   - **Internal mainstreaming** implies changing sectoral or organisational policy and practice in order to reduce vulnerability – of the sector or organisation – to the impacts of the epidemic. It also involves developing workplace HIV and AIDS policies and programmes for employees, including direct AIDS work for staff, such as HIV prevention, care, treatment and support.

   - **External mainstreaming**, on the other hand, means adapting development and humanitarian work and focuses on aligning HIV and AIDS to the core mandate, targets, policies and strategies of a sector (or organisation). It means taking action to contain the threats posed by the epidemic to the achievement of the goals of the sector, as well as ensuring that the sector’s practices do not exacerbate the epidemic.

4. **Evolution to HIV and AIDS Mainstreaming**

   Over the past few decades, in countries and sectors, responses to the HIV and AIDS epidemic have evolved through four stages, as depicted in the diagram below:

   - Initial programmes were health-led and bio-medical in nature;
   - This stage was followed by the so-called expanded response, with a number of political and public leaders taking positions on and speaking about HIV and AIDS;
   - Their calls for action resulted in the emergence of multisectoral responses, with sectors expressing a commitment to act, but then tending to do so by mimicking the established, bio-medical responses;
   - Finally, with the recognition that the epidemic is a development issue and challenge, sectors have begun to design and implement unique responses within their mandates and areas of comparative advantage.

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*The focus of the Guide is on the external domain and readers are advised to use the companion booklet entitled A Guide to HIV and AIDS Workplace Programmes for information and assistance on internal mainstreaming*
Mainstreaming HIV and AIDS into national and sectoral development processes remains a key approach to addressing both the direct and indirect impacts of the rapidly growing epidemic. By ensuring the integration of HIV and AIDS into planning, resourcing and programming, a multisectoral and multi-stakeholder response is facilitated.

The critical relationship between sector, Ministry, institution/organisation/company HIV and AIDS mainstreaming and mainstreaming in national development processes is represented in the figure below.

The close interdependence of the two processes usually involves interaction between the same national actors, planning authorities and development partners/stakeholders towards a multisectoral response that will also be responsive to larger national development goals. The key is to understand sector mainstreaming as implementation action, where individual sectors and institutions commit to specific activities to achieve joint outcomes for both the national HIV and AIDS and national development responses.
Examples of HIV and AIDS Mainstreaming

Whilst most sectoral HIV and AIDS mainstreaming initiatives in Namibia are relatively new, a number are exemplary and clearly demonstrate where these sectors can contribute to the national response in accordance with their mandate and comparative advantage.

Examples include:

- The inclusion of HIV and AIDS within the school curriculum (MoE);
- Reproductive health and condom promotion programmes for the youth (MGECW);
- Food production for people living with HIV (PLWH) and affected households (MAWF);
- Community conversations on priority development issues, including HIV and AIDS (MRLGHRD); and
- Providing counselling and testing (C&T) and antiretroviral therapy (ART) to workers in a large private sector company to avoid loss in productivity (NAMDEB).

Other examples from SADC Member States illustrate the range of mainstreaming possibilities that exist.

- Family contracts instead of individual contracts in a road maintenance project (Transport and Public Works sectors in partnership);
- Including AIDS in the national budget and Medium Term Expenditure Framework (MTEF) (Finance and Planning);
- The provision of scholarships for orphans and other vulnerable children (OVC) to enable them to remain at school (Education);
- Policies and procedures to minimise risk, such as introducing recreation and rest stops; decreasing time spent at border posts; using transport infrastructure such as stations, bus terminals and taxi ranks for public awareness; (a collaboration between Transport, Local Government, Home Affairs and Health);
- Policies to protect the environment and to safeguard existing land tenure patterns, inheritance systems and resource management systems from the impact of HIV and AIDS (Environment and Natural Resources); and
- Strengthening knowledge and skills of communities in the management, use and sharing of facilities and on sustainable water use, emphasising equitable access to water, in particular for women and children (Water Affairs).

The fight against HIV/AIDS is a Government priority and is central to Namibia’s achievement of national goals of poverty reduction, macroeconomic growth, sustainable development and realisation of Vision 2030.

Third National Development Plan (NDP III) 2007/8-2011/12
Mainstreaming Steps and Processes

The process of mainstreaming follows six distinct but interrelated steps that contain many elements that planners and programmers will be familiar with. Each step is designed to be simple, practical and to provide overall direction for mainstreaming.

**Step 1:** Develop a sectoral, Ministerial, institutional/organisational/company goal and commitment on HIV and AIDS

**Step 2:** Prepare an HIV and AIDS profile of the sector, Ministry, institution/organisation/company

**Step 3:** Develop an activity plan for HIV and AIDS mainstreaming into the core business of the sector, Ministry, institution/organisation/company

**Step 4:** Cost and allocate resources for HIV and AIDS mainstreaming activities

**Step 5:** Implement and document planned activities on HIV and AIDS mainstreaming

**Step 6:** Monitor and evaluate the HIV and AIDS mainstreaming plan

**Step 1: Develop a sectoral, Ministerial, institutional/organisational/company goal and commitment on HIV and AIDS**

Establish a Technical Working Committee (TWC) to report to Management on HIV and AIDS Mainstreaming

Appoint a Senior Representative to serve as Chair of the TWC

Develop Terms of Reference (ToR) for the TWC on HIV and AIDS Mainstreaming

- Facilitate briefing session on NDP III and MTP III and MTP IV to Management and the TWC
- Identify need for impact assessment
- Identify entry points and opportunities for HIV and AIDS mainstreaming
- Assess available resources (human, financial and material)

Mobilise external resources

Develop Goal and Commitment related to HIV and AIDS Mainstreaming

The senior management team should agree how they will mainstream HIV and AIDS into the core business of the sector, Ministry, institution/organisation/company within the framework of the national response to HIV and AIDS.

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*The six step process recommended by UNDP has been adjusted to the Namibian situation and realities*
This can be expressed in terms of an HIV vision or mission statement developed through a process based on the following model:

1. Establish a team that consists of the TWC, with, if necessary, additional external resource persons such as from the National AIDS Executive Committee (NAEC), people living with HIV or representatives of community organisations.
2. Develop a common understanding of the drivers and consequences of the epidemic in relation to the sector, Ministry, institution/organisation/company (greater detail on this aspect is provided in Step 2).
3. Review national HIV and AIDS priority strategies relevant to the sector, Ministry, institution/organisation/company.
4. Discuss what policies, strategies and actions could be implemented to prevent/mitigate the identified negative impacts.
5. Frame these as a goal and commitments – ensuring that they reflect the core mandate and responsibilities of the sector, Ministry, institution/organisation/company.
6. Ensure that employees, clients, beneficiaries and other stakeholders share the commitment to mainstreaming HIV and AIDS and that there is a sense of ownership of the planned actions.

**Step 2:** Prepare an HIV and AIDS profile of the sector, Ministry, institution/organisation/company

A sector profile typically includes an HIV and AIDS situation and response analysis, an assessment of current and anticipated impacts of HIV and AIDS, an institutional assessment, and a human and financial resources assessment. The sector profile can be a short process that can be deepened with each cycle of planning and implementation.

An *impact assessment* is an integral part of mainstreaming HIV and AIDS but is not an end in itself. A *rapid assessment* can be undertaken in order to quickly move onto planning and implementation. Traditional, in-depth impact assessments can be done later or during the same assessment process, but should not delay the process of mainstreaming. The methods and tools used for the internal and external domains (of a sector) are often the same, however the points that follow relate specifically to the external dimension

1. Ascertain the HIV prevalence among the sector’s clients, and/or in surrounding communities.
2. Determine the prevailing norms and values in the community that can increase or reduce the spread of the epidemic.
3. Determine the extent and intensity of population movement, within the area covered by the sector.
4. Determine which social groups (e.g., women, youth) of stakeholders or communities or regions are more vulnerable and more affected by the epidemic and the factors contributing to the spread of HIV.
5. Brainstorm, assess, agree how HIV- and AIDS-related morbidity, mortality, health care demands, orphaning, AIDS-induced poverty, stigma and discrimination affect the human and institutional capacity of the sector’s, Ministry’s, institution’s/organisation’s/company’s ability to deliver on its stated goals, mandate or core business.
6. Analyse how the sector’s activities and what aspects of operations (development efforts) increase (or reduce) vulnerability to infection, e.g., promotion of alcohol, unemployment, etc.
7. Where possible, conduct scenario building that can anticipate future trends in social and economic determinants (such as reduction of household income associated with increased expenditures, reduced access to education, food, farming products, etc).
8. Estimate the anticipated impact of HIV and AIDS in the medium- to long-term on the ability and capacity to meet development objectives (based on current trends, epidemiological projections and lessons learned elsewhere).
9. Determine the scope, nature and effectiveness of the current regional and community responses to HIV and AIDS.
10. Determine the availability and accessibility of health and social services in the target communities, eg STI clinics, VCT services, community home based care (CHBC), etc.
11. Analyse the nature and value of existing partnerships or collaboration – in the external domain – with other sectors/organisations/institutions/partners/stakeholders regarding HIV and AIDS.
12. Determine gaps in the current response and opportunities for improving or scaling up the response.
13. Discuss what policies, strategies and actions can be implemented to prevent or mitigate negative impacts on development objectives.

An institutional assessment focuses on how the sector, Ministry, institution/organisation/company conducts its activities and programmes. It entails a review of culture, structures and systems. An important aspect, in relation to HIV and AIDS mainstreaming, is to understand where the sector, Ministry, institution/organisation/company is in terms of approaches and leadership style and how it can strategically change its focus, goals and operational structure to address the HIV and AIDS epidemic.

**Key points to be considered when looking at institutional arrangements**

1. Assess opportunities for integrating HIV and AIDS into regular management meetings.
2. Determine the current level of training on HIV- and AIDS-related matters, eg in strategic planning, participatory planning techniques, proposal writing, record keeping, reporting, monitoring, etc.
3. Examine relationships and partnerships for those with the potential to enhance HIV and AIDS mainstreaming activities.
4. Identify personnel and management practices that can include performance evaluation of HIV and AIDS responses.

Once all the data has been collected and the various analyses undertaken, it is useful to produce the HIV and AIDS profile as a reference document. This can be disseminated and used as an advocacy document to move forward the HIV and AIDS mainstreaming agenda.

**Step 3:** Develop an activity plan for HIV and AIDS mainstreaming into the core business of the sector, Ministry, institution/organisation/company
The profile for the sector, Ministry, institution/organisation/company developed in Step 2 is used as the basis for the creation of a detailed action plan for implementation. During this planning process alignment and institutional linkages with national priorities, other planning frameworks (such as those of NAEC, NAMACOC, NAC, NPC, OPM and development partners) must receive attention. Decentralisation, as described in Regional Council and Local Authority development plans and outlined in Vision 2030, NDP III and relevant policies is a further reference point.

Finally, sector comparative advantages, goals and institutional commitments to respond to HIV and AIDS must be central to the development of the HIV and AIDS mainstreaming plan.

With the assistance of a competent facilitator key players within and outside the sector, can be taken through a consultative process to develop the plan. The following points should inform the process and the content of the plans:

1. The number, depth and complexity of proposed actions can be incrementally adjusted over time, as knowledge of the epidemic, resources and capacity to respond increase. Some actions will be relatively straightforward, yielding immediate results; other actions are of a more long-term and systemic nature.
2. Some activities will require experts, and it is important to keep in mind that resources exist in other institutions and in the country as a whole. For example, a well-trained person in behaviour change communication programming may not be available within the organisation but may be found through NAEC. Launching a condom programme within a community can be contracted with a specialised agency.
3. Some activities will be directly HIV- and AIDS-related, such as support programmes for affected households, orphans, the elderly, etc; or activities aimed at reducing AIDS-related stigma and discrimination.
4. Others will be broader development activities such as poverty reduction programmes; job creation, skills training and sustainable income-generation programmes, especially for vulnerable groups (youth, women, etc); policy measures and empowerment programmes for women and girls aimed at overcoming gender discrimination and gender disadvantages; referrals to existing income generating, agricultural and aquaculture projects such as those of Regional Councils and Constituency Development Committees; and cross-subsidisation and redistributive measures (to ensure financial sustainability and continuous access to services for infected and affected populations).

Once the activities are agreed upon they need to be costed (see Step 4). Planning without an understanding of funding options often leads to unrealistic expectations or problems with implementation. Resource allocation can be an indication of commitment to mainstreaming HIV and AIDS. Though financial constraints are often mentioned as soon as innovative action is suggested, at times the issue is not so much that there are no funds available, but which actions are prioritised and how existing funds are allocated or reallocated. It is also worth remembering that HIV and AIDS actions do not always require additional resources, especially when they become part and parcel of routine functions, activities and budgets.

Important reminders when planning

1. Define and agree on a clear set of actions to be undertaken.
2. Ensure that the proposed actions are relevant and appropriate and allow for flexible revision where necessary.
3. Build broad consensus and commitment for the planned actions; with shared ownership, high-level ‘buy-in’ and active participation of stakeholders, including beneficiaries, people living with HIV, recipients of services and community members.
4. Ensure adequate human and financial resources for the implementation of the plan. If it is necessary to mobilise additional resources, a clear plan for this should be elaborated.
5. Establish implementation arrangements related to the management and execution of projects and activities, including decentralised planning and implementation.
6. Develop a monitoring and evaluation plan, including key indicators.
7. Involve the NACOP and other relevant sectors as much as possible during the process.
**Step 4:** Cost and allocate resources for HIV and AIDS mainstreaming activities

**Step 3: Develop an HIV and AIDS Mainstreaming Plan**

**Step 2: Establish and Calculate Unit Costs**

**Step 1: Cost each Activity in the HIV and AIDS Mainstreaming Plan**

**Mobilise Resources: Internal and External**

**Allocate Resources for Implementation**

**Budgeting** can be defined as the allocation of resources to match requirements. Once an activity is determined, the cost needs to be broken down into the relevant budget lines (human resources, training, printing, etc). The total cost of all the activities will then determine the funding required. The number of activities may need to be adjusted to match the available funds – which then becomes the budget.

Together, costing and budgeting help the planning process by ensuring that objectives are financially affordable and able to be implemented.

Once the total budget of the plan is determined, internal resources should first be allocated. Should there be need for additional resources, the sector should engage its partners and stakeholders; this can be done either through the National AIDS Committee (NAC), NPC, OPM or directly through processes such as consultation, proposal submission and memoranda of understanding.

Once the resources are secured programme implementation can start.

### Considerations when budgeting for HIV and AIDS mainstreaming

1. Costing for HIV and AIDS mainstreaming should not be seen as an extraordinary process. Most of the costs of activities are already defined in the routine sector budgeting process.
2. Activities that are low or no cost should also be noted in the budget.
3. In-house capacity for costing should be used. Partnerships with other Ministries, donors, etc, can be formed for areas that require more elaborate costing. It is likely that an existing programme has undertaken the same or a similar exercise and can provide valuable guidance.
4. In all costing for the implementation of services, the issue of additional human resources must be factored in. Two issues stand out in this regard:
   - The first is the erosion of human capacity caused by AIDS, which results in falling human and institutional capacity to run programmes and deliver services.
   - The second is the human resource ceilings imposed through strict macroeconomic conditionality in many badly affected sectors. How this affects service delivery of all kinds must be factored into the plan. Representation can be made to the NACOP Secretariat, MoF, NPC, OPM and international partners to mitigate this constraint.
Step 5: Implement and document planned activities on HIV and AIDS mainstreaming

To ensure that mainstreaming actions are implemented effectively and the desired results are achieved, clear implementation arrangements are crucial. This includes aspects related to decentralised implementation. Without specifying responsibilities, accountabilities, coordination mechanisms and other management issues being clearly defined, plans are incomplete and implementation is difficult.

Obviously those tasked to execute certain actions need sufficient time and the necessary capacity and resources to do so. Their position – both rank and location – in the Ministry, institution/organisation/company can be an important factor in how successful they are. In turn, those responsible for overseeing the execution of mainstreaming actions by others need to have the relevant authority and discretion.

A major challenge is how best to decentralise implementation. While many decisions, policies and strategies will be developed at the central level or head office, most implementation needs to take place at a decentralized or local level (involving structures such as the RACOCs, CACOCs and VACOCs). This requires the implementation of carefully designed roll-out plans that include training and capacity development, disbursement of funds, and the establishment of reporting and feedback mechanisms.

It is important to reiterate that mainstreaming HIV and AIDS entails developing skills in the areas of prevention, care, treatment and impact mitigation. Each sector will need to decide the extent to which capacity gaps exist in any given area and how best to address these. Implementing planned activities may require the help of local experts, NGOs and communities. The NAEC remains the main resource for technical support.

Finally, it is critical that implementation processes and experiences (both positive and negative) are documented, assessed and eventually fed into the monitoring and evaluation processes at every level (see Step 6). In this way institutional memory can be built and institutional achievements in mainstreaming HIV and AIDS catalogued. The purpose of documentation is also to serve as a basis for refining and redesigning approaches and tools for future work both within the sector, Ministry, institution/organisation/company and elsewhere. Regular documentation also allows for assessment and reflection on the effectiveness of the use of both human and financial resources.
Documenting pointers include:

- Forms of documentation: meetings, activities and financial reports, media releases, publications, pictures, electronic video documentation, etc;
- Frequency of documentation: weekly, monthly or quarterly documentation;
  - Documenting activities in capacity-building: how ownership of staff and communities is enhanced and how the programme fosters partnerships and enables networks;

Key issues for noting when implementing planned activities

1. Establish clear responsibilities: who does what and by when?
2. Determine accountabilities: who reports to whom, how often and in what format?
3. Formalise coordination mechanisms: what is their function or terms of reference and what level of influence do they have or need to have to fulfill a coordinating role?
4. How are resources being utilised: what variances have occurred, what adjustments to the budget need to be made?
5. Mainstream HIV and AIDS reporting into routine reporting mechanisms.
6. Hold monthly/quarterly HIV and AIDS management meetings chaired by a senior person to monitor progress.
7. Train personnel charged with record keeping and reporting, strategic planning, participatory planning techniques, proposal writing, monitoring, etc in any additional skills they need. Competencies are also required in the following areas:
   - The national priorities of the NDP III and MTP III and IV;
   - Basic knowledge of HIV and AIDS facts;
   - Communication, sharing learning and motivating others to become involved;
   - Understanding of the internal and external domains of mainstreaming;
   - An appreciation of the interactions between the sector, Ministry, institution/organisation/company and the epidemic, including how it may enhance vulnerability to HIV infection or undermine coping capabilities to deal with the consequences of epidemic; and
   - How this knowledge may be applied in the context of daily tasks and routine functions and translated into effective actions.
8. Involve those infected and affected by HIV and AIDS at all stages of planning and decision-making.
9. Form liaisons with NACOP, other sectors and international agencies.
10. Link HIV- and AIDS-related responsibilities to the performance evaluations of staff.
Step: 6  Monitor and evaluate the HIV and AIDS mainstreaming plan

How the sector, Ministry, institution/organisation/company plans to monitor and evaluate its HIV and AIDS mainstreaming should be considered from the very beginning. It is essential to incorporate a monitoring and evaluation (M&E) plan in the programme design stage. The aim of the M&E plan is to assess progress towards achieving the stated goal and objectives as well as to inform key stakeholders and implementers of the achieved results or any potential issues to be tracked\(^6\). Clearly, this should closely link to staff performance and routine monitoring and evaluation.

M&E should consider a number of issues, such as the potential reach and coverage of interventions and the required capacity to deliver. M&E of external and internal (workplace) activities should be done separately, but the linkages between these should be noted and analysed.

**Important M&E issues**

1. Determine the sector, Ministry, institution/organisation/company inputs: eg financial, technical and human resources, staff time, medicine, etc. This is usually easy to measure as it is mostly under the control of the sector.
2. Establish the outputs: eg number of trained staff, information materials produced, community programmes for target audiences. If these outputs are achieved and reach the populations for which they were intended, the programme is likely to have positive short-term results.
3. Determine the potential outcomes: eg the number of community members accessing services, an increase in the number of persons adopting safer sexual behaviours, youth in the target community delaying first sexual intercourse, etc. The outcomes should lead to changes in the longer-term.
4. Long-term impact indicators measure sustained change: eg reduction of HIV incidence, impact of HIV and AIDS on the sector reduced, etc.

Indicators for monitoring and evaluating the process of mainstreaming HIV and AIDS are an essential component of the plan. A good indicator set is invaluable for assessing the effectiveness of mainstreaming actions, but also for planning ahead based on observed trends. While sectors can develop their own milestones and indicators

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\(^6\)Adapted from: Monitoring HIV and AIDS Programmes: A Facilitator’s Training Guide, Module 3, FHI, 2004
According to their mandates and organisational capacity, it is also important to be in line with nationally agreed indicators in the Plan for National Multisectoral Monitoring and Evaluation of HIV/AIDS (2006-2008), following the principles of the Three Ones. The following national M&E indicators for mainstreaming have been agreed:

<table>
<thead>
<tr>
<th>Governance and Mainstreaming</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of national coordination bodies (NAC/NAMACOC / NAEC) scheduled meetings held per year with representative quorum</td>
<td>Number of meetings that met quorum</td>
<td>Number of NAC/ NAEC/NAMACOC meetings held</td>
<td>Annual MoHSS records</td>
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<td>Percent of regional coordination bodies (RACOC/ CACOC) implementing a HIV and AIDS plan and budget</td>
<td>Number of coordination bodies implementing work plan and budget</td>
<td>Number of coordination bodies (147 total)</td>
<td>Annual System for Programme Monitoring</td>
</tr>
<tr>
<td>Percent of OMAs with an HIV and AIDS plan and budget (mainstreaming)</td>
<td>Number of OMAs implementing work plan and budget</td>
<td>Number of OMAs (28)</td>
<td>Annual System for Programme Monitoring</td>
</tr>
<tr>
<td>Percent of GRN funds spent on HIV out of total HIV expenditure</td>
<td>Government expenditure on HIV and AIDS</td>
<td>Total HIV expenditure in year</td>
<td>Annual Ministry of Finance</td>
</tr>
<tr>
<td>Percent of Government funding committed to Health</td>
<td>Government expenditure on health</td>
<td>Total government expenditure in year</td>
<td>Annual Ministry of Finance</td>
</tr>
<tr>
<td>Percent of women and men 15-49 expressing accepting attitudes on 4 questions about HIV</td>
<td>Number of women and men 15-49 expressing accepting attitudes on all 4 questions</td>
<td>Number of women and men 15-49 surveyed</td>
<td>Every 3 years DHS/AIS</td>
</tr>
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</table>
Conclusion

After three decades, our insights into the complex, two-way relationship between AIDS and development are deepening, as is our understanding of its exceptional nature as both a short-term emergency and a longer-term development challenge.

Multiple efforts are however still needed to strengthen action on HIV and AIDS and delivery at every level. Mainstreaming is a critical dimension of the overall integration of HIV and AIDS into national development. It can achieve harmonised multisectoral action that ensures comprehensive programmes and responses with the potential to improve development outcomes.

Mainstreaming HIV and AIDS requires national, sectoral and programmatic action, with strong linkages to national and sectoral development priorities. Mainstreaming HIV and AIDS into national and sectoral development processes and poverty reduction strategies remains key to an effective multi-sector and multi-stakeholder response to the epidemic.

In addition, it must be recognised that regional, continental and global responses will also influence the outcomes of multisectoral actions. Such challenges require wide-range networking and the development of communities of practice to harness information, resources and results – underpinned by technical assistance and capacity development.

NPC, OPM and NACOP, along with international partners, NGOs and academic institutions have relevant expertise and experience (see Contacts for Technical Support).

It is hoped that utilising the information in this Guide – with technical support where necessary – will enhance HIV and AIDS mainstreaming in Namibia, contributing not only to the national HIV and AIDS response but also to the country’s development goals and to Vision 2030.
Contacts for Technical Support

National Planning Commission

Mission: to identify and plan priorities and direction of national development; coordinate the undertaking, design, implementation and monitoring of development plans, programmes and projects in conformity with national development goals and objectives with a view to ensure sustainable economic growth, equity, social harmony and balanced development.

Directorate: Development Planning
Ms. Sylvia Demas
061 2834140
sdemas@npc.gov.na

Ministry of Finance

Mission: to maximise revenue collection and ensure optimal utilisation of public resources to attain economic growth and development.

Directorate: Human Resources, Training and Development
Ms. Helena Kapenda
061 2092557
hkapenda@mof.gov.na

Office of the Prime Minister

Mission: to lead the government in its quest to deliver outstanding public services and sustainable national development.

Directorate: Human Resources Development
Mr. Axel Kessler
061 2873154
akessler@opm.gov.na

Ministry of Health and Social Services

Mission: is to eliminate the main causes of physical ill-health, and mental and social ailments in order to give the Namibian people the opportunity to lead a normal fulfilling life.

Directorate for Special Programmes

Mission: to manage and direct policy development, strategic planning, resource mobilization, coordination, facilitation, monitoring and evaluation of the national response across all sectors to reduce the impact of HIV and AIDS, TB and Malaria on the Namibian population.

Directorate: Special Programmes
Mr. Abner Xoagub
061 203 2825
xoaguba@nacop.net

Polytechnic of Namibia

Mission: to develop the economic and social systems of the Nation through the provision of higher education, thereby meeting the professional and human resource needs of Namibia.

Mr. Albin Jacobs
Centre for Entrepreneurial Development
Tel: 2072099
ajacobs@polytechnic.edu.na
**Mission:** the delivery of services to the satisfaction of all communities through rural development, establishment of an effective decentralised regional and local government system, housing and physical planning.

**Ministry of Regional and Local Government, Housing and Rural Development**

HIV Unit
Ms. Conny Podelwitz
061 2975111

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