Namibia

Operational Plan Report

FY 2011
Operating Unit Overview

OU Executive Summary

Namibia Background

Namibia continues to experience a severe, generalized HIV epidemic with an estimated 174,000 HIV-infected adults and children. Adult HIV prevalence is estimated at 13.3% for persons aged 15-49. Namibia’s HIV prevalence among pregnant women attending antenatal care was 17.8% in 2008. An estimated 5,163 individuals were newly infected with HIV in 2009/10.\(^1\) HIV transmission is largely driven by heterosexual contact. Social, cultural and economic factors contributing to HIV transmission include early sexual debut, intergenerational sex, transactional sex, multiple and concurrent partnerships, a decline in marital or cohabiting relationships, alcohol abuse, inconsistent condom use, population mobility, low individual perceptions of infection risk and low levels of male circumcision. The epidemic drivers and appropriate responses vary across the country’s geographic regions. Namibia’s tuberculosis (TB) case rate of 634 cases per 100,000 is one of the highest in the world (Ministry of Health and Social Services-MOHSS, 2009). Approximately 59% of TB patients are co-infected with HIV, with an increasing number of MDR and XDR cases. TB is the leading cause of death for people with HIV/AIDS.

While Namibia has recently been classified by the World Bank as an Upper Middle Income country, Namibia has one of the world’s highest levels of inequality in income (Gini Coefficient of 0.74\(^2\)) with a high level of unemployment (estimated between 37 (strict measure) -51% (broad measure)\(^3\)), poverty and food insecurity, a lack of economic opportunities and vast distances separating segments of the population. In 2008, the Central Bureau for Statistics defined 27% of the country’s population as “poor” and 13.8% as “severely poor.”\(^4\) The high rates of HIV and TB infection, especially in the poorer northern regions, place a major strain on the nation’s ability to finance the healthcare system.

Financing for healthcare is driven principally by the public sector (44%), followed by donors (25%), then households (23%) and lastly the private sector (9%). The public sector is the lead healthcare provider and currently provides universal coverage for health services, financed predominantly through general taxation. The public health sector consists of one national referral hospital, three intermediate hospitals, 30 district hospitals, 44 health centers, 265 clinics and faith-based health facilities. The not-for-profit sector plays a significant role in health promotion and service delivery. Financed largely by external aid, NGOs are mostly involved in the delivery of community-based services. In 2006, there were 844 private health facilities registered with the MOHSS. These include hospitals, primary care clinics, health centers, pharmacies, specialist practices and offices of private practitioners. The majority of private healthcare services are provided in urban areas. Approximately 60% of the formal workforce is covered through some form of health insurance.

A recent health sector review found that while nationally the country has 3.0 health workers per 1,000 population, which is above the WHO benchmark of 2.5 workers per 1,000 population, there are marked disparities between the public sector and the private sector; the public sector has 2.0 workers per 1,000 population, while the private sector has 8.8 workers per 1,000 population. Chronic staff shortages exist, especially in the MOHSS, where the overall job vacancy rate stands at approximately 27%, and many clinical staff (medical officers) are expatriates. There are marked human resource disparities between urban and rural settings. Only 24% of doctors and 39% of nurses practice in rural areas. This is significant considering that over 65% of Namibia’s population resides in rural settings. In addition, the public sector loses up to 5% of its healthcare professionals to attrition each year. Reasons for the HR shortage are varied and include: 1) limited local training opportunities in health (e.g., until 2010 Namibia did not have its own medical school); 2) lack of incentives to practice in rural settings; 3) lack of HR retention strategies and adequate performance management; 4) long recruitment processes; 5) staff burnout due to high disease burdens and workloads; and 6) limited upward career mobility.

Approximately 13,498 children were estimated to be living with HIV in 2009/10. Based on the 2006-2007 Demographic and Health Survey, there were an estimated 250,000 vulnerable children in Namibia, of whom 155,000 were orphans. Orphans and vulnerable children (OVC) represented nearly one-third of all of Namibia’s children under the age of 18. Approximately 45% of all orphans were orphaned due to HIV/AIDS. Only 41% of OVC in Namibia have access to basic materials – defined as a pair of shoes, a blanket and two sets of clothes. In some regions, fewer than one in five OVC has these basic materials. While Namibia has scaled up a commendable cash transfer system which now reaches almost 80% of orphans with child welfare grants, vulnerable and extremely poor children who are not orphaned are not eligible for these grants. Government service provision to OVC is also severely constrained by persistent staff shortages in the Ministry of Gender Equality and Child Welfare (MGECW), with only 53% of social worker positions filled.

**Sustainability & Country Ownership**

On September 3, 2010, the Republic of Namibia and the U.S. Government signed an HIV and AIDS Partnership Framework (PF) which outlines key principles and priorities to promote country ownership and a sustainable HIV/AIDS response. These principles include harmonization of USG investments with Namibia’s new National Strategic Framework for HIV and AIDS, 2011-2016 (NSF) resource mobilization to promote the GRN’s financial ownership of HIV programs, strengthening of health, legal, policy and administrative systems, human and institutional capacity development and continued engagement with the non-governmental and private sectors to ensure a robust multi-sectoral HIV/AIDS response. The NSF and the PF emphasize the following four programmatic areas: HIV Prevention, Treatment, Care & Support, Impact Mitigation and Response Management.

The NSF highlights several core priorities for Namibia which are linked to country ownership, maximization of impact and sustainability including: 1) Increased financial investment for prevention, targeting most-at-risk and vulnerable populations; 2) Greater and more coordinated involvement of civil society, PLHIV and communities in the development, implementation and evaluation of HIV/AIDS programs; 3) Investment in national capacity development, with an emphasis on human resources for health (HRH); 4) Strategic mobilization of private sector capacity and resources to off-set the GRN’s financial burden; 5) Utilization of evidence-based interventions, and; 6) Improved program efficiency and effectiveness of resource mobilization, allocation and service delivery through joint planning and effective multi-sectoral coordination. Investments by PEPFAR and other development partners are fully aligned with these national priorities and joint annual reviews will be conducted through NSF implementation to assess the quality and impact of development partner investments in contributing to national results.

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5 MOHSS, Health and Social Services System Review, 2008
Also, in view of anticipated declines in donor resources, Namibia has prioritized the development of a sustainability strategy for the financial and human resource needs associated with the national HIV/AIDS response.

To support country ownership, COP 2011 was developed through extensive consultation, evaluation of ongoing activities and alignment with national priorities articulated in the NSF and PF. During a week-long period of detailed consultations, the USG shared program area and activity budgets and abbreviated narratives with development partners, civil society and the GRN. Following these consultations, the USG reviewed and, where relevant, integrated stakeholder input into the final budget and budget code narratives. These were presented to the PF Steering Committee for final review prior to submission.

Integration Across the USG

Namibia receives limited additional resources outside direct PEPFAR and Millennium Challenge Corporation (MCC) funding. In FY 2010, USAID received funding outside of PEPFAR only for tuberculosis. These TB activities are combined with PEPFAR activities under treatment, care & support (including TB/HIV co-infection) to combat TB in areas with the highest case rate and most cases of drug resistant TB. Also, in alignment with the new Global Health Initiative and to support the attainment of health-related Millennium Development Goals, PEPFAR Namibia is investing funds in the MOHSS to support the implementation of the GRN’s national “Roadmap for the Accelerated Reduction of Maternal and Neonatal Mortality.” In addition, HIV/AIDS workplace activities are incorporated in all ongoing MCC-supported projects.

Human Resources for Health

During calendar year 2010, the USG team generated a catalogue of positions supported by PEPFAR. As of May 2010, 5,559 professional, clinical, administrative and volunteer positions were supported by PEPFAR Namibia. The budget to support these positions exceeded $29 million, or about 28% of the total COP10 budget. PEPFAR Namibia’s substantial focus on human resources is rooted in a well documented and chronic shortage of healthcare workers in Namibia’s public healthcare sector. Furthermore, the success of Namibia’s ART and PMTCT programs is, in large measure, a result of PEPFAR’s investments in salaries as well as training and bursaries for Namibian and expatriate healthcare workers. Recognizing the increased focus on country ownership and sustainability, the PEPFAR team has decided to reduce all USG-funded salary budgets by 5% in COP2011 and this issue will be a key component of PFIP discussions and planning.

Given PEPFAR Namibia’s substantial support for salaries and volunteers, the USG is engaging with the GRN, as part of PFIP development, to develop a comprehensive HRH strategy which will include the absorption of critical PEPFAR-supported positions over time. As a first step towards a sustainable HRH system funded by the GRN, the interagency PEPFAR team agreed to reduce all USG-funded salary budgets by 5% in COP 2011, with the exception of male circumcision doctors (increased support) and MOHSS data clerks (level support). The 5% reduction in salary support, which is also accompanied by real and anticipated increases in public sector salaries, has placed immediate pressure on the GRN to establish an absorption plan for salaries during the COP 2011 implementation period and beyond. The HRH transition must be carefully planned to avoid disruption in service delivery, to the greatest extent possible, especially in ART services. (The 5% cut and growth in clinician salaries also coincides with anticipated increases in the number of patients eligible for ART.) While uncertainty remains, the GRN and USG are actively participating in ongoing discussions and planning to address this critical need for HRH transition via the PEPFAR Steering Committee and as part of PFIP development.

Overall, PEPFAR HRH systems strengthening investments will focus broadly on activities designed to strengthen the GRN’s ability to recruit, retain and manage an expanded HRH workforce. Specific activities include the complete transition of a human resources information system to the GRN from a...
PEPFAR partner, technical assistance to develop and implement national HR strategies within the MOHSS and the Ministry of Gender Equality and Child Welfare (MGECW), assistance to the GRN to create new professional cadres within the civil service establishment list, and increased follow-up and bonding of students receiving PEPFAR and GRN bursaries. USG support will also assist the GRN to mobilize additional investments from the GRN Treasury, the private sector and a diversified list of external donors. In short, PEPFAR Namibia’s aim is to protect Namibia’s substantial accomplishments toward universal access to ART and PMTCT services by continuing to promote a gradual, careful and sustainable transition of PEPFAR-supported staff to country management and financing.

**Systems Strengthening**

PEPFAR Namibia’s systems strengthening (SS) activities are aligned with the NSF and seek to address gaps identified by recent MOHSS systems assessments and the MOHSS (health sector) strategic plan. While the HRH transition is a centerpiece of USG Namibia’s sustainability and country ownership plans, PEPFAR Namibia’s SS approach works to address all of the six WHO Health Systems Building Blocks. COP 2011 funds will support expanded activities to facilitate and encourage increased domestic financial investment, both public and private, in the National HIV/AIDS response; invest in integrated primary healthcare systems and activities to address Namibia’s high burden of maternal and child mortality; expand support to Namibian institutions of higher education to build the local healthcare workforce; strengthen the public health laboratory network along with pharmaceutical and logistics-related systems; support GRN efforts to coordinate the national response; support ongoing capacity building, organizational development and resource mobilization for civil society organizations (CSOs); promote meaningful engagement by PLHIV and civil society; and provide direct financial support and technical assistance (TA) to regional councils and other sub-national coordination bodies.

In addition, SS activities are designed to extend the impact of PEPFAR investments in the HIV/AIDS response to the broader healthcare system and to systems beyond health (e.g., finance, gender, regional and local government, and education). In alignment with strategic objectives outlined in the Impact Mitigation and Response Management sections of the PF and NSF, COP 2011 includes the following specific activities to promote sustainability and country ownership: human capacity building and skills transfer, including the development of a strategy to prioritize pre-service training and promote efficiencies in the in-service training program; policy development and strengthening the ‘enabling environment’; innovative financing methods (e.g., affordable private insurance schemes inclusive of ART); diversification of domestic (public or private) and international funding sources the HIV/AIDS response; support for the government’s decentralization policy; TA to the GRN to accurately and routinely track HIV/AIDS related costs and expenditures; and strategic infrastructure investments, including the thoughtful use of technology to improve efficiency, expand programmatic impact and promote evidence-based programming. During implementation of COP 2011, USG technical staff will continue to consult with the GRN, civil society and the private sector to ensure that the USG sustainability and transition strategies respond optimally to current and emerging needs.

**Coordination with Other Development Partners and the Private Sector**

The USG collaborates actively with other development partners in Namibia to harmonize efforts, leverage combined expertise and establish joint strategies for engagement with the GRN to strengthen the national HIV/AIDS response. This collaboration frequently occurs through meetings of the National AIDS Executive Committee and the Global Fund CCM, but also through USG-led consultation meetings. Specific areas of collaboration include:
Partnership with GFATM through membership on the CCM, support for organizational development to strengthen the new civil society principal recipient and recent TA to develop the round 10 HIV/AIDS and TB grant proposals. In addition, several USG partners overlap with GFATM sub-recipients which leads to collaboration in direct service delivery, bursary support, employment of data clerks and other areas;

Partnership with WHO on health systems strengthening activities, TB and HIV drug resistance surveillance, male circumcision, blood safety, expanded programme on immunizations (EPI), emerging infectious disease surveillance, and support for the adaptation of international HIV/AIDS-related guidelines;

Partnership with UNAIDS to support a task force on financial sustainability for health sector programs, epidemic modeling and surveillance, monitoring and evaluation, reporting (e.g., UNGASS), support for the national research agenda the promotion of meaningful engagement of PLHIV in national planning, and financial tracking through the National Health Accounts and the National AIDS Spending Assessment;

Partnership with UNICEF to support the maternal and child health task force, implementation of the “Roadmap”, PMTCT, mother-child pair follow-up, early infant diagnosis, EPI, HIV prevention among young people and adolescents, and work with OVC;

Partnership with UNODC for HIV and TB prevention and surveillance in correctional settings;

Partnership with the Spanish funded Joint UN Program to support on gender equality and equity to support the MGECW’s effort in the reduction of gender-based violence (GBV).

Partnership with GTZ to support regional and local coordination structures critical to the national HIV/AIDS response as well as private sector activities, particularly workplace programs; and

The USG also intends to strengthen collaboration with the European Union which may increase support for HIV/AIDS in the Southern Africa Region.

Donors, principally the USG and GFATM, finance over half of the national HIV/AIDS response. Given the strong likelihood of declining donor resources due in part to Namibia’s recent classification as an ‘upper middle income’ country, PEPFAR Namibia recognizes the need to support increased domestic investment in the national response. In light of recent decreases in national revenue due to the global economic recession, the GRN is unlikely to provide sufficient financing for the entire response. Namibia’s strong, but under-utilized private sector is another potential source of health sector financing. However, private sector HIV/AIDS initiatives are not well coordinated or sufficiently integrated with the national HIV/AIDS response. To this end, the USG is supporting a number of initiatives designed to increase the role of the commercial sector as well as civil society in the national response including:

- A comprehensive assessment of the private sector’s participation in the HIV/AIDS response and the health system in COP10. Based on the gaps and recommendations identified in the assessment, the USG provided extensive technical assistance for the GFATM Round 10 HIV/AIDS proposal which focused almost exclusively on strengthening the commercial sector and civil society’s roles in the response, both in terms of financing and service delivery;

- Strengthening the capacity of public and civil society organizations to partner and coordinate with the private sector to leverage funding to sustain HIV/AIDS services and to support the design and roll-out of a low cost health insurance product inclusive of HIV/AIDS services for low wage income earners;

- PEPFAR funds will be used to continue trainings for private providers to ensure quality service delivery in areas such as male circumcision, tuberculosis, PMTCT, treatment, and other HIV/AIDS services, and;

- The USG plans to embark upon its first Global Development Alliance (GDA). Through this proposed alliance, the USG would invest in order to leverage Redacted (over three years) total from the Elma Foundation, GAIN and other partners to strengthen maternal and child health services and systems in Namibia.
Programmatic Focus

1. HIV Prevention

The NSF set an ambitious target of reducing the number of new HIV infections by 50 percent by 2015. USG prevention efforts are guided by the NSF, the National Prevention Technical Advisory Committee, Regional Operational Plans (ROP) and priorities identified in the PF. In COP 2011, the USG continues to support the implementation of evidence-based combination HIV prevention programs including behavioral and biomedical approaches as well as structural interventions, where appropriate. In COP 2011, PEPFAR Namibia increased funding of male circumcision (MC) services by 39% to assist the GRN in scale-up of MC services. Also, PEPFAR Namibia realigned funds in the HVAB and HVOP program areas to more accurately reflect prevention investments and shifted funds from sexual prevention to counseling and testing to more accurately reflect costs for testing kits.

Prevention of Sexual Transmission

PEPFAR Namibia’s prevention of sexual transmission portfolio is guided by the NSF. PEPFAR-supported programs seek to reinforce protective social norms (e.g., gender equity, consistent condom use, acceptance of CSW and MSM) and support access to HIV prevention, care and treatment services. In COP 2011, the USG will support implementation of coordinated multi-level communication and community-outreach activities that target social norms and behaviors identified as drivers of the epidemic. Peace Corp volunteers will be deployed throughout Namibia to work within their communities in health and education. PEPFAR will support regional authorities and the Ministry of Regional, Local Government and Housing and Rural Development (MRLGHRD) to promote the implementation of ROPs which include community-based activities that establish systematic coverage for the general population and most-at-risk populations (MARP) including sex workers, clients of sex workers, and men who have sex with men. Prevention activities will continue to be expanded at the community, school, clinic, shebeen (bar), workplace, and household level in all regions. PEPFAR will mainstream OGAC initiatives in Male Engagement, Alcohol/HIV and Positive Health, Dignity and Prevention (PHDP) as cross-cutting efforts. Direct support to the MOHSS School and Adolescent Health Programme will be initiated in COP11. A parent-adolescent communication project will be implemented. To promote country capacity for prevention, the USG will directly fund community outreach programs implemented by Namibian CSOs (e.g., Lifeline/Childline, Catholic AIDS Action, KAYEC Trust and a TBD local organization) and expand support to the Ministries of Health, Defense, Safety and Security, Information and Communication Technology and Regional and Local Government. PEPFAR-supported prevention activities will be based on data generated by routine M&E, MARP size estimation, behavioral surveillance exercises and a national population-based seroprevalence study.

Male Circumcision (MC)

PEPFAR Namibia’s MC activities will support GRN efforts to reach the NSF’s ambitious 2015 goal that 40% of adult males and 80% of newborn male infants are, or have been, circumcised by a health professional. Based on current estimates the national prevalence of MC in Namibia is approximately 21%. To date, PEPFAR has supported advocacy, policy development, training, procurement, personnel and logistics to scale-up MC services leading to 1,500 MC procedures completed as of October 2010. PEPFAR proposes to increase funding to MC to support nurse and physician training and continue the operational scale-up of MC services through additional clinical teams and streamlined procurement of equipment in alignment with the new national MC policy (October 2010). A costing and resource mobilization plan will also be developed to ensure increased investment by the GRN in order to achieve the desired public health impact. Additionally, PEPFAR partners will support the WHO’s MC medical officer volunteer program, implement an MC communication strategy, encourage task shifting of the procedure to nurses, promote neonatal circumcision as a norm, and promote greater dialogue and engagement between the GRN and traditional male circumcisers.
**HIV Counseling and Testing (HCT)**

PEPFAR Namibia will support activities that promote routine HCT services and expand the proportion of Namibians who know their HIV status. These activities will be aligned with the NSF’s 2015 goal that 90% of Namibian women and 70% of Namibian men have received an HIV test and learned their status through HCT services. Estimates derived from the 2006 DHS indicate that only about 51% of Namibian women and 32% of Namibian men have received HCT. PEPFAR will support referral and utilization of HCT, with specific emphasis on increasing utilization rates among men and couples. PEPFAR will support HCT services in health facilities, standalone facilities and through outreach models such as mobile and home-based testing. HCT will increasingly target men and couples. A MARP program will provide targeted activities to increase referral and utilization of HCT among sex workers and men who have sex with men through MARP-led organizations. PEPFAR will engage the GRN to cultivate public-private partnerships with Namibia’s large employers in the agriculture and mining sectors.

**Medical Transmission**

PEPFAR Namibia’s blood and injection safety activities are guided by NSF objectives, specifically goals calling for 100% of blood products to be screened for HIV and the implementation of universal precautions including injection safety by the MOHSS. At present, all donated blood is tested for HIV, hepatitis B and C, and syphilis. In COP11, the USG will continue to support TA, training, quality systems implementation, infrastructure improvement and policy and guideline development for blood safety and injection safety. Activities will begin a gradual transition from service delivery and procurement financing to TA models. PEPFAR’s blood safety program will strengthen links between the Blood Transfusion Service of Namibia (NAMBTS), the MOHSS, and the Ministry of Education to broaden the donor pool among youth. PEPFAR’s injection safety partner is co-located with the MOHSS and will contribute to systems strengthening in infection control and the implementation of waste management activities.

**Prevention of Mother to Child Transmission (PMTCT)**

Specific PEPFAR Namibia PMTCT activities will include continued provision of HCT to more than 90% of pregnant women at their first ANC visit and achieving and maintaining 80% of HIV-positive pregnant women and 90% of HIV-exposed babies receiving ARV prophylaxis. The GRN is committed to implementing more efficacious PMTCT regimens and the latest guidelines review will ensure further reduction of MTCT from the current estimate of 9% (proxy from first DNA PCR results in FY09). The implementation of the new guidelines will require training curriculum review, redesign of M&E tools (registers, summary forms), IEC materials as well as didactic training of providers and provision of supportive supervision and mentorship throughout approximately 340 health facilities where PMTCT services are provided in the country. In COP11, PEPFAR will support gender-sensitive and family-centered approaches so that women can receive a full spectrum of services through PMTCT facilities including reproductive health counseling, improved follow-up for mother-baby pairs and on-going treatment and care for infected women and their families in one-stop service centers post-delivery. With approximately 19% of deliveries in Namibia occurring outside of a health facility, the USG will also support training in PMTCT, HIV prevention, sexual reproductive health and referral channels for at least 80 traditional birth attendants. To address gender concerns, in-service trainings will focus on sensitization to ensure PMTCT facilities reach more men. MCH will receive additional focus through emergency obstetrical care activities to support the “Road map” for the accelerated reduction of maternal and neonatal morbidity and mortality.

2. Care and Support

In line with the NSF and the PF, care and support activities in Namibia include the provision of facility and community/home-based health care and support for adults and children, delivery of integrated TB/HIV services and extensive OVC programs. By SAPR 10, 199,734 adults and children living with and affected by HIV/AIDS were receiving at least one care and support service, including TB/HIV services, which are...
offered at 141 USG-supported clinics and community programs. During FY 2011, the USG expects to support approximately 146,000 PLHIV with care and support services. Defining activities include: Continuing a family-centered approach to provide a continuum of care equitably to women, men and children from the facility to the community; transitioning TA provision in community and home-based care (CHBC) to a regional CSO; direct service delivery through a Namibian CSO; improving nutritional assessment, counseling, and support, including a Food by Prescription (FBP) pilot with the National Nutrition Program; integration of PHCP activities into home-based care (HBC) and enhancing quality of care by strengthening bi-directional linkages.

The CHBC program is heavily dependent on volunteers. Strategies to increase retention include integrating income generating activities for volunteers, strengthening training with standardized training materials and supervision, as well as the development of a career path for workers in the proposed GRN Health Extension Worker cadre. Efforts to increase male involvement in care and support activities will be continued through male engagement workshops. Additional areas of focus include: Expansion of early infant diagnosis and follow-up with HIV-exposed services to improve HIV-free survival; promoting systematic screening for TB; reducing loss to follow-up before initiation of ART; diagnosing and treating opportunistic infections (OIs); screening for cervical cancer; and efforts to strengthen livelihood opportunities for graduates of FBP and their households; pursuit of wrap-arounds with the Clinton Foundation for nutritional supplements and the ELMA foundation supported GDA Whole Child Initiative; and engagement with the private sector will be pursued, as well as leveraging TA from the World Food Program (WFP) for food security.

The USG will continue to provide TA to the National Tuberculosis and Leprosy Program (NTLP) to ensure strengthening and implementation of TB/HIV collaborative activities. The USG promote implementation of policies that ensure early diagnosis of TB in HIV-infected individuals as well as an integrated approach to TB and HIV treatment. Intensified case finding strategies at HCT and PMTCT sites, health facilities and within the community, will be tailored to address gender inequity in access to care and will also ensure that TB contacts, including children, are traced and put on Isoniazid Preventive Therapy (IPT) or TB treatment, as appropriate. PEPFAR will also support the NTLP in training staff at TB and HIV care sites in comprehensive TB/HIV co-management and program implementation as well as in scaling up routine opt-out PITC in all TB clinics. TB diagnosis among children under five will be emphasized. USG partners will work with the NTLP to implement and scale up clinical TB symptom screening, infection control, surveillance, and to support stronger quality assurance of sputum smear microscopy at national, regional, and district health centers.

The USG strategy on OVC will complement UNICEF activities and leverage GFATM resources for strengthening the multi-sectoral coordination of Namibia’s upcoming second national OVC plan of action (2011 – 2016). This work will be implemented through the national Permanent Task Force on OVC as well as regional and constituency level forums. TA to the MGECW will focus on engaging other line ministries to remove barriers to accessing services for OVC, including education and health. Support will also promote efficiencies in the provision of child welfare grants, planning and implementation capacity for Early Childhood Development (ECD) and priority actions to address gender-based violence. The USG will also provide direct support to civil society organizations to mobilize local action and community resources to respond to OVC needs, including psycho-social and education support. Emphasis will be placed on livelihoods and economic strengthening of OVC and their caregivers through vocational training, micro-finance and income-generating activities. Continued assistance will be provided to a new child protection program. This community and institutional safety net is designed to support child survivors of violence.

3. Treatment

As of March 2010, the USG directly supported 75,920 people on antiretroviral therapy (ART) in Namibia.
This translates to more than 80% coverage of those in need of ART. The much credited rapid scale-up of treatment services in Namibia has benefitted from a decentralization strategy initiated by the MOHSS in FY 2007. One of the priorities of the USG is to continue supporting this decentralization process and task shifting in order to ensure higher access and maintain quality treatment services near to the community. In alignment with the new NSF, the USG will support the GRN to achieve key five-year treatment targets including increased survival rates for adults and children 12 months following initiation on ART (from 69% in 2007 to 90% in 2015). The USG will also support the GRN goal of increasing life expectancy from 51.6 years in 2008 to 55 years in FY2015/16, and reducing the percentage of people reported dying from AIDS from 23% in 2008 to 18% in FY2015/16.

In COP 2011, the USG will continue to support provision of ART services to maintain universal access to ART despite the adoption of new 2010 MOHSS ART and PMTCT guidelines. The adoption of the new ART guidelines (with USG and WHO TA) will result in a drop in treatment coverage due to adjustment of the CD4 count threshold to 350 and the resultant increase in PLHIV eligibility. Treatment funds will continue to cover contract healthcare workers for the MOHSS, technical assistance (TA) to Ministry of Defence/Namibian Defence Force health facilities, and bio-clinical monitoring. In COP11, PEPFAR Namibia continues to reduce support for GRN ARV drug procurement. The GRN has committed itself to assuming more responsibility for pharmaceutical costs. Training on the new ART and PMTCT guidelines will be supported to enhance the skills of healthcare providers; clinical mentors will promote a smooth transition to the new guidelines and maintain quality of care. The USG will also support a new ART cost and program analysis with assistance from the OGAC Treatment TWG. TA will also be provided for a national ART outcomes evaluation. Lastly, the USG will continue to build country capacity in planning and management as well as quality improvement activities in ART and public healthcare facilities.

The USG will continue to support the MOHSS in the Food by Prescription Program for malnourished PLHIV based on PEPFAR guidance for nutritional support programs. The MOHSS will work in collaboration with community-based organizations to link recipients of the nutrition supplement with sustainable nutrition livelihood and food security interventions where they exist. With the high coverage of ART in Namibia, monitoring HIV drug resistance through early warning indicators, monitoring surveys and threshold surveys including genotyping testing is currently being piloted with the support of the WHO. The USG will continue to support the community counselor and case manager programs to strengthen adherence counseling especially as healthier clients begin accessing ART. The USG will also support the design and development of tools to address adolescent specific psycho-social issues related to disclosure and ART adherence. The treatment portfolio will also continue to build stronger programmatic linkages and ensure access to HIV prevention and PHDP activities for clients receiving ART to improve quality of life, reduce morbidity and minimize risk of onward transmission.

4. Woman and Girl-Centered Approaches

Building on Namibia’s successful PMTCT platform, the USG will continue to support the GRNs “Roadmap for Accelerated Reduction of Maternal and Neonatal Mortality” through training in emergency obstetric care, the procurement of equipment for labor and delivery wards and the renovation of facilities where obstetric and neonatal care is provided. Since gender inequity has been identified as a critical obstacle to combating Namibia’s HIV epidemic in both the NSF and PF, PEPFAR Namibia has taken steps to mainstream gender across multiple program areas, including Health Systems Strengthening and Care and Support. In FY 2010, the USG Namibia team also received $1 million in matching Gender Challenge funds to address gender-based violence (GBV) in Namibia. These funds will support the MGECW programs to coordinate the multi-sectoral GBV response, raise community awareness on the impact of GBV, decrease tolerance for GBV, address male norms and improve access to and delivery of protection services for survivors. Beyond the Gender Challenge initiatives, three local organizations will continue to work with GRN entities to develop a safety net for children, especially girls, who have been exposed to violence. Measures will include a toll-free helpline and a child witness support intervention to assist in
prosecuting cases successfully. PEPFAR partners in Namibia will continue to implement programs that address GBV and positive male norms. These include the "Men & HIV Initiative" and the Male Engagement initiatives implemented by Peace Corps volunteers. Peace Corps will also continue to integrate Women in Development and Gender and Development strategies in all volunteer activities, support annual regional girls conferences to address prevailing issues around HIV/AIDS prevention and life skills and support the National Camp GLOW meetings that focus on leadership skills for young females.

5. Other Programs (Strategic Information)

USG Strategic Information priorities are guided by the NSF. The NSF outcome goal for Namibia’s monitoring and evaluation (M&E) system is 90% functionality by FY2015/16. Therefore, the USG strategic information programmatic focus will focus on capacity building through mentorship and training, and promoting country sustainability in the areas of monitoring and evaluation, surveillance and health information systems. In COP 2011, the USG will prioritize support for strengthening M&E systems at the national, regional, district and community levels; best practices for recommended surveillance activities; and capacity building for epidemiology, information systems, research and evaluation. The USG will support the principles of the Three Ones by providing TA, mentoring and training for integrating M&E systems and indicators with a particular emphasis on community-based data collection and use. Training activities will be expanded to include short courses and long-term training for field epidemiology. Mentors will also work with the Central Board of Statistics to build local research capacity. The USG will support an automated information system for returning laboratory test results to health facilities for immediate program impact with better patient care and reduction of redundant testing. New and recommended surveillance activities will be supported including surveys targeting most at risk populations (MARPs) (e.g. men who have sex with men and female sex workers) and a population-based seroprevalence survey. Enhancing skills for data collection and quality, analysis, interpretation, dissemination and use will be objectives for all strategic information activities.

New Procurements:

Redacted.

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Implementation Timeframe: October 2011 to September 2012

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<td>Source</td>
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<tr>
<td>-----------------------------------------------------------------------------</td>
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<td>------</td>
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</tr>
<tr>
<td>Children 0-14 living with HIV</td>
<td>16,000</td>
<td>2009</td>
<td>UNAIDS Report on the global AIDS Epidemic 2010</td>
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</tr>
<tr>
<td>Estimated new HIV infections among adults</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Estimated new HIV infections among adults and children</td>
<td></td>
<td></td>
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<tr>
<td>Estimated number of pregnant women in the last 12 months</td>
<td>53,000</td>
<td>2007</td>
<td>UNICEF State of the World's Children 2009. Used &quot;Annual number of births (thousands) as a proxy for number of pregnant women.</td>
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<tr>
<td>Number of people living with HIV/AIDS</td>
<td>180,000</td>
<td>2009</td>
<td>UNAIDS Report on the global AIDS Epidemic 2010</td>
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<tr>
<td>Orphans 0-17 due to</td>
<td>70,000</td>
<td>2009</td>
<td>UNAIDS Report</td>
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</table>
HIV/AIDS on the global AIDS Epidemic 2010

The estimated number of adults and children with advanced HIV infection (in need of ART)

|------------------|--------|------|---------------------------------------------------------------------------------------------------|

Women 15+ living with HIV

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<tr>
<th></th>
<th>95,000</th>
<th>2009</th>
<th>UNAIDS Report on the global AIDS Epidemic 2010</th>
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**Partnership Framework (PF)/Strategy - Goals and Objectives**
(No data provided.)

**Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies**

Redacted

**Public-Private Partnership(s)**

<table>
<thead>
<tr>
<th>Partnership</th>
<th>Related Mechanism</th>
<th>Private-Sector Partner(s)</th>
<th>PEPFAR USD Planned Funds</th>
<th>Private-Sector USD Planned Funds</th>
<th>PPP Description</th>
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<tr>
<td>Media Cost Share</td>
<td>13448:Prevention</td>
<td>TBD, Namibian Broadcasting</td>
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<td></td>
<td>Cost share for health communication</td>
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<tr>
<td>for Health</td>
<td>Alliance Namibia</td>
<td>Corporation</td>
<td></td>
<td></td>
<td>COP 12 will be year</td>
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<td></td>
<td>14306:Health</td>
<td>New Partner,</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Systems Strengthening (TBD)</td>
<td>Containers to Clinics, Global Alliance for Improved Nutrition</td>
<td>two of a three year partnership that will leverage at least $1,387,509 in total from the private sector. This PPP GDA aims to strengthen the Namibian public health system and its capacities for achieving its maternal and child health and nutrition targets.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td>----------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sponsorship of helpline</td>
<td>12721:Strengthening HIV/AIDS Responses in Prevention and Protection (SHARPP)</td>
<td>Provide calls to the Child Helpline, which we operate free of charge to all their customers.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Support for vocational training</td>
<td>13120:Self-Development and Skills for Vulnerable Youth</td>
<td>“The ELMA Foundation supports Economic Opportunities for Youth (EOY). For KAYEC, ELMA are interested in vocational training and jobs for youth graduates. NTA is a Namibian state-owned entity that funds KAYEC for the delivery of</td>
<td></td>
<td></td>
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</table>
vocational training services.

Support to HIV clinicians society to train and build capacity of private and public providers to provide quality services to PLWHA. Includes training, annual conference, meetings, speakers, and updates.

<table>
<thead>
<tr>
<th>Surveillance and Survey Activities</th>
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<tr>
<td>Name</td>
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<tr>
<td>Alcohol counseling intervention outcomes</td>
</tr>
<tr>
<td>Alcohol use estimation</td>
</tr>
<tr>
<td>AND and PMTCT data comparison</td>
</tr>
<tr>
<td>ART outcomes</td>
</tr>
<tr>
<td>Behavioral surveillance survey</td>
</tr>
<tr>
<td>HIV drug resistance monitoring</td>
</tr>
<tr>
<td>HIV prevalence survey among military</td>
</tr>
<tr>
<td>Personnel</td>
</tr>
<tr>
<td>----------</td>
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<tr>
<td>Improving Clinical Outcomes through Patient Education - NA.09.0251</td>
</tr>
<tr>
<td>Multi Country PHE: Development, Implementation, and Evaluation of a Comprehensive Prevention Intervention for HIV Care and Treatment Settings - NA.07.0199</td>
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<tr>
<td>PHE: Compliance to Guidelines and Evaluations of Medicines Prescriptions - NA.08.0097</td>
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<td>PHE: Evaluation of the Impact of Adherence Interventions - NA.08.0098</td>
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<tr>
<td>PHE: Understanding and Reducing Sexual vulnerability of Adolescent OVC - NA.09.0222</td>
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<tr>
<td>Population size estimation</td>
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<tr>
<td>Venue-based risk estimation</td>
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Budget Summary Reports

### Summary of Planned Funding by Agency and Funding Source

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<thead>
<tr>
<th>Agency</th>
<th>Central GHCS (State)</th>
<th>GAP</th>
<th>GHCS (State)</th>
<th>GHCS (USAID)</th>
<th>Total</th>
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<td></td>
<td></td>
<td>2,463,702</td>
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<tr>
<td>HHS/CDC</td>
<td></td>
<td>1,500,000</td>
<td>45,284,388</td>
<td></td>
<td>46,784,388</td>
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<tr>
<td>HHS/HRSA</td>
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<td></td>
<td>4,763,482</td>
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<td>4,763,482</td>
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<td>PC</td>
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<td>1,700,000</td>
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<td></td>
<td>733,628</td>
<td>733,628</td>
</tr>
<tr>
<td>State/AF</td>
<td></td>
<td></td>
<td></td>
<td>908,900</td>
<td>908,900</td>
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<td>USAID</td>
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<td></td>
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### Summary of Planned Funding by Budget Code and Agency

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<th>HHS/CDC</th>
<th>HHS/HRSA</th>
<th>PC</th>
<th>State/AF</th>
<th>USAID</th>
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<td>642,550</td>
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<td>63,100</td>
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<td>83,100</td>
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<td></td>
<td></td>
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<td>HTXD</td>
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<td>HVTB</td>
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<tr>
<td>PDCS</td>
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<td>217,063</td>
<td>1,079,998</td>
<td>3,305,665</td>
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<td>908,900</td>
<td>45,268,081</td>
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<td>102,622,18</td>
</tr>
</tbody>
</table>

**Budgetary Requirements Worksheet**

(No data provided.)
National Level Indicators

National Level Indicators and Targets
Redacted
Policy Tracking Table
(No data provided.)
## Technical Areas

### Technical Area Summary

**Technical Area:** Adult Care and Treatment

<table>
<thead>
<tr>
<th>Budget Code</th>
<th>Budget Code Planned Amount</th>
<th>On Hold Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBHC</td>
<td>6,232,041</td>
<td></td>
</tr>
<tr>
<td>HTXS</td>
<td>15,787,179</td>
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</tr>
<tr>
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**Summary:**
(No data provided.)

**Technical Area:** ARV Drugs

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<th>Budget Code Planned Amount</th>
<th>On Hold Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>HTXD</td>
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<tr>
<td>Total Technical Area Planned Funding:</td>
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**Summary:**
(No data provided.)

**Technical Area:** Biomedical Prevention

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<th>Budget Code Planned Amount</th>
<th>On Hold Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIRC</td>
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<tr>
<td>HMBL</td>
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<tr>
<td>HMIN</td>
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**Summary:**
(No data provided.)

**Technical Area:** Counseling and Testing
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<th>Technical Area</th>
<th>Budget Code</th>
<th>Budget Code Planned Amount</th>
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**Summary:**
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**Technical Area:** Health Systems Strengthening

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**Summary:**
(No data provided.)

**Technical Area:** Laboratory Infrastructure

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<th>Budget Code Planned Amount</th>
<th>On Hold Amount</th>
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**Summary:**
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**Technical Area:** Management and Operations

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<th>On Hold Amount</th>
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**Summary:**
(No data provided.)

**Technical Area:** OVC

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**Summary:**
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<table>
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<th>Technical Area: PMTCT</th>
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<table>
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<th>Technical Area: Sexual Prevention</th>
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<table>
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<tr>
<th>Technical Area: Strategic Information</th>
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<tbody>
<tr>
<td><strong>Budget Code</strong></td>
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<td>HVSI</td>
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### Total Technical Area Planned Funding:

<table>
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<th>Budget Code Planned Amount</th>
<th>On Hold Amount</th>
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</thead>
<tbody>
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<td><strong>Total</strong></td>
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Summary:
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Technical Area Summary Indicators and Targets
Redacted
## Partners and Implementing Mechanisms

### Partner List

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<th>Partner Name</th>
<th>Organization Type</th>
<th>Agency</th>
<th>Funding Source</th>
<th>Planned Funding</th>
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<td></td>
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<td>U.S. Agency for International Development</td>
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<td>7443</td>
<td></td>
<td></td>
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<td>GHCS (State)</td>
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<tr>
<td>9869</td>
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<td>NGO</td>
<td>U.S. Department of Health and Human Services/Centers for Disease Control and Prevention</td>
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<tr>
<td>9870</td>
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<td>NGO</td>
<td>U.S. Department of Health and Human Services/Centers for Disease Control and Prevention</td>
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Implementing Mechanism(s)

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Total Funding: 408,900

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Sub Partner Name(s)
(No data provided.)

Overview Narrative
COP 2010 Overview Narrative

The State Department Public Diplomacy, Fulbright, and Ambassador’s Self Help Program PEPFAR activities are continuing activities from COP09.

The State Department Public Diplomacy PEPFAR activities are primarily focused on Namibian youth, using grants to various cultural, civil society, and educational groups in Namibia to create and support programming that focuses on the following areas: prevention, reduction of stigma and discrimination, and prevention outreach to youth. In addition, the USG develops programs focused on sending Namibian HIV/AIDS professionals to the US for training and training local media to improve reporting on Namibian trends in the epidemic.

The Fulbright PEPFAR Fellowship will fund the study of Namibian scholars in the fields of public health, medical technology, epidemiology, behavior change, public administration, business administration, nutrition, palliative care, counseling, and others under the Junior Staff Development Program. By selecting outstanding Namibian graduates to pursue master's degrees under the Fulbright Junior Staff
Development Program, PEPFAR will greatly contribute to the human capacity development of the nation and its ability to fight the HIV/AIDS epidemic. These scholars will fill key positions in government ministries and NGOs, to directly carry out the fight against HIV/AIDS, or in academia, to train Namibia’s students to carry on the fight.

The Ambassador’s HIV/AIDS Self-Help Program will directly reach an average of 100 community members per project through community-based initiatives that: 1) provide care and support for individuals who are infected with, and affected by, HIV/AIDS, and 2) help prevent further spread of the disease. Efforts to leverage resources from other PEPFAR programs (PeaceCorps and State) and an emphasis on building capacity of youth directly contribute to cost savings and sustainability in line with the Partnership Framework. PAO and Self Help have worked with the USG SI team to select appropriate indicators and targets for monitoring and evaluation purposes.

### Cross-Cutting Budget Attribution(s)

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### Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women’s legal rights and protection

### Budget Code Information

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Narrative:
The Ambassador's HIV/AIDS Self-Help Program will directly reach an average of 100 community members per project through 15 to 20 community-based initiatives that are supported through small grants.

These initiatives aim to:
1) provide care and support for adults and children who are infected with, and affected by, HIV/AIDS, and
2) prevent further spread of the disease.

Continuing Activity
Estimated Budget = $63,100

ADDITIONAL DETAIL:

Specifically, the program will:
1) facilitate peer education and awareness-raising through individual, small group and community-level interventions that reduce stigma and discrimination, and that promote sexual and other behavioral risk prevention; and
2) reduce HIV infection rates among vulnerable populations, as well as encourage risk prevention behaviors among PLHIV, through vocational skills training that increases access to income and productive resources for these target groups, and through small group interventions that explicitly address gender-based violence and HIV/AIDS-related coercion.

This funding will directly contribute to:
• Developing project guidelines, promotional materials, applications, and other documents;
• Soliciting and accepting applications, qualifying projects, and dispersing funds; and
• Monitoring and evaluating projects.

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Narrative:
The Ambassador's HIV/AIDS Self-Help Program will directly reach an average of 100 community members per project through 15 to 20 community-based initiatives that are supported through small grants.

These initiatives aim to:
1) provide care and support for adults and children who are infected with, and affected by, HIV/AIDS, and 2) prevent further spread of the disease.

Continuing Activity
Estimated Budget = $83,100

ADDITIONAL DETAIL:

Specifically, the program will:
1) provide critical support to OVC, including assistance with food, clothing and school supplies; and
2) equip PLHIV and OVC caregivers with income-generating skills that foster sustainable livelihoods.

This funding will directly contribute to:
• Developing project guidelines, promotional materials, applications, and other documents;
• Soliciting and accepting applications, qualifying projects, and dispersing funds; and
• Monitoring and evaluating projects.

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Narrative:
The State Department Public Diplomacy PEPFAR activities have historically focused on engaging Namibian youth to raise awareness about HIV/AIDS. This focus will be maintained in COP11, with an additional emphasis on mobilizing private sector and civil society engagement in the HIV/AIDS response. PD programs will support cultural, civil society, and educational groups to address issues of HIV prevention and the reduction of stigma and discrimination among young people. In addition, PD will support US-Namibian exchange programs and training for local media to improve reporting on health and HIV/AIDS.

Due to staff-turnover in the PD office, specific activities for these funds are TBD, but will be selected from the following list:
1) the International Visitor Leadership Program (IVLP);
2) Training for health beat journalists;
3) The Performing Arts Outreach program;
4) Base FM Radio debate program;
5) US Speaker Program;
6) Visual Arts Outreach grants;
7) The Committed Artists of Namibia (CAN)
8) Camp Glow;
9) The Diversity Tour;
10) The Book Donation for Libraries and Schools;
11) HIV/AIDS publicity materials and equipment;
12) support for an assistant in the Embassy's Office of Public Affairs;
13) support for new grants. Efforts to leverage resources from other PEPFAR programs (Peace Corps and State) and the private sector will be emphasized in COP11.

Continuing Activity
Estimated Budget = $222,700

ADDITIONAL DETAIL:

1) The following menu of program options will be considered for funding in COP11. Given recent turnover in the public affairs section, specific program decisions have not yet been made. However, this list represents a comprehensive collection of the kinds of projects the Public Affairs Section will support in COP11 with PEPFAR funds. As noted above, the PD theme for COP11 will be "mobilizing the private sector and civil society" to contribute to the national HIV/AIDS response.

a. The International Visitor Leadership Program (IVLP) trains leaders in the field of HIV/AIDS prevention, care and treatment through the State Department's IVLP short-term professional exchange program. The IVLP is a three week international exchange program which aims to expose Namibians in key areas of the HIV/AIDS community to clinical and outreach activities in the United States. In addition, they meet a variety of U.S. professionals and volunteers in field of HIV/AIDS prevention, care, and treatment. If funded in COP11, PD will seek to select exchange candidates from the private sector, especially those with an interest in public-private partnerships, charities, foundation management, and innovative financing mechanisms (e.g., tax set-asides or sovereign wealth plans).

b. Training for Namibian health reporters. If funded in COP11, this project would focus on increasing and improving media coverage of private sector involvement in the national HIV/AIDS response. Activities could include a two week training and supervised reporting trip with an expert health reporter.

c. The Performing Arts Outreach program provided grants to fund the Living Positive tour with Vocal Motion 6 (VM6) and Herlyn Uiras in 2007, 2008, and 2009. If funded in COP11, private sector partners will be sought to provide mentoring and/or financial cost sharing support.
d. The successful Base FM Radio debate program reaches Namibian youth who are vulnerable and at risk in Windhoek, particularly in the Katutura neighborhoods. USG is discussing ways in which the program might be programmed via Base FM on stations outside of Windhoek. If funded in COP11, USG would also investigate whether the program may be syndicated or rebroadcast to reach a national audience.

e. The USG funds speakers from the United States with HIV/AIDS expertise via the US Speaker Program. USG has leveraged funds from the wraparound program, often supplementing the IIP speakers that the Department of State supports. Speakers from the US provide a key opportunity to offer prevention and anti-stigma message to Namibians while sharing the US experience of the epidemic. If funded in COP11, PD will seek speakers with experience in public-private partnerships, the role of civil society and the commercial private sector in the US HIV/AIDS response, and the management of private donations.

f. USG provides Visual Arts Outreach grants to JMAC Art Murals, who support outreach by local artists who assist selected young artists to produce HIV/AIDS mural paintings at schools, community centers, and hospitals in 2007 and 2008. If funded, private sector matching funds will be solicited.

g. The Committed Artists of Namibia (CAN) supports Namibian students to write and produce original plays with HIV/AIDS themes. If funded in COP11, private sector and civil society mentors will be sought to provide counseling, support and innovative ideas to the students.

h. Camp Glow is an activity that has been carried out in partnership with the Peace Corps. The Camp is designed to empower young people to overcome the obstacles that inhibit their ability to excel as individuals and leaders in their communities. Run by Peace Corps Volunteers, the project seeks to identify personal strengths and values, the health impact of HIV/AIDS, good decision making, and educational and career opportunity exposure. This is a training ground both for campers and facilitators. If funded in COP11, PD will seek to engage private sector mentors to serve as Camp Counselors.

i. The Diversity Tour is collaborative project with Peace Corps Volunteers to awareness about HIV/AIDS among Namibian youth. If funded in COP11, the Diversity Tour would work with private sector and civil society partners to raise awareness about private sector contributions to the HIV/AIDS response.

j. The Book Donation for Libraries and Schools has provided resource books on HIV/AIDS to libraries around Namibia in past COP years.

k. USG supports the provision of HIV/AIDS publicity materials and equipment such as press material,
advertising, outreach, among others to the general public.

l. A portion of the PAO's funding may support an assistant in the Embassy's Office of Public Affairs to work on PEPFAR-related activities, grants and materials.

m. A portion of the PAO's funding may support new grants to explore new creative, innovative and informative activities which target youth.

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Narrative:
The Ambassador's HIV/AIDS Self-Help Program will directly reach an average of 100 community members per project through 15 to 20 community-based initiatives that are supported through small grants.

These initiatives aim to:
1) provide care and support for adults and children who are infected with, and affected by, HIV/AIDS, and
2) prevent further spread of the disease.

Continuing Activity
Estimated Budget = $40,000

ADDITIONAL DETAIL:

Specifically, the program will:
1) facilitate peer education and awareness-raising through individual, small group and community-level interventions that reduce stigma and discrimination, and that promote sexual and other behavioral risk prevention; and
2) reduce HIV infection rates among vulnerable populations, as well as encourage risk prevention behaviors among PLHIV, through vocational skills training that increases access to income and productive resources for these target groups, and through small group interventions that explicitly address gender-based violence and HIV/AIDS-related coercion.

This funding will directly contribute to:
• Developing project guidelines, promotional materials, applications, and other documents;
• Soliciting and accepting applications, qualifying projects, and dispersing funds; and
• Monitoring and evaluating projects.

Implementing Mechanism Indicator Information
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Total Funding: 1,799,596

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Sub Partner Name(s)
(No data provided.)

Overview Narrative
COP 2010 Overview Narrative

The Supply Chain Management System (SCMS) project is a centrally-funded indefinite quantity contract (IQC) managed by USAID/Washington, awarded to the Partnership for Supply Chain Management (PSCM) in October 2005. This is a continuing (third task order) implementing mechanism with three primary objectives under the award, reflecting the project's breadth across technical areas in supply chain management: (1) procurement of HIV and AIDS-related commodities under USAID procurement regulations with a focus on large volumes of antiretroviral drugs and HIV tests delivered at regular intervals, and also including opportunistic infection (OI) drugs, lab consumables, reagents, equipment, and other goods and services in support of HIV and AIDS programs, (2) capacity-building, technical assistance activities aimed at improving the availability of drugs and related medical supplies to patients and clients, and (3) gathering, analyzing, and reporting supply-chain information to inform decision-making, especially in preparation of forecasts for annual budgeting and procurement purposes. In
COP09, this IM funded activities under HBHC, PDCS, HVCT, HLAB, HVSI and OHSS. In COP10, HLAB and HVSI are no longer being funded.

The objectives of SCMS are related to all Partnership Framework (PF) goals and benchmarks that include aspects of commodity supplies. Under "Objective 2: Community Home Based Care," SCMS continues to assist the Primary Health Care Directorate (PHC) of the Ministry of Health and Social Services (MOHSS) develop and implement a system for efficient delivery and replenishment of community health based care (CHBC) kits. Under "Objective 3: ART Services", SCMS will assist the MoHSS to "develop short- and long-term plans in view of the integration of ART into primary health care" by helping design and implement supply systems that maximize the use of existing drug delivery systems and processes for the delivery of ARVs and OI drugs, particularly through capacity building of the Central Medical Stores (CMS) and regional medical stores (RMSs).

SCMS will continue to assist the National Institute of Pathology (NIP) to improve quality services for laboratory testing for patients under care and treatment. SCMS also provides support to the national Quality Surveillance Laboratory (QSL) to improve the lab's ability to ensure drug quality in Namibia through both technical assistance and procurement of supplies and equipment. Under the PF focus area of "Coordination and Management," SCMS broadly supports "Objective 1: Leadership and Governance" by providing data-collection systems that support data-based (evidence-based) decision-making.

SCMS is prepared to strengthen quantification and logistics support of the CMS on commodities related to male circumcision, and food security and nutrition.

SCMS works with several PEPFAR partners to support home-based care and VCT commodities. Cost efficiencies are built in the program and commodity procurement will gradually be transitioned to the MOHSS, and procurement of rapid tests kits (RTKs) will be reduced proportionally to align with the reduction in the number of sites.

SCMS' support to human resources and logistics contributes significantly to MOHSS health system strengthening. SCMS strengthens the selection of appropriate forecasting and budgeting of commodity needs, procurement of commodities, storage and distribution systems, and the collection and analysis of dispensed–to–user data. In line with the PFA, SCMS will work with its stakeholders to develop a transition plan that will ensure gradual take over by MoHSS and NIP as resources declines.

SCMS' coverage is national and contribution is wholly cross-cutting, affecting all programs that rely on continuous supplies of drugs and other commodities.
SCMS will continue to work with MOHSS in the reduction cost in the delivery of goods locally through better long-term planning, permitting the use of less costly transportation and through appropriate local procurement. Success in Namibia’s logistics systems will effectively be measured by the reduction in the incidence of stock-outs and through procuring commodities that provide the best value for money. SCMS is well-positioned to further strengthen the CMS to receive the best value on commodities tenders. Where programs are not as fully developed, input indicators such as percentage of sites reporting on time and accurately can track movement towards greater efficacy and efficiency.

Cross-Cutting Budget Attribution(s)

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**Key Issues**

(No data provided.)

Provide technical assistance and transfer capacity to the Community-Based Health Care (CBHC) program for logistics and supplies for home based care kits and coordinate reporting with GFATM.

Continuing Activity

Estimated Budget = $109,000

Provide TA to Food and Nutrition Subdivision in MOHSS on logistics management for supplies and commodities for Nutrition Assessment Counseling and Support Program (NACS) especially food by prescription.
Continuing Activity  
Estimated Budget = $56,000

ADDITIONAL DETAIL:

For CBHC:  
Institutionalize the HBC kit system as integrated into the routine medicines and supply delivery system, participate in supportive supervision visits (SSV) and assist in the development of program indicators and support the collection of program-level data.

For NACS:  
Continue to assist in quantifying commodities for therapeutic and supplemental food and build this capacity in the program. Assist in developing sustainable solutions for warehousing and distribution of food, building capacity of the Nigerian Red cross in handling this activity for MOHSS and assist in roll-out of therapeutic and supplemental food to additional sites.

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Narrative:

Build capacity of IntraHealth to manage VCT commodities and utilization data from VCT sites.

Continuing Activity  
Estimated Budget = $50,000

Procure rapid test kits on behalf of New Start and PharmAccess.

Continuing Activity  
Estimated Budget = $40,000

Build capacity in the MoHSS VCT program to quantify and distribute RTKs, especially for GFATM funding and national testing day/week.

Continuing Activity  
Estimated Budget = $102,973
ADDITIONAL DETAIL:

For IntraHealth:
For the remaining sites of IntraHealth, SCMS will assist in building capacity of IntraHealth to receive and analyze site-level data and continue to provide technical assistance in distribution.

For procurement:
SCMS has previously procured 100% of IntraHealth’s RTKs and related supplies and procured an additional quantity for PharmAccess to support outreach.

For MoHSS:
SCMS will build capacity in MoHSS to quantify needs without assistance for GFATM funding and to assist in national testing day/week activities.

Develop system for mobile testing commodities.

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Narrative:

Provide technical assistance and transfer capacity to the Community-Based Health Care (CBHC) program for logistics and supplies for home based care kits and coordinate reporting with GFATM.

Continuing Activity
Estimated Budget = $22,000

Build capacity in the Nutrition Assessment Counseling and Support Program (NACS) in the management of therapeutic and supplemental food.

Continuing Activity
Estimated Budget = $11,000

ADDITIONAL DETAIL:

All activities are repeated from HBHC since all HBC kits are estimated to contain 10-20% of items for pediatric patients. For simplicity, the ratio of activities was applied to the funding for PDCS.

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**Narrative:**

Build capacity in National Medicines Policy Council (NMPC) in the Division: Pharmaceutical Services to provide overall supervision of the pharmaceutical sector.

**Continuing Activity**

Estimated Budget = $200,000

Build capacity in Central Medical Stores to provide high level of service in pharmaceutical and related medical supplies procurement, warehousing, and distribution to support treatment services.

**Continuing Activity**

Estimated Budget = $850,000

Build capacity in the 2 Regional Medical Stores to provide high level of service in pharmaceutical and related medical supplies procurement, warehousing, and distribution.

**Continuing Activity**

Estimated Budget = $125,000

Build capacity in the Department of Logistics in the Directorate of Finance in procurement, warehousing, and distribution of non-pharmaceutical medical commodities.

**Continuing Activity**

Estimated Budget = $33,623

Build capacity at NIP to quantify, forecast, procure, warehouse, and distribute lab commodities.

**Continuing Activity**

Estimated Budget = $200,000

**ADDITIONAL DETAIL:**

For NMPC:

Build capacity and institutionalize data-gathering from the EDT tool for all ART sites on ARV supply chain data. Assist in the expanded use of EDT for other programs for supply chain. Assist NMPC in
quantification of ARVs and related medicines, particularly for GFATM funding in collaboration with the Directorate of Special Programs (DSP). Continue to build capacity in ART sites for inventory control and good storage practices.

For CMS:
Continue to support implementation of recommendations for improving procurement activities. Institutionalize standard operating procedures for the current facility. Assist in the design of the new CMS. Continue to sustain capacity in the full use of Syspro as the facilities main database. Implement an improved warehouse management system (WMS) if appropriate. Train upper management in advanced principles of warehouse management. Develop mechanisms to maintain stock levels in the stores during construction of the new warehouse. Continue to improve inventory control processes for additional products. Institutionalize use of the vendor performance monitoring tool. Includes cost of technical assistance.

For RMS:
Continue to integrate sharing of data between the RMSs and CMS. Finalize infrastructure improvements. Institutionalize SOPs developed in FY11. Finalize improved inventory control procedures.
For Department of Logistics: Build capacity in management of non-pharmaceutical medical supplies. Continue to build capacity in out-sourced transport management, especially monitoring vendor performance.

For NIP:
Build capacity in forecasting commodity needs and provide training to staff. Continue to provide technical assistance in improving procurement by finalizing SOPs and addressing additional components of the procurement process. Continue to assist in warehouse practices and re-organization, particularly the use of Meditech's materials management module to minimize stock-outs and improve inventory control. Support minor additions to Meditech's database. As possible, assist larger labs in the similar activities.

Implementing Mechanism Indicator Information
(No data provided.)

Implementing Mechanism Details

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Prime Partner Name: Blood Transfusion Service of Namibia
Agreement Start Date: Redacted
Agreement End Date: Redacted
TBD: No
Global Fund / Multilateral Engagement: No

Total Funding: 857,458

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Sub Partner Name(s)
(No data provided.)

Overview Narrative
COP 2010 Overview Narrative

This is a single eligibility follow-on mechanism to replace an expiring Track 1 cooperative agreement with The Blood Transfusion Service of Namibia (NAMBTS). Although this IM is listed as a “TBD partner,” NAMBTS will be the only entity eligible for the award. A single eligibility request for proposals (for a five year cooperative agreement) will be issued in November 2009. An award to NAMBTS is expected within the COP10 approval timeframe.

This IM will support activities in the HMBL technical area. However, many of the activities will have cross-cutting impacts beyond the prevention of HIV. Specific HIV prevention objectives for the PEPFAR-supported blood safety program include:

1. Maintaining (and reducing) the low HIV prevalence among voluntary, non-remunerated blood donors. In COP09, HIV prevalence among blood donors stood at <.50%. This will be accomplished through 100% screening of all donated blood for HIV, Hepatitis B and C, and syphilis.
2. Doubling the blood donation rate among youth. In COP09, less than 15% of all donations were collected from donors aged 16-25.
3. Linking school-based education programs targeting blood donors to broader HIV prevention and healthy lifestyles messaging delivered in schools.
4. Training clinical staff to reduce unnecessary blood transfusions.

Links to the Partnership Framework (PF)
As part of the USG contribution to the PF goal of "enhancing prevention," the USG commits to support NAMBTS as the GRN-authorized partner responsible for the safety and adequacy of the national blood
supply. USG commitments in the PF are aligned with the HIV prevention priorities described in Namibia's National Strategic Framework for HIV and AIDS 2010-2015 (NSF).
1. Social and Behavior Change
2. HIV Counselling and Testing (HCT)
3. Prevention of HIV among Most-At-Risk and Vulnerable Groups
4. HIV Prevention Involving PLWHA
5. Medical Male Circumcision
6. PMTCT
7. Post-Exposure Prophylaxis
8. Condom Social Marketing and Distribution
9. Prevention of Sexually Transmitted Infections
10. Blood Safety

With funding through this new IM, NAMBTS will directly contribute to the Blood Safety objectives and commitments described in the PF documents and in the NSF. As noted above, PEPFAR investments in blood safety will also have a number of cross-cutting benefits, including indirect contributions to HCT and PMTCT by referring blood donors with HIV reactive test results to HCT and PMTCT services. As the sole entity responsible for supplying hospitals and clinics with blood for transfusion, NAMBTS directly contributes to strengthening the broader primary healthcare system. Since a substantial proportion of the nation's blood supply is consumed by children (malaria anemia) and pregnant women (post-partum hemorrhage), PEPFAR investments in blood safety directly contribute to improving maternal and child health outcomes (MCH).

Coverage and Target population
The activities supported through this mechanism are national in scope. NAMBTS supplies screened blood and blood products to 41 hospitals and clinics in all of Namibia's 13 regions. With PEPFAR support, NAMBTS has expanded access to blood transfusion services by pre-positioning Type O (universal donor) blood at facilities that lack cross-matching capacity. In COP10 PEPFAR will support and evaluate this strategy, and support improvements in local cross-matching capacity where cost effective.

Health Systems Strengthening
The blood safety program also invests in capital infrastructure at the facility level (e.g., ward-based cold chain) and in training for clinicians in the appropriate use of blood. NAMBTS also trains laboratory technicians in the proper handling of blood and the production of quality-assured blood products (e.g., packed red cells, platelets). In COP10, NAMBTS will work with CDC and the MOHSS to create training internship opportunities for laboratory technician students at the Polytechnic of Namibia.
Cross-Cutting Programs and Key Issues
Access to safe blood can improve maternal and child health outcomes. In COP10, CDC and NAMBTS will work with the MOHSS Directorate for Primary Health Care to track blood utilization patterns and measure the impact of safe blood on clinical outcomes. This evaluation will also look at blood utilization among ART patients. Investments in laboratory technician training opportunities will also build Human Resources for Health.

Cost Efficiencies Over Time
An innovative cost-recovery system currently provides a sustainable source of funding for NAMBTS. Through this system, NAMBTS is reimbursed by public and private insurance programs. NAMBTS is also engaged in negotiations with private sector pharmaceutical companies in South Africa regarding the potential sale of plasma. Supporting Namibia as an exporter of plasma to the South African and, potentially, global, plasma markets would substantially enhance NAMBTS’s ability to sustain itself over the long-term. PEPFAR will continue to support quality assured laboratory practices during the accreditation process with the South African Bureau of Standards.

Monitoring and Evaluation Plans
NAMBTS will maintain, expand and align the M&E system developed under the Track 1 cooperative agreement. NAMBTS will submit bi-annual reports on all of its indicators. These reports will indicate any changes to the M&E system during the reporting period. As noted above, an impact evaluation will be conducted on the clinical use of blood.

Cross-Cutting Budget Attribution(s)

| Human Resources for Health | 322,000 |

Key Issues
Child Survival Activities
Safe Motherhood

Budget Code Information

| Mechanism ID: 9869 |

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<td>Prime Partner Name:</td>
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**Narrative:**

Blood Collection (1). PEPFAR funds will support the procurement of blood bags for the collection of human blood and blood products for transfusion.

Continuing Activity
Estimated Budget = $152,232

Blood collection (2). Salary and benefits for one (1) blood donor clinic planning and recruitment officer.

Continuing Activity
Estimated Budget = $38,342

Blood collection (4). Salary support for two (2) blood donor recruiters.

Continuing Activity
Estimated Budget = $28,073

Blood collection (5). Salary support for one (1) blood donor counselor (nurse).

Continuing Activity
Estimated Budget = $35,060

Blood collection (6). Salary support for two (2) blood collection nurses.

Continuing Activity
Estimated Budget = $46,479

Blood screening. PEPFAR funds cover the cost of a contract with the South African National Blood Service (SANBS) to provide nucleic acid amplification testing on all donated units from NAMBTS.

Continuing Activity
Estimated Budget = $384,000

Blood utilization (2). Salary and benefits for two (2) laboratory technicians (one senior, one junior) to prepare blood components and manage the central blood bank.

Continuing Activity
Estimated Budget = $59,503

Blood utilization (3) Salary and benefits for two (2) laboratory technologists (one senior, one junior) to prepare blood components and manage the central blood bank.

Continuing Activity
Estimated Budget = $55,644

Policy and Sustainability. (1) Salary support for the NAMBTS Operations Manager. This position is responsible for managing the NAMBTS cost recovery system and the CDC cooperative agreement.

Continuing Activity
Estimated Budget = $58,125

ADDITIONAL DETAIL:

NAMBTS will continue to implement the comprehensive blood safety program described in prior years. Two major changes have occurred since COP10: 1) A new, non-Track 1, cooperative agreement was awarded to NAMBTS in August 2010. This formally signals the transfer of the management and funding of this grantee from Atlanta to the field. 2) In COP11 NAMBTS will absorb the salary and benefit costs for seven of the 18 employees that have been supported by PEPFAR since 2005. This transition will continue in future years, with all 18 employees to be absorbed by NAMBTS by the end of the five year cooperative agreement. NB: $50,000 in COP2011 is one-year money that will be returned to the overall Prevention budget for redistribution in COP2012.

Other specific activities will include:

1) Blood collection. NAMBTS will work to retain current blood donors, expand recruitment activities to schools, and conduct ongoing surveillance of transfusion transmissible infections (TTI) among donors to identify lowest risk sub-groups.
2) Blood screening. NAMBTS will maintain a contract with the South African National Blood Service (SANBS) for all infectious disease screening (including nucleic acid screening for HIV). This arrangement, which will likely remain in place for at least 2-3 more years, is subject to a bi-annual sustainability review, the latest of which occurred in March 2010. Based on the findings of that review, NAMBTS has tentatively set a five year goal to return infectious disease screening to Namibia. This objective may be limited by a lack of trained human resources to operate the expanded testing laboratory. To address this human resource barrier, NAMBTS will work with Polytechnic to identify Namibian students in the laboratory technician program and assist them to attain laboratory technologist qualifications. This assistance may also include training in nucleic acid testing (NAT) through a twinning arrangement with Cambridge University.

3) Blood utilization. NAMBTS will continue to fractionate approximately 90% of the whole blood collected into blood products including packed red cell concentrate, fresh frozen plasma, and platelets. Laboratory technicians in Windhoek will perform this work and ensure quality control for units in quarantine during the infectious disease screening process. In COP2011, CDC will work with NAMBTS and MOHSS to arrange the secondment of one of the NAMBTS medical officers to the MOHSS. Through this secondment, the MOHSS will lead the training program, and facilitate access to public sector hospitals for blood transfusion trainers from NAMBTS. This training is designed to minimize wastage, reduce patients’ risk of transfusion-associated reactions, and preserve scarce stocks of blood. Within this activity category, NAMBTS will also work with the MOHSS Department of Clinical Services and NIP to expand and strengthen the national network of blood banks and compatibility testing laboratories, with an emphasis on supervision and quality assurance.

4) Policy and Sustainability. NAMBTS will continue to finance approximately 75% of its operations through an innovated cost-recovery system. Through this system, consumers of blood (the MOHSS, private insurance schemes, individual patients) pay NAMBTS a fixed cost per unit of blood consumed. The Operations manager and finance officer at NAMBTS are responsible for constantly updating the cost-per unit calculation and ensuring invoices are dispatched, and payments received, in a timely manner. To increase NAMBTS’s ability to sustain itself, the operations manager will continue to pursue international accreditation of the NAMBTS laboratory. This will allow NAMBTS to enter into plasma sales and export agreements with pharmaceutical companies in South Africa and elsewhere.

Implementing Mechanism Indicator Information
(No data provided.)

Implementing Mechanism Details
Mechanism ID: 9870
Mechanism Name:

Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention
Procurement Type: Cooperative Agreement

Prime Partner Name: Association of Public Health Laboratories
Agreement Start Date: Redacted
Agreement End Date: Redacted
TBD: No
Global Fund / Multilateral Engagement: No

Total Funding: 147,000

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Sub Partner Name(s)
(No data provided.)

Overview Narrative
COP 2010 Overview Narrative

NEW/REPLACEMENT NARRATIVE WITH SUBSTANTIAL CHANGES  The International Laboratory Branch (ILB) consortium partners’ main goal is to strengthen laboratory systems through technical assistance to the Namibia Institute of Pathology (NIP). NIP, in turn, provides quality laboratory services to MOHSS HIV, TB and OIs programs.

To achieve this goal each of the four ILB consortium members provides technical assistance in specific areas. For the Association of Public Health Laboratories (APHL), those objectives include:
1- Conducting an assessment of existing laboratory services and providing recommendations to strengthen the national laboratory system.
2- Assist MOHSS and NIP to develop a national laboratory strategic plan.
3- Provide laboratory management trainings.

This work will be coordinated with similar assessments and trainings provided by other members of the ILBC.

How the Implementing Mechanism is linked to the Partnership Framework goals and benchmarks over the life of its agreement/award:
Through support for quality bio-clinical monitoring and training, this implementing mechanism is key to the USG commitments related to the PF goal of "scaling up and enhancing the antiretroviral treatment services as well as reducing TB/HIV co-infection" The technical assistance delivered through this IM will specifically aid the GRN and the USG to meet the following PF objectives:
1) Enhance the quality of ART care through quality assured bio-clinical monitoring.
2) Expand coverage of screening for TB/HIV co-infection.

The implementing Mechanism’s geographic coverage and target population:
This mechanism is designed to provide national coverage through the NIP network of laboratories. APHL will work with NIP and other partners to provide training to staff working in all of the NIP laboratories. The gap analyses and mentoring assistance will be rolled out in a targeted manner, depending on identified needs.

Key contributions to Health System Strengthening:
Strengthening laboratory capacity for the public healthcare system assures that services are accessible, equitable, effective, affordable, and of high quality for all. Strategic planning has also been identified as a priority for NIP and the Ministry of Health and Social Services (MOHSS) in the new National Strategic Framework for HIV/AIDS (NSF). Direct TA to NIP staff will build local human resource capacity, another key objective in the NSF.

Implementing Mechanism’s cross-cutting programs and key issues:
As noted above, APHL support for strategic planning contributes to key objective in the NSF and in the PF. Support for planning is also expected to improve cost efficiencies over time by reducing duplication and increasing coordination. Human Resources for Health will also be strengthened through direct mentoring and other support provided to NIP staff by APHL consultants.

The Implementing Mechanism's strategy to become more cost efficient over time:
All ILB consortium partners provide short-term technical trainings or consultancy services. NIP manages the logistics of the trainings and consultancies, and, increasingly, provides trainers from its own staff to conduct follow-up mentoring and monitoring. NIP is also responsible for procuring equipment and reagents for the trainings. These procurements, including stock management and delivery, are done through NIP's local ordering system. As indicated above, the training of trainers as instructors and mentors will, over time, reduce APHL's role in Namibia. On that note, APHL’s role is already 100% technical assistance. NIP is solely responsible for laboratory service delivery. A USG objective for the next five years is to develop NIP's administrative capacity to allow NIP to contract and fund its own technical relationships, as needed, with IDP consortium members.

Monitoring and evaluation plans for included activities:
All CDC cooperative agreement grantees must submit a detailed work plan with their annual continuation application. This work plan must be based on PEPFAR indicators and aligned with targets set for each country. All IDP consortium members must also submit bi-annual status reports to the IDP program manager in Atlanta. These reports are shared with CDC program managers in Namibia and used to inform any year-on-year changes to the work plan.
Cross-Cutting Budget Attribution(s)

| Human Resources for Health | 75,000 |

Key Issues
(No data provided.)

Budget Code Information

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**Narrative:**

Technical assistance from the Association of Public Health Laboratories (APHL) to the Namibia Institute of Pathology (NIP) and Ministry of Health and Social Services (MOHSS) for leadership management, strategic planning, and support for plans to establish a Public Health Laboratory System.

Continuing Activity
Estimated Budget = $147,000

ADDITIONAL DETAIL:

PEPFAR Namibia will support APHL through a cooperative agreement managed by the CDC Global AIDS Program International Laboratory Branch (ILB) in Atlanta. Other partners supported through this mechanism include: the American Society of Clinical Pathology (ASCP), the American Society for Microbiology (ASM), and the Clinical Laboratory Standards Institute (CLSI). ASM's work is described in the HVTB technical area. CLSI and ASCP are described in separate narratives under HLAB.

All ILB consortium partners provide short-term technical training assistance. On that note, APHL's role is already 100% technical assistance. APHL focus for the coming year is to help MOHSS to establish the Public Health Lab System in Namibia. NIP will be a stakeholder in the process, and not the sole recipient of APHL TA. Administratively, APHL will work with NIP and, where relevant, the MOHSS, to ensure systems and structures are in place for either entity to potentially source its own TA directly from APHL in
Implementing Mechanism Indicator Information
(No data provided.)

Implementing Mechanism Details

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Total Funding: 12,618,910

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Sub Partner Name(s)
(No data provided.)

Overview Narrative
COP 2010 Overview Narrative

SUBSTANTIALLY CHANGED FROM LAST YEAR

The HHS/CDC cooperative agreement with Potentia Namibia Recruitment is a continuing mechanism from COP09. The mechanism supports Potentia to perform a limited number of human resource-related services on behalf of the Ministry of Health and Social Services (MOHSS). These include, administering payroll with a local bank to ensure that electronic funds transfers are completed to MOHSS contract staff on time, and, when requested by the MOHSS, support for recruitment.

This mechanism will expire during the first half of COP10. Because of this, only a portion of COP10 funding will be routed through this existing mechanism. A new, competitive, cooperative agreement will
be announced in 2009. A TBD partner will be identified in early 2010 and awarded a five year cooperative agreement to provide these limited human resource services. A TBD IM has been created for this new mechanism.

Objectives: This mechanism has one primary objective: (1) to provide limited human resource services to the MOHSS and other PEPFAR-supported partners. These services, which have been provided since COP05, fill a substantial human resource capacity gap within the MOHSS and the broader GRN civil service. During the first four years of the award, Potentia provided substantial management oversight for staff hired on its contracts. Indeed, during this period, these contractors were employees of Potentia. In COP09, however, a new Namibian Labour Law forced a significant shift in the management of these contract positions. Under the revised law, clients of contract firms were required to establish formal "employee-employer" relationships with contract staff. For the MOHSS, this requirement led to an expansion of human resource (HR) capacity within the Directorate for Special Programmes (DSP). Four HR positions were established under the direction of the Deputy Director of the DSP. These HR specialists now manage the day-to-day relationship between the MOHSS and several dozen contract staff. As noted above, in COP10, Potentia’s duties will be restricted to overseeing the electronic payroll transfers from a local bank to the employees’ personal bank accounts. Potentia may also provide limited recruiting services to the MOHSS, but this activity, too, has been substantially absorbed by the MOHSS.

Partnership Framework: This mechanism encompasses a broad range of activities and commitments described in the Partnership Framework (PF). Specifically, key objectives are supported under the Coordination and Management thematic area (human resources/human capacity development, and monitoring and evaluation). By linking professionals to MOHSS positions, private HR contract agencies also indirectly support other technical areas (e.g., prevention, care and treatment). However, as the management responsibilities of private contracting firms are increasingly transferred to clients, including the MOHSS, this indirect impact will be minimized.

Coverage: The activities under this mechanism are national in scope. The target clientele includes the MOHSS and other PEPFAR-supported partners (e.g., I-TECH). In COP10, the USG will work with GRN ministries to strengthen the capacity of the civil service to, either, absorb contract staff within the civil service, or manage an outsourcing program for short-term contractors. In COP10, the following personnel categories will receive limited HR support from Potentia: Physicians, nurses, pharmacists and pharmacy assistants, case managers, training staff, data management staff and supervisors.

Health systems strengthening: As noted above, this mechanism played an essential role in the successful scale-up of ART services in Namibia. Short-term HR services provided through this mechanism were highlighted as a best-practice for rapidly scaling up ART service delivery (Capacity Project report, 2006).
Without the recruitment and HR management services provided by Potentia, weaknesses in the MOHSS HR system would have delayed scale-up and negatively impacted patient care. In the last year, the success of Potentia's support for rapid scale-up has been complemented by the transition to MOHSS ownership driven by the new Labour Law. As the role of private HR service companies evolves, the USG will support the development of HR systems within the GRN civil service. While the USG will continue to support the GRN civil service as the primary public sector employment mechanism, technical assistance will encourage the development of flexible and diverse HR mechanisms within the civil service, including outsourcing.

Cross-cutting/Key issues: This mechanism will contribute to Human Resources for Health objectives through support the development of transparent and flexible HR systems within the MOHSS and GRN civil service.

Cost efficiency: Activities supported under this mechanism are integrated with CDC's technical assistance to the MOHSS, both at the national level and in the field. As Potentia's responsibilities for contract staff have been reduced so, too, have the management fees.

M&E: All CDC cooperative agreement grantees must submit a detailed work plan with their annual continuation application. This work plan must be based on PEPFAR indicators and aligned with targets set for each country. Grantees must also submit bi-annual status reports to program managers in Namibia. Data in these reports may be used inform any year-on-year changes to the work plan.

### Cross-Cutting Budget Attribution(s)

| Human Resources for Health | 12,493,910 |

### Key Issues

- Addressing male norms and behaviors
- Impact/End-of-Program Evaluation
- Increasing gender equity in HIV/AIDS activities and services
- Malaria (PMI)
- Child Survival Activities
- Mobile Population
- Safe Motherhood
- TB
- Family Planning
Budget Code Information

<table>
<thead>
<tr>
<th>Strategic Area</th>
<th>Budget Code</th>
<th>Planned Amount</th>
<th>On Hold Amount</th>
</tr>
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<tbody>
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<td>Care</td>
<td>HBHC</td>
<td>1,565,708</td>
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</table>

Narrative:
Potentia supports clinical and allied health care worker positions in public health facilities, as well as training staff to support Ministry of Health and Social Services training network (i.e., National and Regional Health Training Centers). These staff has labor contracts with the MOHSS or with the training partner. Potentia provides recruitment and payroll services to these contract workers, but is not the "employer." This role is filled by the MOHSS and the training partner, who will advise Potentia on salary and benefit packages that match the government's salary scale. All training-related positions are based on the previous "training partner" activities. It is anticipated that the TBD partner will maintain many of the same training positions.

Potentia will continue to support the following clinical, allied professional and training positions: physicians, nurses, pharmacists, clinical mentors/advisors, case managers, and trainers.

Continuing Activity
Estimated Budget = $1,565,708

ADDITIONAL DETAIL:
For additional detail please see human resources for health (HRH) database.

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<th>Strategic Area</th>
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Narrative:
Potentia supports clinical and allied health care worker positions in public health facilities, as well as training staff to support Ministry of Health and Social Services training network (i.e., National and Regional Health Training Centers). These staff has labor contracts with the MOHSS or with the training partner. Potentia provides recruitment and payroll services to these contract workers, but is not the "employer." This role is filled by the MOHSS and the training partner, who will advise Potentia on salary and benefit packages that match the government's salary scale. All training-related positions are based on the previous "training partner" activities. It is anticipated that the TBD partner will maintain many of the same training positions.
partner. Potentia provides recruitment and payroll services to these contract workers, but is not the "employer." This role is filled by the MOHSS and the training partner, who will advise Potentia on salary and benefit packages that match the government's salary scale. All training-related positions are based on the previous "training partner" activities. It is anticipated that the TBD partner will maintain many of the same training positions. Potentia will continue to support the following clinical, allied professional and training positions: physicians, nurses, pharmacists, clinical mentors/advisors, case managers, and trainers.

Continuing Activity  
Estimated Budget = $4,916,531

ADDITIONAL DETAIL:

For additional detail please see human resources for health (HRH) database.

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**Narrative:**

One Rapid Testing Trainer and Thirteen (13) HCT Quality Assurance coordinators (one coordinator based in each of Namibia's 13 regions) to support the rollout of HIV rapid testing.

Continuing Activity  
Estimated Budget = $453,711

Additional partial salary support is for the case manager program and Ministry of Health and Social Services for the administration of Potentia hired staff.

Continuing Activity  
Estimated Budget = $194,630

ADDITIONAL DETAIL:

For additional detail please see human resources for health (HRH) database.

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<td>Care</td>
<td>PDCS</td>
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Narrative:
Potentia supports clinical and allied health care worker positions in public health facilities, as well as training staff to support Ministry of Health and Social Services training network (i.e., National and Regional Health Training Centers). These staff have labor contracts with the MOHSS or with the training partner. Potentia provides recruitment and payroll services to these contract workers, but is not the "employer." This role is filled by the MOHSS and the training partner, who will advise Potentia on salary and benefit packages that match the government's salary scale. All training-related positions are based on the previous "training partner" activities. It is anticipated that the TBD partner will maintain many of the same training positions.

Potentia will continue to support the following clinical, allied professional and training positions: physicians, nurses, pharmacists, clinical mentors/advisors, case managers, and trainers.

Continuing Activity
Estimated Budget = $563,113

ADDITIONAL DETAIL:
For additional detail please see human resources for health (HRH) database.

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<tr>
<td>Care</td>
<td>PDTX</td>
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Narrative:
Potentia supports clinical and allied health care worker positions in public health facilities, as well as training staff to support Ministry of Health and Social Services training network (i.e., National and Regional Health Training Centers). These staff have labor contracts with the MOHSS or with the training partner. Potentia provides recruitment and payroll services to these contract workers, but is not the "employer." This role is filled by the MOHSS and the training partner, who will advise Potentia on salary and benefit packages that match the government's salary scale. All training-related positions are based on the previous "training partner" activities. It is anticipated that the TBD partner will maintain many of the same training positions.

Potentia will continue to support the following clinical, allied professional and training positions: physicians, nurses, pharmacists, clinical mentors/advisors, case managers, and trainers.

Continuing Activity
Estimated Budget = $810,722
ADDITIONAL DETAIL:

For additional detail please see human resources for health (HRH) database.

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<tr>
<td>Other</td>
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<td>1,102,650</td>
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**Narrative:**

Contract human resource services for the MOHSS Strategic Information (SI) staff at the national and regional level. Services include: Recruitment and hiring (as needed, using MOHSS contracts) and payroll management.

**Continuing Activity**
Estimated Budget = $977,650

Filed staff for implementing a MARPS rapid assessment, population size estimation, and behavioral surveillance survey.

**New Activity**
Estimated Budget = $125,000

ADDITIONAL DETAIL:

For additional detail please see human resources for health (HRH) database.

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**Narrative:**

Potentia supports clinical and allied health care worker positions in public health facilities, as well as training staff to support Ministry of Health and Social Services training network (i.e., National and Regional Health Training Centers). These staff has labor contracts with the MOHSS or with the training partner. Potentia provides recruitment and payroll services to these contract workers, but is not the "employer." This role is filled by the MOHSS and the training partner, who will advise Potentia on salary and benefit packages that match the government's salary scale. All training-related positions are based on the previous "training partner" activities. It is anticipated that the TBD partner will maintain many of the same training positions.
Funding in under this program area will support staff dedicated to providing pre-service and in-service training to clinical staff via the MOHSS National Health Training Centre (NHTC), and a TBD training partner. Specific positions to be funded in this program area include: pre-service nurse instructors, nutrition experts, curriculum developers, distance learning experts, materials developers, and administrative positions. Continuing $948,061
Potentia will continue to support positions linked to the I-TECH technical assistance program to the University of Namibia (UNAM). See details in I-TECH/UNAM BCN. This project will support a lecturer and several lecturer assistants in the UNAM Nursing School.

Continuing Activity
Estimated Budget = $288,258

ADDITIONAL DETAIL:

For additional detail please see human resources for health (HRH) database.

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<td>Prevention</td>
<td>CIRC</td>
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Narrative:
Contract human resource (HR) services for a National Male Circumcision (MC) Coordinator, Senior Male Circumcision Trainer, and specialist physicians/nurse teams (to perform MC) in each of Namibia's 13 regions.

Continuing Activity
Estimated Budget = $1,029,370

ADDITIONAL DETAIL:

For additional detail please see human resources for health (HRH) database.

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Narrative:
50% of National HIV Prevention Coordinator salary seconded to the Ministry of Health and Social Services (other 50% in HVOP-MOHSS). This position coordinates HIV and other prevention efforts across line ministries and with other stakeholders in the national HIV/AIDS response. The prevention
coordinator leads the National Prevention Technical Advisory Committee, and is leading the development of the National Prevention Strategy.

Continuing Activity
Estimated Budget = $25,000

Partial support for case managers. CMs will be based in ARV facilities to facilitate support to clients and links to services such as community-based support groups, alcohol and drug treatment services, domestic violence resources, and other services. The CMs will also assist with addressing treatment defaulters by facilitating default tracing and providing intensive counseling and referral to prevent treatment defaulting. CMs will work directly with other clinical and lay staff. As part of the development of the overall CM program, an assessment will determine the optimal roles and responsibilities of expert patients (e.g., possible default tracing, education, etc.) in support of CM activities.

Continuing Activity
Estimated Budget = $69,873

ADDITIONAL DETAIL:
For additional detail please see human resources for health (HRH) database.

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**Narrative:**

50% of National HIV Prevention Coordinator salary seconded to the Ministry of Health and Social Services (other 50% in HVAB-MOHSS). This position coordinates HIV and other prevention efforts across line ministries and with other stakeholders in the national HIV/AIDS response. The prevention coordinator leads the National Prevention Technical Advisory Committee, and is leading the development of the National Prevention Strategy.

Continuing Activity
Estimated Budget = $25,000

Support for Condom Logistics Officers at district hospitals to facilitate local supply and distribution of condoms to health facilities and PEPFAR-funded nongovernmental organizations (NGO) and faith-based organizations (FBO) who distribute condoms to high-risk people.
Continuing Activity
Estimated Budget = $87,700

ADDITIONAL DETAIL:
For additional detail please see human resources for health (HRH) database.

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Narrative:
Potentia supports clinical and allied health care worker positions in public health facilities, as well as training staff to support Ministry of Health and Social Services training network (i.e., National and Regional Health Training Centers). These staff have labor contracts with the MOHSS or with the training partner. Potentia provides recruitment and payroll services to these contract workers, but is not the "employer." This role is filled by the MOHSS and the training partner, who will advise Potentia on salary and benefit packages that match the government's salary scale. All training-related positions are based on the previous "training partner" activities. It is anticipated that the TBD partner will maintain many of the same training positions.

Potentia will continue to support the following clinical, allied professional, and training positions: physicians, nurses, pharmacists, clinical mentors/advisors, case managers, and trainers.

Continuing Activities
Estimated Budget = $278,320

ADDITIONAL DETAIL:
For additional detail please see human resources for health (HRH) database.

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Narrative:
Potentia supports clinical and allied health care worker positions in public health facilities, as well as training staff to support Ministry of Health and Social Services training network (i.e., National and Regional Health Training Centers). These staff have labor contracts with the MOHSS or with the training partner.
partner. Potentia provides recruitment and payroll services to these contract workers, but is not the “employer.” This role is filled by the MOHSS and the training partner, who will advise Potentia on salary and benefit packages that match the government's salary scale. All training-related positions are based on the previous “training partner” activities. It is anticipated that the TBD partner will maintain many of the same training positions.

Potentia will continue to support the following clinical, allied professional and training positions: physicians, nurses, pharmacists, clinical mentors/advisors, case managers, and trainers.

Continuing Activity
Estimated Budget = $220,264

One (1) National TB Infection Control specialist will support MOHSS efforts to develop and implement TB/HIV infection control policies and guidelines.

Continuing Activity
Estimated Budget = $40,000

ADDITIONAL DETAIL:

For additional detail please see human resources for health (HRH) database.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

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<tr>
<th>Mechanism ID: 9874</th>
<th>Mechanism Name: HIVQUAL</th>
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<td>Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration</td>
<td>Procurement Type: Cooperative Agreement</td>
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<td>Prime Partner Name: US Health Resources and Services Administration</td>
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<td>Agreement Start Date: Redacted</td>
<td>Agreement End Date: Redacted</td>
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<tr>
<td>TBD: No</td>
<td>Global Fund / Multilateral Engagement: No</td>
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Total Funding: 173,262
Sub Partner Name(s)
(No data provided.)

Overview Narrative
COP 2010 Overview Narrative

HIVQUAL/US Health Resources and Services Administration is a continuing mechanism from COP 09

HIVQUAL/US Health Resources and Services Administration has one comprehensive goal and four objectives across the HTXS, HBHC, PDCS and PDTX technical areas. The main goal is to provide technical assistance to the MOHSS to establish a quality improvement program that allows public health facilities to continuously assess the quality of care they deliver to HIV/AIDS patients. Information from this quality improvement program is used by clinic staff to guide efforts to improve HIV care delivery.

To achieve this goal HIVQUAL has the following objectives:

1. Build capacity for MOHSS program officers and health care providers to become more proficient in using quality improvement tools and methodologies to improve HIV care.
2. Establish a quality of care performance measurement system that monitors to what extent treatment and care provided to patients infected with HIV complies with Namibian National Guidelines for HIV/AIDS care.
3. Establish a system to evaluate the results of efforts to improve the quality of HIV/AIDS treatment and care at all public health facilities.
4. Provide technical assistance (TA) on strategies to develop local, regional, and national consumer involvement processes in HIV/AIDS health care programs.

Links to the Partnership Framework goals and benchmarks over the life of its agreement/award.
This activity closely supports the commitments of the USG in the partnership framework which is currently under development.

As part of the USG contribution to the goal of "enhancing the quality of care" within the partnership framework implementation plan (PFIP), the USG commits through year five to provide TA to enhance quality management and quality improvement of HIV service delivery. In COP10, the USG will support the roll out of structured quality improvement program to all public HIV treatment and care facilities.
The Implementing Mechanism’s geographic coverage and target population(s).
In collaboration with USG agencies in Namibia, HIVQUAL will work within the MOHSS to reach out to all public health facilities including those with faith-based affiliations. The target population for the quality improvement program will be all HIV infected children, adolescents and adults receiving HIV care and treatment within all the public health facilities, as well as the health care workers (HCW) staff providing that care.

Key contributions to health systems strengthening
Consistent with the new PEPFAR vision of improving sustainability of national programs, HIVQUAL will support efforts to decentralize program management and build program management capacity at regional, district and other sub-national levels. The HIVQUAL approach emphasizes the development of quality improvement systems and processes involving clinic staff and consumers within the MOHSS and other organizational leadership. These structural features are designed to be sustainable even when staff turnover is high or organizational affiliations support change. Through building capacity at the national and local levels for quality improvement and use of strategic information by providers for program improvement, HIVQUAL will strongly contribute to overall health systems strengthening.

Implementing Mechanism’s cross-cutting programs and key issues
In terms of cross-cutting attributions funding for HIVQUAL contributes towards the Human Resources for Health (HRH) component of Performance Assessment/Quality Improvement.

The Implementing Mechanism’s strategy to become more cost efficient over time
HIVQUAL values cost efficiency and from the beginning has been working through the structures of the MOHSS, by providing technical assistance through the targeted use of New York-based consultants and the extensive use of USG Namibia technical staff within the program framework. This strategy is consistent with the new PEPFAR vision to ensure cost efficiencies. The MOHSS coordinates the program with other partners in the public sector through its Case Management Unit, and thus is able to expand coverage of the program with low costs. The use of Case Managers also builds human capacity within the MOHSS system. In 2009, the MOHSS took over management of these positions from a private contract firm. This was a first step toward full absorption into the MOHSS human resource system.

Monitoring and evaluation plans for included activities.
The activity itself is primarily focused on the utilization of clinical data for improving quality of care. As such, monitoring and evaluation of clinical services is continual. HIVQUAL is required to submit bi-annual progress reports detailing achievements in terms of PEPFAR indicators and other measures specific to the activities. An independent external evaluation was conducted in 2008.
**Cross-Cutting Budget Attribution(s)**

| Human Resources for Health | 70,000 |

**Key Issues**

- Increasing gender equity in HIV/AIDS activities and services
- Child Survival Activities
- Safe Motherhood
- TB
- Family Planning

**Budget Code Information**

| Mechanism ID: | 9874 |
| Mechanism Name: | HIVQUAL |
| Prime Partner Name: | US Health Resources and Services Administration |

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<th>Strategic Area</th>
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**Narrative:**

Quality Improvement (QI) training; assessment of quality management programs at participating clinics; performance measurement (at six-month intervals) on selected core indicators; ongoing QI coaching and mentoring at participating sites, and; promotion of patient engagement in HIV care. Funding for HIVQUAL is split 85%:15% between HTXS/HBHC and PDTX/PDCS because the program focuses on quality improvement of clinical services in all four program areas.

**Continuing Activity**

Estimated Budget = $18,750

**ADDITIONAL DETAIL:**

This activity is conducted under the leadership of the MOHSS Directorate of Special Programs (DSP) in close collaboration with CDC Namibia and the US-based HIVQUAL team for technical support. The
program has been rolled out to all 34 health districts of Namibia, and at least five health centers offering HIV care through the Integrated Management of Adolescent and Adult Illness (IMAI) strategy. Activities in COP11 will focus on quality program implementation in these sites, and expansion to additional health centers.

1) Quality Improvement (QI) training. The USG-MOHSS HIVQUAL team will continue to build capacity for QI in public healthcare facilities and among MOHSS technical staff and healthcare providers. Advanced in-service trainings will be provided to staff who has received training in prior years. Basic training in QI will be provided to all relevant new staff. Training activities will be done in collaboration with I-TECH. Specifically activities will include Training of Trainers workshops to promote decentralization of QI trainings throughout Namibia, and to support the expanded national quality program.

2) Assessment of quality management programs at the participating clinics. An assessment tool to measure the capacity of the quality management program at each facility will be used to measure the growth of quality management activities as well as the quality of staff members' skills. The findings from these assessments will guide coaching interventions. Aggregated facility-specific data will provide population-level performance data to indicate priorities for national quality improvement activities and campaigns. Similarly, local performance data will be used to identify facility-specific gaps in the delivery packages of care and then devise customized interventions to improve services at local facilities.

3) Performance measurement (at six-month intervals) on selected core indicators. HIVQUAL will continue to develop providers' skills for collecting and using performance data within their own organizations to improve their HIV treatment and care. Indicators will track the provision of the basic treatment and care package. Selected national core indicators will monitor proportions of pediatric patients receiving HAART, ART adherence, Cotrimoxazole prophylaxis, pediatric nutrition, immunizations, growth monitoring and TB screening. Facility-level data derived from the national health information system will be used to improve quality.

4) Ongoing QI coaching and mentoring at participating sites. The program will continue to invest in transferring knowledge and skills to local technical advisors in the MOHSS. The transfer of QI skills will be accomplished through coaching and mentoring for MOHSS staff and health care providers. These QI skills will include performance data interpretation skills, quality program planning and design of quality improvement projects and implementation through improvement project cycles.

5) Promotion of consumer engagement in HIV care. HIVQUAL will provide technical assistance to the MOHSS on strategies to develop local, regional, and national strategies and programs to increase consumer (patient) involvement in HIV/AIDS programs. Increased participation by patients, pediatric
patients' parents and guardians, and other "consumers" will improve HIV care and treatment services by enhancing the feed-back loop between patients, providers and the MOHSS. Specifically this activity, which was started in two sites in late 2009, will include working with the MOHSS to devise a written national plan for consumer involvement. The plan will outline structures to ensure active participation of people living with HIV/AIDS in the development and improvement of HIV/AIDS programs. This will also include a needs assessment to determine local, regional, and national priorities. Regional civil society groups will be engaged at local facility level to identify and solicit diverse community opinions.

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**Narrative:**

Quality Improvement (QI) training; assessment of quality management programs at participating clinics; performance measurement (at six-month intervals) on selected core indicators; ongoing QI coaching and mentoring at participating sites, and; promotion of patient engagement in HIV care. Funding for HIVQUAL is split 85%--:15% between HTXS/HBHC and PDTX/PDCS because the program focuses on quality improvement of clinical services in all four program areas.

Continuing Activity

Estimated Budget = $74,089

**ADDITIONAL DETAIL:**

This activity is conducted under the leadership of the MOHSS Directorate of Special Programs (DSP) in close collaboration with CDC Namibia and the US-based HIVQUAL team for technical support. The program has been rolled out to all 34 health districts of Namibia, and at least five health centers offering HIV care through the Integrated Management of Adolescent and Adult Illness (IMAI) strategy. Activities in COP11 will focus on quality program implementation in these sites, and expansion to additional health centers.

1) Quality Improvement (QI) training. The USG-MOHSS HIVQUAL team will continue to build capacity for QI in public healthcare facilities and among MOHSS technical staff and healthcare providers. Advanced in-service trainings will be provided to staff who has received training in prior years. Basic training in QI will be provided to all relevant new staff. Training activities will be done in collaboration with I-TECH. Specifically activities will include Training of Trainers workshops to promote decentralization of QI trainings throughout Namibia, and to support the expanded national quality program.
2) Assessment of quality management programs at the participating clinics. An assessment tool to measure the capacity of the quality management program at each facility will be used to measure the growth of quality management activities as well as the quality of staff members' skills. The findings from these assessments will guide coaching interventions. Aggregated facility-specific data will provide population-level performance data to indicate priorities for national quality improvement activities and campaigns. Similarly, local performance data will be used to identify facility-specific gaps in the delivery packages of care and then devise customized interventions to improve services at local facilities.

3) Performance measurement (at six-month intervals) on selected core indicators. HIVQUAL will continue to develop providers' skills for collecting and using performance data within their own organizations to improve their HIV treatment and care. Indicators will track the provision of the basic treatment and care package. Selected national core indicators will monitor proportions of pediatric patients receiving HAART, ART adherence, Cotrimoxazole prophylaxis, pediatric nutrition, immunizations, growth monitoring and TB screening. Facility-level data derived from the national health information system will be used to improve quality.

4) Ongoing QI coaching and mentoring at participating sites. The program will continue to invest in transferring knowledge and skills to local technical advisors in the MOHSS. The transfer of QI skills will be accomplished through coaching and mentoring for MOHSS staff and health care providers. These QI skills will include performance data interpretation skills, quality program planning and design of quality improvement projects and implementation through improvement project cycles.

5) Promotion of consumer engagement in HIV care. HIVQUAL will provide technical assistance to the MOHSS on strategies to develop local, regional, and national strategies and programs to increase consumer (patient) involvement in HIV/AIDS programs. Increased participation by patients, pediatric patients' parents and guardians, and other "consumers" will improve HIV care and treatment services by enhancing the feed-back loop between patients, providers and the MOHSS. Specifically this activity, which was started in two sites in late 2009, will include working with the MOHSS to devise a written national plan for consumer involvement. The plan will outline structures to ensure active participation of people living with HIV/AIDS in the development and improvement of HIV/AIDS programs. This will also include a needs assessment to determine local, regional, and national priorities. Regional civil society groups will be engaged at local facility level to identify and solicit diverse community opinions.

<table>
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Narrative:
Quality Improvement (QI) training; assessment of quality management programs at participating clinics and among health care workers trained in pediatric HIV care; performance measurement (at six-month intervals) on selected pediatric indicators; ongoing QI coaching and mentoring at participating sites, and; promotion of patient (and family) engagement in HIV care. Funding for HIVQUAL is split 85%:15% between HTXS/HBHC and PDTX/PDCS because the program focuses on quality improvement of clinical services in all four program areas.

Continuing Activity
Estimated Budget = $36,250

ADDITIONAL DETAIL:

This activity is conducted under the leadership of the MOHSS Directorate of Special Programs (DSP) in close collaboration with CDC Namibia and the US-based HIVQUAL team for technical support. The program has been rolled out to all 34 health districts of Namibia, and at least five health centers offering HIV care through the Integrated Management of Adolescent and Adult Illness (IMAI) strategy. Activities in COP11 will focus on quality program implementation in these sites, and expansion to additional health centers.

1) Quality Improvement (QI) training. The USG-MOHSS HIVQUAL team will continue to build capacity for QI in public healthcare facilities and among MOHSS technical staff and healthcare providers. Advanced in-service trainings will be provided to staff who has received training in prior years. Basic training in QI will be provided to all relevant new staff. Training activities will be done in collaboration with I-TECH. Specifically activities will include Training of Trainers workshops to promote decentralization of QI trainings throughout Namibia, and to support the expanded national quality program.

2) Assessment of quality management programs at the participating clinics. An assessment tool to measure the capacity of the quality management program at each facility will be used to measure the growth of quality management activities as well as the quality of staff members' skills. The findings from these assessments will guide coaching interventions. Aggregated facility-specific data will provide population-level performance data to indicate priorities for national quality improvement activities and campaigns. Similarly, local performance data will be used to identify facility-specific gaps in the delivery packages of care and then devise customized interventions to improve services at local facilities.

3) Performance measurement (at six-month intervals) on selected core indicators. HIVQUAL will continue to develop providers' skills for collecting and using performance data within their own organizations to improve their HIV treatment and care. Indicators will track the provision of the basic treatment and care...
package. Selected national core indicators will monitor proportions of pediatric patients receiving HAART, ART adherence, Cotrimoxazole prophylaxis, pediatric nutrition, immunizations, growth monitoring and TB screening. Facility-level data derived from the national health information system will be used to improve quality.

4) Ongoing QI coaching and mentoring at participating sites. The program will continue to invest in transferring knowledge and skills to local technical advisors in the MOHSS. The transfer of QI skills will be accomplished through coaching and mentoring for MOHSS staff and health care providers. These QI skills will include performance data interpretation skills, quality program planning and design of quality improvement projects and implementation through improvement project cycles.

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Narrative:

Quality Improvement (QI) training; assessment of quality management programs at participating clinics; performance measurement (at six-month intervals) on selected core indicators; ongoing QI coaching and mentoring at participating sites, and; promotion of patient engagement in HIV care. Funding for HIVQUAL is split 85%:15% between HTXS/HBHC and PDTX/PDCS because the program focuses on quality improvement of clinical services in all four program areas.

Continuing Activity
Estimated Budget = $44,174

ADDITIONAL DETAIL:
This activity is conducted under the leadership of the MOHSS Directorate of Special Programs (DSP) in close collaboration with CDC Namibia and the US-based HIVQUAL team for technical support. The program has been rolled out to all 34 health districts of Namibia, and at least five health centers offering HIV care through the Integrated Management of Adolescent and Adult Illness (IMAI) strategy. Activities in COP11 will focus on quality program implementation in these sites, and expansion to additional health centers.

1) Quality Improvement (QI) training. The USG-MOHSS HIVQUAL team will continue to build capacity for QI in public healthcare facilities and among MOHSS technical staff and healthcare providers. Advanced in-service trainings will be provided to staff who have received training in prior years. Basic training in QI will be provided to all relevant new staff. Training activities will be done in collaboration with I-TECH. Specifically activities will include Training of Trainers workshops to promote decentralization of QI trainings throughout Namibia, and to support the expanded national quality program.

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3) Performance measurement (at six-month intervals) on selected core indicators. HIVQUAL will continue to develop providers' skills for collecting and using performance data within their own organizations to improve their HIV treatment and care. Indicators will track the provision of the basic treatment and care package. Selected national core indicators will monitor proportions of pediatric patients receiving HAART, ART adherence, Cotrimoxazole prophylaxis, pediatric nutrition, immunizations, growth monitoring and TB screening. Facility-level data derived from the national health information system will be used to improve quality.

4) Ongoing QI coaching and mentoring at participating sites. The program will continue to invest in transferring knowledge and skills to local technical advisors in the MOHSS. The transfer of QI skills will be accomplished through coaching and mentoring for MOHSS staff and health care providers. These QI skills will include performance data interpretation skills, quality program planning and design of quality improvement projects and implementation through improvement project cycles.

5) Promotion of consumer engagement in HIV care. HIVQUAL will provide technical assistance to the
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**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

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<td>Procurement Type: Cooperative Agreement</td>
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<td>Prime Partner Name: Namibia Institute of Pathology</td>
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**Total Funding: 1,461,865**

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**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

COP 2010 Overview Narrative

SUBSTANTIALLY CHANGED FROM LAST YEAR  The purpose of this cooperative agreement is to strengthen the national laboratory systems necessary to conduct quality assured surveillance for HIV
infection, sexually transmitted infections (STIs), and tuberculosis (TB), as well as to expand the access to diagnostic and bio-clinical monitoring services.

To achieve these objectives the Namibia Institute of Pathology (NIP) will use funding through this IM to accomplish the following activities:

1. Develop a plan for the continued quality improvement of systems for surveillance of HIV, STD and TB. This will include improving the quality of testing at all levels of the NIP laboratory network. These activities will emphasize the standardization of training and operating procedures, equipment and supplies, laboratory information management systems, and a systematic staff proficiency testing scheme.

2. Improve and expand the use of dried blood spot technology for Early Infant Diagnosis in support of the prevention of mother-to-child transmission (PMTCT) and pediatric ART programs.

3. Expand and improve HIV rapid test evaluation and monitoring systems to include quality assurance schemes for testing, and staff proficiency evaluations.

4. Enhance and expand viral load and CD4 testing capacity, including use of point-of-care equipment.

5. Participate in a regional laboratory network to strengthen the quality of HIV and ART diagnostic and bio-clinical monitoring services.

6. Increase the capacity of the NIP to perform routine laboratory tests to monitor patients on ART for potential drug toxicity.

7. Develop the capacity of NIP to monitor HIV drug resistance, and to implement new serological technologies to estimate HIV incidence.

8. Organize national workshops, working groups and meetings with laboratory representatives from academia and the private sector to exchange information, develop consensus on mutual goals and objectives, and facilitate quality control measures regarding HIV/AIDS, STDs and TB activities.

How the Implementing Mechanism is linked to the Partnership Framework goals and benchmarks over the life of its agreement/award.

Through support for quality bio-clinical monitoring and training, this implementing mechanism is key to the USG commitments related to the PF goal of "scaling up and enhancing antiretroviral treatment services (including pre-ART) as well as reducing TB/HIV co-infection" The technical assistance delivered through this IM will specifically aid the GRN and the USG to meet the following PF objectives:

1) Enhance the quality of ART care through quality assured bio-clinical monitoring.

2) Expand coverage of screening for TB/HIV co-infection.

The implementing Mechanism's geographic coverage and target population:

This mechanism is designed to provide national coverage through the NIP network of laboratories. APHL will work with NIP and other partners to provide training to staff working in all of the NIP laboratories. The gap analyses and mentoring assistance will be rolled out in a targeted manner, depending on identified needs.

Key contributions to Health System Strengthening:

Strengthening an integrated laboratory network and providing quality and accessible laboratory services
to the country, will contribute to improvements in ART and TB drug adherence and patient monitoring. These clinical improvements will, over time, contribute to a reduction in costs.

Implementing Mechanism's cross-cutting programs and key issues:

Strengthening laboratory capacity for the public healthcare system assures that services are accessible, equitable, effective, affordable, and of high quality for all. Strategic planning has also been identified as a priority for NIP and the Ministry of Health and Social Services (MOHSS) in the new National Strategic Framework for HIV/AIDS (NSF). Direct TA to NIP staff will build local human resource capacity, another key objective in the NSF.

The Implementing Mechanism's strategy to become more cost efficient over time:

The Namibia Institute of Pathology (NIP) is a public limited company established by Act of Parliament in 1999. NIP started operations in December 2000 and has assumed responsibility for 37 MOHSS laboratories since then. This approach has avoided the creation of a parallel laboratory structure within the HIV/AIDS response. NIP's budget is structured to recover a substantial portion of its costs through reimbursements from public and private insurance plans. This innovative cost-recovery system is a model that could be adapted by other GRN programs which could charge fees for services provided to the private sector.

Monitoring and evaluation:

All CDC cooperative agreement grantees must submit a detailed work plan with their annual continuation application. This work plan must be based on PEPFAR indicators and aligned with targets set for each country. All IDP consortium members must also submit bi-annual status reports to the IDP program manager in Atlanta. These reports are shared with CDC program managers in Namibia and used to inform any year-on-year changes to the work plan.

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<thead>
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<th>Cross-Cutting Budget Attribution(s)</th>
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<td>TB</td>
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### Budget Code Information

| Mechanism ID: | 9876 |
| Mechanism Name: | Cooperative Agreement 1U2GPS002058 |
| Prime Partner Name: | Namibia Institute of Pathology |

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#### Narrative:

Salary support to the Namibia Institute of Pathology (NIP) for a dedicated laboratory technologist to perform viral load tests.

Continuing Activity  
Estimated Budget = $33,250

ADDITIONAL DETAIL:

With a growing number of patients on ART in Namibia, viral load testing has become an increasingly critical part of bio-clinical monitoring. In 2006, the national ART treatment guidelines were updated to include viral load testing for patients in whom treatment failure is suspected. With USG support, NIP has equipped a state-of-the-art molecular biology lab with viral load testing capacity. Anticipating increasing demand for viral load testing, a dedicated laboratory technician will be supported in COP11 to ensure NIP may meet this demand. At least 20,000 viral load tests are expected in COP11.

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#### Narrative:

Ongoing quality assurance (QA) support for rapid testing.

Continuing Activity  
Estimated Budget = $149,179

Salary support for six staff, including a one senior QA manager; three QA medical technologists; and one administrative assistant.

Continuing Activity  
Estimated Budget = $164,386
Ongoing QA for Rapid Testing – These activities support the expansion of provider-initiated testing and counseling (PITC), outreach testing (e.g., mobile and door-to-door) as well as existing HCT. The MOHSS requires retesting of 5% of all rapid HIV testing done as part of external quality monitoring. All HCT facilities are enrolled in the EQA scheme and are expected to submit the 5% specimens for retesting using ELISA at NIP. Additionally, NIP provides proficiency panels and Quality Control sets to all rapid test sites and compiles EQA reports for the program.

Salary Support for Staff – The QA staff will be responsible for the validation of any new RT technologies introduced in Namibia, and for making recommendations to the MOHSS on the RT algorithm and selection of test kits. These QA experts will also support training and post-training certification of all MOHSS/new start/NGO personnel who administer rapid tests; preparation, distribution, and analysis of quality controls and proficiency panels; retesting of 5% of all rapid tests done at sites by ELISA; proficiency follow-up with rapid test sites and personnel; and submission of reports on rapid test QA to the MOHSS HCT unit.

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<th>Strategic Area</th>
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<td>Care</td>
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Narrative:

Salary support for a dedicated technologist at the Namibia Institute of Pathology (NIP) in support of early infant HIV diagnosis (EID) by PCR.

Continuing Activity
Estimated Budget = $35,000

ADDITIONAL DETAIL:

Dedicated laboratory technologist to support EID. NIP is responsible for the provision of all HIV-related testing technologies for the public sector. Laboratory staff has been trained in PCR, new equipment has been procured, specimens are being processed, and health workers have been trained in the collection of DBS specimens. Approximately 20,000 EID PCR tests will be performed in COP 11. The laboratory technologist will be dedicated to ensuring all of these tests are performed in a quality assured and timely manner. The CDC laboratory technical advisor will provide supportive supervision and mentoring. Additional mentoring and supervision may be provided throughout the year by technical experts funded
through the International Laboratory Branch Consortium (see APHL, ASCP and CLSI narratives).

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<th>Strategic Area</th>
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<td>Other</td>
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**Narrative:**

An automated system for notification of tests results to health facilities will be developed in conjunction with the Namibia Institute of Pathology (NIP). This activity will support: 1) an assessment for the appropriate technology and compatibility with the laboratory information system (LIS) employed by NIP and the broader MEDITECH system, 2) pilot activities in selected health facilities, and 3) initiation of implementation of the system.

New Activity = $350,000

**ADDITIONAL DETAIL:**

The MEDITECH revisions described above will be aimed at integrating data captured by the NIP laboratory information system (LIS) and the broader health information system (MEDITECH). Linking the LIS to ARV clinics will allow clinicians to access lab results as soon as they are available. This system will be especially valuable for pregnant women attending antenatal clinics. This will reduce waiting time for patients and contribute to a reduction in the number of patients lost to follow-up. In collaboration with MOHSS, this work will include the development of a standardized unique identification system to improve tracking of patient records and laboratory records.

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<th>Strategic Area</th>
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**Narrative:**

Renovation of peripheral laboratories and maintenance of laboratory testing equipment.

Continuing Activity
Estimated Budget = $457,465

Salary support for two laboratory trainers based at the Namibia Institute of Pathology (NIP).

Continuing Activity
Estimated Budget = $74,097
Salary support for one training administrative assistant based at NIP.

Continuing Activity  
Estimated Budget = $20,057

Salary support for a program officer based at NIP.

Continuing Activity  
Estimated Budget = $33,081

ADDITIONAL DETAIL:

1) Renovation of Peripheral Laboratories; procurement and maintenance of equipment: NIP will continue to strengthen its peripheral laboratories by renovating and procuring equipment to make diagnostics and basic bio-clinical monitoring services accessible to remote areas. Increased access to laboratory services will minimize costs, delays and risk of loss associated with transporting samples to central testing facilities. COP11 funds will also be used to maintain laboratory equipment purchased for these sites in previous years.

2) Salary support. COP11 funds will support the following NIP salaries:
   • Two laboratory trainers;
   • One administrative assistant assigned to the training unit; and
   • One program officer assigned to the training unit.

These positions will support the NIP training unit to leverage external TA in training provided by International partners (ASCP, ASM, and CLSI). The training unit will focus on in service training (internships), and practical training for Polytechnic of Namibia laboratory tech students.

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<th>Strategic Area</th>
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Narrative:

Salary support for TB laboratory staff based in the Namibia Institute of Pathology (NIP)  
Central Lab Supervisor.

Continuing Activity  
Estimated Budget = $44,350
TB quality assurance medical technologist.

Continuing Activity
Estimated Budget = $35,000

Six laboratory assistants.

Continuing Activity
Estimated Budget = $66,000

ADDITIONAL DETAIL:

Salary Support for NIP TB staff. The following NIP positions will be supported:

- One TB Central Lab Supervisor. The TB Lab supervisor is responsible for the day-to-day management of the TB Reference Laboratory, providing leadership to the team, overseeing implementation of all activities including the evaluation of new technology, assessing the competency of technologists, training, updating SOPs and compiling reports.
- One medical technologist for Quality Assurance. The TB QA technologist is responsible for monitoring the implementation of quality assurance indicators at all NIP TB microscopy and culture labs, managing proficiency testing results, doing blind slides rechecking, and site supervisions.
- Six laboratory assistants. The Laboratory assistants are deployed as microscopist and lab aids at district level laboratories. These are good examples of task shifting in the context of lack of qualified lab technologists.

Implementing Mechanism Indicator Information
(No data provided.)

Implementing Mechanism Details

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Agreement End Date: Redacted  
TBD: No  
Global Fund / Multilateral Engagement: No  

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**Sub Partner Name(s)**  
(No data provided.)

**Overview Narrative**  
COP 2010 Overview Narrative

**SUBSTANTIALLY CHANGED FROM LAST YEAR Objectives**

This is a "to be determined (TBD)" partner. A request for proposals for a five-year cooperative agreement was issued in early 2009. An award is expected within the COP10 approval timeframe.

This program cuts across the HVAB, HVOP, HBHC, PDCS and HVCT technical areas. The main goal is to deliver prevention interventions to individuals in household and community settings. These interventions will include: home-based HIV counseling and testing (HCT), HIV education to promote behavior change, referrals to clinical services, counseling on ART adherence, and referrals to PMTCT services.

To achieve this goal the program has five objectives:  
1. Train at least 250 field officers (FO).  
2. Enhance cross-referrals between facility-and community-based programs.  
3. Provide basic "Prevention for Positives" counseling to HIV-positive clients.  
4. Collaborate with other organizations to avoid duplication.  
5. Mobilize and empower individuals and communities to change HIV risk behaviors.

**Links to the Partnership Framework (PF)**

As part of the USG contribution to the PF goal of "enhancing prevention," the USG commits to strengthen the GRN capacity to design, implement and finance comprehensive HIV prevention programs.

The PF is aligned with the priority prevention areas described in Namibia's National Strategic Framework.
for HIV and AIDS 2010-2015 (NSF), and include:
1. Social and Behavior Change
2. HIV Counseling and Testing
3. Prevention of HIV among the Most-At-Risk and Vulnerable Groups
4. HIV Prevention Involving People Living with HIV and AIDS
5. Medical Male Circumcision
6. PMTCT
7. Post-Exposure Prophylaxis (PEP)
8. Condom Social Marketing and Distribution
9. Prevention of Sexually Transmitted Infections
10. Blood Safety

The partner will address all of the above-mentioned prevention priorities with the exception of PEP and blood safety.

Coverage and Target population
This partner will work in the Omusati, Oshana, Oshikoto, Ohangwena, Kavango, Caprivi, and Khomas regions, which have the highest rates of HIV in Namibia. With the exception of the Khomas Region (Windhoek), the remaining regions are in the north, where the majority of the population resides. Emphasis will be placed on reaching remote populations.

Health Systems Strengthening
This program contributes to PEPFAR’s broader effort to build human resource capacity by strengthening career pathways within the healthcare sector. The FO cadre could represent an entry-level access point to the GRN civil service, which will be expanded in COP10 to include a new cadre of “Health Extension Workers.” With additional training and experience, FO will have the opportunity to advance to extension workers, community counselors, or work in other public health sector positions. FO ensure stronger linkages between health care facilities and communities.

Cross-Cutting Programs and Key Issues
This activity addresses several cross-cutting programs and key issues including gender, economic strengthening, and wraparounds to other health programs.

Human Resources for Health: This program will build human resource capacity by providing training and stipends to over 250 community-based FO.

Gender: As part of counseling, FO will refer women to local income and productive resources, as well as gender-specific healthcare and social services (e.g., cervical cancer screening, PMTCT, and gender-based violence programs).

Economic Strengthening: The partner will refer HIV-infected individuals to PLWHA support groups, work
with existing groups to strengthen them, and help communities to create new groups. Since many PLWHA support groups are involved in microenterprise (e.g., community gardens), program support from the partner will expand these groups' capacity to provide economic support to members. Wraparound activities will include: Child survival (referrals to health facilities); family planning (counseling and referrals); malaria (education and bed nets); safe motherhood (referrals to PMTCT and ANC care); and TB (screening, and referral).

Cost Efficiencies Over Time
This activity is designed to be cost efficient. Community-based service delivery and outreach utilizes local volunteers who receive a modest monthly stipend. Expanding this model, which has been implemented in Namibia since 2005, can be done at relatively low cost. The partner will collaborate with other partners and MOHSS to ensure efficient delivery of services and to avoid duplication of efforts. Direct technical assistance is provided by CDC technical advisors. HIV test kits will be procured through the existing MOHSS system. Further cost efficiencies are achieved through utilizing the new community-based networks for other public health activities, e.g., distribution of insecticide-treated bed nets and mobilization for events such as National HIV Testing Day and immunization campaigns.

Monitoring and Evaluation Plans
The partner is required to have an extensive monitoring and evaluation (M&E) plan that is linked to PEPFAR and GRN indicators. The partner will submit bi-annual reports on the number of individuals reached, individuals tested, and individuals linked to services. The partner will have a system for adjusting program activities based on M&E information. The evaluation plan will include indicators for each program activity. In addition, an impact evaluation will be included in the TBD partner's scope of work.

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<thead>
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**Key Issues**
Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Budget Code Information

| Mechanism ID: | 9940 |
| Mechanism Name: | Cooperative Agreement 1U2GPS0018665166 |
| Prime Partner Name: | Development Aid from People to People, Namibia |

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Narrative:
This activity includes community-based HIV prevention, HIV counseling and testing, and referral to services through door-to-door outreach. Approximately 310 Field Officers (FO) are derived from the communities they serve, work in several regions (Omusati, Oshana, Ohangwena, Oshikoto Kavango, Caprivi, Erongo, Otjozondupa, and Khomas). In addition to outreach activities FOs organize support groups for PLWHIV as well as conduct special outreach to youth, men, etc.

Continuing Activity
Estimated Budget = $20,637

Community prevention with positives (PWP) activities, including implementation of community-based PWP toolkit.

New Activity
Estimated Budget = $150,000

ADDITIONAL DETAIL:
DAPP will train and deploy at least 310 Field Officers (FO) to conduct door-to-door counseling and outreach sessions, as well as household-based HCT and referrals to clinical services. Details on these
activities may be found in the HVCT and HBHC narratives. HVOP-related activities will include:

1) Community Outreach. DAPP will provide door-to-door, age-appropriate, education and prevention counseling to households and community members. Based on assessments conducted during the outreach visits, individually tailored packages of advice and services will be prepared. These packages should include:

• information on HIV counseling and testing, as well as the ability to perform on site counseling and testing;
• information on strategies to reduce sexual risk taking behaviors (e.g., abstinence, multiple concurrent partnerships, correct and consistent condom use, responsible drinking);
• information and referrals for male circumcision where appropriate;
• tailored prevention information for PLWHA;
• referral information and links to appropriate care, and treatment services, including HIV care and treatment services, PMTCT, FP services, as well as TB and STI treatment in close cooperation with government health services;
• referral information for social and health services including alcohol, abuse support, gender-based violence, and nutrition support; and
• condoms as appropriate.

2) Training. DAPP will provide extensive training for FO on the most up-to-date, evidence-based approaches for effective prevention counseling. The TBD partner will also produce appropriate job aids and tools for the field officers, as well as supporting information, education and communication (IEC) materials for clients.

3) Public Outreach to Special Groups and Public Information Campaigns. DAPP will also be expected to conduct other community-based prevention efforts including education for traditional leaders, youth and other groups. DAPP will also establish tailored referral guides for each region, and will establish community-based resource centers. In addition, FOs will conduct public events to raise public awareness about HIV STI, and TB prevention, care, and treatment.

4) Community PWP. DAPP will implement the PEPFAR-supported community PWP intervention tool kit. This tool kit will include prevention for PLWHIV messaging and referrals, but will also emphasize positive living and social support. DAPP will likely implement these activities through the PLWHIV support groups they organize and support in each region. Test kits and training will be provided from the USAID TBD partner.

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<td>Custom</td>
<td></td>
<td>Page 88 of 384</td>
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</table>
This activity includes community-based HIV prevention, HIV counseling and testing, and referral to services through door-to-door outreach. Approximately 310 Field Officers (FO) derived from the communities they serve, work in several regions (Omusati, Oshana, Ohangwena, Oshikoto, Kavango, Caprivi, Erongo, Otjozondupa, and Khomas). In addition to outreach activities FOs organize support groups for PLWHIV as well as conduct special outreach to youth, men, etc. Specific activities under the HVCT program area will include: 1) Mobilizing communities to access mobile HCT services operated by the Ministry of Health and Human Services (MOHSS), and; 2) Delivering HCT services during household outreach visits.

In COP 2011, $150,000 of the total DAPP budget is reserved specifically for community prevention with positives (PWP) activities. Please see the HBHC narrative. Note: home-based testing is a new activity and will take time to get established.

New Activity
Estimated Budget = $132,242

ADDITIONAL DETAIL:
The partner will train and deploy at least 250 Field Officers (FO) to conduct door-to-door counseling and outreach sessions, as well as referrals, with individual households. Details on these activities may be found in the HVAB, HVOP and HBHC narratives. The 250 FO will perform the following HVCT-related activities:

1) Community mobilization to access MOHSS mobile and facility HCT services. FO will use their unique position in the community to mobilize demand for HCT services offered by the MOHSS. These services are delivered through four MOHSS vans, which will operate across several regions. FO will also work with the MOHSS team, community leaders, and local radio stations to promote each outreach visit. To support this activity, the partner will provide FO with salaries, transportation (e.g., a bicycle or transportation costs), printed materials (e.g., flyers and IEC materials in local languages), and support for public and MOHSS coordination meetings (e.g., tents, office space).

2) Delivery of HCT services during household outreach visits. In 2008, the MOHSS approved the delivery of HCT through non-traditional settings such as mobile/outreach deliver points for the first time. FO will receive training in rapid testing before rapid test kits are deployed with FO as part of their standard household outreach toolkit. The partner will work closely with MOHSS to ensure that all
guidelines and procedures are followed in the implementation of household-based testing. All rapid test kits used by FO will be procured and provided by the MOHSS Central Medical Stores. USG technical advisors for HCT will provide technical assistance to the partner, and, where possible, individual mentoring to FOs.

The MOHSS requires retesting of 5% of all rapid HIV testing done as part of external quality monitoring. All HCT facilities including outreach and door to door testing should be enrolled in the EQA scheme and are expected to submit 5% specimens for retesting using ELISA at NIP. Additionally, NIP will provide proficiency panels and Quality Control sets to all rapid test delivery points and compile EQA reports for the program.

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**Narrative:**

This activity includes community-based HIV prevention, HIV counseling and testing, and referral to services through door-to-door outreach. Approximately 310 Field Officers (FO) derived from the communities they serve, work in several regions (Omusati, Oshana, Ohangwena, Oshikoto Kavango, Caprivi, Erongo, Otjozondupa, and Khomas). In addition to outreach activities FOs organize support groups for PLWHIV as well as conduct special outreach to youth, men, etc. In COP 2011, $150,000 of the total DAPP budget is reserved specifically for community prevention with positives (PWP) activities. Please see HBHC narrative. Note: home-based testing is a new activity and will take time to get established.

**Continuing Activity**

Estimated Budget = $17,375

**ADDITIONAL DETAIL:**

Specific activities under the PDCS program area will include:

1) Referral services (to care and treatment for families, especially children;
2) Technical assistance for community support groups for PLWHA; and
3) Support for the coordination and integration of activities with the Ministry of Health and Social Services (MOHSS).

DAPP will train and deploy at least 310 Field Officers (FO) to conduct door-to-door counseling and
outreach sessions, as well as household-based HCT and referrals to clinical services. Details on these activities may be found in the HVCT and HBHC narratives. HVOP-related activities will include:

1) Referral services (HIV, STI, and TB care and treatment, as well as preventive care) for families. FO will work with families to promote whole-family health. An emphasis will be placed on ensuring that family members of an HIV positive person (including children) are tested for HIV. In addition, testing or referral for TB will be emphasized when at least one member may have TB disease. In addition to an emphasis on referrals for early identification of HIV and TB exposure, cotrimoxazole prophylaxis and early initiation of ART in those who test HIV-positive will also be emphasized. Adolescents will require special attention; and FO will deliver age-appropriate prevention messages for youth, including information on delaying sexual debut and abstinence. FO will also be vigilant to report suspected child sexual abuse as a cause of pediatric HIV, and make appropriate referrals to government protection units.

2) Technical assistance to community support groups for PLWHA. FOs will provide psycho-social support to community and PLWHA groups, as well as advice on small income-generating projects (e.g. community gardens). Special focus will be placed on building PLWHA’s capacity and skills to care for HIV-impacted children. Where older children and adolescents are already HIV-infected, additional support will be provided to facilitate the disclosure of HIV-status to infected children, adherence to OI prophylaxis and or ART, caregivers’ concerns and referrals to OVC programs.

3) Coordination and integration. DAPP and FOs will coordinate activities with other community-based groups. A special focus will be placed on coordination with support groups for PLWHA. Such integration will be encouraged to achieve cost savings. In each region, DAPP will coordinate FO activities with the Regional AIDS Coordinating Committees (RACOCs), Constituency AIDS Coordinating Committees (CACOCs), local leaders, and other government and nongovernmental organizations to ensure ownership and support transfer of best practices and lessons learned where appropriate. This coordination will enhance the supervision of FOs and avoid duplication. Links with regional and local coordinating bodies will also allow the FO system to be leveraged to deliver messages about other health events (e.g. National Immunization Days) or to distribute materials such as insecticide-treated bed nets. This leveraging is in line with the "mainstreaming" objectives described in the Partnership Framework (PF) and the National Strategic Framework for HIV/AIDS (NSF).

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Narrative:
This activity includes community-based HIV prevention, HIV counseling and testing, and referral to
services through door-to-door outreach. Approximately 310 Field Officers (FO) derived from the communities they serve, work in several regions (Omusati, Oshana, Ohangwena, Oshikoto Kavango, Caprivi, Erongo, Otjozondupa, and Khomas). In addition to outreach activities FOs organize support groups for PLWHIV as well as conduct special outreach to youth, men, etc.

Continuing Activity
Estimated Budget = $846,174

Implementation of CDC’s Families Matter! Intervention for youth. The intervention promotes positive parenting practices and effective parent-child communication about sexuality and sexual risk reduction for parents and guardians of 9-12 year olds.

Continuing Activity
Estimated Budget = $145,082

ADDITIONAL DETAIL:

1) DAPP will train and deploy at least 310 Field Officers (FO) to conduct door-to-door counseling and outreach sessions, as well as household-based HCT and referrals to clinical services. Details on these activities may be found in the HVCT and HBHC narratives. HVOP-related activities will include:

Community Outreach. DAPP will provide door-to-door, age-appropriate, education and prevention counseling to households and community members. Based on assessments conducted during the outreach visits, individually tailored packages of advice and services will be prepared. These packages should include:

• information on HIV counseling and testing, as well as the ability to perform on site counseling and testing;
• information on strategies to reduce sexual risk taking behaviors (e.g., abstinence, multiple concurrent partnerships, correct and consistent condom use, responsible drinking);
• information and referrals for male circumcision where appropriate;
• tailored prevention information for PLWHA;
• referral information and links to appropriate care, and treatment services, including HIV care and treatment services, PMTCT, FP services, as well as TB and STI treatment in close cooperation with government health services;
• referral information for social and health services including alcohol, abuse support, gender-based violence, and nutrition support; and
• condoms as appropriate.

Training. DAPP will provide extensive training for FO on the most up-to-date, evidence-based approaches for effective prevention counseling. The TBD partner will also produce appropriate job aids and tools for the field officers, as well as supporting information, education and communication (IEC) materials for clients.

Public Outreach to Special Groups and Public Information Campaigns. DAPP will also be expected to conduct other community-based prevention efforts including education for traditional leaders, youth and other groups. DAPP will also establish tailored referral guides for each region, and will establish community-based resource centers. In addition, FOs will conduct public events to raise public awareness about HIV STI, and TB prevention, care, and treatment.

Community PWP. DAPP will implement the PEPFAR-supported community PWP intervention tool kit. This tool kit will include prevention for PLWHIV messaging and referrals, but will also emphasize positive living and social support. DAPP will likely implement these activities through the PLWHIV support groups they organize and support in each region. In COP 2011, $150,000 of the total DAPP budget is reserved specifically for community prevention with positives (PWP) activities as funded through HBHC. Note: home-based testing is a new activity and will take time to get established.

2) Implementation of CDC Families Matter!

Families Matter! is an intervention to promote positive parenting practices and effective parent-child communication about sexuality and sexual risk reduction for parents and guardians of 9-12 year olds. The Families Matter! Program (FMP) intervention is an adaptation of the US-based "Parents Matter!" curriculum which CDC has evaluated in the US and Kenya. The ultimate goal of FMP is to reduce sexual risk behaviors among adolescents, including delayed onset of sexual debut, by giving parents tools to deliver primary prevention to their children. Families Matter! is a community-based, group-level intervention that is delivered over five consecutive 3-hour sessions.

Given that this is new activity, and that the needs assessment is not completed, the number of sites and scope of implementation is still to be determined. Costs for the program will include personnel such as an overall manager, facilitators and administration staff. Additional costs will be for project materials, travel, office supplies. With the implementation of this program, materials and trainings will be shared with other organizations such as the Ministry of Gender, Equality and Child Welfare, Lifeline Childline, and others with an interest in Family interventions.

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**Narrative:**

This activity includes community-based HIV prevention, HIV counseling and testing, and referral to services through door-to-door outreach. Approximately 310 Field Officers (FO) derived from the communities they serve, work in several regions (Omusati, Oshana, Ohangwena, Oshikoto Kavango, Caprivi, Erongo, Otjozondupa, and Khomas). In addition to outreach activities FOs organize support groups for PLWHIV as well as conduct special outreach to youth, men, etc. In COP 2011, $150,000 of the total DAPP budget is reserved specifically for community prevention with positives (PWP) activities. Please see HBHC narrative. Note: home-based testing is a new activity and will take time to get established.

**Continuing Activity**
Estimated Budget = $846,173

**ADDITIONAL DETAIL:**

DAPP will train and deploy at least 310 Field Officers (FO) to conduct door-to-door counseling and outreach sessions, as well as household-based HCT and referrals to clinical services. Details on these activities may be found in the HVCT and HBHC narratives. HVOP-related activities will include:

1) Community Outreach. DAPP will provide door-to-door, age-appropriate, education and prevention counseling to households and community members. Based on assessments conducted during the outreach visits, individually tailored packages of advice and services will be prepared. These packages should include:

- information on HIV counseling and testing, as well as the ability to perform on site counseling and testing;
- information on strategies to reduce sexual risk taking behaviors (e.g., abstinence, multiple concurrent partnerships, correct and consistent condom use, responsible drinking);
- information and referrals for male circumcision where appropriate;
- tailored prevention information for PLWHA;
- referral information and links to appropriate care, and treatment services, including HIV care and treatment services, PMTCT, FP services, as well as TB and STI treatment in close cooperation with government health services;
- referral information for social and health services including alcohol, abuse support, gender-based violence, and nutrition support; and
- condoms as appropriate.
2) Training. DAPP will provide extensive training for FO on the most up-to-date, evidence-based approaches for effective prevention counseling. The TBD partner will also produce appropriate job aids and tools for the field officers, as well as supporting information, education and communication (IEC) materials for clients.

3) Public Outreach to Special Groups and Public Information Campaigns. DAPP will also be expected to conduct other community-based prevention efforts including education for traditional leaders, youth and other groups. DAPP will also establish tailored referral guides for each region, and will establish community-based resource centers. In addition, FOs will conduct public events to raise public awareness about HIV STI, and TB prevention, care, and treatment.

4) Community PWP. DAPP will implement the PEPFAR-supported community PWP intervention tool kit. This tool kit will include prevention for PLWHIV messaging and referrals, but will also emphasize positive living and social support. DAPP will likely implement these activities through the PLWHIV support groups they organize and support in each region. PWP training and tool kit will be provided by Community TBD training partner.

Implementing Mechanism Indicator Information
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Sub Partner Name(s)
(No data provided.)
Overview Narrative
COP 2010 Overview Narrative (Continuing from FY09)

The United States Department of Defense (USDOD) Cooperative Agreement with Population Services International/Society for Family Health (PSI/SFH) is a continuing mechanism from COP09 which provides a comprehensive HIV prevention services for the Ministry of Defense/Namibian Defense Force (MOD/NDF) to implements its workplace program, the Military Action and Prevention Program (MAPP). The program aims to reach over 13,000 military personnel and civilians working at the 23 military bases and camps across Namibia with messages focusing on sexual prevention.

This mechanism has two comprehensive goals and objectives; 1) to decrease new HIV infections in the military through behavior change communication (BCC) using military and culture specific approaches with a focus on, abstinence and faithfulness, correct and consistent use of condoms; 2) key prevention strategies of this mechanisms include development and institutional capacity building of the military through the technical assistance and training of commanders, HIV/AIDS coordinators and peer educators, chaplains and gender focal persons at all the bases and camps through in-service training, mentoring and supervision to strengthen ownership, leadership, management and planning capacities and eventually to sustain the HIV/AIDS response in the Namibian military.

This mechanism is contributing to Namibian's five year National Strategic Framework (NSF) and the Partnership Framework Agreement (PFA) and addresses key policy and strategic issues related to sustainability and ownership of programs by Namibians, HIV/AIDS prevention, stigma and discrimination reduction, prevention of alcohol abuse, addressing gender based violence and negative male norms fueling the epidemic and increasing coordination between MOD/NDF, Ministry of Health and Social services (MOHSS) and other stakeholders working in this field.

Factors such as separation from families, mobility and age particularly make the military vulnerable to HIV infections. Specifically, SFH continue to assist the MOD/NDF a) to reach all military personnel with prevention education and information that is primarily focused on abstinence and/or being faithful, addressing multiple concurrent partnering and gender based violence, b) to reach military personnel with interventions that are primarily focused on increasing condom use, creating demand for uptake of voluntary counseling and testing (VCT) and provider initiated testing and counseling (PITC), creating demand for male circumcision, providing information on sexually transmitted infections (STI) diagnosis and treatment, promoting the practice of positive gender and cultural norms, and to increase knowledge about HIV prevention amongst people living with HIV/AIDS (PLWHA).
In order to strengthen the capacity of the MOD/NDF to take overall ownership and manage its HIV/AIDS prevention program, SFH will continue to implement the following activities:

1. Advocacy to and training of the Base Commanders and Chaplains.
2. Training and provision of technical support to the Steering Committees at the military bases to enable them to provide oversight for the HIV program at the bases while also creating the needed enabling environment.
3. Training and technical support to the HIV/AIDS Unit Coordinators (HUC) who are the focal points for HIV/AIDS prevention activities at the bases and camps.
4. Refresher training of Peer Educators in coordination with the HUC in areas such as management information systems to be able to monitor and evaluate the effectiveness of their programs at the bases, how to refer HIV positive and others to counseling and testing services.
5. Producing and distributing condoms to all military bases and camps, including the clinics and sick bays, counseling and testing centers, barracks and canteens, and promoting consistent and correct condom use at all trainings with peer educators.

Main cross cutting issues include gender, alcohol, stigma and discrimination and human resources for health (in-services training).

Key contributions to cost efficiencies over time include the training of critical MOD/NDF personnel, such as Commanding Officers, HIV/AIDS Unit Coordinators, Chaplains, Steering Committees, Gender Focal points and peer educators to be able to implement and manage the program on their own with limited technical assistance from SFH. In addition, SFH would continue to implement its transitional plan in close collaboration with MOD/NDF.

The monitoring and evaluation plan includes PEPFAR indicators and is fully integrated into the overall USDOD M&E plan for assistance to the MOD/NDF. In COP10 and COP11, as the country moves to a national M&E plan with aligned indicators also with the Partnership Framework Agreement, SFH will continue to provide technical assistance at the base level for the HIV/AIDS Unit Coordinators in the area of M&E.

This mechanism is implemented in close collaboration with MAPP and the International Training Centre for Health (I-TECH), in order to ensure synergies in implementing a comprehensive HIV/AIDS prevention, care and treatment program for the Namibian military. SFH and I-TECH will work together to provide technical assistance to the military to ensure linkages between the prevention services and the care and treatment services in the military.
Cross-Cutting Budget Attribution(s)

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Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Military Population
Workplace Programs

Budget Code Information

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Narrative:

SFH’s contribution to the implementation of the Military Action and Prevention Program (MAPP) is to develop the capacity of the Ministry of Defense/Namibian Defense Force (MoD/NDF) to take full ownership in the entire implementation of MAPP at all the military facilities. As a result, SFH has trained various MOD/NDF military personnel and has, together with MoD/NDF, created Steering Committees at base levels to monitor and guide the implementation of HIV activities at that level. The activities are designed to also address issues related to gender and male norms and behaviors in the military and promote the participation of women in activities at the bases because the military is predominantly male and women often feel shy to participate actively.

1. SFH will continue to strengthen the capacity of MOD/NDF through provision of technical assistance, training and mentoring Base Commanders, HIV/AIDS Coordinator, Peer Educators, Gender Focal Points, Chaplains and their assistants to implement an effective and sustainable HIV/AIDS program in the military, through conducting advocacy activities and training:
• Base Commanders on HIV program management; and on roles and responsibilities of the HIV Steering Committees
• Military Chaplains and their assistants on HIV/AIDS and spiritual counseling
• Gender focal points to address gender issues within the context of HIV/AIDS
• HIV Unit Coordinators on program management and coordination, including monitoring and evaluation, and referral systems
• An additional 92 new Peer Educators to promote HIV prevention programs through abstinence and/or being faithful.
• Conduct advocacy activities with high ranking military officers at national and regional levels.

Continuing Activity
Estimated Budget = $ 120,000

2. Develop, pre-test and produce customized military specific IEC materials

• Develop 1,000 posters and 2,000 IEC materials for military personnel preparing for peace keeping assignments. These materials are designed to fit specific conditions during peace keeping assignments, and are not necessarily generic BCC materials.
• Develop, pre-test and produce IEC materials messages on prevention through abstinence and/or being faithful. Some of the materials will focus on important National and International events such as World AIDS Day, National Testing Day, TB days, etc.
• Review, pre-test and produce 50 peer educators’ training manual with modules on HIV/AIDS prevention through abstinence, being faithful, including reduction in concurrent sexual partnering.
• Review, pre-test and produce 150 peer educators’ facilitation guide with modules on HIV/AIDS prevention through abstinence, partner reduction including reduction in concurrent sexual partnering
• Conduct Focus Group Discussions (FGDS) to pre-test IEC materials and new messages.

Continuing Activity
Estimated Budget = $ 57,737

3. Train 46 Peer Educators as master trainers on the use of Peer Education manuals to enable them to drive Peer Education programs at base levels.

Continuing Activity
Estimated Budget = $ 15,000

4. Facilitate 23 Interactive video presentations on prevention through abstinence and/or being faithful by
the military Peer Educators at each of the 23 military bases.

Continuing Activity  
Estimated Budget = $13,000

5. Reach 9,200 military personnel through community outreach and peer education activities that promote HIV/AIDS prevention through abstinence and/or being faithful. BCC themes will vary.

Continuing Activity  
Estimated Budget = $17,000

6. Collaborate with DOD Care and Treatment partner to reproduce 200 DVDs of “Remember Eliphas” film series for distribution to 23 military bases and the training of peer educators on the use of these video presentations.

Continuing Activity  
Estimated Budget = $2,000

7. Admin cost and Staff Salaries and benefits for program and support staff.

Continuing Activity  
Estimated Budget = $74,913

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Narrative:
This activity will continue to further strengthen the institutional capacity of the Namibian Ministry of Defense/Namibian Defense Force (MOD/NDF) to implement an integrated HIV/AIDS program in the military through:

1. Training of military personnel preparing for Peace Keeping on Basic HIV/AIDS knowledge and prevention skills prevention through condom use and other forms of prevention other than abstinence and being faithful, including addressing multiple and concurrent sexual partnerships and alcohol abuse.

   • Training of new recruits on basic HIV/AIDS knowledge and skills that teaches HIV prevention and the importance of consistent condom use.
Continuing Activity
Estimated Budget = $ 14,000

2. Training 23 HIV Unit coordinators and 92 military peer educators on use of referral cards for referring participants to counseling and testing centers at the military facilities where they are available and national facilities as well as how to use the Management Information System (MIS).

Continuing Activity
Estimated Budget = $ 17,000

3. Conduct community outreach activities to mobilize the military to participate in the Namibian Annual National HIV Testing Day, World AIDS Day, National TB Day and collaborate with the DoD Treatment and care partner to assist MOD/NDF in the planning process for such events.

• Train peer educators to be able to better address gender and HIV/AIDS related issue, coercion, alcohol abuse, and stigma and discrimination within military settings.

Continuing Activity
Estimated Budget = $ 10,000

4. Procure and distribute 2.5 million military packaged condoms through military logistic channels, SFH field officers, and peer educators.

• Distribute military condoms through service outlets at the military bases
• Peer Educators to distribute IEC leaflets with condom pouches to over 5000 military personnel and their partners.

Continuing Activity
Estimated Budget = $ 175,000

5. Production of demand creation items including 1,000 promotional pins, 100 T-shirts, and posters for Peer Educators, HIV Unit Coordinators, and other MOD personnel during national events such as World AIDS Day, National Testing Days, and TB Days.

• Production and distribution of 3,000 Military Action and Prevention Program (MAPP) one-page calendars with advocacy and HIV/AIDS prevention messages.
Continuing Activity
Estimated Budget = $ 40,000

6. In collaboration with DOD Care and Treatment partner, develop, pre-test and re-produce 2,000 STI leaflets and translate in local languages, where feasible.

- Review, pre-test and re-produce 700 Question & Answer handbooks as reference guide for answers to frequently asked questions for Peer Educators and HIV Unit Coordinators.
- Review, pre-test and produce 50 peer educators’ training manual with modules on HIV/AIDS prevention, including condom use, multiple and concurrent partnerships and promotion for uptake of Male Circumcision.

Continuing Activity
Estimated Budget = $40,000

7. In collaboration with the DOD Care and Treatment partner, conduct workshops for PLWHA Tusano Club Formation workshop. Funding for this activity is provided for under the care and support program.

Continuing Activity
Estimated Budget = $0

8. Conduct Peer Education sessions reaching 2,300 peers with messages that promote HIV/AIDS prevention through condom use, knowing own HIV status and other forms of HIV prevention.

Continuing Activity
Estimated Budget = $ 10,648

9. Admin cost and Staff Salaries and benefits for program and support staff

Continuing Activity
Estimated Budget = $ 122,650

Implementing Mechanism Indicator Information
(No data provided.)

Implementing Mechanism Details
Mechanism ID: 10164
Mechanism Name: University of Washington/International Training & Education Centre for Health (UW/I-TECH)

Funding Agency: U.S. Department of Defense
Prime Partner Name: University of Washington
Agreement Start Date: Redacted
Agreement End Date: Redacted
TBD: No
Global Fund / Multilateral Engagement: No

Total Funding: 1,429,754

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Sub Partner Name(s)
(No data provided.)

Overview Narrative

COP 2010 Overview Narrative

This mechanism is intended to develop and build the institutional capacity of the Ministry of Defense/Namibian Defense Force (MOD/NDF), through pre- and in-service training and mentoring, to strengthen ownership, leadership, management and planning capacities and ultimately to sustain the HIV/AIDS response in the Namibian military.

The overall goal of this mechanism is to support the strategic goals and objectives of the 5 year National Strategic Framework (NSF) and the Partnership Framework Agreement (PFA) by providing comprehensive HIV care and treatment services in MOD/NDF.

1. I-TECH has five comprehensive goals under this mechanism. I-TECH assists the MOD/NDF to build capacity to:
   a) Expand and strengthen military counseling and testing services and promote use of these services;
   b) Pilot and establish male circumcision (MC) services;
   c) Strengthen and expand HIV treatment, care and support (including tuberculosis (TB) services and laboratory support), prevention with positives, and promote use of these services;
   d) Build capacity and fortify infrastructure for strategic information; and
   e) Strengthen health systems and enhancing human resources for health, through both in-service and pre-service capacity building and mentorship programs for military health personnel, improving the
pharmacy and medicine logistics, ensuring quality laboratory services, addressing stigma and discrimination, fostering leadership and management, and supporting MOD policy initiatives.

2. I-TECH will contribute to the goals and benchmarks of the PFA and Partnership Framework Implementation Plan (PFIP) through a focus on building the MOD/NDF's capacity to create an enabling environment to effectively manage and deliver quality, accessible HIV care and treatment services. COP10 activities supported the USG supported objectives and commitments in the following focus areas: care support and treatment; prevention, and coordination and management. COP11 activities will continue to strengthen the implementation of the program at the military facilities. Specifically, I-TECH contributes by:

a) Assisting the military to tailor MOHSS service delivery systems and tools to fit the specific needs of the military, with emphasis on the establishment of quality assurance (QA) systems. Maintaining focus on building MOD/NDF capacity, including trainings structured to ensure services remain uninterrupted during the military staff rotation process, the continuation of mentoring activities, and introduction of pre-service bursaries in the most critical health areas to address the shortage of human resources for health in the military. Reflecting Namibia's long term goal to integrate antiretroviral treatment (ART) services into primary health care (PHC) settings, activities include supporting the MOD to scale up a standardized, comprehensive package of HIV services that can be expanded as tasks are shifted to the nursing level.

b) Providing technical assistance and equipment/supplies to support the military to pilot and scale-up MC services.

c) Enhancing management and leadership skills at both the facility level and the national level so that the military can ultimately take over overall planning, budgeting, management and monitoring and evaluation of the entire health system.

3. The target population is approximately 15,000 MOD/NDF staff and civilian workers at the military bases and camps spread throughout the country.

4. Key contributions to health systems strengthening include support to: roll out the MOD/NDF’s first sectoral HIV policy, address HIV-related stigma and discrimination, and enhance management and leadership. In addition, I-TECH works to tailor MoHSS systems to military settings in order to ensure synergies between the national program and the military program and to ensure coordination between MOD/NDF and MOHSS; strengthen QA systems; enhance physical infrastructure; and procure equipment and provider imitated testing and counseling (PITC), and MC services. To date, assistance has enabled the MOD/NDF to launch its first treatment site and to establish the first military laboratory capable of processing HIV-related tests. Technical assistance will be provided to the military in order to strengthen linkages between community based and clinic based HIV care services.
5. Cross-cutting programs and key issues.
X-cutting: Human resources for health
Key issues: Military population (also a mobile population and workforce program)
Health Wrap around: TB and Prevention with Positives
Gender: Addressing male norms and behaviors, through Positive Health Dignity and Prevention (PHDP), VCT and MC counseling

6. Highlights of activities to become more cost efficient over time include: Integrating military HIV services into services regularly provided at each clinic and sick bay, will lower the cost of providing services. Making provisions for MOD/NDF staff to participate in the MOHSS's existing training programs eliminate the need to update curricula and creates an economy of scale for the MOD.

7. The monitoring and evaluation plan includes PEPFAR indicators and is fully integrated into the overall USDOD M&E plan for assistance to the MOD/NDF. In COP 11, I-TECH will continue to provide TA to MOD/NDF in the area of M&E.

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<td>Gender: Reducing Violence and Coercion</td>
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<td>Human Resources for Health</td>
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**Key Issues**
Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Military Population
TB
Workplace Programs
Family Planning

**Budget Code Information**
### Narrative:

The Namibian Ministry of Defense/Namibian Defense Force (MOD/NDF) continues to implement a comprehensive care and support program for its military members on Home Based Care (HBC), where military health care workers conduct regular visits to their members on HBC and provide them the required support services, including HBC kits and other prevention messages. This activity is implemented by MOD/NDF health care officials at the various military installations. The MOD/NDF has close working relationships with the Ministry of Health and Social Services (MoHSS) in implementing health related program in the military. HBC guidelines and other care and support materials used in the military are adapted for military settings but developed with the input of the MoHSS. This activity will continue to assist to strengthen clinical and community HBC for military personnel and civilian employees working on military bases and those military personnel on HBC.

1. Support the MOD/NDF with provision of Clinic-based and home based palliative care through:
   - Expanding the implementation of a comprehensive package of HIV services at 2 additional military health facilities,
   - building military capacity through training military health care workers to expand prevention and treatment of opportunistic infections and HIV-related symptoms and pain through identifying palliative care courses and support military health care workers to the courses,
   - strengthening military Health Care Workers' (HCW) capacity to record home based care patient data, generate reports and use report data for planning purposes

   **Continuing Activity**
   **Estimated Budget = $ 24,600**

2. Strengthening support groups activities and benefits to at least 2 Military sites through promotion of psychosocial through,
   - building military health workers capacity to conduct nutrition assessments and provide counseling and monitoring of nutritional status for their members receiving care and support,
   - Train military HCWs to educate support groups on basic nutrition activities and how to eat healthy
considering also their cultural diets.

• Assist the military to maximize nutritional status of HIV positive military personnel,
• Procuring and supporting distribution of nutritional supplements (vitamins) for military members who are in need, according to the MoHSS guidelines.

Continuing Activity
Estimated Budget = $36,900

3. Continue to procure and distribute cervical cancer screening equipment and supplies for MOD/NDF health facilities where these services are conducted (moved from treatment as per technical recommendations)

Continuing Activity
Estimated Budget = $7,400

4. Support the MOD/NDF to improve home-based care for needy military personnel through:
• training and provision of technical assistance including routine clinical mentoring on home-based palliative care to military home-based caregivers,
• training HBC-givers in Positive Health Dignity and Prevention (PHDP) activities,
• Training Support Group members in Positive Health Dignity and Prevention (PHDP)
• Assisting the military to establish a system for monitoring quality of home-based care; and
• Supplying HBC kits refills as needed (MOD/NDF will take over the supply of kits over time).

Continuing Activity
Estimated Budget = $18,500

5. In collaboration with the DoD Prevention Partner, develop, adapt and distribute military specific IEC materials on nutrition, positive living etc., as per the MoHSS guidelines and materials.

Continuing Activity
Estimated Budget = $7,400

6. Personnel and Administrative Costs

Continuing Activity
Estimated Budget = $54,600

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The Ministry of Defense/Namibian Defense Force (MOD/NDF) manages its own hospital, laboratory, pharmacy, and clinics and sick bays at its various military installations managed by trained military health care workers. Although these facilities are managed by trained military personnel, the MOD/NDF has built a strong working relationship with the Ministry of Health and Social Services (MoHSS) and implements its programs in line with the MoHSS guidelines and policies. Where necessary, MOD/NDF also receives technical and material support from MoHSS. This activity will continue to provide TA in order to strengthen the capacity of MOD/NDF to make available high quality HIV treatment services for staff members and civilian employees working on military bases.

1. Support a comprehensive package of HIV services at 2 military sick bays which includes treatment services offered by doctors and registered nurses RNs (screening and pre-ART treatment, medicine adherence counseling, follow-up and monitoring as well as cervical cancer screening). Equipment for cervical cancer screening are procured under the care and support program area.

Continuing Activity  
Estimated Budget = $ 7,400

2. Provide technical assistance (TA), continuous on site mentoring and train military health workers in provision of ARVs, adherence monitoring and counseling, pharmaceutical services, and Positive Health Dignity and Prevention and cervical cancer screening

Continuing Activity  
Estimated Budget = $ 58,800

3. Supporting the military in delivering quality HIV care through building capacity in:  
• recording (patient records and registers),  
• generating monthly, quarterly, and annual reports and analyzing them for planning purposes, patient tracking and providing the necessary support services.  
• Submitting reports to the MOD Headquarters, and  
• Monitoring quality of HIV care.

(This activity is linked to strategic information)

Continuing Activity
Estimated Budget = $ 14,700

4. Support MOD/NDF to expand access to ARV treatment and other HIV services through outreach visits and appropriate referrals from military HCT sites. This activity will be implemented according to the MoHSS outreach guidelines.

Continuing Activity
Estimated Budget = $ 73,400

5. Assist the military to provide efficient and quality treatment services through undertaking monthly clinical HIV mentoring to the health facilities, and establishment of an internal HIV mentoring system. This activity is implemented by the same mentoring team providing clinical support services to the MoHSS.

Continuing Activity
Estimated Budget = $ 22,100

6. Collaborate with the DOD Prevention partner to assist MOD/NDF to create demand for HIV services through military facilitated viewings of RE3 (total: 500 people) and strengthening referrals from military HCT sites.

Continuing Activity
Estimated Budget = $ 22,100

7. Collaborate with the DOD Prevention partner to develop, adapt and distribute military specific IEC materials on treatment based on the MoHSS treatment guidelines and any other treatment information.

Continuing Activity
Estimated Budget = $ 8,600

8. Personnel and Administrative Costs

Continuing Activity
Estimated Budget = $ 135,500

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Narrative:

This activity will continue to support the Ministry of Defense and the Namibia Defense Force (MOD/NDF) to strengthen and expand HIV counseling and testing services by making services more accessible to military personnel. MOD/NDF works very closely with the Ministry of Health and Social services (MoHSS) and the Namibia Institute of Pathology (NIP) in the implementation of counseling and testing services. The MOD/NDF uses the MoHSS national guidelines and receives support from both NIP and the MoHSS in terms of quality assurance and control. The MOD/NDF counseling and testing centers are certified by the MoHSS before the commencement of these services in the military. ITECH continues to build the capacity of the MOD/NDF to provide HCT services through:

1. Training military staff to provide counseling (VCT) provider initiated testing and counseling (PITC) and rapid testing (RT).
   • Training military site managers to monitor services and assure quality.
   • Train 6 military health care officers to become trainers in HCT (TOT)

Continuing Activity
Estimated Budget = $ 70,000

2. Expand accessibility to quality HCT services through:
   • training of additional service providers for existing static sites,
   • supporting Outreach and Mobile HCT services and referrals,
   • Supporting the opening of new static site(s) as per the request of MOD/NDF.

Continuing Activity
Estimated Budget = $ 45,600

3. Provide ongoing technical assistant to the data personnel at the VCT sites in the use of the HCT data base, monitor its use and facilitate its review when needed and ensure linkages with the ARV facilities

Continuing Activity
Estimated Budget = $ 22,000

4. Continue to assist the military to establish internal and external quality assurance systems for counseling, rapid testing, and data functions and facilitate linkages between MOD/NDF the Ministry of Health and Social Services and the Namibia Institute for Pathology in conducting quality assurance as
per national Guidelines.

Continuing Activity
Estimated Budget = $ 9,400

5. Provide technical and logistical support for routine and special promotions for HCT services (National Testing Days and World AIDS Day Commemorations, World TB Day) through:

- refresher training in HCT and RT,
- procurement of testing kits and supplies,
- procurement of promotional materials, as needed,
- Provision of onsite support and supervision.

Continuing Activity
Estimated Budget = $ 60,600

6. Collaborate with the DOD Prevention partner to develop, produce and distribute military specific IEC Materials for HCT services, possibly including a training video on counseling.

Continuing Activity
Estimated Budget = $ 10,000

7. Provide continual IT training to all HCT staff to boost computer literacy, improve data management, its communication and its security and work with MOD/NDF to determine the usefulness of electronic information captured by mobile outreach services.

Continuing Activity
Estimated Budget = $ 10,200

8. Personnel and Administrative Costs

Continuing Activity
Estimated Budget = $ 133,927

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Narrative:
PEPFAR funding has been used to support the Ministry of Defense/Namibian Defense Force (MOD/NDF) to establish an integrated health management information system (HMIS) for its military health care facilities and to train military health care workers and data clerks on the use of the HMIS. A paper based patients' record, adapted from that of the Ministry of Health and Social Services (MoHSS), was developed and is being used at the military ARV Clinic. MOD/NDF has been sharing their health care data with the MoHSS and will continue to do that as per ministry to ministry arrangements. However, ITECH will provide continued technical assistance to the MoD/ NDF to further develop their HIV-MIS system (installation, use and maintenance of the Electronic Medical Records (EMR) system, including any structural modifications to the existing infrastructure).

1. Assess need for and feasibility of creating a link between care and treatment database to pharmacy and laboratory databases

Continuing Activity
Estimated Budget = $ 5,400

2. Procure computer equipment as needed and expand internet connectivity to all HCT and treatment sites

Continuing Activity
Estimated Budget = $ 6,600

3. Build MOD IT Capacity through sponsoring Military IT specialists/ personnel to attend accredited identified IT short courses on systems management and hardware maintenance as well as Computer short courses for program staff offered by different institutions.

Continuing Activity
Estimated Budget = $ 10,000

4. Support the MoD/NDF in the maintenance and review of the HCT, the treatment and care and laboratory data bases.

Continuing Activity
Estimated Budget = $ 3,100

5. Provide partial funding for MOD/NDF’s HIV sero-prevalence and behavioral survey through
• Local TA to support the process.
• Training of MOD/NDF staff to implement the survey and analyze data.
• Training MOD/NDF staff to use data for planning and policy development purposes and on how to share the data with their members for behavior change purposes.

Continuing Activity
Estimated Budget = $12,300

6. Assist in development of a system to enable MOD/NDF to collect information from different sites and integrate and analyze it using the Electronic Medical Records system.

Continuing Activity
Estimated Budget = $15,000

7. Support MoD IT Staff training on OpenMRS and other related technologies needed to implement the proposed HIV-MIS (EMR) system.

Continuing Activity
Estimated Budget = $9,200

8. Personnel and Administrative Costs

Continuing Activity
Estimated Budget = $38,400

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**Narrative:**
This ongoing activity continue to focus on support to strengthen the institutional capacity of the Ministry of Defense/Namibian Defense Force (MOD/NDF) by promoting an enabling policy and legal environment for the effective implementation of the HIV prevention, care, and treatment services. The activity also contributes to long term ownership and sustainability of the program by providing support in human capacity development via pre and in-service training, mentoring and enabling MOD/NDF members to effectively implement the program of MOD/NDF. Men make up over 70% of the military population; however, training under COP09 and COP10 has been focusing on addressing various issues also related to gender and HIV/AIDS mainstreaming, as well as promoting the participation of female military
personnel in leadership and management, policy development and monitoring and evaluation courses.

ITECH will continue to:

- Facilitate training for senior personnel on leadership and management, and on HIV policy implementation and monitoring
- Collaborate with the DOD Prevention partner to build the capacity of the MOD/NDF HIV Steering Committee to better monitor and advocate for HIV/AIDS issues, including resource mobilization for the military program.
- Facilitate management training for MOD/NDF mid-level management staff at the national and facility levels.
- Continue the roll-out of HIV-related stigma and discrimination reduction, male norms and gender trainings among military personnel and promote the effective participation of the gender focal persons at all the military installations in HIV/AIDS programs.

Continuing Activity
Estimated Budget = $ 22,500

Collaborate with the DOD Prevention partner to assist MOD/NDF to with additional training for peer educators on the HIV/AIDS policy and ensure that young women soldiers are also part of the peer groups.

Continuing Activity
Estimated Budget = $ 2,200

Assist the MoD conduct a training impact assessment of military personnel that have gone through different training programs nationally and regionally to assess whether the trained personnel are utilizing their skills effectively, assess the impact of these training on the military health care workers and to provide recommendations for future interventions.

Continuing Activity
Estimated Budget = $ 9,200

Assist MOD/NDF to increase the number of trained pharmacy personnel through funding bursaries for two military students on the pharmacist's assistant program at national training institutions.
Estimated Budget = $ 12,300

Help the MoD/NDF identify opportunities for learning from other militaries on the use of EMR systems.

Continuing Activity
Estimated Budget = $ 6,200

Support MoD/NDF personnel participate in national and international training programs, conferences and workshops on HIV/AIDS with the view to share best practices and learn from other experiences, including the participation in PEPFAR related meetings and conferences and sharing of south–south experiences with neighboring countries.

Continuing Activity
Estimated Budget = $ 9,200

Personnel and Administrative Costs

Continuing Activity
Estimated Budget = $ 38,400

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Narrative:
The goal of this continuing activity from COP10 is to decrease new HIV infections in the Ministry of Defense/Namibian Defense Force (MOD/NDF) through the establishment and expansion of male circumcision (MC) services at various military installations as well as providing training to military health care workers to conduct the activity within their own settings. Building the capacity of and providing technical assistance to the MOD/NDF to offer MC services is critical considering the majority of these military officers are young male and mobile. ITECH will continue to support MOD/NDF to scale up male circumcision in military facilities and possibly through outreach services depending on the Ministry of Health and Social Services (MoHSS) Guidelines for scaling up MC in the country:

Pilot outreach MC services to at least 2 other military sites,
• procure equipment for outreach services,
• Procure ongoing supplies for all service sites conducting MC.
Continuing Activity  
Estimated Budget = $20,300

1. Work with the military to coordinate and participate in regular onsite supportive supervision and quality assurance for both military sites and for MC outreach services,

Continuing Activity  
Estimated Budget = $6,100

2. Provide training for:
   • additional clinicians and counselors in MC provision,
   • other military health care workers to deal with pre and post MC clients,
   • Military personnel in MC awareness for demand creation; and
   • Military commanders in MC advocacy while promoting the reduction of multiple and concurrent sexual partnerships and consistent condom use.

Continuing Activity  
Estimated Budget = $21,327

3. Assist in raising awareness on the benefits of MC through:
   • production and/or adaptation of IEC materials specific to the military (including videos, pamphlets, brochures etc) in collaboration with the DoD Prevention Partner
   • incorporating MC education into HCT and Peer education and other counseling services

Continuing Activity  
Estimated Budget = $6,100

4. Providing TA to military health care workers (HCWs) in order to deliver confidential MC services to their members as part of a comprehensive HIV prevention program which also includes HIV testing and counseling with referrals, treatment for other STIs, counseling on risk-reduction and safer-sex practices, including multiple sexual relationships, and condom distribution.

Continuing Activity  
Estimated Budget = $6,100

5. Provide TA to the MOD/NDF to develop a military strategy and operational plan for further scaling up of MC services, including a multi-year plan for meeting the back-log of MC demand and also for quality
assurance measures

Continuing Activity
Estimated Budget = $ 3,000

6. Assist MOD/NDF to evaluate MC services and demand creation activities, including the establishment of an electronic data capturing system for essential reporting which should ultimately be linked to other health information systems within the military health facilities.

Continuing Activity
Estimated Budget = $ 24,300

7. Personnel and Administrative Costs

Continuing Activity
Estimated Budget = $ 58,800

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Narrative:
The Ministry of Defense/Namibian Defense Force (MOD/NDF) has a well established laboratory at its military hospital. This laboratory is managed by a qualified military laboratory technologist and an assistant laboratory technician. In addition to the services provided at the military laboratory, MOD/NDF has established close working relationships with the Namibia Institute for Pathology (NIP) and the Ministry of Health and Social Services in this field in order to harmonize activities and to provide ongoing technical support to the MOD/NDF. ITECH will continue to provide technical assistance to the military to implement effective and quality laboratory testing services.

1. Assist the MOD/NDF to ensure high quality laboratory services, specifically to:

• Provide and monitor laboratory equipment maintenance.
• Train on bio-clinical monitoring assays.
• Provide TA to the laboratory technologist to ensure that the laboratory continues to meet external quality assurance requirements as per the guidelines of MOHSS and NIP
• Provide mentoring to laboratory staff including quality management systems and preparation for accreditation to the South African National Accreditation System (SANAS) which is the only regional body
internationally accredited.

• Support MOD/NDF to continuously review and update Laboratory Standard Operating Procedures (SOPs)

Continuing Activity
Estimated Budget = $ 12,200

2. Procure additional laboratory equipment and supplies as needed, and train lab technologists in the use of the new equipment.

Continuing Activity
Estimated Budget = $ 24,400

3. Assist the MOD/NDF to transition from a paper-based system to an electronic Laboratory Information System.

Continuing Activity
Estimated Budget = $ 20,000

4. Provide assistance to MOD/NDF in strategic planning and strengthening laboratory logistics and internal quality assurance.

• Conduct further laboratory and training needs assessments as necessary.

Continuing Activity
Estimated Budget = $ 3,000

5. Facilitate in-service training for three military laboratory personnel through Namibia Institute of Pathology (NIP) and to other relevant specialized courses in order to strengthen the provision of and ensure the sustainability of quality services

Continuing Activity
Estimated Budget = $ 7,300

6. Assist MOD/NDF to increase the number of trained laboratory technologists through the funding of two 2nd year and 2 first year military students for the Biomedical Sciences program at Polytechnic of Namibia.
Continuing Activity
Estimated Budget = $18,200

7. Train 25 military nurses in specimen collection, storage, transport, client preparation, and specimen referral systems.

Continuing Activity
Estimated Budget = $6,100

8. Personnel and Administrative Costs

Continuing Activity
Estimated Budget = $ 58,800

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Narrative:
The Ministry of Defense/Namibian Defense Force (MOD/NDF) has a well established TB program at its health facilities where military personnel are screened for TB. With DOD PEPFAR funds, ITECH has been supporting the MOD/NDF to integrate TB/HIV into its health facilities since COP10. The goal of this continuing budget code narrative is to decrease HIV/TB co-infections in the military. This activity is a priority because military personnel living at the bases are at high risk for TB because they reside in congregate living settings that could easily facilitate TB transmission. Both the Military hospital and the ARV clinic at Grootfontein have TB programs. ITECH will continue to support MOD/NDF to provide integrated HIV/TB treatment and care services to its military population by assisting the military hospital at Grootfontein to ensure an integration of TB and HIV and continue to work with Military sick bays and facilities to scale up TB/HIV services for HIV-infected clients through:

1. Training of military TB focal persons (nurses - 20), doctors and counselors/peer educators to provide TB treatment, promote adherence and trace defaulters, to screen for TB and to provide isoniazid preventive therapy (IPT) to HIV-infected clients without active TB.

   • Conduct on-going supportive TB mentoring visits to health facilities and mentor trained personnel

Continuing Activity
Estimated Budget = $21,600

2. Continue to assist the military to build a strong referral network for patients with suspected drug resistant TB, or sputum negative TB suspects at facilities not staffed by a physician and without access to x-ray services.

Continuing Activity
Estimated Budget = $3,300

3. Assist MOD/NDF to establish a recording and reporting system for Isoniazid Preventive Treatment (IPT) at all facilities and to reinforce linkages with the National TB Control Program for the reporting and management of TB cases. MOD/NDF usually shares its data with the MoHSS.

Continuing Activity
Estimated Budget = $9,800

4. Continue providing technical assistance to the MOD/NDF to implement and monitor the provision of TB prophylaxis, TB/HIV treatment in the military and TB infection control at all health facilities in line with Namibian MoHSS TB policies.

Continuing Activity
Estimated Budget = $3,300

5. Provide technical assistance to health care workers (HCW) to be able to advocate for TB and HIV program linkages through referrals between and among the sick bays/hospital, ART Clinic(s) HCT site(s) and the Laboratory.

Continuing Activity
Estimated Budget = $3,300

6. Continue providing training and mentoring to laboratory technologists in TB diagnostic testing.

Continuing Activity
Estimated Budget = $7,900

7. Develop, adapt and distribute military specific IEC materials on TB/HIV in collaboration with the DoD Prevention Partner. These materials will be developed according to the national TB and TB/HIV
guidelines and adapted to military settings.

Continuing Activity
Estimated Budget = $ 3,300

8. Personnel and Administrative Costs

Continuing Activity
Estimated Budget = $ 27,500

Implementing Mechanism Indicator Information
(No data provided.)

Implementing Mechanism Details

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Sub Partner Name(s)
(No data provided.)

Overview Narrative
COP 2010 Overview Narrative

This is a continuing activity. The Government of Namibia (GRN) in collaboration with its development partners has mounted an aggressive campaign to reduce further spread of HIV and ensure that those who are infected have access to treatment and care services. In FY10, Peace Corps/Namibia (PC/N) will continue PEPFAR-funded prevention and care activities begun in previous years and strive to improve the quality of its programs.
PC/N has 103 Volunteers in country of which 43 are dedicated to the health sector and 60 to the education sector. All health sector Volunteers contribute directly to HIV/AIDS related activities, while education Volunteers incorporate HIV/AIDS activities into classroom teaching and after school activities.

The goal of PC/N's Community Health and HIV/AIDS Project (CHHAP) is "to promote healthy living among Namibians, especially those living in underserved communities and affected and infected by HIV & AIDS and related public health diseases." The goals of the education project are to align with Namibia's Draft National Strategic Framework (NSF) for HIV/AIDS (2010-2015) as well as the PEPFAR Partnership Framework. According to the Draft document (4 September 2009), the NSF, once approved, will provide policy guidance and leadership on the planning and implementation of the national multi-sectoral HIV/AIDS programmes in Namibia. As an active member of the USG country team, PC/N work to complement efforts of the Namibian Government in implementing comprehensive HIV/AIDS preventions and care programs through both health and education sectors.

Volunteers in the CHHAP and Education projects address some of the key drivers of the epidemic in Namibia such as multiple concurrent partnerships, transactional sex and trans generational sex, alcohol abuse, low and inconsistent condom use, as well as gender issues (inequalities and violence) and poverty. PC/N addresses the need for capacity building of local counterparts through training and skills transfer.

In collaboration with national, regional and local government agencies to strengthen the capacity of HAMU, RACE committees, RACOCs and CACOCs, Volunteers and their counterparts in all 13 regions will work to:

- establish or strengthen in-and out of school youth clubs, focusing on AB particularly delaying sexual debut;
- delivering AB prevention messages through classroom instruction, computer literacy, drama and video shows;
- increase knowledge of communities in developing HIV/AIDS prevention strategies that will lead to behavioral change and referral;
- train community members using EngenderHealth's curriculum on male engagement;
- reach community members and youth will be reached through interactive video facilitation such as "Three and half lives of Philip Wetu";
- reach community members with awareness messages on the interface of substance abuse and HIV;
- expand the use of the Health Education Response (HER) services to refer people to services including HIV Counseling Testing (HCT);
- increase livelihood skills of those infected and affected to mitigate the impact of HIV/AIDS by training community members in microgardening in collaboration with relevant government ministries;
- train in developing IGA projects to improve income at the household level;
- provide basic information on proper nutrition and hygiene to enhance their general health;
- support OVC programs of government ministries and local CBOs/FBOs with life skills training through the Girls Conference and Camp GLOW; and
- assist OVCs to access basic psycho-social support services.

PC/N trains and deploys Volunteer Leaders around the country to decentralize training, enabling a rapid scale-up and broader reach than could otherwise have been achieved. Whenever possible, PC/N seeks to collaborate with other organizations and agencies to scale up, share PCV skills and assets, and extend our reach through partnerships.

PC/N uses a standardized Volunteer Reporting Form to monitor all major activities. Volunteers review post's M&E plan during pre-service training to clarify their roles and responsibilities in project monitoring. They receive training techniques to gather and update baseline information and practice designing, administering, and analyzing results from surveys and pre- and post-tests.

In addition to random and scheduled telephonic contact, Peace Corps staff conduct site visits to Volunteers’ sites to make first-hand observations, review documents and conduct informal interviews with Volunteers, their counterparts and others in the school and community. Post will also organize a mid-year review meeting to assess progress and make adjustments where necessary.

### Cross-Cutting Budget Attribution(s)

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<td>Education</td>
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<td>Food and Nutrition: Policy, Tools, and Service</td>
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<td>Water</td>
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<tr>
<td>Gender: Reducing Violence and Coercion</td>
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Key Issues
Addressing male norms and behaviors

Budget Code Information

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<th>Budget Code</th>
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Narrative:
Peace Corps Namibia provides small grant through the PEPFAR funded Volunteer Activity Support and Training (VAST) Program. The VAST program provide additional financial resources to community initiated projects and strengthen collaboration with the Peace Corps Volunteer and partner organizations, schools and communities that are engaged in the fight against HIV/AIDS. This program is meant specifically to support and promote grassroots, HIV/AIDS-related initiatives in the communities in which Peace Corps Volunteers serve. Working through the volunteers, communities are encouraged to identified projects that aim to reduce vulnerabilities to HIV infection and mitigate the impacts of HIV on those infected and affected. Through the volunteers, Peace Corps expand PEPFAR's reach by both providing financial and material support to community-based responses to the HIV/AIDS pandemic and enhance the human capacity needed to develop and manage these responses on an on-going basis. For a VAST to be approved, Peace Corps require a minimum of 25% community contribution to ensure ownership and sustainability.

The followings are examples of community-based HBHC activities that can be funded through VAST:

- Activities that support groups of PLWHA as well as organizations working with OVCs to establish viable community or homegardens to meet nutritional needs
- Activities that support local communities (especially members of the PLWHA support groups) and counterparts to initiate sustainable Income Generating Activities (IGAs) and home/community gardens.
- Activities that support local communities to identify markets for the sale of surplus produce from the gardens and other IGAs.

Volunteers and communities are required to keep careful financial and programmatic records of the use
of funds and the project's activities and achievements.

Continuing Activity
Estimated Budget = $10,000

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The followings are examples of community-based HKID activities that can be funded through VAST:

• Activities that support organizations working with OVCs to establish viable community or homegardens to meet nutrional needs. Here, effort will be made to collaborate closely with Ministry of Gender and child welfare.
• Activities that support an improved OVC referral systems and data management.
• Activities that address the Psych-social needs of OVCs
• Activities that focusses on safer hygiene practices
• Activities to initiate gardening projects to support existing soup kicthens
• Life skills programs for OVCs

Volunteers and communities are required to keep careful financial and programmatic records of the use of funds and the project's activities and achievements.

Continuing Activity
Estimated Budget = $ 10,000

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Narrative:

Peace Corps Namibia provides small grant through the PEPFAR funded Volunteer Activity Support and Training (VAST) Program. The VAST program provide additional financial resources to community initiated projects and strengthen collaboration with the Peace Corps Volunteer and partner organizations, schools and communities that are engaged in the fight against HIV/AIDS. This program is meant specifically to support and promote grassroots, HIV/AIDS-related initiatives in the communities in which Peace Corps Volunteers serve. Working through the volunteers, communities are encouraged to identified projects that aim to reduce vulnerabilities to HIV infection and mitigate the impacts of HIV on those infected and affected. Through the volunteers, Peace Corps expand PEPFAR's reach by both providing financial and material support to community-based responses to the HIV/AIDS pandemic and enhance the human capacity needed to develop and manage these responses on an on-going basis. For a VAST to be approved, Peace Corps require a minimum of 25% community contribution to ensure ownership and sustainability.

The followings are examples of community-based AB activities that can be funded through VAST:

- Activities that targets in-school youth in class room settings, out of school youth in community outreach, and by establishing youth clubs.
- In addition, VAST grants can be used to fund trainings and support the development of AB related materials that target local schools and community supported clubs focusing on life skills development activities through camps, girl's conferences, youth clubs, drama groups, community cinema, and sports. E.g. PC volunteers together with counterparts developed a manual that will support teachers to incorporate HIV/AIDS in the classroom teaching. Initially, most teachers were not involved in teaching about HIV/AIDS as this was perceived to be the responsibility of the Science and Life Skills teachers only.

The development of the manual is a step in the right direction as it directly supports the Ministry of Education initiative to incorporate HIV/AIDS into EVERY curriculum, no matter the subject.

The manual therefore help education volunteers and local teachers to:

- Providing accurate, appropriate and up-to-date information on the nature of HIV and AIDS
• Recognize the challenges and effects of HIV/AIDS in the classroom
• Suggest methods for incorporation of HIV/AIDS into each curriculum with sample lesson plans at an age-appropriate level.

Appreciating the fact that many volunteers are called upon to start or manage their School's HIV/AIDS club, a section of this book has been dedicated to ideas for appropriate activities and games.

Volunteers and communities are required to keep careful financial and programmatic records of the use of VAST funds and the project's activities and achievements.

Continuing Activity
Estimated Budget = $ 10,000

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The followings are examples of community-based OP activities that can be funded through VAST:
• Activities that address behavior change related to multiple concurrent partnerships, alcohol abuse, low and inconsistent condom use, and transactional and trans-generational sex.
• Activities that address gender norms and gender based violence.
• Activities to establish new or support existing school and community based youth clubs that specifically serves as peer support to young people.
• Activities that support sport initiative targeting young people as an alternative to risky behaviours.
• Activities on appropriate and correct referrals to individuals and communities to increase access to services, e.g. Male circumcision, STI treatment, HCT, etc.

Volunteers and communities are required to keep careful financial and programmatic records of the use of VAST funds and the project's activities and achievements.

Continuing Activity
Estimated Budget = $20,000

Implementing Mechanism Indicator Information
(No data provided.)

Implementing Mechanism Details

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Total Funding: 512,503

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Sub Partner Name(s)
(No data provided.)

Overview Narrative

COP 2010 Overview Narrative

FANTA-2 is a continuing implementing mechanism from FY09.

1. Goals and objectives: FANTA-2 works to improve nutrition and food security policies, strategies and programs through technical assistance (TA) to the USG and its partners including host countries,
international organizations, and non-governmental (NGO) partners. The objectives of the program in Namibia are: 1) to provide TA to consolidate and scale up of integrated food and nutrition programs for eligible PLHIV and OVC; and 2) to improve nutrition and food security programs as well as livelihood support through TA to host country government entities and NGO partners.

Since COP07, FANTA-2 has designed PEPFAR-funded nutrition support for malnourished PLHIV and provided TA to strengthen the capacity of health care workers (HCW) in nutrition assessment, education, and counseling (NAEC) and support in HIV care and treatment sites. Activities link with USAID/Namibia's aims to strengthen the effectiveness of services and improve malnourished ART client outcomes through targeted, time-limited nutrition support; these activities also support UNICEF's work with the national integrated management of acute malnutrition program and the World Food Program's efforts to improve food security of PLHIV.

2. Link to Partnership Framework (PF) goals and benchmarks: FANTA-2 will continue to work with the Ministry of Health and Social Services (MOHSS) and PEPFAR implementing partners to improve client outcomes by strengthening NAEC, therapeutic and supplementary feeding of eligible adult and pediatric ART clients, PMTCT clients, and OVC. The food by prescription (FBP) approach initiated with FANTA-2 TA in COP09 and provision of TA to host government agencies and local NGOs to improve nutrition and food security policies and programs is in line with the National Strategic Framework (NSF), PF and Namibian National guidelines.

FANTA-2 TA aims to contribute to the following PF goals and objectives:

- Pediatric and adult treatment care and support: FANTA-2 will improve ART adherence and treatment outcomes by supporting training and TA for the MOHSS to provide quality NAEC.
- Prevention: FANTA-2 will strengthen NAEC in PMTCT sites and improve clinic-community linkages.
- Impact mitigation: FANTA-2 will enhance nutrition for vulnerable households by working with the MOHSS and possibly Ministry of Agriculture, Water and Forestry to integrate food and nutrition into HIV programs and services.

3. Coverage and target populations: FANTA-2 activities will cover the national level (capacity building of the MOHSS to guide and monitor nutrition support and food security interventions for eligible clients) and regional clinic- and community-based care services supported by PEPFAR. Target populations include clinically malnourished adult PLWHA, HIV-positive pregnant and lactating women regardless of nutritional status, and OVC, including pediatric ART clients.

4. Contributions to health systems strengthening: Training of HCW in NAEC.
5. Cross-cutting programs: FANTA-2’s activities in COP10 will support two cross-cutting PEPFAR programs under Food and Nutrition: Policy, Tools, and Service Delivery; and Human Resources for Health.

FANTA-2 will support consolidation of services in pilot FBP sites with a possible expansion to other sites if Global Fund resources become available. FANTA-2 will continue to work with the MOHSS to promote NAEC as a standard of care in HIV and OVC services; support training and reprinting of job aids and counseling cards; and visit sites to assure the quality of NAEC and follow-up. FANTA-2 will assist the MOHSS in strengthening systems for follow-up, mentoring, and supervision of trained service providers and document lessons from the FBP sites and/or specific components to inform further programming. FANTA-2 will work with relevant entities to address food security and livelihoods.

6. Cost-efficiency strategy: FANTA-2 will contribute to the sustainability of nutrition interventions in HIV services by continuing to build the capacity of HCW in NAEC and provision of specialized food products to treat malnutrition. Trained trainers and instructors will be available to train others on an ongoing basis. National nutrition and HIV guidelines and counseling materials will be available for reproduction or reprinting by other partners as needed. Supporting expansion of nutrition and HIV services will make these services more cost-efficient because of economies of scale. Integrating nutrition interventions into existing care and treatment services will be cost efficient because new services are not needed and existing services will improve outcomes. Support for local production of specialized food products may lead to greater cost efficiency.

7. M&E plans: FANTA-2 will work with HIVQUAL, a quality improvement program, and the USG to adapt the HIVQUAL facility self-assessment tools, which focus on food security, to assess NAEC quality in FBP sites. A full M&E plan will be developed along with plans to ensure data quality of program results. FANTA-2 will also support MOHSS staff to conduct regular site visits for supportive supervision, a crucial element in data quality assurance.

### Cross-Cutting Budget Attribution(s)

| Food and Nutrition: Policy, Tools, and Service Delivery | 234,675 |
| Human Resources for Health                              | 125,000 |
## Key Issues

Increasing gender equity in HIV/AIDS activities and services  
Workplace Programs

## Budget Code Information

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<th>Mechanism Name:</th>
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**Narrative:**

1. Conduct assessments of resource and logistical capacity of five new FBP sites.  

   **New Activity**  
   Estimated Budget = $30,675

2. Collaborate with TBD/training partner to train additional health care providers in NACS.  

   **Continuing Activity**  
   Estimated Budget = $40,000

3. Provide alongside the MOHSS regular mentoring and supervisory visits to FBP sites.  

   **Continuing Activity**  
   Estimated Budget = $35,000

4. Support design and dissemination of health service provider job aids and client education materials on nutrition and HIV.  

   **Continuing Activity**  
   Estimated Budget = $40,000

5. Develop additional client education materials on nutrition and HIV.
New Activity
Estimated Budget = $70,000

6. Conduct an assessment of progress, challenges, and lessons learned in the Namibia the FBP program.

New Activity
Estimated Budget = $44,000

7. Provide TA to develop a livelihood strategy and strengthen existing livelihoods interventions for supported partners like CAFO, CAA etc.

New Activity
Estimated Budget = $85,828

ADDITIONAL DETAIL:

Building on achievements and progress under COP 10, FANTA-2 will work with the MOHSS to scale up nutrition assessment, counseling, and support (NACS) to five additional district hospitals providing ART services. This scale-up will include assessments of the human resource and logistical capacity of each site to implement food by prescription (FBP), training of at least two health care providers from each site in NACS, and provision of job aids and client nutrition and HIV materials. FANTA-2 and the MOHSS will continue to visit FBP sites established under COP 10 for mentoring and supervision and follow up on nutrition and HIV data collection.

In the new FBP sites, FANTA-2 and the MOHSS will assess adequacy of space for nutrition assessment and counseling and storage of specialized food products; need for nutrition and HIV guidelines, job aids, and counseling and client materials; need for anthropometric equipment (scales, height boards and length boards, MUAC tapes); and need for NACS training. Based on the results of the assessments, FANTA-2 will provide technical assistance to the sites to improve their capacity to implement NACS services. FANTA-2, the MOHSS Food and Nutrition Sub-division, and the International Training and Education Center on HIV/AIDS (I-TECH) will conduct training in NACS for least 2 health care providers from each of the 5 new FBP sites and 24 from other ART sites not designated to provide specialized food products for malnourished PLHIV. FANTA-2 will also co-facilitate refresher training for health care providers in existing FBP sites who were trained earlier in NACS. FANTA-2 and the Food and Nutrition Sub-division of the MOHSS will make regular site visits to follow up health care providers trained in
NACS to monitor the quality of nutrition assessment and counseling and provide technical support as needed. Nutrition and HIV job aids and client education materials produced under COP 10 will be reprinted for dissemination to the new FBP sites and to replenish stocks in existing sites. FANTA-2 will work with the MOHSS to develop new client education materials on nutrition and HIV based on needs identified through social and behavior change communication (SBCC) formative research carried out under COP 10. Results of the assessment of the FBP program will be disseminated to stakeholders in Namibia to inform planning of HIV care and treatment programs and services by the MOHSS, PEPFAR/Namibia, and the Global Fund.

FANTA through its sister project LIFT will provide the PEPFAR program with technical assistance (TA) in promoting livelihoods and food security interventions as sustainable options for graduates of FBP and other vulnerable households particularly child headed and OVC households. Such TA will include assisting the PEPFAR Team to develop a Livelihood strategy that is closely aligned with GRN’s new nutrition and food security strategy, establishing and facilitating linkages to connect individuals in care and treatment programs to Economic Strengthening and livelihood opportunities. LIFT technical assistance would include support to strengthen existing referral and wrap-around mechanisms between clinic and community services. This activity is related to FANTA’s activity in HKID and will work to strengthen existing livelihood interventions implemented by supported partners. It will also foster linkages with the Ministry of Agriculture and leverage resources from Food and Agricultural Organization projects in the north.

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<th>Strategic Area</th>
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**Narrative:**

1. Provide TA to develop a livelihood strategy and strengthen ongoing livelihood interventions of partner organizations proving care for vulnerable households.

**New Activity**

Estimated Budget = $87,000

FANTA through its sister project LIFT will provide the PEPFAR program with technical assistance in developing a strategy for promoting livelihoods and food security interventions as sustainable options for graduates of FBP and other vulnerable households particularly child-headed and OVC households. LIFT will provide the PEPFAR program with technical assistance (TA) in promoting livelihoods and food security interventions as sustainable options for graduates of FBP and other vulnerable households particularly child headed and OVC households. Such TA will include assisting the PEPFAR Team to
develop a Livelihood strategy that is closely aligned with the new GRN's nutrition and food security strategy, establishing and facilitating linkages to connect individuals in care and treatment programs to Economic Strengthening and livelihood opportunities. LIFT technical assistance would include support to strengthen existing referral and wrap-around mechanisms between clinic and community services. In addition linkages will be established with the Ministry of Agriculture as well as strengthening existing IGA activities within PEPFAR-supported CSOs through linkages to the market and increasing the value chain. This activity is related to FANTA's activity in HBHC and will specifically support development of a livelihood strategy and strengthen existing livelihood interventions implemented by supported partners.

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**Narrative:**

1. Provide training in NACS to additional PMTCT providers.

   Continuing Activity
   Estimated Budget = $20,000

2. Support the development and dissemination of client education materials on IYCF in the context of HIV.

   New Activity
   Estimated Budget = $30,000

3. Train HBC providers in nutrition management and support, including IYCF in the context of HIV.

   New Activity
   Estimated Budget = $30,000

**ADDITIONAL DETAIL:**

FANTA-2 will continue to work with the MOHSS and TBD Training partner to train health care providers in ANC and MCH clinics in nutrition assessment, counseling, and support (NACS), including infant and young child feeding (IYCF) in the context of HIV. Trainees will be drawn from sites that provide PMTCT services and have referral links to district hospitals providing FBP services. FANTA-2 and the MOHSS will visit ANC and MCH sites with trained health care providers for mentoring and supervision and follow-up of nutrition and HIV data collection. FANTA-2 will work with the MOHSS to develop and print IYCF materials.
counseling materials for providers and clients in these sites. FANTA-2 will provide MUAC tapes and, pending discussions with UNICEF/Namibia, may support purchase of scales and length and height boards.

Following on NACS training under COP 10 for ANC and MCH clinic staff that provides PMTCT services, FANTA-2 and the MOHSS Food and Nutrition Sub-division will train staff from additional ANC and MCH clinics with referral links to district hospitals that provide FBP services. The training will focus on nutrition assessment and counseling of HIV-positive pregnant and post-partum women on maternal nutrition and IYCF in the context of HIV, as well as referral of clinically malnourished clients to FBP services. Based on needs identified through SBCC formative research under COP 10, FANTA-2 will work with the MOHSS Primary Health Care Directorate to develop needed take-home client education materials based on 2010 WHO guidance on IYCF in the context of HIV. Based on needs and discussion with UNICEF/Namibia, FANTA-2 will provide support to the MOHSS (PDCS) to ensure appropriate anthropometric equipments (scales, height boards and length boards, MUAC tapes) for nutrition assessment are provided in the additional ANC and MCH sites. FANTA-2 and the MOHSS Food and Nutrition Sub-division will visit the sites to monitor the quality of nutrition assessment and counseling and provide technical support as needed. FANTA-2 will build the capacity of HBC providers in nutrition management and support of HIV-affected families, especially infants and young children.

**Implementing Mechanism Indicator Information**
(No data provided.)

**Implementing Mechanism Details**

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**Sub Partner Name(s)**
Health Systems 20/20 is a continuing Implementing Mechanism.

The Health Systems 20/20 project (HS 20/20) is a Leader with Associates Cooperative Agreement awarded by USAID’s Global Health Bureau to Abt Associates and its partners. The goal of HS 20/20 is to increase the use of priority population, health, and nutrition (PHN) services, especially by the disadvantaged. Towards this goal, it implements activities to improve health system performance in four key areas (1) health financing, (2) governance, (3) operations, and (4) local capacity. The project team brings together an exceptional pool of professionals with depth and experience in capacity building, governance, finance and operations.

Health system strengthening related to HIV/AIDS is a key element of the Partnership Framework. HS20/20 is committed to country ownership and the development of local capacity to ensure sustainability of activities initiated under the agreement. Furthermore, HS20/20 will continue its ongoing efforts in Namibia to strengthen human resources for health (HRH) planning, governance, and financial management of HIV/AIDS related activities, three important components of the Partnership Framework.

HS 20/20 will work at the national level with government officials and civil society stakeholders. The key ministry partners will include the Ministry of Health and Social Services, the Ministry of Finance and the proposed new National HIV/AIDS Council. By supporting the GRN in its development of a national costed HRH plan, HS20/20 will also target the cross-cutting issue of HRH strengthening.

The HS 20/20 vision for both strengthening health systems and making them more efficient over time relies on the project's success in its core intervention areas, which include strengthening of financial systems, operations, and governance and building capacity. The project's results framework calls for improvements in these areas.
HS 20/20's work aligns with PEPFAR's cost-efficiency principles by strengthening GRN leadership. Through this approach, HS 20/20 is able to save resources needed to lead, implement, and champion each activity. Instead, the GRN will lead each activity and this allows for HS 20/20 funds to be maximized across a number of activities through the provision of strategic technical assistance provided at key phases—initiation and design, data analysis and interpretation, and in some cases report writing.

At its onset, HS 20/20 drafted a set of program indicators to benchmark its performance. HS 20/20 will apply them to each of the activities proposed for Namibia in order to both monitor and evaluate performance and create opportunities for learning. In addition, HS 20/20 will partner with the MOHSS to collect information on the COP10 core indicator activities and report on targets that have been met. The data quality for program monitoring will be ensured through data validation exercises undertaken in conjunction with implementing partners in the MOHSS and the Monitoring and Evaluation Officer at USAID. HS20/20 will also strengthen data feedback loops and dissemination mechanisms by working with our implementing partners in the MOHSS to widely share health finance information, final resource allocation criteria, and results from HRH situation assessments, planning workshops, and gap estimations. These dissemination efforts will involve district, regional and national level health system administrators and managers.

### Cross-Cutting Budget Attribution(s)

| Human Resources for Health       | 245,000 |

### Key Issues

(No data provided.)

### Budget Code Information

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**Mechanism ID:** 10381  
**Mechanism Name:** Health Systems 20/20  
**Prime Partner Name:** Abt Associates
1. Organizational support for the establishment of a new directorate on health information systems at the MoHSS that will build and sustain information systems that make data easier to maintain, access, and use for policy purposes.

Continuing Activity
Estimated Budget = $195,000

2. Technical support to the MoHSS to implement its recently developed (by COP 11) HRH plan, including related support to the Public Service Commission and Ministry of Finance, to ensure a robust health care workforce that meets the health needs of the population, including HIV-related needs.

New Activity
Estimated Budget = $200,000

3. Technical support to the MoHSS to conduct costing studies and to develop a process/system for conducting and updating future costing exercises within the Ministry (one that builds upon the expenditure tracking systems). Strengthening MOHSS’s capacity in costing will enable them to ensure that new policies and guidelines can be sufficiently financed and effectively implemented.

New Activity
Estimated Budget = $354,655

4. Technical support to the MOHSS to complete its institutionalization process of expenditure tracking and the National Health Accounts Framework. This will equip MOHSS with necessary data to advocate for more GRN health investments during budget negotiations.

Continuing Activity
Estimated Budget = $125,000

ADDITIONAL DETAIL:

The USAID/Health Systems 20/20 (HS 20/20) project has provided support to the Ministry of Health and Social Services in the areas of health financing (including National Health Accounts, resource tracking, and costing), human resources for health, and health information systems. The project will build upon these areas in COP 11 and focus on strengthening local institutions to be fully equipped to lead systems strengthening efforts. In so doing, local institutions will not only be the target of its activities but where relevant and possible, the project will also work through local firms and consultants to deliver its technical
support. Finally, work will be coordinated with WHO's technical support for health systems strengthening in Namibia.

1) Organizational development (OD) support to the upcoming and new HIS (Health Information System) Directorate within MoHSS. This activity is critical to the Ministry's efforts to streamline, link, and integrate the many currently fragmented health information systems. In doing so, the Directorate will be strengthened so it may build and sustain information systems that are easier to maintain, access, and use for policy purposes.

- In COP 10, HS 20/20 facilitated and solicited stakeholders input and buy-in to inform the development of a Ministry-owned concept of an HIS directorate.
- In COP 11, HS 20/20 will:
  - work with the MOHSS to operationalize this concept: finalize the organizational design of the directorate; develop planning and review mechanisms; establish and support an effective management team for the directorate; establish mechanisms to coordinate with other MOHSS directorates and implementing partners; support Ministry to meet any other additional requirements needed to obtain approval for such a directorate by the GRN (for example, by the Public Service Commission and Ministry of Finance); and
  - build capacity of a local management consultancy firm to support the roll out of the Directorate.

2) Support to MOHSS to implement its HRH plan: By COP 11, the MOHSS will have developed its new HRH plan. This plan is critical to providing guidance for ensuring a robust health care workforce to meet the needs of the HIV/AIDS response along with the health needs of the population. HS 20/20 will support the operationalization of this plan in the following ways:

- Support the MOHSS to design and roll out retention strategies including
  - developing an implementation plan,
  - drafting manuals and other communication materials to disseminate details of the plans to employees, and
  - undertaking workshops to increase awareness about the new retention strategies among employees.
- Working with faith-based providers (many of whom are supported by USAID) through targeted training programs to ensure compliance with the new plan
- Providing technical support to the MOHSS on the revision of its staff establishment, particularly to accommodate any currently USG supported staff
- Supporting Ministry to meet any other additional requirements needed to obtain approval for Plan and staff establishment by the GRN, including the Public Service Commission and Ministry of Finance.
- Developing a Monitoring and Evaluation (M&E) framework to assess the programmatic strengths and weaknesses of the new HRH plan
It should be noted that USG COP 11 funds, through PACT, will also be used to support the Ministry of Gender Equality and Child Welfare to roll out its new HR strategy. Because both the MGECW and MOHSS include social workers in their staff establishments, PACT and HS 20/20 will work with their respective Ministries to better coordinate relevant areas of overlap in the Ministries’ staff establishments for maximum impact.

3) Costing: When introducing new policies and guidelines, it is critical that the costs associated with these changes be considered to ensure that they can be sufficiently financed and effectively implemented. However, this is not always done and the need for costing has been highlighted in the recent MoHSS health policy (draft). In addition, costing studies are often conducted by outside consultants and with an inadequate focus on ensuring that the datasets are stored at the Ministry and where relevant, updated in master costing spread sheets (like the resource needs estimation model). In addition, there has not been a focus on ensuring that Ministry staff themselves are able to routinely update, analyze, and conduct such studies. In this regard, HS 20/20 will conduct the following specific activities:

- Provide technical support to the Ministry to conduct selected costing studies (to be selected and prioritized by the MOHSS), such as the costing implications of the new male circumcision policy, or the new ART guidelines. HS 20/20 will involve local institutions (e.g. UNAM, Polytechnic of Namibia) and GRN staff in these efforts.
- Conduct trainings to build capacity of government staff to conduct, analyze and interpret costing data – along with instituting quality assurance safe guards.
- Support the Ministry to develop a process whereby routine expenditure information (such as that mentioned in activity #4) informs costing efforts (i.e. what has been spent forms the basis for unit costs) and there is a mechanism for updating costing estimates by MoHSS staff.

4) Expenditure tracking institutionalization efforts

- In COP 10, HS 20/20 makes a concerted effort to institutionalize the process for collecting expenditure data, such that it is done on a regular basis as part of routine information systems and not as a separate study each time.
- In COP 11, the project will focus on the following specific activities:
  - Operationalize the new online donor-NGO resource tracking database (designed in COP 10) for the next NHA effort.
  - Train the Ministry-based NHA team on the new international classification of health accounts (ICHA), which OECD and WHO are currently developing, and assist them to make the relevant changes that will need to be made to the country's NHA process.
  - Link the public, donor/NGO databases to the development of a private sector M&E database that would
be financed under the GFATM Round 10, should this proposal be successful.

- Institutionalize the use of expenditure data in budget negotiations and advocacy efforts with Ministry of Finance, such that the GRN is invests more funds in health.

### Implementing Mechanism Indicator Information
(No data provided.)

### Implementing Mechanism Details

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**Total Funding:** 1,064,559

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### Sub Partner Name(s)
(No data provided.)

### Overview Narrative

COP 2010 Overview Narrative

Communication for Change (C-Change) is a continuing Implementing Mechanism from FY09. In 2007, Namibia requested assistance from C-Change to strengthen social and behavior change communication (SBCC) for HIV/AIDS, particularly related to the prevention of sexual transmission of HIV. Country level implementation began in mid-July 2008.

1. C-Change provides SBCC strengthening from national to local levels, focusing on the prevention of HIV sexual transmission through three objectives, reflecting its breadth across technical areas: 1) strengthening the SBCC capacity of PEPFAR-funded partners, 2) strengthening the SBCC capacity of
national HIV/AIDS programs, and 3) increasing the number of individuals trained in SBCC for HIV and AIDS.

C-Change assists PEPFAR partners to develop programs based on evidence, focus on changing behaviors related to the drivers of the epidemic, and strengthen approaches to ensure quality program design, implementation and M&E. On the national level, C-Change is helping to define essential packages of services, develop mass media and interpersonal communication materials for partner use, and implement behavioral M&E to monitor results. C-Change is also increasing the number of PEPFAR partners and public, private and civil society partners who are trained in SBCC.

First-year achievements included: rapid assessment of partner programs against SBCC against standards of quality; in-depth baseline assessments of prevention programs; development of SBCC strategies focusing on the drivers of the epidemic; improved service delivery structures and behavioral M&E; TOT of partner staff in SBCC and behavioral M&E; assistance during baseline data collection and analysis; identification/development of interpersonal communication (IPC) materials related to the drivers; TOT of partner staff in the use of the new materials; and assistance during training of field staff and volunteers. By the end of the period, 20 PEPFAR partners and their prevention programs had received strengthening support in SBCC.

2. The mechanism is in line with USG commitments of the Partnership Framework (PF) in terms of the PF prevention objectives. C-Change will continue to provide support to achieving these objectives through social and behavior change communication strengthening from national to local levels focusing on the key drivers including MC and MCP, youth, adults, MARPS and other vulnerable groups; through civil society, private sector and ministry programs in workplaces, communities, and in clinical settings.

3. Geographic coverage is nationwide. C-Change works directly with partners in every region to improve programs and provide SBCC TA and training.

4. C-Change works with GRN Ministries at the national level to assist in the development of national plans and strategies. For example, under the second objective C-Change has provided assistance to the National Prevention Technical Advisory Committee to develop the National Strategic Plan for HIV and AIDS and the National Strategy for the Prevention of Sexual Transmission of HIV. C-Change has also assisted in the development of national SBCC strategies for MCP, male circumcision, testing and counseling, alcohol and HIV; and development of mass media and IPC materials related to the drivers for partner use in national campaigns. C-Change also worked to strengthen the Ministry of Education's (MOE) regional workplace program through training in SBCC theory, SBCC strategy development, and use of new interpersonal communications (IPC) materials.
5. The cross-cutting nature of SBCC is the reason C-Change works with so many PEPFAR partners and government agencies. C-Change has also worked on gender in collaboration with USG and GRN partners.

6. C-Change will continue to work closely with PEPFAR partners and others to leverage funding and maximize cost-efficiency. Strengthening of PEPFAR partner programs is provided in coordination with other PEPFAR partners funded directly or indirectly. Strengthening of national HIV and AIDS structures and programs is provided in coordination with USAID, CDC and cooperating partners such as UNICEF, UNAIDS and GTZ.

7. C-Change is monitoring SBCC strengthening of PEPFAR partners and ensuring data quality by maintaining detailed lists of individuals trained and organizations strengthened. Outcomes of program strengthening are measured against a set of quality SBCC standards. SBCC strengthening of national level programs is tracked in periodic reports. National surveys tracking key indicators related to the drivers of the epidemic will continue to be the most important measures of national behavior change

Cross-Cutting Budget Attribution(s)
(No data provided.)

Key Issues
Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services

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Narrative:
Technical assistance to strengthen SBCC for AB to directly-funded civil society organizations, local firms contracted by civil society in SBCC, national and selected regional GRN organizations, and the GRN's health extension worker pilot program

Continuing Activity
Estimated Budget = $403,417

Training to strengthen SBCC for AB to directly-funded civil society organizations and selected regional GRN organizations

Continuing Activity
Estimated Budget = $44,010

Technical assistance to strengthen SBCC for AB to directly-funded civil society organizations, selected regional GRN organizations and the GRN's health extension worker pilot program

Continuing Activity
Estimated Budget = $315,399

ADDITIONAL DETAIL:
Following consultations with stakeholders and discussions among the PEPFAR Country Team, activities noted for inclusion were the following:

1. Limited technical assistance to Ministry of Health and Social Services to review and provide recommendations of content within existing materials of the MOHSS-MOE School Health Promotion Initiative. Funding for materials and training shall be covered under MOHSS (1) cooperative agreement with CDC.

2. Limited technical assistance to an undetermined GRN Institution to assess standards, accreditation and certification of formal SBCC training programs.

Level of effort to accommodate these two activities shall be determined by the cooperating agency at time of FY11 obligation of funds. The designation, limited technical assistance, will not result in an increase in the total estimated cost of Namibia-specific activities within the cooperative agreement.

Project Component 1: Improve the quality of SBCC interventions in AB among select local civil society
organizations and local firms: SBCC technical assistance, training, and review visits to strengthen HIV prevention through AB and ensure quality among selected civil society organizations. Recipients will include 1) selected USAID-supported CSO transitioning to direct recipient status including Catholic AIDS Action, LifeLine/ChildLine, Churches Alliance for Orphans, and KAYEC; 2) selected GFATM-supported CSO delivering SBCC at scale including the Namibia Network of AIDS Service Organizations; and 3) selected commercial firms providing critical SBCC services to civil society partners.

Project Component 2: Strengthen the capacity of GRN national and regional offices to plan, monitor and evaluate SBCC components of AB related to the National Strategic Framework: Engage the GRN to strengthen national and regional SBCC efforts in AB through technical assistance and training. Recipients will include the Ministry of Health and Social Services/Directorate of Special Programs through the National Prevention Technical Advisory Committee and its Technical Working Groups; the Ministry of Regional and Local Government, Housing and Rural Development (MRLGHRD) and the Ministry of Health and Social Services through selected Regional AIDS Coordinating Committees (RACOCs).

Project Component 3: Provide technical assistance to the GRN's health extension worker pilot implementation in AB in Kunene Region: Engage the GRN through technical assistance to ensure quality implementation and use of new training and field and IEC materials in AB in the MOHSS Health Extension Worker (HEW) program.

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Narrative:

Technical assistance to strengthen SBCC for OP to directly-funded civil society organizations, local firms contracted by civil society in SBCC, national and selected regional GRN organizations, and the GRN’s health extension worker pilot program

Continuing Activity
Estimated Budget = $169,340

Training to strengthen SBCC for OP to directly-funded civil society organizations, and selected regional GRN organizations

Continuing Activity
Estimated Budget = $18,473
Technical assistance to strengthen SBCC for OP to directly-funded civil society organizations, selected regional GRN organizations and the GRN's health extension worker pilot program

Continuing Activity
Estimated Budget = $113,920

ADDITIONAL DETAIL:

Project Component 1:
Improve the quality of SBCC interventions in OP among select local civil society organizations and local firms: SBCC technical assistance, training and review visits to strengthen HIV prevention through OP and ensure quality among selected civil society organizations. Recipients will include 1) selected USAID-supported CSO transitioning to direct recipient status including Catholic AIDS Action, LifeLine/ChildLine, Churches Alliance for Orphans, and KAYEC; 2) selected GFATM-supported CSO delivering SBCC at scale including the Namibia Network of AIDS Service Organizations; and 3) selected commercial firms providing critical SBCC services to civil society partners.

Project Component 2:
Strengthen the capacity of GRN national and regional offices to plan, monitor and evaluate SBCC components of OP related to the National Strategic Framework: Engage the GRN to strengthen national and regional SBCC efforts in OP through technical assistance and training. Recipients will include the Ministry of Health and Social Services/Directorate of Special Programs through the National Prevention Technical Advisory Committee and its Technical Working Groups; the Ministry of Regional and Local Government, Housing and Rural Development (MRLGHRD) and the Ministry of Health and Social Services through selected Regional AIDS Coordinating Committees (RACOCs).

Project Component 3:
Provide technical assistance to the GRN's health extension worker pilot implementation in OP in Kunene Region: Engage the GRN through technical assistance to ensure quality implementation and use of new training and field and IEC materials in OP in the MOHSS Health Extension Worker (HEW) program.

Implementing Mechanism Indicator Information
(No data provided.)

Implementing Mechanism Details
Mechanism ID: 10386
Mechanism Name: The Capacity Project
Funding Agency: U.S. Agency for International Development
Procurement Type: Cooperative Agreement
Prime Partner Name: IntraHealth International, Inc

Agreement Start Date: Redacted
Agreement End Date: Redacted
TBD: No
Global Fund / Multilateral Engagement: No

Total Funding: 7,536,491

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Sub Partner Name(s)

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Overview Narrative

COP 2010 Overview Narrative

The Capacity Project is continuing from FY09. In COP09, this IM funded activities under MTCT, HVAB, HVOP, CIRC, HBHC, HTXS, PDCS, PDTX, HVTB, HVCT, HVSI, and OHSS. In COP10, HVSI is no longer being funded.

The overall objectives under the award are to: 1) build the capacity of indigenous organizations to respond to and implement HIV programs, leading to an increased number of Namibians who know their HIV status, and 2) improve access to high quality HIV prevention, care and support, and treatment services for people affected and infected with HIV.

Since 2006, IntraHealth has been supporting the Government of the Republic of Namibia (GRN) and its partners to reduce the spread and impact of HIV/AIDS through building the capacity of indigenous organizations. Currently, the project has sub-awards with nine local organizations with plans to transition Anglican Medical Services to a tenth sub-award recipient. In addition, IntraHealth supports the activities of two professional organizations, the HIV Clinician's Society and The Pharmaceutical Society of Namibia.

Intermediate award objectives will be met by providing technical support in HIV clinical services, and prevention and capacity building to the indigenous organizations in partnership with the GRN, stakeholders, private providers and other implementing partners in Namibia. The key intermediate results
(IRs) are as follows:

1. Increased capacity of indigenous organizations to respond to the epidemic and to implement HIV/AIDS-related programs,
2. Strengthened capacity of local organizations to provide high quality, age-appropriate HIV/AIDS prevention programs and referrals at the health facility and community levels,
3. Improved opportunities for Namibians to know their HIV status by improving local organizations’ ability to provide quality HIV/AIDS counseling and testing services at medical facilities and in communities,
4. Strengthened capacity of local organizations to provide HIV/AIDS care and treatment services for both adults and children, and
5. Increased capacity of the Ministry of Health and Social Services (MOHSS) to manage human resources for health (HRH) through support to the development and implementation of a human resources information system (HRIS).

IntraHealth and its partners are working to achieve the objectives while contributing substantially to the goals of the GRN and PEPFAR program, specifically the Partnership Framework (PF). In an effort to ensure sustainability, IntraHealth supports the GRN in building the capacity of the HR department in the MOHSS through the development of an HRIS, as well as strengthening the capacity of indigenous NGOs and faith-based organizations (FBOs) working in remote areas. Specifically, IntraHealth is helping organizations strengthen financial, human resources, compliance and other management systems so that these institutions will be ready for transition to direct support. IntraHealth is concurrently strengthening partners technical expertise to help them provide quality HIV prevention, care and treatment services. The five IRs are closely linked to the National Strategic Framework and the PF, targeting prevention, treatment, care and support.

The program targets Namibians of all ages and gender, with specific emphasis on at-risk populations. IntraHealth works with indigenous organizations covering rural, semi-rural and urban areas in 11 of Namibia’s 13 regions.

Human Resources for Health (HRH) are fundamental to the sustainability of HIV programming. IntraHealth is making significant progress with the MOHSS to strengthen its capacity to manage HRH with health workforce data nearly completed. MOHSS staff has also participated in key capacity building activities on the use of data for decision making. The program will continue to build the capacity of MOHSS and will extend the pilot of the HRIS to all regions in Namibia.

The focus of IR1 is to increase the cost effectiveness of the program by helping build the capacity, beginning with the larger, more developed organizations, and gradually assisting the smaller organizations, to implement HIV programs. Over time, this will enable IntraHealth to have a reduced
presence, shifting to a more supportive role to provide targeted technical assistance. IntraHealth will also work with the local organizations to continue seeking economies of scale as their HIV care and treatment programs expand. One example is the development of an electronic patient management system. As a cornerstone of long term care to PLHIVs, this system not only supports quality care and treatment, it also enables clinics to schedule patients more easily and assist with defaulter tracing.

Monitoring and evaluation is fundamental to the success of the program and is a critically important mechanism for strengthening partner capacity. Through a system of data collection, analysis, reporting and feedback, IntraHealth will work closely with its partners, USAID, and MOHSS to ensure the program is on track, while helping to build partners’ capacity to monitor and evaluate HIV programs. IntraHealth is committed to ensuring that information produced is timely, valid, precise, accurate and reliable, and will routinely monitor the quality of the information generated, conducting data quality audits with staff from partner organizations to improve this information.

### Cross-Cutting Budget Attribution(s)

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### Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Child Survival Activities
- Safe Motherhood
- TB
- Family Planning

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<tr>
<td>Care</td>
<td>HBHC</td>
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**Narrative:**

Ensure provision of quality palliative care services and pain management by all partners through quarterly support and supervision, in-service training and clinical mentorship.

Continuing Activity
Estimated Budget = $78,500

Support partners to strengthen pre-ART follow up visits including clinical monitoring, OI prophylaxis for all eligible adult patients.

Continuing Activity
Estimated Budget = $21,000

Support partners to continue to scale up nutritional assessment and counseling and support.

Continuing Activity
Estimated Budget = $40,000

Support partners to strengthen spiritual counseling and support.

Continuing Activity
Estimated Budget = $55,000

Conduct joint support and supervisory visits with MoHSS.

Continuing Activity
Estimated Budget = $10,000

Continue to support HIVCS to train private and public practitioners in palliative care.

Continuing Activity
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**ADDITIONAL DETAIL:**

**Quality palliative care (Basic Health Care):**
IntraHealth will ensure that local faith-based organizations (CHS, LMS and AMS) provide all HIV-infected adults with high quality care and treatment in order to reduce morbidity and mortality related to HIV and AIDS. The entry point into care will be done through registration of PLHIV at ART clinics. This step will enable ART centers to determine the immunological and clinical status of PLHIV in order to then determine eligibility for ART and/or opportunistic infection (OI) prophylaxis. Quality services will be ensured through quarterly support and supervision, mentorship and on job/ in-service training.

**Positive Health Dignity and Prevention:**
IntraHealth will work with FBO facilities to ensure that the facility based prevention for PLHIV activities is rolled out according to the Namibian guidelines being implemented in the public health facilities. Efforts will include training of care doctors, nurses, prevention officers and community counselors and ongoing supportive supervision and mentoring

**Spiritual care for PLHIV:**
To complement clinical care, IntraHealth will continue to support the implementation of spiritual counseling. The healthcare workers were trained to identify and refer patients requiring spiritual counseling and care to clergy who were also trained on the basic facts about HIV/AIDS and providing non-discriminative support to PLHIV. PLHIV will be able to express their feelings and their spirituality in order to help alleviate the psychological burden and, ultimately, to improve coping capabilities.

**Support training in palliative care:**
For effective palliative care management, doctors, nurses and counselors need to be equipped with
knowledge and skills in palliative care. IntraHealth will continue to collaborate with the MoHSS, other USG partners and the HIV Clinicians Society in facilitating the training of staff during COP11. IntraHealth will meet travel and per diem expenses. HIVCS will be supported to conduct palliative care trainings for doctors and nurses in both the private and public sector through 2 day trainings as well as CPD meetings at least once every quarter.

Nutritional assessments:
Several studies have demonstrated poor nutrition or malnutrition among PLHIV is associated with higher mortality rates even on ART. Nutritional assessment and counseling and support will therefore be strengthened through training, clinical mentorship, supportive supervision and kitchen corner initiatives at various faith-based sites (including provision of local foods & education on food hygiene). Assessments will include weights at each visit, heights and MUAC (for pregnant women). Onandjokwe and Oshikuku district hospitals are amongst the pilot sites for the FBP and will be supported to implement this activity.

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Narrative:
Provide technical assistance to partners to ensure quality of care (Organization development, grant management, mentorship)

Continuing Activity
Estimated Budget = $105,000

Support partners to increase ART outreach centers

Continuing Activity
Estimated Budget = $69,000

Support partners to strengthen linkages between ART services and PMTCT, outpatients and general in patients including TB wards (through in-service and on job training, monthly interdepartmental meetings/therapeutic meetings)

Continuing Activity
Estimated Budget = $61,500

Support partners to develop strategies to reduce patients lost to follow up
Continuing Activity  
Estimated Budget = $60,000

Continue collaborating with MSH in implementation of the treatment literacy approach to improve treatment adherence (quarterly meetings)

Continuing Activity  
Estimated Budget = $20,000

Support district specific trainings in ART

Continuing Activity  
Estimated Budget = $60,000

Support HIVCS (CPD meetings and annual conference)

Continuing Activity  
Estimated Budget = $55,000

Conduct joint support visits with the MoHSS

Continuing Activity  
Estimated Budget = $10,000

Equipment (e.g. computers, scales, lactate meters etc)

Continuing Activity  
Estimated Budget = $50,000

Salary support

Continuing Activity  
Estimated Budget = $1,037,336

Operational costs
Continuing Activity
Estimated Budget = $87,000

ADDITIONAL DETAIL:

Quality of Care:
IntraHealth will continue to support integrated and comprehensive HIV care and treatment services for adults in faith-based hospitals, health centers and outreach services operated by CHS, AMS and LMS. The main goal is to improve the quality of life of all HIV-infected individuals. The overall treatment strategy will focus on building the capacity of partner organizations to implement, sustain, and scale up quality HIV treatment services for adult patients.
Through quarterly support and supervision, mentorship, in-service and on job training, IntraHealth will ensure partners adhere to the national ART guidelines and maintain high quality of care for patients on ART. The local partner organizations will also be capacitated to conduct effective supervision of ART programs.

Expand ART outreach service delivery:
In order to reach more people in need of ART services and increase the ART coverage, the number of ART outlets need to be extended. IntraHealth will seek to gradually extend the number and types of outlets offering ARV services over the life of the project. In COP11 IntraHealth will support the expansion of additional outlets offering ARV services, mainly through outreach.

ART training:
In order to maintain high quality care of ART patients, it is important to continue training doctors, nurses and pharmacists both in the public and private sectors in ART guidelines. IntraHealth will continue to support the training for ART clinic staff, including ART guidelines for all new staff, and refresher trainings for those already providing HAART. This will be done in collaboration with the HCS, MoHSS and I-TECH. The HIVCS will be supported to provide training through both the didactic courses as well as CPD meetings at least once every quarter.

IMAI Training:
The increase in the number of patients initiated and currently receiving treatment since the beginning of the ART program in Namibia has resulted in high workloads for doctors who are in limited supply. IMAI training for nurses could alleviate this burden as IMAI trained nurses can among other duties clinically stage patients, screen for OI and prescribe prophylaxis and review and prescribe ART for patients stable on treatment. Task shifting these duties from the doctor to the nurse could potentially reduce the burden on the doctors and improve efficiency. IntraHealth will support training for 10-15 RNs in IMAI in COP11.
Support partners to improve treatment adherence and retention in care:
IntraHealth will support partners to develop strategies to reduce patients lost to follow up, and support partners to address barriers to adherence in order to improve retention in care and minimize treatment failure and the development of viral resistance in patients. In addition, bringing the services closer to the communities through outreach activities will also contribute to the increased retention in care and better adherence profile. IntraHealth will also continue collaborating with MSH and MoHSS to implement treatment literacy tools in all the FBHs.

Technical Assistance to the MoHSS:
IntraHealth will regularly participate in technical advisory committees, contributing to the development and update of national guidelines, as well as participating in various national committees and training programs. IntraHealth will also conduct joint supportive supervisory visits along with MoHSS staff, which is an opportunity to mentor and further increase collaboration.

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Narrative:
Training of counselors on HCT guidelines.

Continuing Activity
Estimated Budget = $55,000

Continued technical assistance provided to partners to strengthen HIV counseling and testing services within the facility and in the community and satellite clinics (outreach HCT)

Continuing Activity
Estimated Budget = $55,000

Continue to ensure provision of quality counseling and testing through quarterly supportive and supervisory visits.

Continuing Activity
Estimated Budget = $40,000

Build capacity of partners to conduct HCT supportive supervision
Continuing Activity
Estimated Budget = $35,000

Continue providing HCT services at 10 New Start Centers (4 Standalone and 6 Integrated)

Continuing Activity
Estimated Budget = $42,000

Support all New Start centers to conduct mobile/ outreach HCT to hard to reach communities at least twice a month

Continuing Activity
Estimated Budget = $85,000

Provide a mobile HCT unit to cover hard to reach populations

New Activity
Estimated Budget = $200,000

Support the NTD HCT activities

Continuing Activity
Estimated Budget = $10,000

CT counselors, nurses, CM's and CC's will continue to use the dual protection counseling tool with women and girls seeking family planning as referred from CVCT/PITC *

Continuing Activity
Estimated Budget = $35,000

Support male conferences and HCT days to improve HCT access to males

Continuing Activity
Estimated Budget = $40,000

Support partners to intensify PITC at the Integrated centers (training, QA visits, PIA)
Continuing Activity
Estimated Budget = $75,000

Continue providing expanded services at HCT centers such as screening for TB, STI, FP, alcohol use and MC with appropriate referrals.

Continuing Activity
Estimated Budget = $25,000

Continue to support partners to implement PIA and improve program performance

Continuing Activity
Estimated Budget = $30,000

Continue to support partners to implement the safety net program to address psychosocial needs to C&T staff

Continuing Activity
Estimated Budget = $35,000

Support community mobilization activities

Continuing Activity
Estimated Budget = $42,000

Equipment (e.g. computers)

Continuing Activity
Estimated Budget = $20,000

Salary support to 10 HCT centers

Continuing Activity
Estimated Budget = $1,088,451

Operational costs
Continuing Activity
Estimated Budget = $101,000

ADDITIONAL DETAIL:

Technical assistance:
IntraHealth has been a lead provider of TA in VCT since beginning work in Namibia, and has primarily focused on providing technical assistance to partner organizations through working closely with local management. The aim is to teach local partner management teams to incorporate QA and M+E systems so that they may manage their own centers independently and sustainably. IntraHealth will continue to provide EQA through quarterly support and supervision and mentorship visits to centers, even for partners that would have graduated to direct funding. IntraHealth will also continue to provide TA to the MoHSS VCT technical working group and also work closely with NIP on algorithms, protocols and quality assurance.

Mobile and Outreach HCT:
Increasing HIV testing is critical to controlling the epidemic in Namibia. Consequently, IntraHealth will provide significant support to local partners to increase access to testing and encourage uptake of counseling and testing services. Increasing access will include scaling up outreach/mobile testing services to hard to reach communities within their respective communities. The outreach HCT will continue to be done in conjunction with the MoHSS PHC and with the approval of the respective MoHSS RMT. In order to make this activity a success, IntraHealth will work with its partners to improve rapport with their respective RMTs which could in turn expedite the process of approving outreach C&T sites. Emphasis will also be put on linking those clients testing HIV positive to care and treatment services. A mobile unit will also be procured for mobile HCT counseling and testing in hard to reach populations.

Provider Initiated Testing and Counseling (PITC):
PITC activities will be intensified after HCT guidelines are approved and signed off. The six IntraHealth supported integrated centers will be focusing on this strategy to ensure most clients/patients visiting the hospital (OPD and In-patients) are routinely offered HCT irrespective of their clinical presentation. With an average OPD visits per person in the districts supported by IntraHealth being between 1.0 to about 1.5, this is a huge opportunity to ensure almost every person is tested in the districts at a much lower cost. Staff from partner organizations will be trained in PITC.

Community Mobilization:
IntraHealth will support local partners to carry out community mobilization sessions to encourage uptake
of counseling and testing services and to improve overall cost effectiveness. Local partners will also provide group educational sessions before pretest counseling sessions to help shorten the service time clients spent at the site. In addition, group information sessions will also allow counselors to focus more on specific individual risk assessments rather than general information giving.

Male Testing Days:
IntraHealth will continue to support all local partners to develop and utilize a variety of other strategies to increase uptake of counseling and testing services. Partners will conduct “male only” testing days to try and increase the uptake of counseling and testing services by men. IntraHealth will track the number of individuals receiving counseling and testing services through these various events and initiatives.

Quality of counseling and testing services:
In addition to increasing access to HIV counseling and testing, IntraHealth will work closely with partners to ensure that quality is maintained and enhanced as services are scaled up. IntraHealth will continue to conduct, support, and supervise in order to ensure that quality of counseling and testing is maintained and that staff adhere to HCT guidelines and SOPs. The performance improvement approach will continue to be utilized to ensure that local teams develop strategies or interventions to close gaps identified during these support visits. IntraHealth will continue to provide on-the-job training and mentorship.

Developing capacity of partners to conduct HCT Support and Supervision:
IntraHealth will continue to develop the capacity of local partner organizations to conduct effective HCT support and supervision through training, coaching and mentorship of their HCT supervisors and other program management staff. This will ensure sustainability of HCT QA and allow IntraHealth to continue focusing on its TA role.

Support Implementation of Performance Improvement Approach:
To ensure high performance of staff and high standards across all supported sites, IntraHealth will continue to support implementation of the performance improvement (PI) approach using important determinants based on the national protocol. These determinants will include environment and supplies, job expectations, performance feedback, motivation and incentives, skills and knowledge, among others. The PI model empowers the local teams to identify gaps, determine the root causes and develop and monitor interventions to close those gaps.

Safety Net Program:
Counselors in Namibia who provide counseling and testing on a routine basis are deeply affected by burnout due to the intense emotional drain and persistent exposure to thoughts revolving around HIV and
its impact. Recognizing this, IntraHealth initiated and will continue to rollout out a "safety net" program to address the psychosocial needs of counseling and testing staff. The program will be developed jointly with partners and counseling and testing site staff, and will serve as a forum for counselors to discuss individual welfare issues.

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**Narrative:**

Support partners staff to ensure all HIV+ pediatric patients are registered into care according to national guidelines

Continuing Activity
Estimated Budget = $22,000

Support partners to strengthen active pre-ART follow up visits

Continuing Activity
Estimated Budget = $17,000

Ensure partners provide OI prophylaxis for eligible children as per national guidelines through quarterly support and supervision.

Continuing Activity
Estimated Budget = $17,000

Support partners to scale up nutrition assessments counseling and support through quarterly support and supervision, mentorship, and in-service training.

Continuing Activity
Estimated Budget = $21,000

Strengthen quality services through pediatric clinics

Continuing Activity
Estimated Budget = $19,998
ADDITIONAL DETAIL:

Quality of care:
To assure quality of care for all pediatric patients enrolled in care and pre-ART, IntraHealth will conduct quarterly support and supervision and mentorship visits. A checklist will be utilized to check and assess compliance of partner staff with national guidelines. Areas of focus will be strengthening registration of all HIV positive children into care; strengthening the follow up of pre-ART patients; strengthening nutritional assessments counseling and support screening for OIs and provision of OI prophylaxis for eligible patients. The close follow up of pre-ART patients will ensure the children can be initiated on ART as soon as they are eligible for treatment. IntraHealth will also strengthen the in-service training program in all the FBHs in order to update all practitioners on current trends on care of HIV positive children. Onandjokwe and Oshikuku district hospitals are amongst the pilot sites for the FBP and will be supported to implement this activity.

Pediatric clinics:
IntraHealth will continue to support new and existing pediatric ART clinics in all the FBHs. Such clinics have facilitated high quality of care for children on ART as caregivers are taught how to care for the children, and in places such as Onandjokwe and Nyangana, a pediatrician has been able to schedule and conduct consultations on these particular days.

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<td>Care</td>
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Narrative:
Support partners to increase number of ART outreach centers and thus increase access of ART for children.

Continuing Activity
Estimated Budget = $30,000

Support partners to develop strategies to increase early detection and HAART initiation for eligible pediatric patients

Continuing Activity
Estimated Budget = $35,000

Support partners systems to strengthen linkages of ART services to/ with PMTCT, pediatric wards and
PHC/ EPI clinics

Continuing Activity
Estimated Budget = $45,000

Strengthen EID (DNA PCR) through supporting national training, in-service training, on job training and meetings to minimize missed opportunities.

Continuing Activity
Estimated Budget = $30,000

Rollout child counseling skills to all hospitals (training of nurses and counselors)

Continuing Activity
Estimated Budget = $35,000

Ensure provision of quality of care for pediatric patients on ART through quarterly support and supervision.

Continuing Activity
Estimated Budget = $20,000

Salary support

Continuing Activity
Estimated Budget = $87,000

Operational costs

Continuing Activity
Estimated Budget = $14,762

ADDITIONAL DETAIL:

Strengthen linkages:
It is important to strengthen linkages of pediatric ART services to in-patient and outpatient services, PHC/EPI clinics and PMTCT clinics. These linkages would enable all children seen in these clinics/
departments to be screened and offered HIV testing which would enable them to access treatment early and improve survival. Most children under five come to PHC clinics for immunizations. Strengthening linkages with this unit would enable all HIV exposed babies due for DNA PCR testing to be referred for testing or better still be tested in the same PHC and thus minimize loss to follow up and enable early enrollment in care and treatment. In-service training of the staff in these departments would be conducted by the local management teams.

Child Counseling:
A lot of HIV positive children who were enrolled into care and treatment since the beginning of the ART program have graduated to adolescence. As some of them may start asking questions about their status and as some may become sexually active, it becomes important to disclose to them their HIV status. Disclosure is the cornerstone to treatment adherence. Healthworkers need to be empowered to handle disclosure issues for children and adolescence; hence IntraHealth will support and facilitate training of nurses, doctors and counselors from all the FBHs in child counseling skills.

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**Narrative:**

Provide Technical Assistance to MoHSS RM&E division on ePMS

Continuing Activity
Estimated Budget = $10,000

Quarterly Technical Support and Supervision to Partner Organizations and the sites

Continuing Activity
Estimated Budget = $12,000

Conduct quarterly feedback meetings with partner staff

Continuing Activity
Estimated Budget = $10,000

Continue to develop capacity of partners to conduct DQAs and improve data quality through training and mentorship
Continuing Activity
Estimated Budget = $21,000

Continue to develop capacity of partners to mine and analyze data they are generating

Continuing Activity
Estimated Budget = $20,000

Continue to develop capacity of partners in data use for program planning and improvement

Continuing Activity
Estimated Budget = $17,000

SPSS training for partner staff

New Activity
Estimated Budget = $10,000

ADDITIONAL DETAIL:

Technical Assistance to MoHSS:

IntraHealth will continue to provide technical assistance to the MoHSS RM&E division in the following areas:
• ePMS
  o one ePMS ToT for 10 MoHSS national and regional staff (5 days)
  o continued mentorship on maintaining ePMS and trouble shooting
• reviewing PMTCT tools
• actively participate in national M&E committee

Technical Support to Partners:
IntraHealth will continue to conduct quarterly support and supervision and mentorship to partners. The support will also capacitate partner staff to conduct data cleaning and data quality assessments to improve data quality.

Quarterly feedback meetings will also be conducted with each partner after each quarterly report in order to build capacity of partners to write reports effectively.
SPSS training:
In order to encourage partners to make use of their data to inform programming, it is essential to build capacity for partners to be able to comfortably use software such as SPSS for data analysis. IntraHealth will train 10 partner staff in SPSS.

VCT Database Trainings:
Funding will support capacity building by conducting two refreshers training on VCT database system including data collection and reporting tools. The training is intended for VCT receptionists, counselors and site managers. For each training, 10 staff members will be trained for 2 days.

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Narrative:
Continue strengthening and supporting the Stakeholder Leadership Group (SLG) as well as to include new stakeholders (MoF, Lutheran Medical Services (LMS) and Private Sector) and providing TA to guide MoHSS and SLG for national HRIS

Continuing Activity
Estimated Budget = $1,250

Assess the investment in Data Center is providing the intended HRIMS benefits in terms of increased system availability, reliability and security.

Continuing Activity
Estimated Budget = $2,000

Optimize the use of HRIMS:
• As a source to produce quarterly HRM statistics
• Data driven decision making (DDDM) workshop for MoHSS(interdepartmental & selected partners) to expand the use of HRIMS data.

Continuing Activity
Estimated Budget = $1,500

Obtain access to HR data in Private Health Facilities
• HFR already collects registration details of health professionals, but does not capture it as part of their current data due to it being Excel based.

New Activity
Estimated Budget = $5,000

Work with SLG to identify priority activities and partners
• CHS – already rolling out VIP Payroll system – hence will be able to provide reliable HR data in electronic format
• HFR – need a system to capture data collected by them
• Other FBO’s – LMS, etc.

Continuing Activity
Estimated Budget = $2,000

Graduating CHS (Consultant)

Continuing Activity
Estimated Budget = $11,232

Graduating CHS (TA Travelling)

Continuing Activity
Estimated Budget = $1,000

Preparing LMS for graduation (Consultant)

New Activity
Estimated Budget = $16,848

Preparing LMS for graduation (TA Travelling)

Continuing Activity
Estimated Budget = $1,050

Provision of Technical Assistance (salary support for technical advisor)
Continuing Activity
Estimated Budget = $56,120

- Graduation refers to capacity building of organizations to receive funding as a prime partner rather than as a sub-partner.

ADDITIONAL DETAIL:

Optimize the use of HRIMS:
It is essential to build on the momentum created by rolling out the HRIMS to all 13 regions in Namibia and maximize the investment to date through ensuring the HRIMS is optimally used. A one day workshop that coincide with the MoHSS’ National Planning Meeting will go a long way in allowing directorates within the ministry as well as selected partners to collaborate on how to use the data that can be obtained from the HRIMS.

Health workers in Private Health Facilities:
By automating the HRIMS, we provided health worker information in the public sector, but not yet health worker information in private health facilities. This activity will allow us to capture health workers at a private health facility and will be verified at least annually since operating a private health facility is subject to annual renewals. This will bring us a step closer to providing MOHSS with updated health worker information at a national level. The approach is to develop a User Requirements Specification that can be used to source a system to automate the process. Alternatively, a fourth generation language can be used to rapidly develop a system for use by MoHSS to capture the data they’re currently collecting through the registration and renewal of private health facility process.

Graduating CHS:
In order to prepare CHS for graduation, we have developed a graduation plan based on addressing the shortcomings highlighted by the DCAA Audit report no 2191-2009U17740001. This is a two phased approach with the first phase due for completion in COP10 which will deliver the required policies and procedures to address the significant issues highlighted by the DCAA Audit report. COP11 will focus on making the necessary changes on the accounting and personnel systems to implement the policies and procedures at head office as well as at branch level.

Preparing LMS for graduation:
Our work with LMS is still in the initiation phase with the key focus on obtaining the necessary buy in for the graduation process. Once we have secured buy-in, we will be using a toolkit developed for participatory identification of capacity building needs which will allow us to generate a baseline that can
be used to track progress for organizational development in LMS.

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**Narrative:**

Continue advocacy and communication with stakeholders

Continuing Activity
Estimated Budget = $25,000

Support to traditional circumcisers

Continuing Activity
Estimated Budget = $25,000

Support adult and neonatal trainings with MoHSS and ITECH

Continuing Activity
Estimated Budget = $130,000

Support HIVCS in engaging the private sector in two MC training

Continuing Activity
Estimated Budget = $20,000

Infrastructure support (prefabs/ minor renovations in FBO facilities)

New Activity
Estimated Budget = $50,000

Equipment, materials and supplies

Continuing Activity
Estimated Budget = $25,000

Support rollout of MC to all the district FBHs (including demand creation)
Continuing Activity
Estimated Budget = $38,000

Support to national MC program (in-country MC campaigns including WHO volunteer program as well as task shifting advocacy and engagement)

Continuing Activity
Estimated Budget = $50,000

Salary support (level of efforts MOs, nurses, counselors facilitating MC)

Continuing Activity
Estimated Budget = $30,000

Operational costs

Continuing Activity
Estimated Budget = $27,324

ADDITIONAL DETAIL:

Support to National Male Circumcision (MC) Program:
The national MC task force was directed by National AIDS Executive Committee (NAEC) to pilot MC activities at selected sites throughout the country. The MC targets set by NAEC look quite ambitious but in order for MC to have an impact in preventing HIV transmission, it is necessary to circumcise this number of men and male neonates. The targets set for 2010-2015 are 816,000 men and 64,000 male newborns. IntraHealth will support the MoHSS efforts to achieve these targets through training of healthcare workers (travel, per diems and accommodation and trainer), quality assurance and support visits, equipment, commodities and supplies, MC campaigns and support of in-country volunteer programs among other areas.

Technical Assistance:
IntraHealth will continue to actively participate as a member of the Namibian MC task force. IntraHealth will also play a key role in Namibia as a source of information on MC to other stakeholders and decision-makers. IntraHealth will use this opportunity to advocate for integration of MC in all prevention activities.
Support rollout of MC to FBHs:
IntraHealth will, in conjunction with MoHSS and ITECH, continue to build the capacity of its partners to offer MC as an element of the national prevention strategy and ensure coverage of key points including sexually transmitted infection screening and management, behavioral counseling, provider-initiated testing and counseling, condom promotion and distribution. In addition, support and monitoring of performance, supply chain management, side effects post-procedure and demand creation will also be provided. Counseling and testing centers will continue to serve as entry points to MC information, education and referrals.

In COP11, the project will continue to support the training of doctors, nurses, counselors and managers in MC in order to enable the scale up of the program in the FBHs. IntraHealth will continue to supervise providers to ensure that quality services are offered and complications from MC are managed effectively.

Traditional Circumcisers:
Traditional circumcisers do conduct a significant number of circumcisions particularly in communities known to circumcise their male children. To ensure safe MC by traditional circumcisers, IntraHealth will support advocacy, communication, information, service delivery and supply of necessary kits as required. Training and advocacy will cover other pertinent areas such as infection control, biohazard waste disposal, messaging and monitoring and evaluation of these activities.

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Narrative:
Continued technical assistance provided to six FBH to integrate and strengthen HIV prevention education, SBCC and consistent high quality prevention messaging with hospital staff and within the environs of the hospitals

Continuing Activity
Estimated Budget = $14,500

Continued supportive supervision to FBH prevention programs in order to ensure high quality delivery, consistency and accuracy of messaging and integrated M+E procedures

Continuing Activity
Estimated Budget = $21,280
Continued training of prevention staff to ensure they have the up to date knowledge and methodologies to provide high quality services to staff and community members.

Continuing Activity  
Estimated Budget = $21,000

Facility based prevention officers will continue to train hospital staff in the drivers of the epidemic to ensure staff impart accurate information to patients and strengthen overall response to the epidemic.

Continuing Activity  
Estimated Budget = $8,000

Facility based prevention officers will start/train CC’s to conduct “pregnancy planning” sessions with HIV positive mothers as identified through PMTCT programming.

Continuing Activity ***  
Estimated Budget = $8,000

Facility based prevention officers will start/train CC’s to conduct “HIV prevention planning” sessions with mothers who test HIV negative through pre-natal clinics.

New Activity  
Estimated Budget = $8,000

Facility based prevention officers will continue to use the dual protection counseling tool with women and girls seeking family planning.

Continuing Activity  
Estimated Budget = $7,500

Facility based PO’s will conduct both community and facility based PwP sessions.

Continuing Activity ***  
Estimated Budget = $11,000

Continued technical assistance to the wider prevention community, partners and the Office of the President.
Continuing Activity
Estimated Budget = $2,000

IntraHealth will develop a user friendly manual for women living with HIV on safe pregnancy and female reproductive health

New Activity
Estimated Budget = $6,500

Salary support

Continuing Activity
Estimated Budget = $178,540

ADDITIONAL DETAIL:

Technical Assistance:
The IH prevention team will continue to provide TA to FBH partners and New Start franchise partners with the following aims; Strengthened capacity of FBH + New Start partners to provide high quality HIV prevention messaging to patients, facilities that have staff well trained in HIV prevention and BCC methodology, facilities that identify opportunities to impart prevention messaging –PIPM-and then fill the opportunity, facilities that have HIV prevention strategies integral to operations, facilities that become leaders in HIV prevention messaging and dissemination, healthier facilities- thereby more adept at imparting prevention messaging, increased uptake of New Start services, planned pregnancies amongst women living with HIV. Increased uptake of male involvement in VCT/PICT services and further HIV related services.

Supportive supervision:
As per the cooperative agreement between IH and USG, the IH prevention team will continue to provide sub-grantee monitoring to prevention partners. The aim of this activity is; To ensure quality services are being offered through observation, feedback to the partner and corrective suggestion, to assist the partner to learn to do this themselves through working also with the managers, to provide mentoring and on-site training to implementers and managers again so that they begin to do this for themselves, to ensure proper M+E is being done.

Training:
As a quality assurance and capacity building intervention, the IH prevention team will conduct 4 trainings during year COP11. These trainings will equip prevention staff to provide holistic HIV prevention services across the age groups and spectrums of hospital clients. Trainings will be on: safe motherhood—helping HIV+ women to plan pregnancies, HIV general refresher\-up-date course, training for nurses and CC’s in the use of the dual protection counseling tool and gender sensitivity and referrals.

Direct service provision:
***please note, direct service provision is described here but not to be done by IH prevention team but by FBH partners, in particular the PO’s, with IH TA. The IH prevention team will assist FBH staff to integrate female empowerment programming in terms of HIV into day to day work. This will take the form of pregnancy planning sessions for HIV+ women, HIV prevention planning sessions for HIV- women and dual protection counseling for women seeking family planning. The PO's will also continue to provide training to hospital staff on the drivers of the epidemic and conduct PwP sessions with HAART clients and community members.

Reproductive health educational material:
IH will use internal and organizational expertise and in conjunction with the MoHSS, to design a short, easy to understand and culturally sensitive handbook for HIV + women about safe pregnancy, family planning and reproductive health. This material will be for use in all GRN hospitals and hence will be vetted by the MoHSS primary healthcare department

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Narrative:
Support district specific PMTCT guidelines training and support supervision
Continuing Activity
Estimated Budget = $129,000

Assure quality PMTCT services are provided in all facilities by ensuring implementation of PMTCT guidelines through quarterly QA support and supervisory, on-the-job trainings
Continuing Activity
Estimated Budget = $55,000

Support partners to strengthen enrolment into care and treatment for all HIV+ pregnant women
Continuing Activity
Estimated Budget = $38,500

Continue to support partners to offer preventive counseling for all HIV negative mothers to stay HIV negative

Continuing Activity
Estimated Budget = $15,500

Support partners to reinforce male involvement through encouraging male partners to participate in couples counseling and testing (male conferences, engaging community leaders)

Continuing Activity
Estimated Budget = $50,000

Support CHS to rollout of RT in satellite facilities in Andara, Nyangana and Oshikuku districts through provision of basic equipment and furniture (fridges, lockable cabinets, tables and chairs)

Continuing Activity
Estimated Budget = $65,000

Assess quality of PMTCT services provided by partners through implementation of the QoC tool

Continuing Activity
Estimated Budget = $35,000

Support partners to continue implementing Performance Improvement Approaches (PIA) through conducting PI quarterly meetings at each center

Continuing Activity
Estimated Budget = $35,000

Strengthen partners systems to ensure missed opportunities for HCT for mothers and their partners are minimized (through quarterly in-service and on job training, mentorship)

Continuing Activity
Estimated Budget = $40,500
Strengthen partners systems to ensure all mothers coming to deliver with unknown status are offered HCT at or after delivery and ARV prophylaxis offered to those HIV exposed babies (quarterly in-service and on job training, mentorship, and local case reviews)

Continuing Activity
Estimated Budget = $22,500

Ensure all HIV exposed babies are offered DNA PCR testing from 6 weeks (through quarterly supervision)

Continuing Activity
Estimated Budget = $20,500

Support training (travel and per diem and accommodation) of nurses on EID including DBS through MoHSS

Continuing Activity
Estimated Budget = $35,000

Support HIVCS to conduct trainings in PMTCT and EID through CPD meetings at least once every quarter

Continuing Activity
Estimated Budget = $16,000

Continue to support kitchen corner activities at all the hospitals

Continuing Activity
Estimated Budget = $25,000

Procure equipment and renovate facilities (including prefab option) for EMOC in line with the national road map for the acceleration of the reduction of maternal and neonatal morbidity and mortality

New Activity
Estimated Budget = $100,000
Conduct trainings on neonatal resuscitation for midwives

New Activity
Estimated Budget = $60,000

Support DCCs to conduct trainings for nurses to identify danger signs in pregnancy

New Activity
Estimated Budget = $55,000

Improve integration/ linkages of FP, PMTCT, HCT, ART & MCH

New Activity
Estimated Budget = $50,000

Develop infection control SOPs for Neonatal units

New Activity
Estimated Budget = $35,000

Develop and pilot a tracking system for HIV exposed babies using the unique identifier (this will be done in collaboration with UNICEF pilot)

New Activity
Estimated Budget = $35,000

Salary support

Continuing Activity
Estimated Budget = $980,503

Operational costs (rentals, utilities, communications)

Continuing Activity
Estimated Budget = $100,000

ADDITIONAL DETAIL:
Ensure Quality PMTCT services are provided to all HIV-positive pregnant women. IntraHealth's faith-based partners (CHS, LMS and AMS) have successfully offered quality PMTCT services at district hospitals, gradually extending professional care providers into the community for follow-up care of HIV-positive women, babies and children at 48 satellite facilities. The supported PMTCT sites offer the minimum package that includes counseling and rapid HIV testing, counseling for infant feeding options, family planning counseling and referral and antiretroviral (ARV) prophylaxis as per current national guidelines. In addition, eligible HIV+ women are offered HAART. IntraHealth will support partners to strengthen and scale up a comprehensive PMTCT service package in accordance with MoHSS guidelines and algorithms which covers the antenatal care (ANC) period to labor, delivery and postpartum care with special emphasis on mother-infant pair case management. All HIV-exposed infants will be offered DNA PCR HIV testing at six weeks of age.

The focus in year 4 will be to minimize the following missed opportunities:

- HCT for pregnant women and their partners who present at ANC
- HCT for mothers coming to deliver with unknown HIV status at or after delivery
- Providing ARV prophylaxis for mothers testing HIV positive in ANC
- Providing ARV prophylaxis to HIV exposed babies

IntraHealth will ensure quality of all PMTCT components through timely collection of data and strengthening of the data management system, training workshops on new PMTCT guidelines (launched in year 2), supportive supervision, implementing performance improvement (PI), and clinical mentoring using established checklists.

A Quality of Care (QoC) tool will also continue to be implemented annually to monitor quality of care being provided in PMTCT settings in all the FBHs.

Kitchen Corner Activities:
Kitchen corner activities will continue to be supported in all the FBHs to provide education to PMTCT mothers on nutrition and how to prepare complimentary food for their babies using locally available foods. This activity will be intensified using a protocol developed by IntraHealth with assistance of FANTA-2. Outcomes of babies who go through this program will be monitored over time.

Support CHS to Expand RT:
To have more coverage in counseling and testing of pregnant women, IntraHealth, in collaboration with the MoHSS and Namibia Institute of Pathology (NIP), will work with the CHS Management to get remaining satellite facilities in Andara, Nyangana and Oshikuku districts certified as rapid testing (RT).
Support Partners to Continue Implementing PIA:
IntraHealth will continue supporting the implementation of the Performance Improvement approach (PIA) in all FBO facilities. Implementation will be continued and expanded in Year 4. IntraHealth believes that the PI approach is a sustainable model that can be adopted by any department within a health facility and used to improve performance. By developing experts in PI within a given facility, this will provide an opportunity for the facility to utilize PI elsewhere. Implementation will involve assisting partners to develop action plans that IntraHealth will follow up on.

Training of midwives on early identification of danger signs:
Midwives at the clinic and health center level will be trained to identify danger signs of maternity complications early and immediately refer to a hospital. This would address partly the third delay in accessing maternal health services. The DCCs will be capacitated to conduct these trainings in their own localities and for their own clinics and health centers. Working with the local DCCs would ensure more nurses/clinics can be covered in a shorter space of time and at a lower cost, while strengthening the existing healthcare systems and adding an element of sustainability by facilitating recurring trainings and refresher courses. All the FBHs will be covered with these trainings.

Neonatal resuscitation:
Training of midwives in the maternity wards on neonatal resuscitation is a critical area in CHS hospitals. Thorough training of midwives to provide effective resuscitation would significantly reduce the number of infant deaths resulting from asphyxia due to late initiation of effective resuscitation. The 4 CHS hospitals and Odibo will be the focus of these trainings. Onandjokwe hospital does not seem to have a gap in this area probably due to presence of specialist doctors on site who have consistently provided in-service trainings to midwives.

Infection Control:
Neonatal sepsis is one of the identified causes of neonatal mortality in Namibia. IntraHealth, in partnership with the MoHSS, will develop and implement SOPs for infection control in neonatal units. Implementation will involve training one to two midwives from each hospital who will act as a focal person for infection control and who will in turn provide training to the rest of the hospital nursing staff.

Equipment (basic and specialized):
IntraHealth will support procurement of the following basic and specialized equipment for its supported FBHs:
Developing and piloting a tracking system for HIV exposed babies:
Currently less than 50% of HIV exposed babies are currently being tested in Namibia because of poor follow up of these babies. A data analysis performed for Onandjokwe and Oshikuku, suggests that babies may still be initiated on ART late despite the change in guidelines allowing every baby less than 12 months of age testing HIV positive to be started on ART (Aziz et al 2010). Tracking these babies and testing them at 6 weeks or soon after that, would enable early identification of HIV+ babies and early treatment which would in turn improve their survival. IntraHealth will develop and pilot this tracking system in one of the district hospitals. IntraHealth will collaborate with other partners such as UNICEF to develop this tracking system using unique identifier.

Integrating FP, PMTCT, HCT, ART and MCH:
The majority of clients accessing PMTCT, HCT and ART services in all the FBHs are women. This creates a huge opportunity to reach these clients with FP messaging and commodities. IntraHealth will continue to work with its partners to integrate these services through co-location of FP in all these departments. FP messaging that is sensitive to the teachings of the different churches will be developed and implemented. Co-locating these services will minimize attrition of clients referred for FP from any one of these departments.

Currently babies do present to PHC clinics for immunizations and some of these are HIV exposed babies due for DNA PCR testing and may be missed or if they are identified and referred to PMTCT/ART clinics might not reach there. There is a huge opportunity to have DNA PCR specimens (DBS) collected from the PHC clinics which IntraHealth will explore with its partners in order to minimize attrition.

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Narrative:
Support TB Infection Control Activities in all the Faith Based district hospitals/ health center according to the national TB Infection control guidelines (In-service training, departmental meetings, etc)
Continuing Activity  
Estimated Budget = $30,000

Ensure partner staff adhere to TB/HIV guidelines in implementing the 3Is approach through quarterly supportive and supervision visits

Continuing Activity  
Estimated Budget = $7,000

Support quarterly meetings between TB and HIV in the district hospitals to improve TB/HIV quality of care

Continuing Activity  
Estimated Budget = $10,000

Support partners staff to screen all TB patients for HIV (in-service and on job training, meetings)

Continuing Activity  
Estimated Budget = $10,000

Support HIVCS training of doctors and nurses in TB/HIV

Continuing Activity  
Estimated Budget = $5,000

ADDITIONAL DETAIL:

Support the Implementation of the 3Is approach:

IntraHealth will continue to support all partners in strengthening TB/HIV collaborative activities. This will be done through reinforcement of the three "I's" to reduce the burden of TB disease among PLHIV as well as initiatives to reduce the burden of HIV amongst TB patients. Through the quarterly support and supervision, IntraHealth will monitor partner staff compliance with the TB guidelines to routinely offer HCT to all TB patients and TB suspects, screen all HIV patients for TB at each encounter/visit, and providing IPT to eligible patients and designing and implementing TB infection control activities. Emphasis will be placed on supporting local hospital management teams as they develop infection control plans addressing administrative efforts to reduce exposure of both the clients and healthcare workers to TB. Simple measures—such as maximizing natural ventilation in all wards, consultation rooms and areas,
cough hygiene, fast-track screening of patients who are suspected to have TB, and the isolation of all multi-drug resistant (MDR) from non-MDR patients—should be put in place and strictly enforced.

Support TB and HIV program meetings at district/hospital level:
In order to optimize the HIV/TB co-infection management, quarterly meetings between TB, ART and NIP staff is of paramount importance. The MoHSS has implemented and coordinated these meetings at regional level. The focus of this activity will be on strengthening these meetings at the local level (district) during which all challenges in the collaborative activities including early diagnosis, treatment, referral and reporting issues will be discussed.

Implementing Mechanism Indicator Information
(No data provided.)

Implementing Mechanism Details

| Mechanism ID: 10389 | Mechanism Name: Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00 |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Management Sciences for Health |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

Total Funding: 2,779,451

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Sub Partner Name(s)
(No data provided.)

Overview Narrative
COP 2010 Overview Narrative

The Management Sciences for Health/ Strengthening Pharmaceutical Systems (MSH/SPS) program in Namibia is a continuing implementing mechanism from FY09. In COP09, this IM funded activities under HTXS, PDTX, HVTB, HVSI and OHSS. In COP10, HVTB is no longer being funded.
MSH/SPS has four objectives: 1) improve governance in the pharmaceutical sector, 2) strengthen pharmaceutical management systems to support priority public health services and interventions, 3) contain the emergence and spread of antimicrobial resistance (AMR), and 4) expand access to essential medicines. These objectives will be achieved through partnership, capacity building, and coordination with partners to ensure efficiency and sustainability of interventions.

To improve governance in the pharmaceutical sector, SPS implementing mechanism will enhance the registration, inspection, quality assurance and post marketing surveillance units of the Namibia Medicines Regulatory Council (NMRC), resulting in more efficient and effective regulatory system for timely registration of antiretroviral and essential medicines. SPS will also continue to support review of the National Medicines Policy (NMP), and the development and implementation of the National Pharmaceutical Master Plan.

To strengthen pharmaceutical management systems to support priority public health services and interventions, SPS will develop and implement strategies that strengthen systems, human resources and institutional capacity at various levels for the delivery of pharmaceutical services. This involves supporting the Pharmacy Management Information System (PMIS); the facility level patient Electronic Dispensing Tool (EDT); supporting pharmacy human resources; and strengthening of pre and in-service training of pharmaceutical personnel. These activities will gradually be transitioned to the MoHSS as PEPFAR resources declines.

To contain the emergence and spread of AMR, SPS will support MoHSS in enhancing rational use of medicines by strengthening therapeutic committees and training at facility level. The Program also ensures institutional systems strengthening and the development of cost-effective and sustainable interventions for the containment of spread of antimicrobial resistance. Interventions include monitoring HIV drug resistance early warning indicators (EWIs), adherence interventions, and implementing infection control activities.

ARVs are essential medicines in Namibia that should be continuously available in all health facilities. SPS provides technical assistance to MoHSS and other partners to improve access to essential medicines by strengthening systems for managing pharmaceuticals in the public sector and supports decentralization and interventions aimed at reducing the cost of ART in the private sector.

In line with the partnership framework agreement, MSH/SPS program will focus on key priority areas of treatment, care and support by contributing to expanding ART services, and on key area of coordination and management as it relates to pharmaceutical services.
SPS focuses on leadership and governance in the pharmaceutical sector, community systems strengthening, human resources for health capacity development, and strengthening monitoring and evaluation systems.

SPS has a national coverage and the target population is the entire population of people living with HIV/AIDS in Namibia.

SPS contributes to Health Systems Strengthening by using the adapted capacity building pyramid model as a conceptual framework for building capacity of pharmaceutical services. Key components are:
- Operationalization of structure, systems, and roles through development and implementation of policies, regulations, procedures guidelines and other governance structures
- Strengthen Human Resources for Health capacity and provision of equipment and requisite infrastructure including in-service and pre-service training at the National Health training centre (NHTC) and the University of Namibia to increase supply, skills and competence of personnel
- Deployment of essential tools and information systems for strengthening health systems at facility and national level

Cross-cutting Issues: Increasing gender equity in HIV/AIDS activities and services. SPS has developed and supports systems that ensure that patient data on ART is disaggregated by gender and age, appropriately analyzed and shared with decision makers.

In order to build efficiency and sustainability, SPS will support scale-up and increased access to ART through decentralization and public-private partnerships. Increasing focus will be on transitioning activities to MoHSS, particularly with regard to the newly recruited pharmacy personnel.

SPS will partner with the National Medicines Policy Coordination, Response Monitoring and Evaluation and Quality Assurance units of MoHSS in implementing national pharmaceutical related M&E systems for pharmaceutical care. Support will also be provided to MoHSS staff to conduct annual data quality audits in 20 sites and facilitate supportive supervision visits, a crucial element in data quality assurance (DQA). SPS will also strengthen data feedback and dissemination mechanisms with quarterly feedback to sites and annual feedback during the pharmacy forum. SPS will conduct two Public Health Evaluations in COP10.

**Cross-Cutting Budget Attribution(s)**

| Gender: Reducing Violence and Coercion | 200,000 |

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2012-10-03 15:52 EDT
Human Resources for Health 1,020,000

Key Issues
(No data provided.)

Budget Code Information

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Narrative:
Enhance public-private partnership to increase access to ART information and services (meetings, trainings workshops, technical assistance, advocacy activities, data analysis and dissemination)

Continuing Activity
Estimated Budget = $250,000

Support implementation and monitoring of standard treatment guidelines and guideline technical committees (development, dissemination, implementation, compliance monitoring, systems for revisions)

Continuing Activity
Estimated Budget = $124,823

Support the development and implementation of adherence interventions (treatment literacy materials, routine adherence monitoring tools)

Continuing Activity
Estimated Budget = $250,000

Support monitoring of Antimicrobial Resistance (AMR) and strengthening the monitoring and interventions for HIV Drug Resistance (HIVDR) including analysis and use of Early Warning Indicators
Continuing Activity
Estimated Budget = $200,000

Strengthening human resource capacity and systems for the delivery of sustainable pharmaceutical services to support ART service delivery
(staff secondment, training of staff on pharmaceutical management, new guidelines)

Continuing Activity
Estimated Budget = $580,000

Strengthen environmentally safe disposal of pharmaceutical waste in the private sector
(assessment of the current waste management, implement key findings, training of pharmacists and health inspectors)

Continuing Activity
Estimated Budget = $120,000

ADDITIONAL DETAIL:
This is a continuing activity from COP10. In COP11 Management Sciences for Health implementing the Strengthening Pharmaceuticals Systems project (MSH/SPS) will work with Ministry of Health and Social Services (MoHSS) to scale up on previous achievements and consolidate on the activities.

SPS will continue to support initiatives for scaling up ART coverage in both the public and private sectors and facilitate engagement of the private sector in ART service delivery.

SPS proposes to enhance the quality of care through the management of treatment standards. SPS will also continue to provide technical support to the Technical Advisory Committee (TAC) of the MoHSS and other guideline committees to review treatment guidelines to ensure that they are in line with recommended international guidelines and best practices.

SPS will build on the COP10 adherence baseline study and adherence improvement initiative to continue to provide support to encourage and ensure adherence to treatment schedules to minimize defaulters and the risk of HIV drug resistance over time. This will include providing support to health facilities to monitor their own Early Warning Indicators (EWIs) and also SPS will support the MoHSS to provide support to facilities that are not performing well to improve EWI performance.
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**Narrative:**
Support sites in scaling up pediatric ART coverage
(technical assistance, training, equipments, EDT support)

Continuing Activity
Estimated Budget = $180,000

Support implementation of adherence interventions in children

Continuing Activity
Estimated Budget = $90,072

Strengthen national capacity for delivery and monitoring of pediatric ART services
(Technical assistance, training, data analysis)

Continuing Activity
Estimated Budget = $103,000

**ADDITIONAL DETAIL:**
SPS will continue to support the scale-up ART coverage through strategies for enhancing provision of ART to remaining health facilities; strengthen provision of pediatric ART; standardize and offer a comprehensive care package to ART patients including children. SPS will also support Pharmaceutical services to implement interventions for enhancing integrated adult and pediatric ART services (e.g., quality assurance).

Ensuring adherence to ART in pediatrics is often complicated by several factors. These include inadequate tools for monitoring pediatric adherence and the often low treatment literacy levels of caregivers who may make errors in the administration of medicines to children; and who may not fully appreciate the need to adhere to prescribed treatment.

In COP11, SPS will continue to provide support for IEC material to promote pediatric adherence.

SPS will continue to support the development of models of care that enable adequate management and follow-up of pediatric ART cases by improving data collection and analysis to inform interventions that will
improve adherence and treatment outcomes. SPS will leverage the use of the electronic dispensing tool, EDT to collect and analyze pediatric ART data that will inform improvement of services.

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Narrative:

Strengthening data quality and use of data from the Electronic Dispensing Tool (EDT) at treatment facilities and NDB at the National Level (training, dissemination, data review)

Continuing Activity
Estimated Budget = $40,000

Supporting the Pharmacy Management Information System (PMIS)
(upgrade and review of PMIS, training of staff)

Continuing Activity
Estimated Budget = $40,000

Supporting program monitoring and data quality

Continuing Activity
Estimated Budget = $41,210

Conduct end of program evaluation

Continuing Activity
Estimated Budget = $20,000

Operational research

Continuing Activity
Estimated Budget = $20,000

ADDITIONAL DETAIL:
This is a continuing activity of Management Sciences for Health/ Strengthening Pharmaceutical systems
(MSH/SPS) will focus on: supporting program monitoring and data quality through strengthening data quality and utilization of information from the Electronic Dispensing Tool (EDT) at treatment facilities and the National Database (NDB); and the Pharmacy Management Information System (PMIS). This intervention strengthens pharmaceutical care services by enhancing quality data collection and analysis to ensure evidence based decision making, and sustainability in ART delivery.

In line with increased access to ART services, strengthening pharmaceutical and patient management systems, accurate and timely reporting at all ART sites are pivotal to the effective delivery of ART services. In COP11, SPS will continue to support the MoHSS to implement a comprehensive ART monitoring system, including systems for more reliable monitoring and tracking of ART patient management and for monitoring ART adherence. The focus of SPS support will be more on improved data quality and data use for decision making both at facility and national levels. SPS will also support the MoHSS in rolling out the EDT in lower facilities across Namibia to ensure that all stocks of ARVs and patients accessing care in the pharmacy in all facilities are adequately monitored. SPS will continue to support the integration and harmonization of the Pharmacy Management Information System (PMIS) into the planned integrated health management system of the MoHSS as well as the integration of the EDT and ePMS systems for ART monitoring.

SPS will continue to promote research that will advance and sustain best practices and successful pharmaceutical management interventions deployed during the life of the SPS program in Namibia and support the dissemination of results and adoption of best practices. SPS will support the MoHSS in monitoring patient outcomes in order to optimize the benefits of ART.

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Narrative:
Support implementation of strategies and best practices to improve regulatory capacity and processes for a sustainable NMRC
(Technical assistance, training)

Continuing Activity
Estimated Budget = $150,000

Support monitoring of implementation of the National Pharmaceutical Master Plan (NPMP)
(Technical assistance, advocacy activities, support visits)
Continuing Activity
Estimated Budget = $75,000

Provide technical support for the implementation of prospective active surveillance for monitoring the safety and effectiveness of ART medicines (systems for TIPC)

Continuing Activity
Estimated Budget = $35,000

Support ART and TB programs implement risk management strategies to reduce moderate-to-severe adverse events that impact on patient adherence and treatment outcomes (Technical assistance, training)

Continuing Activity
Estimated Budget = $250,000

Support implementation of medication risk management and pharmaceutical care strategies in Windhoek Central Hospital and the carrying out of medication survey (Technical assistance to allow Central Hospital to meet the standard of the UNAM degree course training)

Continuing Activity
Estimated Budget = $75,000

Improve treatment outcome through effective use of evidence generated from pharmacovigilance activities (Technical assistance, training)

Continuing Activity
Estimated Budget = $75,000

Support sustainability plans for the TIPC call centre and scale-up the implementation of treatment literacy interventions (Training, materials development and dissemination, advocacy)
Estimated Budget = $60,346

ADDITIONAL DETAIL:
In COP10, the SPS Program supported the Namibia Medicines Regulatory Council (NMRC) to implement a five-year strategic plan developed in COP 09 and helped streamline the registration process as well as develop supportive systems and institutional capacity for medicine regulation in Namibia. SPS will continue to provide technical assistance to the NMRC to help institutionalize systems that will enable NMRC to rely on decisions by stringent regulatory authorities and concentrate its limited resources on in-country monitoring for quality, safety and effectiveness of approved medicines. A strengthened NMRC will contribute towards enhanced quality and availability of ART and TB medicines; and other essential medicines in Namibia.

The change in initiation of ART to the CD4 of 350 threshold, and the change in first-line HAART regimens are expected to increase the number of patients exposed to new ARV regimens, which calls for intensive monitoring, management and prevention of potential adverse effects of therapy. SPS will continue to support the TIPC to implement active medicine safety surveillance strategies, use of information gathered and implementation of medication risk minimization strategies to enhance the quality of ART care.

In COP08/09, SPS and MoHSS completed the review of the National Medicines Policy (NMP) and NPMP, which were launched and implemented in COP10. In COP11, SPS will continue supporting the MoHSS in monitoring the implementation of the NMP and NPMP in order to ensure sustainability of pharmaceutical systems in the delivery of ART services.

Implementing Mechanism Indicator Information
(No data provided.)

Implementing Mechanism Details

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<th>Mechanism ID: 10393</th>
<th>Mechanism Name: PACT TBD Leader with Associates Cooperative Agreement</th>
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<tr>
<td>Funding Agency: U.S. Agency for International Development</td>
<td>Procurement Type: Cooperative Agreement</td>
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<td>Prime Partner Name: Pact, Inc.</td>
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</tr>
<tr>
<td>Agreement Start Date: Redacted</td>
<td>Global Fund / Multilateral Engagement: No</td>
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Total Funding: 3,062,014
The goal of the Community REACH Namibia Program is to scale up and sustain a comprehensive response to HIV/AIDS services through civil society organizations (CSO) and Government of the Republic of Namibia (GRN) ministries. The award has six objectives: 1. provide a grant-making system for indigenous partners to respond to the HIV/AIDS epidemic; 2. provide CSO with funding and technical assistance to ensure they achieve results and comply with USG requirements; 3. build CSO organizations’ and networks’ capacities to provide and sustain HIV/AIDS services; 4. strengthen linkages between CSO, the GRN and private sector to promote sustainable capacity building in-country; 5. support the Ministry of Gender Equality and Child Welfare (MGECW) through targeted technical assistance and capacity building, including implementation of an OVC database; 6. implement a gender sensitive approach to HIV/AIDS programming. Through sub-partners REACH supports services in impact mitigation for orphans and vulnerable children, community and home based health care (CBHC) and prevention of sexual transmission. In COP09, this IM funded activities under HVAB, HVOP, HBHC, PDCS, HKID, HVSI, OHSS and HVTB. In COP10, HVTB AND OHSS are no longer being funded.

In support of the Partnership Framework Agreement, REACH supports the USG commitments to increase social and behavior change to prevent the sexual transmission, programs prevention targeting most at risk populations, and supports workplace programs. REACH supports commitments in strengthening CHBC systems and referrals and prevention with PLWHA. In impact mitigation, REACH supports sustainable livelihoods for vulnerable households; strengthens the MGECW’s implementation of the National Plan of Action for OVC; and develops and implements OVC quality and care standards. Under coordination and management, REACH plays a key role in community systems development by strengthening CBOs to deliver quality HIV/AIDS services; and sustainably enhances human resource and capacity development at the MGECW. Aligned with the National Strategic Framework and PEPFAR indicators, REACH supports improved M&E through capacity building at all CBO and ministry partners.
REACH has a national coverage targeting a) CSO that support PEPFAR objectives, 2) the MGECW, and 3) other ministries responsible for coordination of service delivery related to the award's budget code funding. In turn, sub-grantees serve those target populations appropriate to the objectives of their funding.

Many of REACH’s activities are focused interventions in support of health systems strengthening. In service delivery, REACH improves partners’ capacity to plan service delivery programs focused on outcomes; develops and assists GRN to implement national policy and standards; and supports MGECW planning and quality performance management. REACH provides significant support to leadership and governance by: strengthening the MGECW’s and MOHSS’s engagement of CSOs; developing management skills at MGECW and CSO partners for strategic planning, monitoring and supervision; promoting a culture of evidence-based decision making and program accountability; supporting CSOs to engage in advocacy and public planning; and promoting problem solving and local ownership of key decisions. REACH supports information by developing and implementing the national OVC data warehouse and ensuring that information is analyzed, widely disseminated, and used by diverse GRN and CSO stakeholders. REACH supports human resources in the MGECW by building capacity to provide targeted in-service training, along with skills building for facilitation, supportive supervision, and mentoring to MGECW staff; and by providing bursaries and stipends in collaboration with MGECW to social work students with financial need who are required to work for the MGECW up on graduation. In finance, REACH promotes accountability in resource allocation within the MGECW; and assists CSO with policies and improved financial management.

REACH supports cross-cutting programs including: pre and in-service training and leadership to build human resources for health at the MGECW and CSOs offering community-based care; gender mainstreaming and programming to address the five cross-cutting gender strategic areas, including a women’s empowerment activity; public private partnerships that leverage resources to complement activities and provide technical assistance to partners; support to workplace programs; and food and nutrition.

REACH assists partners with resource allocation, budgeting and financial monitoring that optimizes the use of project funds to achieve objectives. Assistance imparts sustainable resource management that extends beyond project funding. To ensure continuing improvements in efficiency, REACH coordinates partners and uses partner performance and efficiency as key measures when determining continued funding levels.

REACH uses a results chain and performance monitoring plan to measure project performance, which captures REACH assistance in improving organizational and technical effectiveness. Each organization
undergoes an assessment to identify areas for monitoring and evaluation (M&E) capacity building. Each partner operates with an approved M&E plan that measures results against PEPFAR indicators and outcome objectives. REACH provides onsite support and training to strengthen M&E capacities and verifies results and provides feedback on how to improve M&E systems and data quality. REACH provides peer to peer exchanges among M&E staff of the sub-recipients to enhance opportunities for capacity building.

**Cross-Cutting Budget Attribution(s)**

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<thead>
<tr>
<th>Category</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Education</td>
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<tr>
<td>Human Resources for Health</td>
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**Key Issues**

Increasing gender equity in HIV/AIDS activities and services

**Budget Code Information**

<table>
<thead>
<tr>
<th>Strategic Area</th>
<th>Budget Code</th>
<th>Planned Amount</th>
<th>On Hold Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care</td>
<td>HKID</td>
<td>2,300,000</td>
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</table>

**Narrative:**

TA and training to MGECW to strengthen management, planning, budgeting skills in the Ministry of Gender Equality and Child Welfare;

Continuing Activity

Estimated Budget = $ 370,000

Support the MGECW’s coordination of the implementation of the National Plan of Action for OVC:

- Support and mentoring to the Permanent Task Force on OVC to identify and address operation issues
- Support the functioning of effective regional and constituency level coordination forums addressing
OVC issues
• Build capacity of the MGECW to strategically engage partner ministries

Continuing Activity
Estimated Budget = $330,000

Engage the MoE to fulfill its mandate in service delivery to OVC.

New Activity
Estimated Budget = $400,000

Maximize efficiencies in the delivery of vulnerability grants and social services through MGECW.

Continuing Activity
Estimated Budget = $400,000

Support to sub-grantees implementing OVC activities (grants)

Continuing Activity
Estimated Budget = $800,000

ADDITIONAL DETAIL:

TA and training to MGECW to strengthen management, planning and budgeting skills in the Ministry of Gender Equality and Child Welfare:
PACT will continue to provide technical assistance to all directorates of the MGECW (Child Welfare, Community Development, and Gender), including 2 staff seconded for OVC and ECD, for improved planning and management systems, especially in relation to the scheduled devolution of functions to the regions under the decentralization framework.

Support the MGECW's coordination of the implementation of the National Plan of Action for OVC:
PACT's support to the Directorate of Child Welfare to manage the OVC response will include support to coordinate the new National Plan of Action for OVC currently under preparation, and to strengthen the multi-sectoral coordination of the OVC response through the Permanent Task Force on OVC. This will involve further strengthening of the Permanent Task Force on OVC and its sub-national structures (regional OVC forums), and improved coordination between GRN and CSO efforts. Technical assistance
will be provided to ensure sectoral obligations to OVC are being met by partner ministries (besides MoHSS, Min of Home Affairs, Min of Agriculture).

Support the MOE’s implementation of the National Plan of Action for OVC through the PTF:
Technical assistance will be provided through the MGECW-coordinated PTF on OVC to ensure Ministry of Education sectoral obligations to OVC.

Maximize efficiencies in the delivery of vulnerability grants and social services through MGECW:
A study on the effectiveness of child welfare grants completed in 2010 resulted in several policy options and recommendations to streamline the cash transfer system. Technical support will be provided to develop improved procedures for the grant administration as well as improved monitoring.

Support to sub-grantees implementing OVC activities (grants):
PACT will continue to provide technical assistance and coordination support to the integrated protection program implemented by three indigenous civil society organizations (LifeLine/Childline, Legal Assistance Centre and PEACE) to establish a holistic community and institutional network to deal with cases of child abuse in at least three locations (Rundu, Rehoboth, Windhoek). Targeted organizational capacity building support will be provided to LAC and PEACE to ensure sustainability of their programs (LifeLine/ChildLine is currently slated to graduate to direct USG assistance before COP 11).

<table>
<thead>
<tr>
<th>Strategic Area</th>
<th>Budget Code</th>
<th>Planned Amount</th>
<th>On Hold Amount</th>
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<tbody>
<tr>
<td>Other</td>
<td>HVSI</td>
<td>286,719</td>
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</table>

**Narrative:**
Continued support to the MGECW for the implementation of a sustainable data sharing strategy and overall M&E technical assistance, to guide the development of an IT team within the MGECW and expansion of M&E TA, mentoring support to all 4 Directorates of the MGECW.

Continuing Activity
Estimated Budget = $230,000

Finalization and transition of support for SI and M&E related data management needs and support for resources related to OVC systems and programs.

Continuing Activity
Estimated Budget = $56,719
ADDITIONAL DETAIL:

PACT will expand its technical support for monitoring and evaluation (including information systems) beyond the Child Welfare directorate to address the needs of other directorates. For example, technical support will be provided to mentor and train key IT staff in database administration from all directorates within the Ministry. In so doing, PACT will provide programmatic support to foster greater linkages, quality, and harmonization of various data tools and databases used throughout the ministry. Thus, the MGECW will be better equipped to synthesize and inform policy and programming decisions for Gender, ECD, and Child welfare.

<table>
<thead>
<tr>
<th>Strategic Area</th>
<th>Budget Code</th>
<th>Planned Amount</th>
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</tr>
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<tbody>
<tr>
<td>Other</td>
<td>OHSS</td>
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</tr>
</tbody>
</table>

Narrative:

Technical support to implement the Ministry's Human Resources Strategic Plan and training plan.

Continuing Activity

Estimated Budget = $149,654

ADDITIONAL DETAIL:

In a recent HR gap analysis, the MGECW has identified numerous human resource gaps and deficiencies such as the shortage of social workers. To address these issues (including those relating to recruitment and retention) the Ministry has developed a new human resources strategic plan as well as a revised staff establishment. Pact will support the Ministry to operationalize this plan and staff establishment. Specific tasks will include the development of an implementation plan, revision of job descriptions where needed, and development of manuals and other communication materials to communicate details to staff.

It should be noted that USG COP 11 funds, through HS 20/20, will also be used to support the Ministry of Health and Social Services to role out its new HR strategy. Because both the MGECW and MOHSS include social workers in their staff establishments, PACT and HS 20/20 will work with their respective Ministries to better coordinate relevant areas of overlap in the Ministries' staff establishments for maximum impact.

<table>
<thead>
<tr>
<th>Strategic Area</th>
<th>Budget Code</th>
<th>Planned Amount</th>
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<tr>
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Narrative:
Support to sub-grantees working in prevention (grants)

Continuing Activity
Estimated Budget = $107,480

Organizational capacity building support (TA)

Continuing Activity
Estimated Budget = $42,992

Adaptation, production and dissemination of prevention materials (other)

Continuing Activity
Estimated Budget = $18,425

Technical assistance to MGECW to strengthen their response to gender, HIV prevention and OCV/child welfare issues

Continuing Activity
Estimated Budget = $31,103

ADDITIONAL DETAIL:

Activities under this budget code area will support both the remaining sub-grant as well as organizational and programmatic level technical assistance to a promising indigenous NGO, namely Caprivi Hope For Life. This NGO is the only remaining sub-recipient/organization focusing on sexual prevention activities in COP 11.

Caprivi Hope for Life implements prevention programming focusing on A and B, and receives technical capacity building assistance from Pact and Pact's partner, C-CHANGE. Areas of prevention technical assistance include how to develop and implement a BCC strategy, how to conduct KAP surveys, and use analysis of data for programming, community mobilization training to target traditional/political leaders, opinion leaders and other important local figures and how to develop, adapt, and/or adopt appropriate, Namibianized prevention materials.

With the PACT’s recent agreement modification, PEPFAR support is being focused to provide targeted
organizational capacity development support to remaining local sub recipients to broaden their funding base beyond USG and to become eligible to receive direct USG assistance. The following organizations will be supported and will be graduated on or before 9/2012: LifeLine/ChildLine, PEACE Center, Legal Assistance Center, Caprivi Hope for Life, KAYEC, and Catholic AIDS Action.

<table>
<thead>
<tr>
<th>Strategic Area</th>
<th>Budget Code</th>
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<td>Prevention</td>
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</table>

Narrative:

Support to sub-grantees working in prevention (grants)

Continuing Activity
Estimated Budget = $79,953

Organizational capacity building support (TA)

Continuing Activity
Estimated Budget = $31,981

Adaptation, production and dissemination of prevention materials (other)

Continuing Activity
Estimated Budget = $13,707

ADDITIONAL DETAIL:

Activities under this budget code area will support both the remaining sub-grant as well as organizational and programmatic level technical assistance to a promising indigenous NGO, namely Caprivi Hope For Life.

Caprivi Hope for Life implements HIV prevention programs, and receives technical capacity building assistance from Pact and Pact's partner, C-CHANGE. Areas of prevention technical assistance include how to develop and implement a BCC strategy, how to conduct KAP surveys, and use analysis of data for programming, community mobilization training to target traditional/political leaders, opinion leaders and other important local figures and how to develop, adapt, and/or adopt appropriate, Namibianized prevention materials.
With the PACT’s recent agreement modification, PEPFAR support is being focused to provide targeted organizational capacity development support to remaining local sub recipients to broaden their funding base beyond USG and to become eligible to receive direct USG assistance. The following organizations will be supported and will be graduated on or before 9/2012: LifeLine/ChildLine, PEACE Center, Legal Assistance Center, Caprivi Hope for Life, KAYEC, and Catholic AIDS Action.

**Implementing Mechanism Indicator Information**
(No data provided.)

**Implementing Mechanism Details**

<table>
<thead>
<tr>
<th>Mechanism ID: 10397</th>
<th>Mechanism Name: Tuberculosis Control Assistance Program</th>
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<tr>
<td>Funding Agency: U.S. Agency for International Development</td>
<td>Procurement Type: Cooperative Agreement</td>
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<tr>
<td>Prime Partner Name: KNCV Tuberculosis Foundation</td>
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<tr>
<td>Agreement Start Date: Redacted</td>
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<td>TBD: No</td>
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**Total Funding: 950,000**

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<td>GHCS (State)</td>
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**Sub Partner Name(s)**

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<tr>
<th>Namibia Business Coalition on AIDS (NABCOA)</th>
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**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

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<th>Human Resources for Health</th>
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Key Issues

TB

Budget Code Information

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<td>Mechanism Name:</td>
<td>Tuberculosis Control Assistance Program</td>
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<tr>
<td>Prime Partner Name:</td>
<td>KNCV Tuberculosis Foundation</td>
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<th>Strategic Area</th>
<th>Budget Code</th>
<th>Planned Amount</th>
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<tbody>
<tr>
<td>Treatment</td>
<td>HVTB</td>
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</table>

Narrative:

TB/HIV care and treatment. Includes supporting TB/HIV activities in the private sector as part of Private Public Mix interventions; updating TB/HIV guidelines and interventions; and training health care providers in these interventions, including strengthening recording and reporting on collaborative activities. Support will also be given to the University of Namibia TB/HIV Resource Centre. The program will ensure all 34 hospitals have written and monitored TB Infection Control plans which are implemented.

Continuing Activity
Estimated Budget = $300,000

Programmatic Management of drug resistant tuberculosis (PMDT). Funding will be provided for regular support and supervision to hospitals managing DR TB, including the funding to address DR TB among the San community who are disproportionately affected by the disease. 60 health workers (doctors, nurses, pharmacists, pharmacy assistants, social workers and occupational therapists) will be trained on clinical management of DR TB. The training will introduce health workers to new diagnosis algorithms aimed at early DR TB case identification. Quarterly DR TB review meetings will continue to be funded to strengthen and verify data recording and reporting.

Continuing Activity
Estimated Budget = $300,000

Health System Strengthening. 350 health workers will be trained on the new guidelines (a comprehensive curriculum covering TB/HIV, DR TB, Infection control, pediatric TB care, Community TB
care and Medicines management). Zonal quarterly review meetings will continue to be funded with support and supervision to those regions needing special attention. Staff at the national level will be supported to attend local and international trainings to enhance management skills and increase TB/HIV and DR/TB knowledge.

Continuing Activity
Estimated Budget = $150,000

TB Care and Treatment. Support for community TB care will continue to cover the whole of Erongo and Karas regions through support to field promoters. World TB commemorations will be funded under this activity including the Tuberculosis Communication for Behavioral Improvement (TBCOMBI) which among other things supports GRN TB Lifestyle Ambassador quarterly meetings and GRN-mandated incentives. Refresher trainings for field promoters will be funded under this activity.

Continuing Activity
Estimated Budget = $200,000

ADDITIONAL DETAIL:

KNCV tuberculosis foundation’s main thrust is to provide technical assistance for tuberculosis control through knowledge transfer. This contributes to sustained capacity building throughout all levels of care. The result has been that TB care has improved across all levels in the years KNCV has been working in Namibia. KNCV works to ensure that institutional guidelines on community TB care are in line with international standards; disseminates these guidelines; and trains health workers and lay people (field promoters and NGO workers) in implementing these guidelines. KNCV also supports operations research; enables staff and management to attend international conferences; and provides TA through periodic consultant visits to the National TB program.

TB/HIV care and treatment:
KNCV will continue to provide technical assistance to the National Tuberculosis and Leprosy Program (NTLP) to ensure strengthening and implementation of TB/HIV collaborative activities. KNCV will ensure promotion of policies that ensure early diagnosis of TB in HIV infected individuals as well as an integrated approach to TB and HIV treatment. Intensified case finding strategies at HIV counseling and testing (HCT) sites, including PMTCT centers, health facilities and within the community, shall be tailored to address gender inequalities to care and will also ensure that children who are TB contacts to ensure are traced and put on Isoniazid Preventive Therapy (IPT) or TB treatment, as appropriate. Through strengthening the TB/HIV working groups at all levels, KNCV will ensure implementation and recording of
TB screening among HIV clients attending ART clinics and at every contact with health facilities. Given the high Isoniazid resistance in Namibia, KNCV will be engaging the local and international communities to tailor implementation of IPT in Namibia to suit the high level of primary and secondary INH resistance in the country. It should be tailored to be given to those who will benefit from it.

Programmatic Management of drug resistant tuberculosis (PMDT): KNCV has supported the initiation of PMDT and wishes to continue strengthening the implementation of the program. Given the high HIV prevalence in Namibia; it is essential that strategies that ensure early diagnosis (using rapid molecular diagnostic methods) are promoted and implemented while infection control in health facilities is addressed and infection control strategies at home and community level are promoted. KNCV will also strengthen DR TB surveillance to ensure data for decision making is accurate and timely reported.

Health System Strengthening: KNCV tuberculosis foundation is embedded in the MOH and provides direct skills transfer along with ensuring increased staff deployment at national, regional and district level who are mentored directly by KNCV consultants. This will ensure continuity of care when the support of KNCV comes to an end. KNCV will ensure training of all health care providers (doctors, nurses, pharmacists, pharmacy assistants, field promoters, TB NGO leaders) on the new guidelines to ensure knowledge transfer and standard TB care across the whole country. Quarterly review meetings will continue to be supported to consolidate the surveillance system that has been the flagship of care in Namibia. TA will also be provided for a comprehensive Human Resource Development (HRD) policy to ensure a consistent and integrated approach to HRD including the required skill sets, motivational support, location, job description, and evaluations.

TB Care and Treatment (DOTS strengthening): Namibia has attained a high case detection rate of over 70% in new smear positive cases and a treatment success rate of 82%. This has been attained through a number of strategies including Community based TB care (CBTBC). KNCV will ensure continued support of CBTBC to the Erongo region and support standardization of CBTBC provided under R10 of Global Fund. KNCV will continue to ensure early diagnosis and access to care and treatment for those who are most disadvantaged, for example, people living in informal settlements around urban areas, etc. KNCV will collaborate with GRN to ensure that laboratory services are up to international standards to ensure universal access to free diagnostic services of the highest standard.

Implementing Mechanism Indicator Information
(No data provided.)
Implementing Mechanism Details

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<tr>
<th>Mechanism ID: 10780</th>
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<td>Procurement Type: Cooperative Agreement</td>
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<tr>
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Total Funding: 646,040

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<tr>
<td>GHCS (State)</td>
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Sub Partner Name(s)
(No data provided.)

Overview Narrative
COP 2010 Overview Narrative

SUBSTANTIALLY CHANGED FROM LAST YEAR The CDC cooperative agreement with University of Washington/I-TECH is a continuing mechanism from FY09. It aims to strengthen graduate-level public health education in the Republic of Namibia.

Objectives: UW/I-TECH has five objectives under the award: (1) To enhance the UNAM MPH program through specializations in Nutrition, Strategic Information, Health Policy and Management, and integration of HIV and AIDS content into MPH courses; (2) To institutionalize support to MPH students to complete their thesis requirements within 2-4 years; (3) To strengthen institutional capacity of UNAM by increasing faculty development opportunities; (4) To strengthen the UNAM Health Resource Center library systems and services; and (5) To establish and maintain on-going collaborative relationships with UNAM to ensure sustainability of project results.

Partnership Framework: By promoting Namibian institutional capacity to strengthen public health leadership competencies, this mechanism directly contributes to several of the goals and benchmarks of the Namibian Partnership Framework currently under development. This mechanism addresses USG
commitments in Goal 4, Coordination and Management, objectives 3 and 4, Human Resource Capacity Building, and Monitoring and Evaluation, among others.

Coverage: The activities of this mechanism are national in scope. The target population is MPH students, lecturers, and librarians at the UNAM Faculty of Medical and Health Science at the UNAM campuses in Windhoek and other satellite campus in the north of the country, including Oshakati. These targeted beneficiaries include the incoming cohort of students of the UNAM MPH degree program in years 2010-2014 and at least fifteen UNAM MPH lecturers, administrators, and librarians.

Health systems strengthening: Key contributions to health systems strengthening through this mechanism include providing better trained and higher numbers of public health professionals for the health sector of Namibia, through a competencies-based public health curriculum at UNAM. This support will help Namibia to exceed the targets outlined in the Human Resources Development Strategy 2008-2014.

Cross-cutting/Key issues: This mechanism will contribute to Human Resources for Health objectives through cross-cutting support for management and leadership development and pre-service education for public health professionals.

Cost efficiency: This mechanism has been designed from the start with cost efficiency in mind. Supporting a Namibian institution for graduate-level public health education will obviate the need to send Namibians abroad for similar training. Investments in the public education sector will also support the public sector career ladder for faculty and staff, and contribute to a retention of talented Namibian instructors. This mechanism will promote innovative cost-effective approaches including distance communication and e-learning technologies, such as digital video conferencing for distance-based co-teaching, guest-lecturing, mentorship, and professional development workshops to students and MPH lecturers. The use of electronic journals and texts such as the World Health Organization's HINARI e-journal database will replace the costs of purchasing and shipping expensive hardcopy textbooks and teaching resources while contributing to UNAM's collection of educational resources. Over the course of the life of this mechanism, UNAM and UW/ITECH plan to enhance sustainable regional collaboration through a partnership with the University of Western Cape in South Africa.

M&E: A detailed monitoring and evaluation plan for the five years of the cooperative agreement has been developed to monitor progress towards achieving the stated goals and objectives. Benchmarks and indicators have been developed to ensure the implementation of each component. Progress will be reported semi-annually to CDC. The indicators tracked through this mechanism are drawn from the Next Generation PEPFAR indicators and are aligned with the GRN indicators in the NSF. This mechanism will
also contribute to the targets outlined in the Human Resources Development Strategy 2008-2014. The monitoring and evaluation plan for the five year project will be modified and adjusted as the years progress to ensure that arising needs are accommodated.

### Cross-Cutting Budget Attribution(s)

<table>
<thead>
<tr>
<th>Budget Attribution</th>
<th>Amount</th>
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<tr>
<td>Education</td>
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<tr>
<td>Human Resources for Health</td>
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### Key Issues

- Malaria (PMI)
- Child Survival Activities
- Safe Motherhood
- TB
- Family Planning

### Budget Code Information

<table>
<thead>
<tr>
<th>Strategic Area</th>
<th>Budget Code</th>
<th>Planned Amount</th>
<th>On Hold Amount</th>
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<tbody>
<tr>
<td>Other</td>
<td>OHSS</td>
<td>646,040</td>
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**Narrative:**

Enhance the UNAM MPH program through increasing specializations in Nutrition, Strategic Information, Health Policy and Management, and greater integration of HIV and AIDS content into MPH courses. Support coordination of UNAM programs and curricula with other training institutions (e.g., Polytechnic, NHTC, National Council on Higher Education).

**Continuing Activity**

Estimated Budget = $200,040
Institutionalize support to MPH students to complete thesis requirement within 2-4 years. This will include a thesis workshop to strengthen students’ understanding of research methods.

Continuing Activity
Estimated Budget = $80,000

Strengthen institutional capacity of UNAM by increasing faculty development opportunities.
Continuing Activity
Estimated Budget = $180,000

Strengthen library services at UNAM to build research capacity in support of national public health goals such as disease surveillance, outbreak investigations and emerging disease threats. This activity will also strengthen UNAM librarians’ research skills through distance learning.

Continuing Activity
Estimated Budget = $20,000

Continue and develop a transition plan for the expert twinning program between UNAM and University of Washington faculty; continue to build UNAM management capacity to allow UNAM to potentially “graduate” to prime partner status.

Continuing Activity
Estimated Budget = $100,000

Enhance the distance learning systems in UNAM.

Continuing Activity
Estimated Budget = $66,000

ADDITIONAL DETAIL:

COP11 funds will support activities in 6 main areas to strengthen graduate-level public health education in the Republic of Namibia. The focus of activities is within the University of Namibia (UNAM) Faculty of Nursing and Public Health, and is guided by the UNAM Public Health Working Group (PHWG), consisting of the Dean, public health lecturers, and staff from I-TECH.
1) Assure sustainability and transfer of knowledge and financial assets by the end of five years. With COP11 funds the UNAM PHWG will continue to be supported to conduct ongoing meetings, ensure grant deliverables are met, and implement a multi-phase, multi-year strategic plan for MPH program expansion and specialization. PHWG members are involved in all aspects of work plan development, implementation and monitoring and are partnered with external universities and staff from I-TECH to assure long-term sustainability. A key component under this objective is identifying strategies for increasing the number of lecturers. I-TECH will continue to address this via: short-term faculty exchanges, study tours and guest lecturers; sabbaticals; recruitment and salary support for one position at UNAM annually, based on the university's ability to eventually absorb these expenses; building of content expertise among existing UNAM faculty via collegial mentoring, co-teaching, and a joint process for developing new course materials; and identifying mechanisms to support new schools, departments and programs that are synergistic with the strengthening of the MPH degree program.

2) Strengthen content and delivery of the MPH programme. Activities continue in the strengthening and building of content in nutrition, strategic information, health policy, environmental health and other needs identified by UNAM and stakeholders including CDC and the MOHSS. Additionally, technical assistance is provided for course institutionalization, or partnering with UNAM lecturers and administrators to build human resource capacity, subject mastery, administrative support and a foundation for long-term adoption of new course content.

3) Improve retention and graduation rates for MPH students. With COP11 funds UNAM trainers will institutionalize and lead thesis development and completion workshops for public health lecturers and students, successfully utilizing workshop materials developed by I-TECH and building upon mentoring by lecturers and experts in research methodologies identified by I-TECH. Building student support initiatives, including more robust student tracking systems, is a key component under this activity, and will be advanced by an MPH Course Administrator.

4) Strengthen institutional capacity for teaching public health. UNAM lecturers will continue to participate in a twinning and leadership training program with University of Washington faculty. The intent of this twinning program is to build UNAM lecturers' teaching skills and content knowledge. In COP11, UW will work to develop a transition strategy for the twinning program. Specific COP11 activities will include establishing an alumni association and/or founding a professional network for public health professionals in Namibia, and either will be a critical step for building a nationwide presence that can provide advocacy, leadership and collegial support. External partners, such as the University of the Western Cape (UWC), will continue to play an important role in these activities, sharing reflections and assessments of public health educational approaches, resources, attendance of each other's faculty development activities, and ongoing distance learning exchanges. I-TECH will continue to actively foster South-South institutional
relationship building as a sustainability measure. In addition to faculty training, UW will continue to work with UNAM program managers to build institutional capacity to manage grants and programs. The ultimate objective of this work will be to prepare UNAM to potentially graduate to prime partner status.

5) Strengthen library services and resources for the MPH program. I-TECH will continue to build librarian skills via trainings and tutorials in accessing and utilizing health sciences resources and reference materials. These skills building activities increase the rigor of public health research and thesis development and contribute to a higher caliber student and public health professional. Where appropriate, I-TECH will share technical expertise in library sciences and distance learning with the biomedical library at the Polytechnic of Namibia.

6) Enhance Distance Learning Systems at UNAM. In COP11, I-TECH will work with the Distance Learning Task Force (DLTF) at UNAM to teach, interact with and support public health students in remote sites. Activities include procurement, installation, training, piloting, and adaptation of technologies for educational purposes.

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

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**Total Funding: 1,060,404**

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**Sub Partner Name(s)**

(No data provided.)
Overview Narrative
COP 2011 Overview Narrative

SUBSTANTIALLY CHANGED FROM LAST YEAR
The CDC Global AIDS Program (GAP) provides technical assistance and direct funding to partners working in the national HIV/AIDS response in Namibia. CDC's main partner is the Ministry of Health and Social Services (MOHSS), which hosts CDC's offices through a co-location agreement. CDC technical advisors and administrators provide direct support to MOHSS to strengthen public health infrastructure and build human resource capacity.

CDC support for MOHSS includes technical input through evaluations, assessments and surveys, supportive supervision and mentoring, human resource capacity building, and collaboration on joint initiatives such as the Partnership Framework (PF).

In COP10, continuing technical emphasis will be placed on:

- Training for providers on revised ART, PMTCT and STI guidelines.
- Expanding and evaluating prevention efforts
- Supporting the decentralization of ART services.
- Integrating TB and HIV services.
- Surveillance systems
- Evaluating the impact of task-shifting.
- Expanding access to palliative care and pediatric treatment.
- Assisting with the response to drug-resistance (TB and HIV)
- Supporting rapid HIV testing by community counselors and through mobile services.
- Building the evidence base to support expanded HCT and care and treatment services in Namibian prisons.
- Coordinating resources with the Global Fund, the government of Namibia (GRN) and other donors.

CDC also provides technical and financial assistance to local partners, including, Development Aid People to People (DAPP), the Namibia Institute of Pathology (NIP), and the Blood Transfusion Service of Namibia (NAMBTS). In COP09, 86% of CDC-managed funds were allocated to partners, of whom 79% were local Namibian entities. The balance of CDC's budget supported CDC technical advisors and office operations.

Links to the Partnership Framework
In Namibia, unlike many other PEPFAR-supported countries in sub-Saharan Africa, a majority of the PEPFAR budget provides direct support to the GRN and other local entities. Given these considerable local investments, CDC is already deeply engaged in strengthening GRN capacity and ownership, especially in the areas of human resources, and the financing and operation of national healthcare systems. In COP10, PEPFAR will emphasize the GRN's capacity to plan, oversee, manage and, eventually, finance a growing share of the commitments made in the four priority areas identified by the PF: Prevention; Treatment, Care and Support; Impact Mitigation; and Coordination and Management.

Coverage and Target population

CDC supports activities with a national scope. In COP10 and beyond, CDC will increasingly promote multi-sectoral coordination and integration to mainstream the impact of PEPFAR's HIV/AIDS investments.

Health Systems Strengthening

In 2008, an MOHSS review identified two areas of structural weakness within the GRN healthcare system: Unequal access to health facilities and human resources.

In COP10, CDC technical assistance will emphasize training and other capacity building for all cadres of health workers. CDC will also support expanded access to services. Special emphasis will be placed on supporting administrative systems to manage Human Resources for Health.

Cross-Cutting Programs and Key Issues

This activity's main cross cutting area is Human Resources for Health. This program will contribute to PEPFAR's broader effort to build human resource capacity by improving the capacity of MOHSS to recruit, manage and retain staff. CDC's support for pre- and in-service service training will also build a sustainable pool of Namibian healthcare workers in nursing, medicine, pharmacy, counseling, and laboratory sciences.

Cost Efficiencies Over Time

CDC's technical assistance to the MOHSS and other partners supports the development of sustainable engagement and, where relevant, transition plans. These plans are evidence-based. Special emphasis will be given to cost-efficient strategies, including task-shifting and the recruitment and deployment of locally-trained community lay healthcare workers. In COP10, CDC will continue support for on-going GRN costing activities, and conduct programmatic assessments to determine the costs and impact of community-based strategies. These assessments will be linked to the bi-annual PEPFAR reporting.
calendar, and respond to reporting requirements embedded in the cooperative agreement mechanisms used to manage PEPFAR funds. CDC will also continue support for long-term strategic planning, including the National Strategic Framework and associated costing exercises. Key areas for CDC support in this area include: 1) Actual and projected costs; 2) non-financial resources needed to meet program goals (e.g., human resources, equipment); 3) resource mobilization strategies, and; 4) options to institutionalize the activity within a particular sector (e.g., GRN, NGO community, for-profit).

Over time, CDC is committed to working with MOHSS to identify activities that may be absorbed completely by the GRN, that require continuing technical assistance from the USG, and that could be terminated.

Monitoring and Evaluation Plans

The CDC works with MOHSS and other development partners to strengthen, integrate, and align M&E plans, indicators and systems. All of CDC’s program indicators have been aligned with NSF and PEPFAR targets. Bi-annual reports identify progress and describe any necessary changes based on available evidence.

Cross-Cutting Budget Attribution(s)

| Human Resources for Health | 500,000 |

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Custom
### Narrative:
A portion of the costs of HIVQUAL program administration. Funding for this activity is reflected 85% in Adult Treatment (HTXS) and 15% in Pediatric treatment (PDTX).

### Continuing Activity
Estimated Budget = $143,250

### ADDITIONAL DETAIL:
HIVQUAL program administration: Funds will be used to support general in-country administration and operational costs of the HIVQUAL program. These costs are related to in-country travel for quality improvement (QI) coaching and training costs related to rolling out the HIVQUAL program in treatment and care settings. The sharing of best practices is necessary to learn from the experiences of others and promote quality improvement. Regional quality improvement workshops will continue to be used as effective platforms where facilities meet to review and discuss their performance data and learn from each other how to improve the quality of clinical care. The national coordinators of HIVQUAL will participate in QI conferences to present the progress of the various QI initiative in the country as well as to learn from others and share experiences.

### Narrative:
Support for Strategic Information (SI)-related programs. This activity will include government- to-government technical assistance, training, mentorship and logistical support for HMIS, M&E, and surveillance activities as prioritized by the MoHSS and USG.

### Continuing Activity
Estimated Budget = $350,000

Support for building capacity for rapid assessments, population-based size estimations and behavioral
surveillance of most at risk populations (MARPS) through technical assistance, stakeholder meetings, and analytical and dissemination workshops.

Continuing Activity
Estimated Budget = $160,700

Support for an assessment and planning activities for a long-term certificate epidemiological training program (Field Epidemiology and Laboratory Training Program) for public health personnel in conjunction with a local institution of higher learning.

New Activity
Estimated Budget = $200,000

ADDITIONAL DETAIL:

1) Support for Strategic Information (SI)-related activities. CDC will support technical assistance for the MoHSS Response, Monitoring and Evaluation unit and also possibly the HIS Directorate or others areas as appropriate. Areas that require in depth support include M&E systems guidance at the partner, regional and national level, M&E and surveillance reports, surveys, and maintain, update and integrate program level and national aggregate systems. This support will include M&E, survey, HMIS, epidemiological and statistical training, database management, data quality assessments, analytical and dissemination workshops and revising protocols (e.g., due to changes in ART guidelines). Additional support will promote software and indicator standardization across MOHSS M&E units, and ensure software licenses are up to date.

2) Rapid assessment, population size estimation, and bio-behavioral survey of MARPS. To enhance understanding of HIV epidemiology among most at risk populations in Namibia (e.g., sex workers and men who have sex with men), CDC will support technical and logistical aspects of planning, implementing, analyzing and disseminating workshops through mentorship, stakeholder meetings, and workshops.

3) Support for an assessment and planning activities for long-term epidemiological training for public health personnel. USG aims to build local capacity to implement strategic information activities. In order to do so, specialized training in epidemiology with mentorship is required over a period of time. The participants would ideally apply concepts learned in the classroom to field-based projects. The US CDC-based Field Epidemiology and Laboratory Training Program (FELTP) will be the model for this activity.

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2012-10-03 15:52 EDT
**Prevention** | **MTCT** | **156,455**
---|---|---

**Narrative:**
Expansion of support and technical assistance for PMTCT services within the regions. In addition efforts will be made to enhance integration with primary health care to strengthen maternal-child health care. Support will include technical assistance, equipment, and supplies.

**Continuing Activity**
**Estimated Budget = $156,455**

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**Narrative:**
Continued technical support for the Electronic TB Register (ETR)

**Continuing Activity**
**Estimated Budget = $50,000**

**ADDITIONAL DETAIL:**
Electronic TB Register: Namibia is one of several southern Africa countries that adopted the ETR developed by the BOTUSA Project (Botswana-CDC collaboration) in Botswana. The ETR records information on HIV status and use of ART in TB/HIV patients and is used to measure key indicators and monitor expansion of HIV care and treatment among TB patients. The ETR is expected to further contribute to enhancements in TB surveillance, and inform improvements in TB prevention, early detection, and treatment. CDC will continue to support the Ministry of Health and Human Services’ (MOHSS) ongoing implementation of the ETR through a local contract with WAMTech of South Africa. WAMTech is the sole provider of ETR software and support. The MOHSS is interested in adding an X/MDR component to the ETR to enhance monitoring and surveillance of X/MDR TB cases.

**Implementing Mechanism Indicator Information**
(No data provided.)

**Implementing Mechanism Details**
**Mechanism ID: 12441**
**Mechanism Name: TBD MARP**
This is a new implementing mechanism which is a follow-on to the Population Services International (PSI)/Social Marketing Association (SMA) Corridor of HOPE program which comes to an end in March 2010. During the end of COP09, PEPFAR Namibia will competitively award a new program to strengthen HIV prevention services for the following most-at-risk populations (MARP): men who have sex with men (MSM), sex workers (SW) and clients of sex workers including truckers, seafarers and miners.

This new mechanism has three main components: 1) increased access to a comprehensive package of prevention services leading to reduced risk of HIV transmission among MSM, SW and clients of sex workers; 2) creation of an enabling environment for the provision of HIV services for these populations; and 3) increased organizational capacity of local stakeholders to develop, manage, and evaluate effective HIV prevention interventions for the target population.

This mechanism will fill an important gap in MARP programming in Namibia. Although commercial and male-to-male sex are not the source of most new HIV infections in Namibia, available data suggest that SW and MSM have some of the highest rates of HIV prevalence of any population sub-groups and remain important target audiences for prevention efforts. However, to date most prevention efforts have focused on awareness creation among youth and adults in the general population. The primary activity related to addressing higher-risk populations to date has been the SMA activity, but SMA also lacked a sharper focus on these most-at-risk groups.
The activity supports the prevention priorities of the Government of Namibia (GRN) as articulated in the draft National Strategic Framework for HIV/AIDS. The partner will participate in the Prevention Technical Advisory Committee (TAC) and work under the National Prevention Strategy currently under development. This program contributes to the draft USG Partnership Framework through the objective "Increased prevention programming for most at risk and vulnerable populations (MARP), including youth, sex workers, men who have sex with men, prisoners, truck drivers and other mobile populations."

Geographically, the new activity will, in collaboration with the GRN, establish selected high-risk areas in which to operate, specifically, those with a high density of MARP, high HIV prevalence and a thriving commercial sex industry.

A key focus of the program will be to identify and capacitate local organizations representing and serving MARP to operate in a cost-effective and accountable way and to develop the capacity of these groups and civil society to advocate for increased commitment by government and other stakeholders for improved HIV prevention, care and treatment services for MARP. By transferring technical knowledge and skills required to establish, operate and sustain these interventions to qualified indigenous organizations, and working with the GRN and stakeholders to create an enabling environment, USG will increase the likelihood of sustaining HIV prevention interventions with MARP in the future.

The program will address gender issues, recognizing that food insecurity, poverty and unemployment are among the reasons why women join the sex trade, and that power imbalances make it difficult for SW to insist on condom use with clients during paid sex.

During COP10, the USG will conduct research and surveillance regarding MARP including geographical mapping, size estimations, biomarker and behavioral surveys. The current Global Fund (GFATM) proposal includes support to NGOs working with MARP to collect qualitative and quantitative information to assess the size and behaviors of these groups. The USG will coordinate with these efforts and incorporate data in program design, planning and implementation. The mechanism will undertake additional formative and quantitative assessment to fill information gaps as needed.

The USG will work closely with the recipient to build M&E capacity of local partners and the GRN for program management of prevention for MARP, disaggregating beneficiary-level indicators by sex and category of MARP, and tracking data on planned coverage of interventions. Limited indicators exist to effectively monitor key accomplishments in the areas of policy development, organizational capacity building and creation of an enabling environment. The program will utilize indicators additional to the required PEPFAR indicators to monitor key accomplishments in these areas, based on global standards.
Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion  

Key Issues
Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

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Narrative:
Delivery of comprehensive services to MARPs, including targeted HIV Counseling and testing services for MARP.

New Activity
Estimated Budget = Redacted

Policy and advocacy work around the areas of counseling and testing, making these services accessible and appropriate for MARPs.

New Activity
Estimated Budget = Redacted

Technical and organizational capacity building to local stakeholders to develop, manage, and evaluate effective HIV prevention interventions for the target populations.

New Activity
Estimated Budget = Redacted
ADDITIONAL DETAIL:

Counseling and Testing Services:
The program will establish and strengthen innovative and tailored models for delivering HCT testing in "MARP-friendly" settings to sex workers, clients and MSM, which may include mobile services, etc. in addition to different testing models including VCT, PITC and couples testing. Referral approaches for MARP populations to HIV counseling and testing in addition to care and treatment, given the high prevalence in these populations, should be further considered and strengthened. These linkages may also include referrals for circumcision, substance abuse treatment, PMTCT (including family planning), and post-exposure prophylaxis, tailored to the needs of each vulnerable group as appropriate. Sensitization of health care providers to provide MARP-friendly services will also be part of the package. The program will explore opportunities to bring mobile HIV testing services to locations that are convenient to MARP.

The new program will scale-up delivery of this package to MARP in priority program areas through collaboration with local organizations, including MARP-led organizations and the commercial sector. The program will use information derived from program monitoring to strengthen service delivery and to propose additional innovative approaches to reaching MARP with prevention services.

The partner will establish M&E systems to track referrals to HCT from IPC activities. Qualitative and quantitative reviews of where MARP access HCT services will be conducted to better focus technical assistance. This narrative links to other narratives in HVAB and HVOP.

Policy and Advocacy:
Namibia maintains policies and legislation that criminalize MARP and impede HIV prevention activities with MARP. Mobilization of key stakeholders, including government, civil society and members of targeted populations, is critical to create a legal, political and social environment where MARP can be reached with effective prevention programming. In the Namibian context, where sex between men and commercial sex remain illegal, HIV/AIDS programs must enlist the explicit cooperation of law enforcement, health authorities, and the political and religious communities, to reduce the fear of arrest and stigmatization that cause MARP to avoid health seeking behaviors.

The program will partner with MSM, SW and human rights organizations and networks, in spearheading advocacy for policies to reduce barriers to delivery of services. A range of local, national and regional stakeholders will be capacitated to assume leadership of advocacy efforts, so that this policy work is sustainable beyond the life of the project. The program will support stakeholders by ensuring timely and
accurate use of data for policy work and advocacy, and for evidence-based decision making.

Organizational Capacity Building:
The transfer of knowledge and skills required to operate efficient, cost-effective, accountable and transparent organizations is essential to managing integrated interventions for MSM, SW and their clients. Moreover, solid organizational performance is core to the short and long-term success of scaling up interventions. Given the variable capacity among MSM and SW groups, the program will focus on meeting the particular organizational development needs of specific target organizations. Capacity building will cover a broad range of substantive areas, ranging from advocacy to administration and finance, governance, leadership, management, networking, and strategic planning. Particular attention will be given to monitoring and evaluation, supportive supervision and quality assurance, given the importance of the quality of interventions to achieving successful behavior change.

Regular supportive supervision, distribution of standardized materials and monitoring visits will be undertaken by USG and prime recipients to ensure that outreach activities are being conducted to standards established by the GRN and USG, that linkages are strengthened to biomedical interventions available and that data reporting is accurately reflecting progress against PEPFAR indicators.

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Narrative:

Delivery of comprehensive services to MARPs, including the provision of outreach and education to reduce multiple and concurrent partnerships.

New Activity
Estimated Budget = Redacted

Design and implementation of relevant formative assessments to support program learning decision-making. This activity will complement size estimation and M&E efforts by UNAIDS, USG and GRN.

New Activity
Estimated Budget = Redacted

Technical and organizational capacity building to local stakeholders and organizations to develop, manage and evaluate effective HIV prevention interventions, focusing on partner reduction for the target population.
New Activity  
Estimated Budget = Redacted

ADDITIONAL DETAIL:

Gender:  
In an effort to be responsive to concern over the incorporation of gender the recipient shall consider  
interventions to address male norms and health seeking behavior, intimate partner violence, alcohol  
abuse.

This new activity will support a comprehensive package of prevention services for most-at-risk  
populations (MARP), including supportive policy development, capacity building of local organizations  
and the GRN in addition to ensuring risk avoidance as a component among clients. This narrative links to  
other narratives in HVOP and HVCT. MSM and clients of sex workers are among the key populations  
targeted by this program. As one component of a comprehensive package for MARP, AB prevention  
funds will support outreach and education efforts to reduce multiple and concurrent partners among sex  
work clients and MSM.  

Geographically, the new activity will, in collaboration with the GRN, establish selected high-risk areas in  
which to operate, specifically, those with a high density of MARP, high HIV prevalence and a thriving  
commercial sex industry.  

Outreach and education on mutual monogamy and partner reduction:  
Clients of sex workers in Namibia are frequently individuals who have migrated for work or are in  
occupations requiring that they spend long periods of time away from home. Seafarers, truckers, and  
miners especially are thought to be occupational groups that frequently purchase sex from SW; rough  
estimates suggest there may be 2,600 truckers and 2,000 seafarers in Namibia at any point in time. The  
risk factors for HIV among these migrant populations include unprotected sex with paid and casual  
partners, multiple concurrent partnerships, and low risk perception. While men in some occupations are  
easily identified as likely to engage in paid sex, other clients of sex workers are less readily identifiable as  
a risk group.  

Innovative interpersonal communications (IPC) tools and materials will be used to increase risk  
perception and understanding of the potential impact of risky sexual behavior on their families, and to  
built skills needed to adopt responsible decisions and behaviors. The program will also emphasize the  
role of alcohol as a facilitating factor for risk behavior.
Formative Research:
Little formative research on male clients of sex workers exists in Namibia, but studies elsewhere indicate that the decision to pay for sex often begins at entertainment establishments such as bars and beer gardens that are frequented by sex workers. This decision is often influenced by peer pressure from friends and business partners, and by the loss of control owing to the influence of alcohol. Apart from their contact with sex workers, clients routinely report intercourse with wives, girlfriends, and casual acquaintances. In some countries, HIV interventions have reduced the proportion of men who visit sex workers, as well as the frequency of visits by those who continue to engage in commercial sex. The new program will conduct formative research to develop a profile of sex work clients in targeted areas and to identify entry points for program intervention, since vulnerabilities relating to HIV are often specific to each industry and sector. Research and assessment will build on the planned GRN/USG MARPS size estimation efforts.

Support to local organizations:
Strategies for reaching clients of sex workers who do not form a visible, coherent social group will include support to local community organizations for outreach in bars and entertainment establishments and other venues where men who frequent sex workers are to be found. The project will develop IPC interventions to engage target audiences in these settings, supported by educational materials about HIV. The program will develop mechanisms for supportive supervision of outreach staff, and will periodically undertake assessments to monitor trends in behavior among target populations.

Messages about reducing partners and patronage of sex workers for these high-risk men will be integrated within a comprehensive approach to risk reduction. Activities funded under HVAB form an important aspect of comprehensive HIV prevention activities associated with partner reduction and the promotion of mutual monogamy. Additional funding under HVOP is provided to support other methods of HIV prevention.

Regular supportive supervision, distribution of standardized materials and monitoring visits will be undertaken by USG and prime recipients to ensure that outreach activities are being conducted to standards established by the GRN and USG, that linkages are strengthened to biomedical interventions available and that data reporting is accurately reflecting progress against PEPFAR indicators. Sustainability components will include capacity building of local civil society and regional administrations to better coordinate and implement evidence-based HIV prevention strategies.

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Narrative:
Delivery of comprehensive services to MARPs, including the provision of outreach and education to reduce multiple and concurrent partnerships.

New Activity
Estimated Budget = Redacted

Policy and advocacy work around the areas of sexual prevention, creation of an enabling environment, and making these services accessible and appropriate for MARPs.

New Activity
Estimated Budget = Redacted

Technical and organizational capacity building to local stakeholders and organizations to develop, manage and evaluate effective HIV prevention interventions, focusing on comprehensive prevention package for the target populations.

New Activity
Estimated Budget = Redacted

ADDITIONAL DETAIL:
Delivery of services:
The program will incorporate linkages to "MARP-friendly" health services, especially referrals to HIV care and treatment, given high prevalence in these populations. These linkages may also include referrals for circumcision, substance abuse treatment, PMTCT (including family planning), and post-exposure prophylaxis tailored to the needs of each vulnerable group as appropriate. Sensitization of health care providers to provide MARP-friendly services will also be part of the package. The program will support the provision of Positive Health, Dignity and Prevention components in outreach programs.

The new program will scale-up delivery of this package to MARP in priority program areas through collaboration with local organizations, including MARP-led organizations. The program will use information derived from program monitoring to strengthen service delivery and to propose additional innovative approaches to reaching MARP with prevention services. This narrative links to other narratives in HVAB and HVCT.

Policy and Advocacy:
Namibia maintains policies and legislation that criminalize MARP and impede HIV prevention activities with MARP. Mobilization of key stakeholders, including government, civil society, and members of targeted populations is critical to creating a legal, political, and social environment where MARP can be reached with effective prevention programming. In the Namibian context, where sex between men and commercial sex remain illegal, HIV/AIDS programs must enlist the explicit cooperation of law enforcement, health authorities, and the political and religious communities, to reduce the fear of arrest and stigmatization that cause MARP to avoid health seeking behaviors.

The program will partner with MSM, SW and human rights organizations and networks in spearheading advocacy for policies to reduce barriers to delivery of services. A range of local, national and regional stakeholders will be capacitated to assume leadership of advocacy efforts, so that this policy work is sustainable beyond the life of the project. The program will support stakeholders by ensuring timely and accurate use of data for policy work and advocacy, and for evidence-based decision making.

Organizational Capacity Building:
The transfer of knowledge and skills required to operate efficient, cost-effective, accountable and transparent organizations is essential to managing integrated interventions for MSM, SW and their clients. Moreover, solid organizational performance is core to the short and long-term success of scaling up interventions. Given the variable capacity among MSM and SW groups, the program will focus on meeting the particular organizational development needs of specific target organizations. Capacity-building will cover a broad range of substantive areas, ranging from advocacy to administration and finance, governance, leadership, management, networking and strategic planning. Particular attention will be given to monitoring and evaluation, supportive supervision and quality assurance, given the importance of the quality of interventions to achieving successful behavior change.

Implementing Mechanism Indicator Information
(No data provided.)

Implementing Mechanism Details

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<td>Agreement Start Date: Redacted Agreement End Date: Redacted</td>
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Overview Narrative

COP 2011 Overview Narrative

SUBSTANTIALLY CHANGED FROM LAST YEAR
The USG provides direct support to the Ministry of Health and Social Services (MOHSS) to strengthen public health infrastructure and build human resource capacity to improve access to comprehensive HIV/AIDS care.

To achieve these objectives, CDC supports the MOHSS to perform the following activities:

1. Clinical care to patients with HIV/AIDS.
2. Procurement and distribution of ARV drugs
3. PMTCT and Early Infant Diagnosis services for pregnant women and their babies
4. HIV counseling and testing.
5. Renovations of health facilities and training centers
6. Identify trainees for pre-service training in nursing, medicine, pharmacy, counseling, and laboratory sciences.
7. Combination HIV prevention, including PMTCT, ABC, male circumcision, blood safety and referrals to care and treatment.
8. Community mobilization to expand access to PMTCT, VCT, and other services.
9. Monitoring and evaluation and surveillance
10. Quality improvement in HIV/AIDS care and treatment, and in the diagnosis and treatment of related infections, including STIs and TB.

Links to the Partnership Framework
This activity closely supports the USG and GRN commitments in the Partnership Framework (PF) currently under development.
In Namibia, unlike many other PEPFAR-supported countries in sub-Saharan Africa, a majority of the annual PEPFAR budget is currently structured to provide direct support to GRN and other local entities. A large portion of that direct support is provided to this partner, the MOHSS. The MOHSS currently has a mandate to manage and coordinate the national HIV/AIDS response in accordance with the current national strategic plan for HIV/AIDS (MTP 3), and the new National Strategic Framework for HIV/AIDS (NSF), which will be finalized in 2010.

PEPFAR is committed to strengthening GRN capacity and ownership, especially in the areas of human resources, and the financing and operation of national healthcare systems. In COP10, PEPFAR will emphasize the GRN's capacity to plan, oversee, manage and, eventually, finance a growing share of the commitments made in the four priority areas identified by the PF: Prevention; Treatment, Care and Support; Impact Mitigation; and Coordination and Management.

Coverage and Target population

This mechanism is designed to support activities with a national scope. The public sector is structured in a three-tier hierarchy comprised of central, regional and district levels. The central level (MOHSS) has responsibility for policy formulation, regulation, planning, management and development. The regional directorates oversee 34 districts which are ultimately responsible for service delivery. With one national referral hospital, three intermediate hospitals, 30 district hospitals, 44 health centers, and more than 265 clinics, the public sector is the largest provider of healthcare. At the same time, a substantial imbalance exists in the healthcare workforce, with the majority of health professionals working in the private sector. Addressing this imbalance is a priority area for the USG.

Health Systems Strengthening

In 2008, MOHSS, with support and involvement from other healthcare stakeholders (including USG), conducted a comprehensive review of the government's health and social service systems. Two areas of structural weakness within the GRN (public sector) healthcare system stood out: Unequal access to health facilities and human resources.

In COP10, USG technical assistance for the MOHSS will focus on the following areas:
• Capacity building of all cadres of health workers (frontline and support)
• Strengthening of partnerships between the public and private sectors (including companies, insurance schemes, and private providers) to jointly achieve national goals and objectives for health
• Strengthening civil society's ability to participate in health sector dialogue.
• Organizational, financial, and management support to MOHSS to strengthen its role as steward and
foster equitable resource allocation.

- Expanding the decentralization process
- Situation analyses and the development of engagement strategies.

Cross-Cutting Programs and Key Issues

This activity's main cross cutting area is Human Resources for Health. This program will contribute to PEPFAR's broader effort to build human resource capacity by improving the capacity of MOHSS to recruit, manage and retain staff. USG support for pre and in-service service training will also build a sustainable pool of Namibian healthcare workers in nursing, medicine, pharmacy, counseling, and laboratory sciences.

Cost Efficiencies Over Time

USG technical assistance in this area will support the development of transition plans. These plans should include, but not be limited to, discussions on: 1) Costs; 2) non-financial resources needed to meet program goals (e.g., human resources, equipment); 3) resource mobilization strategies, and; 4) options to institutionalize the activity within a particular sector (e.g., GRN, NGO community, for-profit, etc.).

Over time, the USG is committed to working with MOHSS to identify activities that may be absorbed completely by the GRN, that require continuing technical assistance from the USG, and that could be terminated.

Monitoring and Evaluation Plans

The MOHSS will build on M&E plans and systems developed to date with PEPFAR support. All indicators will be aligned with the NSF and PEPFAR targets. Bi-annual reports will identify progress and describe any necessary changes based on available evidence.

Cross-Cutting Budget Attribution(s)

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<tr>
<th>Cross-Cutting Budget Attribution(s)</th>
<th>Amount</th>
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<td>Construction/Renovation</td>
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<tr>
<td>Education</td>
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<td>Food and Nutrition: Policy, Tools, and Service Delivery</td>
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<td>Human Resources for Health</td>
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Key Issues
Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Mobile Population
TB
Family Planning

Budget Code Information

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Narrative:
Support for equipment and supplies for ART and palliative care facilities. This reflects a proportion of CDC’s total support to MOHSS for the procurement of equipment and supplies. Equipment and supplies are also funded under HTXS, MTCT, and PDTX.

Continuing Activity
Estimated Budget = $108,750

HPV and cervical cancer screening, including a needs assessment, PAP smear equipment and supplies, as well as onsite training

Continuing Activity
Estimated Budget = $100,000

ADDITIONAL DETAIL:
Funding under this activity supports the procurement of equipment for HIV-related clinical care, including
tools to improve clinical monitoring. To address barriers to proper care of HIV-infected women, equipment has, and will continue to be, procured to improve gynecological screening and care of HIV-positive women to more adequately address HIV-related conditions such as cervical dysplasia and reproductive tract infections.

Funding will further be used to replace outdated equipment in existing Integrated Management of Adolescent and Adult Illnesses (IMAI) sites as well as to procure new equipment for new sites joining the IMAI network. This includes office supplies and tools essential for IMAI palliative care rollout, including printing of IMAI patient cards and files, as well as scales, examination tables, lamps, and other standard clinical equipment.

The procurement of new equipment will also support the national task-shifting initiative, which is central to the success of the IMAI strategy. Taking on tasks previously provided by physicians, nurses will increasingly provide palliative care including screening and treatment of patient with minor OI, Nutrition assessment and management. The nurses will also manage pre-ART clients as well as stable ART clients who have completed their first six months of ART without incident. Furthermore they will provide appropriate referrals and linkages with Community-based Health Care (CBHC) organizations.

HPV and cervical cancer screening. With the launch of the 2010 HIV treatment guidelines, for the first time ever in Namibia the MOHSS now recommends routine annual cervical cancer screening for all HIV infected adult women. With the scale up of this activity facilities will need to be equipped with the tools such as speculums, slides, lamps, cervico-brushes etc and other equipment necessary for PAP smears. Onsite training will be needed to train providers in PAP smear specimen collection, preservation and logistics for transport to the laboratory for analysis. The referral system for management of patients found to have abnormal results will also need to be refined. Furthermore, the implementation plan for wide scale roll out of this initiative has not been yet been clearly defined. Defining this plan will require an understanding of the capacity of the provider network in conducting PAP smears, the logistics of specimen collection and processing at the laboratory, and the laboratory capacity to process large amounts of annual PAP smears. Furthermore the capacity to deal with abnormal PAP smear results in terms of both basic clinical and specialist management is currently poorly understood. In COP11, PEPFAR’s support to the MOHSS for the cervical cancer prevention and treatment within HIV programs will therefore include support for the MOHSS to conduct an assessment of the country needs and readiness for the larger cervical cancer prevention program and treatment program. The activities will also focus on refinement of policies and protocols, IEC materials, printing and distribution of these tools for the scale up of cervical cancer prevention activities among HIV infected women. The key outputs of these activities will result in enhancing better understanding of the country’s cervical cancer screening program, its maintenance as well as the monitoring of a quality cervical cancer screening and treatment
### Narrative:

Funding will support routine bio-clinical monitoring tests (CD4, viral loads, full blood counts, liver function tests, syphilis and Hepatitis B screening, renal function tests, and other tests depending on the ART regimen) for patients at MOHSS facilities.

**Continuing Activity**

Estimated Budget = $4,856,357

Continued support for approximately 10% of the facility-based lay-Community Counselors (CC) program. Community Counselors. Funding for the Community Counselor (CC) program is distributed among six activity areas: Abstinence and Be Faithful (15%), Other Prevention (20%), counseling and Testing (35%), Preventing Mother to Child Transmission (10%), Adult Treatment (10%), and HIV/TB (10%). This includes salaries for 650 CCs who are deployed in public health sites to work on activities such as HCT, ARV, TB, PMTCT, etc, as well as correctional facilities; training implemented by MOHSS through a local training partner; supervisory support visits by MOHSS staff persons who directly supervise the CCs; and support for planning meetings and an annual retreat for CCs.

**Continuing Activity**

Estimated Budget = $328,437

Support to MOHSS systems to procure, store, monitor, and distribute nutritional supplements in line with the Food by Prescription program for approximately 2,500 PLWHA, including children.

**Continuing Activity**

Estimated Budget = $100,000

Equipment and supplies for ART sites, including tools to improve clinical monitoring, gynecological screening, and Integrated Management of Adolescent and Adult Illnesses (IMAI) services.

**Continuing Activity**

Estimated Budget = $80,000

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Ongoing support of one mobile unit to deliver prevention, care and treatment services to remote communities

Continuing Activity
Estimated Budget = $120,000

Administration costs associated with the MOHSS administration of Potentia/MOHSS contracts for health care workers.

Continuing Activity
Estimated Budget = $20,000

Renovations for ART, TB, PMTCT and other public health facilities

Continuing Activity
Estimated Budget = $500,000

Expansion of adolescent adherence support and disclosure activity commenced by UNICEF and MOHSS Directorate of Special Programs at Katutura Hospital

New Activity
Estimated Budget = $74,000

Support to the MOHSS School and Adolescent Health Program. This initiative is managed by the Directorate for Primary Health Care and implemented in conjunction with the Ministry of Education. Parental and other community involvement will also be stressed. The program focuses on delivering a comprehensive menu of health promotion messages to in-school youth. PEPFAR funds will support the inclusion of HIV/AIDS prevention messaging, and promote the expansion of this initiative to more schools. PEPFAR funds will leverage proposed support from other bi-lateral and multi-lateral donors.

New Activity
Estimated Budget = $40,056

ADDITIONAL DETAIL:

1) Routine bio-clinical monitoring tests. All bio-clinical monitoring tests will be performed by the Namibia Institute of Pathology (NIP). With new treatment guidelines approved in 2010, it is anticipated that the
need for bio-clinical monitoring services will increase above the COP 10 estimate of services for approximately 90,700 ART patients. Funding will also support CD4 monitoring of non-ART patients enrolled in palliative care. These funds, which will reimburse NIP, are routed to the MOHSS rather than NIP to increase MOHSS ownership and oversight of bio-clinical monitoring costs. The MOHSS will also begin linking clinical and laboratory data systems to allow clinicians to access the lab results as soon as they are available. This linkage will reduce turnaround time and improve data quality. MOHSS has lowered the ART enrollment threshold which will mean more individuals will be put on treatment sooner. The demand for bio-clinical monitoring tests will increase.

2) Community Counselors. Namibia introduced the CC program in 2004 as part of the national task-shifting initiative. Facility-based CCs provide HIV counseling and testing (HCT); adherence, prevention, and male circumcision counseling; and provide referral services. CCs play a major role in supporting clinical PMTCT providers in antenatal clinics. CCs also support provider initiated HTC in TB, STI clinics and other settings. In addition, CCs distribute condoms, promote and conduct couples HCT, and encourage all of their clients, but particularly people living with HIV and AIDS (PLWHA), to reduce high-risk behaviors through faithfulness to one partner. CCs address cultural norms that factor into HIV transmission, including lack of health care seeking behavior by men, multiple sex partners, transactional and trans-generational sex, power inequities between men and women, and alcohol abuse. Funding is also used to support refresher training workshops on HCT related topics such as male circumcision, prevention for PLWHA, and alcohol abuse. Finally, as outreach HCT services expand in Namibia, CCs will enhance provision of such activities through mobile units as well as nontraditional facility-based outreach activities.

3) Nutrition support for PLWHA on ART, including children. The MOHSS will also collaborate with community based organizations to link recipients of the nutrition supplement with sustainable nutrition and income generating strategies such as gardening projects in their communities.

4) Procurement of basic clinical equipment. No additional information.

5) Mobile Services/Outreach Team. Funding will support the ongoing implementation of a mobile service unit to deliver prevention counseling, CT services, and ART and other primary health care outreach services to remote areas of Namibia. Two other mobile units are reflected in MOHSS’ efforts in the HVOP and HVCT program areas. Each mobile team will consist of a camper van, two community counselors, a nurse, and a driver. Human resources will be covered through Potentia. Using data and input from regional stakeholders, the teams will develop a monthly schedule of visits to remote communities. Teams will work in conjunction with DAPP field officers and other community outreach groups, community leaders, as well as local radio stations to promote outreach services. Funding will
also be used to cover related supplies and materials for the mobile unit, e.g., tents, equipment, IEC materials, lab equipment, etc.

6) HR Administration Costs. In 2009, a new Labour Law required HR contractors to shift legal responsibility for contract staff from the contractor to the client. This was done to establish a clear employee-employer relationship between the client and contract staff. With this change, private HR contractors may continue to provide HR services (e.g., recruitment, payroll management), but may no longer be the formal "employer." In response to this change, the MOHSS expanded the duties and staff of the Deputy Director of the Directorate of Special Programmes (DSP) to assume direct management of these contract staff. Potentia was previously responsible for this work. This transition represents a significant shift in the day-to-day management of contract staff. It is an important step in the development of GRN systems to manage the eventual full absorption and financing of these staff – either as civil servants or as contractors.

7) Renovations. Funds will supplement Ministry and Global Fund resources to renovate existing public health facilities in order to deliver HIV, PMTCT, and TB services.

8) Adolescent treatment adherence and disclosure support initiative:

The MOHSS is currently working on a 15-month pilot project with a Civil Society Organization (Positive Vibes) funded by UNICEF at Katutura Hospital with the following objectives:

- To promote positive living and prevention for adolescent clients of the Katutura ART clinic
- To equip HIV positive adolescents with correct knowledge and skills for HIV prevention and reduction in HIV positive pregnancies
- To develop a cohort of trained HIV positive adolescents who can serve as mentors and supportive peers to others

Based on consultations with stakeholders during the COP11 planning process, there was a recommendation to support the continuation and expansion of this novel initiative as an initial attempt to bridge the gap of providing targeted support services to adolescents in HIV treatment and Care. In COP11 PEPFAR will support the continuation and possible expansion of the initiative

9) Since independence, Namibian educational officials have been concerned about the impact of poor health on learners’ educational development and performance. The MOHSS and Ministry of Education have joined forces to raise awareness among learners, parents and teachers about a range of health issues faced by youth. These include: Nutrition, general hygiene, teenage pregnancy and reproductive health, alcohol, sexual and drug abuse, HIV/AIDS, and mental health. The School and Adolescent
Health Programme was launched after Independence, but implementation has been limited by a lack of funds, logistical challenges, and a lack of technical capacity among healthcare workers (to communicate effectively with children and adolescents) and among teachers (to identify and support learners). In 2008, the MOHSS assessed the School and Adolescent Programme, and wrote a National Policy for School Health. COP2011 funds will support nationwide dissemination and training on key elements in the policy. PEPFAR support for these activities will address gaps in the GRN's budget for this program, which has received commitments from the Finnish Government and WHO for program implementation after the training phase.

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**Narrative:**

Continued support for approximately 35% of the facility-based lay-Community Counselors (CC) program. Community Counselors. Funding for the Community Counselor (CC) program is distributed among six activity areas: Abstinence and Be Faithful (15%), Other Prevention (20%), counseling and Testing (35%), Preventing Mother to Child Transmission (10%), Adult Treatment (10%), and HIV/TB (10%). This includes salaries for 650 CCs who are deployed in public health sites to work on activities such as HCT, ARV, TB, PMTCT, etc, as well as correctional facilities; training implemented by MOHSS through a local training partner; supervisory support visits by MOHSS staff persons who provide supervision and support to the CCs; and support for planning meetings and an annual retreat for CCs.

Continuing Activity  
Estimated Budget = $1,449,531

Procurement and distribution of HIV test kits and supplies. ~375,000 was added to this budget line for the procurement and distribution of HIV test kits and supplies for DAPP/TCE for home-based testing roll out. In addition, test kits will be used for behavioral surveillance surveys for HIV prevalence studies amongst MARPS (sex workers and men who have sex with men).

Continuing Activity  
Estimated Budget = $1,457,704

Promotion of HIV counseling and testing (HCT) through Namibia's National HIV Testing events. The event has witnessed more men accessing CT services compared to the routine data obtained from HCT facilities.
Continuing Activity
Estimated Budget = $50,000

Ongoing support of one mobile unit to deliver prevention, care and treatment services to remote communities. This activity, together with the annual national testing day and the door to door approach is aimed at reaching out to more male clients and couples. Anecdotally male clients seem to prefer a social approach compared to a medical approach to testing as evidenced by Namibia’s NTD data.

Continuing Activity
Estimated Budget = $120,000

ADDITIONAL DETAIL:

1) Community Counselors. Namibia introduced the CC program in 2004 as part of the national task-shifting initiative. Facility-based CCs provide HIV counseling and testing (HCT); adherence, prevention, and male circumcision counseling; and provide referral services. CCs play a major role in supporting clinical PMTCT providers in antenatal clinics. CCs also support provider initiated HTC in TB, STI clinics and other settings. In addition, CCs distribute condoms, promote and conduct couples HCT, and encourage all of their clients, but particularly people living with HIV and AIDS (PLWHA), to reduce high-risk behaviors through faithfulness to one partner. CCs address cultural norms that factor into HIV transmission, including lack of health care seeking behavior by men, multiple sex partners, transactional and trans-generational sex, power inequities between men and women, and alcohol abuse. Funding is also used to support refresher training workshops on HCT related topics such as male circumcision, prevention for PLWHA, and alcohol abuse. Finally, as outreach HCT services expand in Namibia, CCs will enhance provision of such activities through mobile units as well as non-traditional facility-based outreach activities. These outreach activities are aimed at reaching out to more males and couples as well as some hard to reach communities with little access to HCT services.

2) Procurement of HIV Test Kits and Supplies. MOHSS will continue to purchase the following: Determine and Unigold HIV test kits (using a parallel testing algorithm) for approximately 175,000 clients at 305 MOHSS facilities; Clearview Complete 1/2 or a MOHSS-approved rapid test device for tie-breaker re-testing in discordant cases; HIV rapid test starter packs to launch new testing sites; and rapid HIV test supplies for training CCs. These will be procured and distributed by the MOHSS Central Medical Stores. As HIV testing technologies are advancing to include antibody/antigen combination rapid tests that can detect acute HIV infection, the MOHSS will continue feasibility assessments of new kits including, oral fluid rapid HIV testing kits for use in specific settings. Test kits for an additional 85,000 clients to launch new door-to-door testing sites; and rapid HIV test supplies for training DAPP Field Officers. These will be
procured and distributed by the MOHSS Central Medical Stores. MOHSS will also continue a feasibility assessment for implementing oral fluid rapid HIV testing in specific settings, including outreach and correctional settings as well as related quality assurance support.

3) Promotion of HCT through an Annual National HIV Testing Event. Note: This item was reduced to reflect the actual costs of the last two HIV testing events, and takes into account some carryover from this past year’s event. This event typically costs U.S. $250,000, and after carry over funds are spent in 2011, this line item may need to be increased in future COP planning cycles. This activity will support the MoHSS’s efforts to continue promoting and coordinating a national event that has proven to be highly effective in increasing demand for HCT in Namibia. Funding will support promotional activities in all 13 regions, including drama presentations, radio announcements, other entertainment/educational events, and production and distribution of print and electronic materials. Outreach-based HIV counseling and testing services will be provided during the national testing Day event. Namibia has held three successful NTD events and witnessed more men accessing HCT services compared to any other times. After carry over funds are spent in 2011, this line item may need to be increased in future COP planning cycles.

4) Mobile Services/Outreach Team. Funding will support the ongoing implementation of a mobile service unit to deliver prevention counseling, CT services, and ART and other primary health care outreach services to remote areas of Namibia. Two other mobile units are reflected in MOHSS’ efforts in the HTXS and HVOP program areas. Each mobile team will consist of a camper van, two community counselors, a nurse, and a driver. Human resources will be covered through Potentia. Using data and input from regional stakeholders, the teams will develop a monthly schedule of visits to remote communities. Teams will work in conjunction with DAPP field officers and other community outreach groups, community leaders, as well as local radio stations to promote outreach services. Funding will also be used to cover related supplies and materials for the mobile unit, e.g., tents, equipment, IEC materials, lab equipment, etc.

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**Narrative:**
Support for basic clinical equipment required to provide pediatric care services

Continuing Activity
Estimated Budget = $123,116

Support for DNA PCR tests required by Ministry of Health and Social Services’ (MOHSS) Early Infant
Diagnosis (EID) Program

Continuing Activity
Estimated Budget = $1,120,000

Follow-up of HIV exposed infants: Support to expand the special initiative to strengthen follow up of HIV-exposed babies in all regions in Namibia

New Activity
Estimated Budget = $150,000

ADDITIONAL DETAIL:

HIV-infected children have been accommodated in HIV care and treatment services since the inception of the ART program in Namibia. The estimated ART coverage among the pediatric population is close to 100%. As PMTCT program effectiveness increases, more pediatric infections will be averted and fewer children will be born HIV-infected and require treatment. The program budget for care and support is shared with HBHC, with approximately 85% supporting adult services and 15% supporting pediatrics through PDCS.

1) Clinical Equipment and Supplies. Funding under this activity supports procurement of equipment necessary to provide essential HIV-related clinical care, including tools to improve clinical monitoring and care for children. Emphasis will continue to focus on tools (e.g., MUAC tapes, scales and height boards) to monitor growth and nutritional status in pre-ART sites and maternal and child clinics. Additionally, job aides and patient education materials will be produced, printed and disseminated to improve nutritional knowledge of health workers and clients.

Funding will further be used to replace outdated equipment in existing ART clinics and Integrated Management of Adolescent and Adult Illnesses (IMAI) sites as well as to procure new equipment for additional new sites in support of the national ART decentralization process. This includes office supplies and tools essential for IMAI palliative care rollout, including printing of IMAI patient cards and files, as well as scales, examination tables, lamps, and other standard clinical equipment.

The procurement of new equipment will also support the national task-shifting initiative, which is central to the success of the IMAI strategy. Taking on tasks previously provided by physicians, nurses will increasingly provide palliative care including screening and treatment of patient with minor OI, Nutrition assessment and management. The nurses will also manage pre-ART clients as well as stable ART...
clients who have completed their first six months of ART without incident. Furthermore, they will provide appropriate referrals and linkages with Community-based Health Care (CBHC) organizations.

2) HIV DNA PCR testing for early infant diagnosis. PEPFAR funds will continue to support training of technicians and technologists from the Namibia Institute of Pathology (NIP) and other laboratories in PCR; procurement of new equipment; support for the processing of specimens; and training for health workers in the collection of DBS specimens.

3) Follow-up of HIV exposed infants: Follow up of HIV-exposed infants and linking them up to care and treatment has for long been identified as a key gap in the implementation of the Namibia PMTCT program. The MOHSS with the support of UNICEF in 2009 commission a pilot program in 4 regions (Khomas, Oshana, Caprivi and Oshikoto) which aims to establish a strong program model to ensure appropriate follow up and linkages to care and support of HIV-exposed infants. UNICEF is providing funding for this initiative only for the pilot phase slated to be completed in 2011. This model is expected to be rolled out nationally to minimize loss to follow up of HIV-exposed babies and improve outcomes. In COP11 PEPFAR will support the MOHSS in the expansion of the implementation of this initiative to cover all the regions.

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Narrative:
Funding will support routine bio-clinical monitoring tests (CD4, viral loads, full blood counts, liver function tests, syphilis and Hepatitis B screening, renal function tests, and other tests depending on the ART regimen) for patients at MOHSS facilities.

Continuing Activity
Estimated Budget = $849,232

Support to MOHSS systems to procure, store, monitor, and distribute nutritional supplements in line with the Food by Prescription program for approximately 600 HIV-positive children.

Continuing Activity
Estimated Budget = $250,000

Equipment and supplies for ART sites, including tools to improve clinical monitoring, gynecological screening, and Integrated Management of Adolescent and Adult Illnesses (IMAI) services.
Continuing Activity
Estimated Budget = $50,000

ADDITIONAL DETAIL:

1) Routine bio-clinical monitoring tests. Funding will support routine bio-clinical monitoring tests (CD4, viral loads, full blood counts, liver function tests, syphilis, Hepatitis B screening, renal function tests, and other tests depending on the ART regimen) for pediatric patients at MOHSS facilities. These tests will be performed by the Namibia Institute of Pathology (NIP). With new pediatric treatment guidelines approved in 2010, it is anticipated that the need for bio-clinical monitoring services will increase above the COP 11 estimate of services for 10,000 pediatric ART patients. Funding will also support CD4 monitoring of non-ART patients enrolled in palliative care. These funds reimburse NIP, but are routed to the MOHSS rather than NIP to increase MOHSS ownership and oversight of bio-clinical monitoring costs. The MOHSS will also begin linking clinical and laboratory data systems to allow clinicians to access the lab results as soon as they are available. This linkage will reduce turn-around time and improve data quality.

2) Nutrition support for HIV-positive children on ART. PEPFAR will support MOHSS systems to procure, store, monitor, and distribute nutritional supplements in line with the Food by Prescription program for approximately 600 HIV-positive children. The MOHSS will also collaborate with community based organizations to link recipients of the nutrition supplement with sustainable nutrition and income generating strategies such as community gardening projects.

3) Procurement of basic clinical equipment. Funding will include tools to improve clinical monitoring, gynecological screening, and Integrated Management of Adolescent and Adult Illnesses (IMAI) services.

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Narrative:

Support for the Ministry of Health and Social Services (MOHSS) RM&E unit for essential responsibilities and functions including printing of patient records, forms, procurement of computer equipment necessary for data management, supportive supervisory visits and capacity-building for best practices and data quality measures in M&E methods.

Continuing Activity
Estimated Budget = $279,800
Support for the management of two national systems, the MOHSS Health Information Systems (HIS) and national database server, will include technical and computer support.

Continuing Activity
Estimated Budget = $50,000

Support for an ART outcomes evaluation. This activity will evaluate clinical outcomes of patients on care and treatment to provide information for program progress and future planning. This activity will be ongoing in COP11 to finalize the report and disseminate the results.

Continuing Activity
Estimated Budget = $20,000

Support for the 2012 sentinel surveillance survey in antenatal clinics (ANC). The ANC sentinel surveillance is a priority activity for the MoHSS that provides the necessary data to determine the national HIV prevalence estimate for Namibia. COP11 funding will support planning, tool development, training, site selection, supportive supervision, data analysis, and printing and dissemination of the final report.

Continuing Activity
Estimated Budget = $150,000

Support for the HIV drug resistance prevention monitoring survey. This is an annual routine survey among 5-6 large ART sites that will assess drug resistance in patient cohorts through record review and genotype sequencing. This monitoring will determine if ART drug resistance is emerging in the patient population that will inform any necessary changes in drug regimens or other patient care. This funding is in addition to drug resistance funding through SPS under the treatment program.

New Activity
Estimated Budget = $70,000

ADDITIONAL DETAIL:

1) RM&E Program Support. The following items will be supported to expand and enhance the capture, processing, and dissemination of routine data produced by programs within the national HIV/AIDS response:
• Computers, software upgrades, monitors, printers, and uninterrupted power supplies will be procured for all new data clerks and HIS officers in ART, PMTCT, CT, and TB clinic sites. The COP11 budget will also include funds for repairs and replacement parts for computer systems which are identified by MoHSS staff.
• The production of approximately 20,000 patient books in accordance with the latest GRN and WHO standards.
• Routine printing of necessary patient record forms and site registers for collection and dissemination of routine ART/PMTCT/CT/TB/MC data.
• Printing and dissemination of the RM&E Annual Report, triangulation report, and progress reports.
• Travel for RM&E staff to conduct supportive supervision, mentoring, data collection and other reporting.
• M&E trainings and conferences for national staff.

2) MOHSS Health Information Systems (HIS) and National Database Server Support. Technical assistance and upgrades for HIS will be provided at the national and sub-national level. In addition, continuing training and support for the implementation of a national database server. This server will be based in the Officer of the Prime Minister and house integrated healthcare data from across the MOHSS system.

3) Evaluation of ART program. An ART outcomes evaluation is currently being planned to assess quality of care and other clinical outcomes after a rapid scale-up phase of the national pre-ART and ART programs. This activity was recommended after a USG ART program review in 2009.

4) ANC Sentinel Surveillance 2012. The ANC sentinel surveillance round occurs every two years but is funded every year to support activities that span two USG fiscal years. COP11 funding will support planning, tool development, training, site selection, supportive supervision, data analysis, and printing and dissemination of the final report.

5) HIV drug resistance monitoring. Monitoring including genotype testing is currently being piloted in 3 sites and will expand to more sites in COP 11 and in each following year.

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<td>Other</td>
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Narrative:
Support for scholarships and bursaries for Namibian students in the healthcare sciences. The number of bursaries awarded in COP11 will be determined by the MOHSS based on the level of need demonstrated by applicants and the length of the academic programs in which recipients are enrolled.
Continuing Activity
Estimated Budget = $1,428,000

ADDITIONAL DETAIL:

Inadequate human resource capacity is among the leading obstacles to the development and sustainability of HIV/AIDS-related health services in Namibia. The USG has recognized pre-service training as instrumental in scaling up and sustaining the national HIV/AIDS response, and to strengthening the overall healthcare system. Critical human resources gaps exist at all facility levels of the healthcare system, from the national administration to local facilities. The lack of pre-service training institutions for doctors and pharmacists in Namibia, coupled with limited local training opportunities for other allied health professionals, has contributed to a chronic shortage of health professionals.

COP11 will support bursaries for Namibian students with demonstrated financial needs and educational qualifications to train as doctors, pharmacists, pharmacy assistants, nurses, enrolled nurses, laboratory technologists, social workers, public health administrators, epidemiologists, and nutritionists in Namibia, South Africa, Kenya, and elsewhere. Students awarded bursaries through this program will be bonded to serve the MOHSS upon completion of their studies. To assess whether bursary recipients are remaining within the Namibian health workforce, the USG will work with the MoHSS to track the employment status of previous, current and future bursary recipients. USG technical advisors will also facilitate the flow of information about the bursary program between MOHSS program managers and MOHSS leadership. Bursary opportunities will be widely publicized and, where appropriate, will be linked to existing USG programs, especially those that reach vulnerable populations. This facilitation will include, where relevant, support for the collection, analysis and dissemination of information captured in human resource information systems.

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Narrative:

The provision of supplies, equipment, and commodities for male circumcision, including diathermy machines (~$85,000).

Continuing Activity
Estimated Budget = $329,703
Technical assistance to the male circumcision task force, related travel for support visits, international study tours, printing of materials, task shifting workshops, and other support as determined by the male circumcision task force.

New Activity
Estimated Budget = $77,000

ADDITIONAL DETAIL:

As the demand for male circumcision (MC) increases in Namibia, PEPFAR will support the MOHSS to ensure that appropriate supplies, equipment, and commodities are available. These supplies and commodities may include, but will not be limited to, surgical equipment, sterile equipment, local anesthetic, patient education materials and training curricula. In addition, supplies such as surgical beds, lights, privacy screens, and other materials needed to roll out MC are included. Where possible, existing GRN procurement services will be used, specifically the MOHSS Central Medical Stores to order, stock, and distribute the appropriate supplies, commodities, and equipment. A distribution plan will be aligned with the roll-out plan for MC services in all 13 regions.

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Narrative:

Continued support for approximately 15% of the facility-based lay-Community Counselors (CC) program. Funding for the Community Counselor (CC) program is distributed among six activity areas: Abstinence and Be Faithful (15%), Other Prevention (20%), counseling and Testing (35%), Preventing Mother to Child Transmission (10%), Adult Treatment (10%), and HIV/TB (10%). This includes salaries for 650 CCs who are deployed in public health sites to work on activities such as HCT, ARV, TB, PMTCT, etc, as well as correctional facilities; training implemented by MOHSS through a local training partner; supervisory support visits by MOHSS staff persons who directly supervise the CCs; and support for planning meetings and an annual retreat for CCs.

Continuing Activity
Estimated Budget = $492,649

Support to the MOHSS School and Adolescent Health Program. This initiative is managed by the Directorate for Primary Health Care and implemented in conjunction with the Ministry of Education.
Parental and other community involvement will also be stressed. The program focuses on delivering a comprehensive menu of health promotion messages to in-school youth. PEPFAR funds will support the inclusion of HIV/AIDS prevention messaging, and promote the expansion of this initiative to more schools. PEPFAR funds will leverage proposed support from other bi-lateral and multi-lateral donors. This initiative is also partially funded (additional $40,000) in pediatric treatment (PDTX).

New Activity
Estimated Budget = $53,428

ADDITIONAL DETAIL:

1) Community Counselors:
Namibia introduced the CC program in 2004 as part of the national task-shifting initiative. Facility-based CCs provide HIV counseling and testing (HCT); adherence, prevention, and male circumcision antenatal clinics. CCs also support provider initiated HCT in TB, STI clinics and other settings. In addition, CCs distribute condoms, promote and conduct couples HCT, and encourage all of their clients, but particularly people living with HIV and AIDS (PLWHA), to reduce high-risk behaviors through faithfulness to one partner. CCs address cultural norms that factor into HIV transmission, including lack of health care seeking behavior by men, multiple sex partners, transactional and trans-generational sex, power inequities between men and women, and alcohol abuse. Funding is also used to support refresher training workshops on HCT related topics such as male circumcision, prevention for PLWHA, and alcohol abuse. Finally, as outreach HCT services expand in Namibia, CCs will enhance provision of such activities through mobile units as well as nontraditional facility-based outreach activities.

2) MOHSS MOE School Health Programme:
Since independence, Namibian educational officials have been concerned about the impact of poor health on learners’ educational development and performance. The MOHSS and Ministry of Education have joined forces to raise awareness among learners, parents and teachers about a range of health issues faced by youth. These include: Nutrition, general hygiene, teenage pregnancy and reproductive health, alcohol, sexual and drug abuse, HIV/AIDS, and mental health. The School and Adolescent Health Programme was launched after Independence, but implementation has been limited by a lack of funds, logistical challenges, and a lack of technical capacity among healthcare workers (to communicate effectively with children and adolescents) and among teachers (to identify and support learners). In 2008, the MOHSS assessed the School and Adolescent Programme, and wrote a National Policy for School Health. COP2011 funds will support nationwide dissemination and training on key elements in the policy. PEPFAR support for these activities will address gaps in the GRN's budget for this program.
which has received commitments from the Finnish Government and WHO for program implementation after the training phase.

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**Narrative:**

Continued support for approximately 20% of the facility-based lay-Community Counselors (CC) program. Community Counselors. Funding for the Community Counselor (CC) program is distributed among six activity areas: Abstinence and Be Faithful (15%), Other Prevention (20%), counseling and Testing (35%), Preventing Mother to Child Transmission (10%), Adult Treatment (10%), and HIV/TB (10%). This includes salaries for 650 CCs who are deployed in public health sites to work on activities such as HCT, ARV, TB, PMTCT, etc, as well as correctional facilities; training implemented by MOHSS through a local training partner; supervisory support visits by MOHSS staff persons who directly supervise the CCs; and support for planning meetings and an annual retreat for CCs.

**Continuing Activity**

*Estimated Budget = $656,212*

Procurement of approximately 6 million male and female condoms

**Continuing Activity**

*Estimated Budget = $450,000*

Supporting the Ministry of Health and Social Services’ (MOHSS), Department of Social Welfare Services for alcohol/HIV prevention activities, e.g., 13 Regional Coalitions on Responsible Drinking (CORD)

**Continuing Activity**

*Estimated Budget = $120,000*

Ongoing support of one mobile unit to deliver prevention, care and treatment services to remote communities.

**Continuing Activity**

*Estimated Budget = $120,000*

Administration costs associated with the MOHSS administration of Potentia/MOHSS contracts for health
Continuing Activity
Estimated Budget = $20,000

Travel for the National Prevention Coordinator and National Male Circumcision Coordinator, as well as resources for attendance at relevant trainings and conferences. In addition, relevant prevention supplies and materials will be procured.

New Activity
Estimated Budget = $100,669

ADDITIONAL DETAIL:

1) Community Counselors. Namibia introduced the CC program in 2004 as part of the national task-shifting initiative. Facility-based CCs provide HIV counseling and testing (HCT); adherence, prevention, and male circumcision counseling; and provide referral services. CCs play a major role in supporting clinical PMTCT providers in antenatal clinics. CCs also support provider initiated HCT in TB, STI clinics and other settings. In addition, CCs distribute condoms, promote and conduct couples HCT, and encourage all of their clients, but particularly people living with HIV and AIDS (PLWHA), to reduce high-risk behaviors through faithfulness to one partner. CCs address cultural norms that factor into HIV transmission, including lack of health care seeking behavior by men, multiple sex partners, transactional and trans-generational sex, power inequities between men and women, and alcohol abuse. Funding is also used to support refresher training workshops on HCT related topics such as male circumcision, prevention for PLWHA, and alcohol abuse. Finally, as outreach HCT services expand in Namibia, CCs will enhance provision of such activities through mobile units as well as nontraditional facility-based outreach activities.

2) Condom Procurement. The procurement of approximately six million condoms is a continuation of an activity added in 2007 to leverage the support of the Global Fund, which provides support for the MOHSS’ new Smile brand of male condoms and for Femidon female condoms. The planned number of condoms to be procured in Namibia in 2011 is over 20 million. Global Fund is expected to fund 13 million condoms, PEFAR six million, and the Namibian government one million.

3) Alcohol/HIS Prevention. USG funds will support the MOHSS’ Coalition on Responsible Drinking (CORD). CORD incorporates media messaging and works with community, business, and health partners, as well as shebeens and breweries to reduce alcohol abuse, a major driver of the HIV epidemic.
in Namibia. CORD exists in all 13 regions of Namibia and will use these funds to educate business owners and the general public about the association between alcohol consumption, high-risk sexual behavior, and HIV transmission and acquisition.

4) Mobile Services/Outreach Team. Funding will support the ongoing implementation of a mobile service unit to deliver prevention counseling, CT services, and ART and other primary health care outreach services to remote areas of Namibia. Two other mobile units are reflected in MOHSS’ efforts in the HTXS and HVCT program areas. Each mobile team will consist of a camper van, two community counselors, a nurse, and a driver. Human resources will be covered through Potentia. Using data and input from regional stakeholders, the teams will develop a monthly schedule of visits to remote communities. Teams will work in conjunction with DAPP field officers and other community outreach groups, community leaders, as well as local radio stations to promote outreach services. Funding will also be used to cover related supplies and materials for the mobile unit, e.g., tents, equipment, IEC materials, lab equipment, etc. The MOHSS requires retesting of 5% of all rapid HIV testing done as part of external quality monitoring. All HCT facilities including outreach and door to door testing should be enrolled in the EQA scheme and are expected to submit 5% specimens for retesting using ELISA at NIP. Additionally, NIP will provide proficiency panels and Quality Control sets to all rapid test delivery points and compile EQA reports for the program.

5) HR Administration Costs. In 2009, a new Labour Law required HR contractors to shift legal responsibility for contract staff from the contractor to the client. This was done to establish a clear employee-employer relationship between the client and contract staff. With this change, private HR contractors may continue to provide HR services (e.g., recruitment, payroll management), but may no longer be the formal "employer." In response to this change, the MOHSS expanded the duties and staff of the Deputy Director of the Directorate of Special Programmes (DSP) to assume direct management of these contract staff. Potentia was previously responsible for this work. This transition represents a significant shift in the day-to-day management of contract staff. It is an important step in the development of GRN systems to manage the eventual full absorption and financing of these staff – either as civil servants or as contractors. This line item will cover administration activities of these HR contracts in MOHSS.

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Narrative:
Continued support for approximately 10% of the facility-based lay-Community Counselors (CC) program. Community Counselors. Funding for the Community Counselor (CC) program is distributed among six
activity areas: Abstinence and Be Faithful (15%), Other Prevention (20%), counseling and Testing (35%), Preventing Mother to Child Transmission (10%), Adult Treatment (10%), and HIV/TB (10%). This includes salaries for 650 CCs who are deployed in public health sites to work on activities such as HCT, ARV, TB, PMTCT, etc, as well as correctional facilities; training implemented by MOHSS through a local training partner; supervisory support visits by MOHSS staff persons who directly supervise the CCs; and support for planning meetings and an annual retreat for CCs.

Continuing Activity
Estimated Budget = $328,437

Procurement of routine supplies and equipment. This reflects a proportion of CDC’s total support to MOHSS for the procurement of equipment and supplies. Equipment and supplies are also funded under HTXS, HBHC and PDTX.

Continuing Activity
Estimated Budget = $100,000

PMTCT training for traditional birth attendants (TBA) Continuing $20,000
Support for a PMTCT information, education, and communication (IEC) campaign Continuing $50,000
Support for case managers to improve follow-up of mother-infant pairs Continuing $200,000
Support to MOHSS systems to procure, store, monitor, and distribute nutritional supplements in line with the Food by Prescription program for approximately 2,500 PLWHA.

Continuing Activity
Estimated Budget = $100,000

Administration costs associated with the MOHSS administration of Potentia/MOHSS contracts for health care workers.

Continuing Activity
Estimated Budget = $20,000

Implementation of the new PMTCT guidelines, including printing and distribution of the new MOHSS guidelines, revision and printing of tools and registers, IEC materials, as well as refresher training of providers on these new guidelines.

Continuing Activity
Estimated Budget = $203,668

ADDITIONAL DETAIL:

1) Namibia introduced the CC program in 2004 as part of the national task-shifting initiative. Facility-based CCs provide HIV counseling and testing (HCT); adherence, prevention, and male circumcision counseling; and provide referral services. CCs play a major role in supporting clinical PMTCT providers in antenatal clinics. CCs also support provider initiated HTC in TB, STI clinics and other settings. In addition, CCs distribute condoms, promote and conduct couples HCT, and encourage all of their clients, but particularly people living with HIV and AIDS (PLWHA), to reduce high-risk behaviors through faithfulness to one partner. CCs address cultural norms that factor into HIV transmission, including lack of health care seeking behavior by men, multiple sex partners, transactional and trans-generational sex, power inequities between men and women, and alcohol abuse. Funding is also used to support refresher training workshops on HCT related topics such as male circumcision, prevention for PLWHA, and alcohol abuse. Finally, as outreach HCT services expand in Namibia, CCs will enhance provision of such activities through mobile units as well as nontraditional facility-based outreach activities.

2) Procurement of supplies and equipment. PEPFAR will support the printing and distribution of revised ANC and maternity registers, as well as monthly ANC and Labor and Delivery summary forms. In addition, hemoglobin meters will be procured to support anemia monitoring for women on AZT-containing regimens. Clinic furniture and equipment for new PMTCT sites will also be procured. Support will also assist in printing and dissemination of the new national PMTCT guidelines.

3) Training for Traditional Birth Attendants (TBA). Approximately 19% of deliveries in Namibia occurred outside of a health facility according to the 2006 DHS (for years 2001-06). These deliveries are conducted by traditional birth attendants (TBA). While it is critical to engage with, and motivate these TBA to refer pregnant women for a skilled birth attendant, some women in remote areas find it hard to present to maternity for delivery. Training on PMTCT, HIV prevention, reproductive health, and referrals will be provided to at least 80 TBA.

4) Support for an IEC campaign promoting PMTCT. A national educational campaign by the Directorate of Primary Health Care to promote PMTCT services in collaboration with the Ministry of Information, Communication and Technology (MICT) will continue in COP11. Funding will be provided to develop, produce, and disseminate PMTCT educational materials for strategic communications in the clinical setting, including the promotion of male involvement. Materials will be produced in local languages as appropriate.
5) Case Managers (CM). CMs will provide assessments to allow for early recognition of client issues that could impact compliance with care and treatment. Through an intervention/service plan CM will address issues that place clients at risk of defaulting on HIV treatment. CMs will:

- coordinate resources for clients, including links to and facilitation of social support groups including Civil Society Organizations involved in PMTCT mobilization in communities, and psycho-social support for PLWHA;
- facilitate defaulter tracing;
- counsel patients on adherence, prevention with positives, ABC, Family Planning (FP), STI services and disclosure/partner referral;
- refer patients to other health and social services (e.g., FP, STI services, drug/alcohol treatment and domestic violence); and
- encourage men to seek services and to support their partners and children in doing the same.

CMs will work directly with other clinical and lay staff. As part of the development of the overall CM program, an assessment will determine the optimal roles and responsibilities of expert patients (e.g., possible default tracing, education, etc.) in support of CM activities.

6) HR Administration Costs. In 2009, a new Labour Law required HR contractors to shift legal responsibility for contract staff from the contractor to the client. This was done to establish a clear employee-employer relationship between the client and contract staff. With this change, private HR contractors may continue to provide HR services (e.g., recruitment, payroll management), but may no longer be the formal "employer." In response to this change, the MOHSS expanded the duties and staff of the Deputy Director of the Directorate of Special Programmes (DSP) to assume direct management of these contract staff. Potentia was previously responsible for this work. This transition represents a significant shift in the day-to-day management of contract staff. It is an important step in the development of GRN systems to manage the eventual full absorption and financing of these staff – either as civil servants or as contractors. This line item will cover administration activities of these HR contracts in MOHSS.

7) Nutrition support for PLWHA on ART, including children. The MOHSS will also collaborate with community based organizations to link recipients of the nutrition supplement with sustainable nutrition and income generating strategies such as gardening projects in their communities.

8) Implementation of the new PMTCT guidelines: In 2010 WHO released new PMTCT guidelines to further reduce Mother-to-Child transmissions (MTCT) rates in line with the new global initiative to eliminate MTCT by 2015. The MOHSS adapted these guidelines and will be launching them in 2010.
Some significant changes in these guidelines are that the maternal component of the PMTCT regimen will now be commenced at 14 weeks of gestation instead of the current 28 weeks. The pediatric component will also see prophylaxis being extended from the current 7 days to 6 weeks in the case of non-breastfed babies and up to 12 months for breastfed babies. Consequently the MOHSS will need to invest significant resources in rolling out implementation of these guidelines. The specific activities supported in this initiative will include curriculum review, review of user tools associated with PMTCT such as registers, summary reporting forms, IEC materials as well as didactic training of providers in these new guidelines and provision of supportive supervision and mentorship to ensure proper implementation of the new guidance throughout the 300+ clinic network where PMTCT services are provided in the country.

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**Narrative:**

Funding support to procure FDA-approved ARVs through the Ministry of Health and Social Services' (MOHSS) Central Medical Stores (CMS)

Continuing Activity

Estimated Budget = $939,798

**ADDITIONAL DETAIL:**

This budget area has been substantially reduced over the past three COP submissions as the growing ARV procurement costs are assumed by GRN and Global Fund Financing. The MOHSS CMS procures and distributes all public sector ARVs in Namibia. PEPFAR funding from ARVS has reduced from approximately 4.1 million (U.S. dollars) in COP 08 to less than 1 million (U.S. dollars) in COP 11.

Through a single procurement structure, the CMS uses funds from the MOHSS, the USG, the Global Fund, and other partners to simplify procurement and maximize purchasing power. Funds from MOHSS and other donors will continue to be used to procure non-FDA-approved products. The supply chain for ARVs and related drugs works well and cost-effectively in Namibia, with state-of-the-art pharmacy information system and inventory practices that have virtually eliminated ARV stock-outs.

With USG support, the MOHSS has enhanced its considerable technical capacity to lead all aspects of its national treatment program, from care and treatment guidelines to pharmaceutical management, forecasting, procurement and supply chain management. The GRN is well positioned to sustain this
leadership into the future. The GRN recognizes that its absorption of ARV costs is an important step toward sustainability of its treatment program, and has been increasing the portion of ARV costs covered by MOHSS funding over time, while USG contributions have declined.

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**Narrative:**

Continued support for approximately 10% of the facility-based lay-Community Counselors (CC) program. Community Counselors. Funding for the Community Counselor (CC) program is distributed among six activity areas: Abstinence and Be Faithful (15%), Other Prevention (20%), counseling and Testing (35%), Preventing Mother to Child Transmission (10%), Adult Treatment (10%), and HIV/TB (10%). This includes salaries for 650 CCs who are deployed in public health sites to work on activities such as HCT, ARV, TB, PMTCT, etc, as well as correctional facilities; training implemented by MOHSS through a local training partner; supervisory support visits by MOHSS staff persons who directly supervise the CCs; and support for planning meetings and an annual retreat for CCs.

**Continuing Activity**

Estimated Budget = $328,437

Procurement of HIV Test Kits and Supplies for TB patients and suspects

**Continuing Activity**

Estimated Budget = $200,000

Lab diagnosis and bio-clinical monitoring for TB

**Continuing Activity**

Estimated Budget = $150,000

TB Drug Resistance Surveillance

**Continuing Activity**

Estimated Budget = $134,609

**ADDITIONAL DETAIL:**
1) Community Counselors. Namibia introduced the CC program in 2004 as part of the national task-shifting initiative. Facility-based CCs provide HIV counseling and testing (HCT); adherence, prevention, and male circumcision counseling; and provide referral services. CCs play a major role in supporting clinical PMTCT providers in antenatal clinics. CCs also support provider initiated HCT in TB, STI clinics and other settings. In addition, CCs distribute condoms, promote and conduct couples HCT, and encourage all of their clients, but particularly people living with HIV and AIDS (PLWHA), to reduce high-risk behaviors through faithfulness to one partner. CCs address cultural norms that factor into HIV transmission, including lack of health care seeking behavior by men, multiple sex partners, transactional and trans-generational sex, power inequities between men and women, and alcohol abuse. Funding is also used to support refresher training workshops on HCT related topics such as male circumcision, prevention for PLWHA, and alcohol abuse. Finally, as outreach HCT services expand in Namibia, CCs will enhance provision of such activities through mobile units as well as nontraditional facility-based outreach activities.

2) Procurement of HIV Test Kits and Supplies for TB patients and suspects. MOHSS will continue to purchase the following: Determine and Unigold HIV test kits (using a parallel testing algorithm) for approximately 50,000 TB patients and suspects at 250 MOHSS facilities; ELISA or an MOHSS-approved rapid test device for tie-breaker re-testing in cases of discordance; HIV rapid test starter packs to launch new testing sites; and rapid HIV test supplies for training CC. These kits and supplies will be procured and distributed by the MOHSS Central Medical Stores.

3) Support for aggressive DR TB case finding: There are over 372 cases of drug resistant TB cases in Namibia, including 23 Extensively Drug Resistant (XDR) TB. Namibia Institute of Pathology (NIP) will continue to provide diagnostic support to MOHSS for aggressive DR TB case finding through C/DST and rapid molecular test of all at risk patients including (HIV positive patients, previously treated patients and DR contacts).

4) TB Drug Resistance Surveillance: MOHSS will expand TB drug resistance surveillance with technical assistance from CDC and laboratory support from NIP.

**Implementing Mechanism Indicator Information**
(No data provided.)

**Implementing Mechanism Details**

| Mechanism ID: 12752 | Mechanism Name: Cooperative Agreement 1U2GPS003014 |
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Procurement Type: Cooperative Agreement

Prime Partner Name: Ministry of Health and Social Services (MOHSS)-2

Agreement Start Date: Redacted

Agreement End Date: Redacted

TBD: No

Global Fund / Multilateral Engagement: No

**Total Funding: 655,000**

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**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

COP 2010 Overview Narrative

NEW NARRATIVE

This mechanism will provide direct USG support for a broad portfolio of country-driven approaches to build health care systems and strengthen country capacity to deliver quality health care.

Objectives: This mechanism will support a general expansion of the MOHSS’s ability to implement cross-cutting programs that leverage investments in HIV/AIDS and other areas across the entire healthcare system. Specific areas of emphasis will include, but not be limited to:

- Development of a national quality management program
- Strengthen laboratory systems planning and management
- Interventions that reduce maternal and infant mortality rates (e.g., the MOHSS Roadmap for the Acceleration of the Reduction of Maternal and Newborn Mortality.)
- Integration of health management information systems

Support for these objectives will focus on strengthening existing healthcare systems, leveraging investments for expanded or new systems, and improving coordination between the public and private healthcare sectors. Support for human capacity development will focus on training and retention of Namibian staff. Special emphasis will be placed on expanding the ability of the GRN civil service to
absorb new categories of healthcare workers, and manage short-term contracts to Namibian outsourcing firms. Building transparent and flexible systems will be a priority for this mechanism.

Partnership Framework: In COP10, PEPFAR will emphasize the GRN's capacity to plan, oversee, manage and, eventually, finance a growing share of the commitments made in the four priority areas identified by the PF: Prevention; Treatment, Care and Support; Impact Mitigation; and Coordination and Management.

This mechanism will encompass a broad range of activities and commitments described in the PF. Specifically, key objectives supported under the Coordination and Management thematic area will include leadership and governance, human resources/human capacity development, and monitoring and evaluation. This mechanism builds on more than five years of government-to-government engagement through a CDC cooperative agreement with the MOHSS for specific support to the national HIV/AIDS response. In line with PEPFAR's strategic emphasis on mainstreaming HIV/AIDS investments and supporting multi-sectoral interventions, this cooperative agreement will expand CDC's ability to deliver USG-funded technical assistance for health systems strengthening, primary health care, maternal and child health, and other services offered by the MOHSS.

The direct support model have already proven successful in Namibia, where matching MOHSS contributions to primary care services have grown with the PEPFAR-supported scale-up of ART and other HIV/AIDS services.

Coverage: The activities under this mechanism are national in scope.

Health systems strengthening: This mechanism will leverage on-going MOHSS investments in strategic planning, costing, decentralization and multi-sectoral coordination. Expanding PEPFAR's ability to support cross-cutting programs in primary healthcare, maternal and child health, sanitation and nutrition will open opportunities to leverage PEPFAR's HIV/AIDS investments and integrate them into the broader healthcare system. This new mechanism will also improve PEPFAR's visibility in other areas of the healthcare sector, and allow for new collaborations with other development partners.

The mechanism's specific focus on Human Resources for Health will build on recent MOHSS HR policy changes driven by revisions to the Namibian Labour Law in 2009. While the USG will continue to support the GRN civil service as the primary public sector employment mechanism, technical assistance will encourage the development of flexible and diverse HR mechanisms within the civil service, including outsourcing.
Cross-cutting/Key issues: As noted above, this mechanism will promote the development of strong, transparent and flexible human resource systems within the MOHSS. These systems will allow the GRN to recruit and retain a broader spectrum of healthcare workers, including community-based outreach workers. Through the GRN task-shifting initiative, these workers increasingly contribute to non-HIV health promotion activities, including immunization campaigns, clean water and nutrition awareness, and referrals to testing for TB. The efficient management of these community based human resources will reduce Namibia’s dependence on external implementing partners and allow for a realignment of resources to improve access to basic healthcare for all Namibians.

Cost efficiency: This mechanism will specifically strengthen MOHSS ability to plan, implement, monitor and evaluate cross-cutting strategies within and beyond the national HIV/AIDS response. In line with the PF requirement that the USG assess the appropriate role for external partners, this mechanism will expand the MOHSS's capacity to identify, choose and finance its own technical assistance. Support for training and HSS will also promote the availability and use of national experts rather than external partners.

M&E: All CDC cooperative agreement grantees must submit a detailed work plan with their annual continuation application. This work plan must be based on PEPFAR indicators and aligned with targets set for each country. Grantees must also submit bi-annual status reports to program managers in Namibia. Data in these reports may be used inform any year-on-year changes to the work plan.

### Cross-Cutting Budget Attribution(s)

| Human Resources for Health | 250,000 |

### Key Issues

- Increasing gender equity in HIV/AIDS activities and services
- Child Survival Activities
- Safe Motherhood
- Family Planning

### Budget Code Information
Mechanism ID: 12752
Mechanism Name: Cooperative Agreement 1U2GPS003014
Prime Partner Name: Ministry of Health and Social Services (MOHSS)-2

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Narrative:
Implementation of the National Strategic Plan for Laboratory Services and strengthening of Namibia's national public health laboratory network. This activity will focus on disseminating, training stakeholders, and implementing technical elements of the National Strategic Plan for Laboratory Services (developed with COP10 funding). It will also include funds for needs assessments, mapping exercises and other technical assistance to develop formal working relationships between all of Namibia's clinical, diagnostic, educational, veterinary, and chemical laboratories under the guidance of the MOHSS.

Continuing Activity
Estimated Budget = $150,000

Training for MOHSS clinical staff in key elements of Emergency Obstetric Care (EMOC). Training courses will focus on the six key elements of EMOC, plus blood transfusion and caesarian section. Decisions on specific courses for COP11 will be made in conjunction with MOHSS based on the national Roadmap for Accelerated Reduction of Maternal and Neonatal Mortality and any activities conducted by the MOHSS in conjunction with the African Union's Campaign for the Reduction of Maternal Mortality in Africa (CARMMA).

Continuing Activity
Estimated Budget = $160,000

Continuing supportive supervision will be provided by MOHSS staff in the Directorate for Primary Health Care. Specialized supportive supervision in the appropriate clinical use of blood will be provided to MOHSS hospitals by a blood transfusion medical officer seconded to the Ministry from the Blood Transfusion Service of Namibia. The NAMBTS medical officer's salary will be covered by NAMBTS; PEPFAR funds in this line item will support logistics and the dissemination of training materials. USG technical advisors will work with MOHSS and NAMBTS to coordinate and facilitate the medical officer's secondment.

Continuing Activity
Estimated Budget = $50,000

Drafting and publication of a National Quality Management Strategy. This is a continuing activity from COP10. In COP11, MOHSS representatives who attended an international conference on quality management and conducted a quality management infrastructure assessment will solicit and document stakeholder input on quality management issues, and will write a new national strategy for quality management across the public health system.

Continuing Activity
Estimated Budget = $40,000

Support for infrastructure and human capacity development for the new Health Information System (HIS) Directorate in the MOHSS. This activity will build on HIS workforce development activities funded in COP10 and on outcomes from the 2010 HIS Leadership Forum. It will also support the procurement of hardware and software to address gaps in the HIS data collection and management system.

Continuing Activity
Estimated Budget = $100,000

Support the GRN to develop and implement a capacity building plan to operationalize the new NSF coordination framework. Support the GRN to organize and conduct an inclusive and evidence-based national Joint Annual Program Review. Strengthen capacity of key decision making and coordination mechanisms and structures to ensure broad participation, effective leadership and coordination, participatory planning, informed policy development, regular oversight, etc.

Continuing Activity
Estimated Budget = $105,000

Develop training tools to strengthen facilitation, decision-making and problem solving skills for the national, sectoral and regional multi-sectoral coordination structures to enhance their effectiveness and oversight role.

Continuing Activity
Estimated Budget = $20,000

Support the establishment and functioning of sectoral coordination committees (4-6 committees).
Continuing Activity
Estimated Budget = $30,000

ADDITIONAL DETAIL:

The MOHSS will refine its annual work plan in conjunction with CDC technical advisors and other members of the USG combined technical team.

1) Implementation of National Strategic Plan for Laboratory Services and strengthening the National Public Health Laboratory network. Strengthening the policy environment for health care services is a priority for the government of Namibia. Because most laboratory services are delivered by a parastatal entity (NIP), the ministry of health's ability to oversee the laboratory network is weak. Projects like this will strengthen the MOHSS's oversight role and contribute to the development of a public health network that will include human diagnostic and research laboratories, agricultural laboratories, veterinary laboratories, and laboratories specializing in environmental analyses. The MOHSS plans to develop the network using the hub-and-spoke model with MOHSS as the hub for the network of participating laboratories.

2) Emergency Obstetric Care training. This activity will support government's push to revitalize maternal and child health care services within the MOHSS Directorate for Primary Health Care (DPHC).

3) Supportive supervision. This activity will be expanded in COP11 to integrate training and supervision in the appropriate clinical use of blood into the DPHC. This training had previously been supported by PEPFAR through the Blood Safety program area. However, since this activity is more aligned with GHI goals for health care systems strengthening, COP11 funds will support logistics, printing and other costs associated with the dissemination of training materials based on the NAMBTS Guidelines on the Appropriate Clinical Use of Blood (GACUB) curriculum. USG technical advisors will work with NAMBTS and MOHSS to coordinate the seconding of a NAMBTS medical officer to strengthen blood transfusion capacity within DPHC. (This medical officer's salary will be paid by NAMBTS.) By supporting the secondment of a blood service medical officer within the MOHSS, this linkage will also address a perception gap between MOHSS hospitals which transfuse blood and NAMBTS, which is a private NGO. Because NAMBTS lacks authority to instruct MOHSS hospital staff, this gap has led to a slow uptake of training materials at the hospital level. Other supportive supervision will be linked to the other essential elements in the WHO Emergency Obstetric Care tool kit.

4) Quality Management. Quality assurance in the national ART program (through HIVQUAL) has created efficiencies and allowed rapid expansion of services. The quality management techniques that have
made the ART program a success will be applied to the rest of the health care sector through these activities.

5) Health Management Information Systems (HMIS). These activities complement IT and strategic information activities funded by PEPFAR through HVSI, and will strengthen the capacity of the upcoming new HIS Directorate to use the District Health Information System (DHIS) software in the MOHSS to collect, manage, analyze and disseminate routine M&E data.

6) In terms of multisectoral coordination, the three sub-activities listed above and the estimated budgets are subject to revision based upon further interagency dialogue with the MOHSS. The principle purpose of the activity is to support the GRN to operationalize the new NSF, specifically the coordination framework and associated structures. The USG intends to support the GRN in the optimal manner to strengthen multisectoral coordination of the national HIV/AIDS response. This support will be directed to the appropriate GRN Ministry or office responsible for NSF coordination. The selection of a prime partner is therefore subject to further consultation with the GRN and finalization of the NSF coordination framework.

Implementing Mechanism Indicator Information
(No data provided.)

Implementing Mechanism Details

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<th>Mechanism ID: 12860</th>
<th>Mechanism Name: Ministry of Regional, Local Governments, Housing and Rural Development (MRLGHRD)</th>
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Total Funding: 689,000

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Sub Partner Name(s)
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Overview Narrative

Cross-Cutting Budget Attribution(s)
(No data provided.)

Key Issues
(No data provided.)

Budget Code Information

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<tr>
<td>Other</td>
<td>OHSS</td>
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**Narrative:**
Support selected regional government planning, review and systems strengthening efforts to support community-based efforts outlined by selected Regional Councils. Support is expected for approximately three to four councils.
USG will work closely with regional government bodies to identify critical needs to foster greater coordination of the local HIV/AIDS response. While the funding amount will not be sufficient to address all of their local needs in these areas, this funding will help address some of the unmet need and facilitate greater USG dialogue and joint planning efforts with regional government to broadening activities beyond the national level in accordance with Namibia's decentralization policy.
Continuing Activity
Estimated Budget = $539,000

ADDITIONAL DETAIL:

This activity was initially funded in COP10 reprogramming and will provide direct financial support to the Namibian Ministry of Regional, Local Governments, Housing and Rural Development (MRLGHRD) to fulfill their mandate of regional operationalization and coordination of the national multi-sectoral HIV and AIDS response. Namibia’s HIV and AIDS response will continue decentralizing under the auspices of the NSF. This requires functional RACOC to prioritize, plan and review regional responses across sectors. This assistance will be targeted to improve the efficiency and effectiveness of regional planning and review structures and prioritization of community-based HIV prevention efforts among GRN and civil society stakeholders under the auspices of the National Strategic Framework on HIV and AIDS 2010-2016 (NSF).

Under the National Strategic Framework on HIV and AIDS (NSF) 2010 – 2016 there will be a greater emphasis of decentralization of the response to RACOCs who will continue to coordinate the regional multi-sectoral HIV and AIDS response. Regional AIDS Coordinating Committees (RACOCs) are tasked with coordination of non-medical sector responses which primarily consist of HIV prevention stakeholders. Their institutional management will be through the Ministry of Regional and Local Government, Housing and Rural Development. Their particular responsibility is to ensure meaningful involvement and participation of all stakeholders in the implementation of the Regional Operational Plans.

This direct assistance, an initial step in supporting GRN build a comprehensive regional response, is focused on strengthening the planning and coordination of community-based HIV prevention activities. Current funding will permit initial activities for RACOC planning and review of HIV prevention efforts by stakeholders in regions to be selected by the MRLGHRD. Assistance will finance limited regional efforts to convene stakeholders to operationalize NSF regional plans and support planning and review of HIV control efforts.

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<th>Strategic Area</th>
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Narrative:
Regional governance & coordination of HIV national response under NSF including joint planning & review activities and supportive supervision from MRLG to regional and constituency committees.
Continuing Activity  
Estimated Budget = $150,000  

ADDITIONAL DETAIL:  

This activity was initially funded in COP10 reprogramming and will provide direct financial support to the Namibian Ministry of Regional, Local Governments, Housing and Rural Development (MRLGHRD) to fulfill their mandate of regional operationalization and coordination of the national multi-sectoral HIV and AIDS response. Namibia’s HIV and AIDS response will continue decentralizing under the auspices of the NSF. This requires functional RACOC to prioritize, plan and review regional responses across sectors. This assistance will be targeted to improve the efficiency and effectiveness of regional planning and review structures and prioritization of community-based HIV prevention efforts among GRN and civil society stakeholders under the auspices of the National Strategic Framework on HIV and AIDS 2010 - 2016 (NSF).

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**Implementing Mechanism Indicator Information**  
(No data provided.)  

**Implementing Mechanism Details**
Mechanism ID: 12966
Mechanism Name: TBD LifeLine/ChildLine Namibia

Funding Agency: U.S. Agency for International Development
Procurement Type: Cooperative Agreement
Prime Partner Name: Lifeline/Childline Namibia
Agreement Start Date: Redacted
Agreement End Date: Redacted
TBD: No
Global Fund / Multilateral Engagement: No

Total Funding: 1,641,389

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Sub Partner Name(s)
(No data provided.)

Overview Narrative
COP 2010 Overview Narrative

This is a new implementing mechanism.

Addressing gender norms is a key guiding principle of the Partnership Framework and the GRN's National Strategic Framework. Prevention programs have not been sufficiently gender specific; and haven't adequately targeted the key drivers of the epidemic among men and women.

This implementing mechanism builds on several years of technical assistance through the male norms initiative to a Namibian organization, and transition technical leadership from an international NGO to a Namibian partner sustaining progress to date and establishing cost efficiencies for the USG. This new implementing mechanism (Lifeline) was the sub-recipient under the EngenderHealth award and now in COP2010 has graduated to a prime. The program has three goals and objectives: (1) to work with partners to address gender norms that contribute to multiple concurrent partnerships, transactional sex and, intergenerational sex, (2) to work with partners to address harmful gender norms among most at risk populations, and (3) to work with partners to address harmful gender norms in the regions that have the highest HIV prevalence.

The recipient, through USG and non-USG supported programs reaching subpopulations, will target young adults aged 15 to 29, men in workplace settings, especially those related to the mining and fishing.
industries, and migrant populations. This is primarily a technical assistance activity to local organizations.

In support of broader transition and systems strengthening the Namibian organization will strengthen relationships with the MOHSS and Ministry of Gender to better address gender norms within the context of HIV and AIDS. A core component of activities will be to support local organizations strengthen their approaches to the integration of male norms in their work that contribute to the HIV epidemic.

Monitoring and evaluation plans will be developed based on previous technical assistance work.

Sustainability will be achieved through ensuring that capacity to implement gender programming is integrated into the programmatic activities of each selected organization and by strengthening GRN and civil society capacity in program design, implementation, training and monitoring and evaluation through supportive supervision and mentoring.

Graduating a Namibian partner to receive direct PEPFAR funding will sustain in-country capacity and achieve cost efficiencies for the USG.

### Cross-Cutting Budget Attribution(s)

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<th>Gender: Reducing Violence and Coercion</th>
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<td>Human Resources for Health</td>
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### Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services

### Budget Code Information

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**Narrative:**

Community Parenting Training to promote better family relationships and children's rights: Conducting 9 parenting workshops in Rehoboth, Rundu and Khomas.

Continuing Activity
Estimated Budget = $116,580

Child Protection schools programme for children aged 11-17: Convene and facilitate a total of 9 child protection committees in 3 schools per region in 3 regions (Rundu, Rehoboth, and Windhoek).

Puppet shows on gender and child protection for pre-school children in the same 3 regions.

Continuing Activity
Estimated Budget = $202,176

Child rights and participation through Uitani Radio for children aged 8-15: Continue to produce 52 radio programmes per year produced/presented by and for children, to be broadcast on 4 national and community radio stations and copied for use by schools and listeners clubs. Annual regional children's conferences to continue to be held in Rundu, Rehoboth and Windhoek.

Continuing Activity
Estimated Budget = $106,958

Raising child protection awareness at the community level in Rundu, Rehoboth and Khomas, and advertising 116, a toll free Child Helpline and other services nationally.

Continuing Activity
Estimated Budget = $131,115

116 Toll free Child HelpLine: Provision of counseling and referral services nationally for children in difficult/unsafe circumstances (all children up to age 18), including referral to LL/CL community programmes.

Community based child protection: Community-based counseling, case management support and local referral, delivered by social workers and volunteers in Rundu, Rehoboth and Windhoek.
Continuing Activity
Estimated Budget = $193,171

ADDITIONAL DETAIL:
The activities above form part of an integrated package of intervention of the child protection program, which started in 2009 and is implemented in conjunction with two sub grantees of PACT (PEACE and Legal Assistance Centre). It will be implemented in three sites: Windhoek, Rehoboth and Rundu. Some of the activities, such as Uitani Radio as the Child HelpLine have national coverage.

Community parenting trainings:
• Parents learn about/discuss parenting skills, alternatives to violence when disciplining children and about children's rights and protection. In this way, the activity complements the work conducted directly with children.
• Uses approximately 30% of the 3 Child Line Officers time

Child Protection Schools program:
• School-based child protection committees will be established to include vulnerable/at risk children as well as learners with leadership potential able help articulate and uphold rights in schools.
• Tools used to train the child protection committees include the MGECW/UNICEF curriculum as well as the Uitani Radio programmes/facilitator guides and male engagement sessions.
• This activity is complemented by drop-in counseling for any child in need/at risk. All activities lead to referrals into the counseling and safety net system referred to under counseling below.
• Activities will be held at the same schools as the AB programme, but will normally work with different children.
• Puppet shows on rights and protection offered to pre-school children by the same Child Line Officers during school down times (including exam periods), with assistance from Peer Educators used under the AB programme.
• Uses approximately 70% of the 3 Child Line Officers time and 17% of the 4 Peer Educators time.

Uitani Radio:
• Includes portion of salary, equipment and production costs related to the making of 52 weekly hour-long radio programmes by children, for children and focused on protection and social issues expressed from children's point of view. Remainder of salary, equipment and production costs found under AB
• Includes Listener Clubs, 1 per region, based at one of the focus schools described above and in the AB programme. Listeners clubs provide feedback on shows from children listeners.
• Copying of programmes onto CD and producing facilitator guides of featured programmes, for use in child protection committees and other school activities.
• Airing of announcements on the radio about 116 and other services, children's rights and protection.
• 3 Children's conferences in Rundu, Rehoboth, Windhoek, with participants from listeners clubs and child protection committees coming together at regional level.

Raising Child Protection Awareness:
• Printing of materials, running a publicity campaign, holding of community and stakeholder meetings in Rundu, Rehoboth and Windhoek

Counseling services:
• This activity includes both a telephone helpline and community-based counseling and case management. Crisis debriefing and lay counseling are provided over the telephone and face to face.
• The 116 toll free Child HelpLine is accessible from all mobile and landline networks, established for reporting and prevention of child abuse. The helpline is staffed by a team including telephone/face to face staff members, social worker, volunteers and psychology/social work interns
• Referrals and case tracking from HelpLine calls is made to appropriate services, including community case management in Rundu, Rehoboth, staffed by a social worker and volunteers in each region
• Internet-based /online counseling will be introduced.
• Telephone counseling services will be decentralized to Rundu and Rehoboth.
• Onward referral and budgetary provision for therapeutic services delivered by experts.

Training, capacity development of staff, interns & volunteers:
• Training costs for the OVC programme built into the activity areas and will likely cover training in
Personal Growth,
Basic Counseling and Child Counseling for new volunteers and staff as well as refresher training for volunteers and staff as needed, training telephone counseling skills in the regions and workshops on ‘Feeling Yes, Feeling No’ manuals.
• Inclusion of OVC staff, interns and volunteers in organization-wide Monitoring and Evaluation, male engagement group education, male engagement service delivery, male engagement TA, HIV counseling training is also provided for.

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Narrative:
Implementation of Social and Behaviour Change Communication Programme for 1,500 Children in Schools aged 10-24 in North Central, North East and Khomas. Additionally, gender training for 120 children aged 7-10 offered during school holidays in the same regions. (Per PEPFAR Country team
consultations (9/2010) +$100,000 for improved coverage of children in selected regions, increased coordination with Ministry of Education and increased delivery of existing activities for youth/teachers in to be determined locations.) Targets will be adjusted based upon $100,000 increase to this activity.

Continuing Activity
Estimated Budget = $329,153

Uitani ChildLine Radio: 52 radio programmes produced by and for children and aired on 4 national and community radio stations. Complements the schools programme above in order to reinforce messages.

Continuing Activity
Estimated Budget = $70,438

ADDITIONAL DETAIL:
Monitoring and evaluation efforts will be conducted and represent approximately five percent of costs associated to activities.

SBCC for children:
• Carried out by a team of 8 ChildLine Facilitators assisted a team of 4 Peer Educators (83% of their time).
• The programme reaches 50 children per school over a period of 8 weeks during a school term.
• Each region will work in 4 schools per term for the first 2 terms and 2 in the final term, thus a total of 10 schools per region, per year, reaching a total 500 children per region per year, thus a national total of 1,500 children in the year.
• The programme will operate in the same schools as the child protection programme described under OVC in order to maximize impact and to underscore the connection between HIV prevention and child protection.
• The programme focuses on drivers of the epidemic relevant to the age groups - with MCP, alcohol and cross-generational sex discussed at high schools and abstinence and delaying sexual debut emphasized at primary level.
• Gender training for children will be introduced in school holidays in May and August, reaching 20 children per training per region, giving a total of 120 children per year.
• Promotional materials are distributed during these programmes.
• Programmes are based on baseline survey outcomes, against which results can be measured.

Uitani Radio:
• Uitani Radio programmes focuses on child protection and HIV prevention issues covered under AB
schools activities and OVC Child protection activities.
• Costs of salary, equipment and production costs related to the making of 52 weekly hour-long radio programmes shared between AB and OVC programmes.
• OVC specifically covers training for the child participants through 6 capacity building workshops.

Capacity Building:
• Staff training costs for OVC programme built into the two activity areas.
• ChildLine Facilitators and Peer Educators to be trained in gender for children and youth by the LL/CL male engagement team and provided with follow-up TA.
• The LL/CL Training Team will offer SBCC refresher training, as well as personal growth, basic counseling and child counseling training.
• Rigorous local and national supervision will be given.
• In addition to the specific training required under this programme, inclusion of AB staff and peer educators in organization-wide Monitoring and Evaluation and HIV counseling training is provided for.

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Narrative:
Implementing Social and Behaviour Change in Communities: A total of 50 volunteers in North Central, NE and Khomas offer evidence-based SBCC sessions in small groups, focusing on drivers of the epidemic. The same volunteers also offer complementary one-on-one counseling/SBCC sessions where needed.

Continuing Activity
Estimated Budget = $200,900

Telephone counseling: National crisis telephone, and sms callback counseling service for adults and children; sexual and reproductive health info service offered by sms to young people.

Continuing Activity
Estimated Budget = $159,961

Capacity building and supervision: pre-service and in-service training for new and existing staff, volunteers and students.

Continuing Activity
Estimated Budget = $130,937

ADDITIONAL DETAIL:
Community SBCC Programme:
• Volunteers work in pairs, seeing small community groups consistently, 2 sessions per week over a period of 4 weeks.
• Sessions focus on MCP, alcohol, consistent condom use, cross and transactional sex, alcohol, male circumcision, couple communication, HIV testing and living with HIV
• All have gender components, introduced by the male engagement team.
• Volunteers are experienced counselors and able to link their small group and one-on-one sessions together to increase the likelihood of behavior change.
• Programmes will be based on baseline survey outcomes, against which results can be measured.
• Rigorous regional and national supervision offered.

National telephone and sms callback counseling for adults and children, sexual and reproductive health info offered by sms for young people:
• All services operated 14 hours per day, 365 days per year by a team of 2 staff counselors and 5 volunteers, supplemented by polytechnic students and Peace Corps Volunteers.
• Face to face counseling also offered by the Windhoek team during office hours on a drop in or by-appointment basis.
• Costs include volunteer incentives and transport, call-back costs, meetings for volunteers, airtime for polytechnic students and Peace Corps volunteers and maintenance of the sms systems.

Capacity building and supervision:
• Includes training offered across the organization (Male Engagement, Monitoring and Evaluation, HIV counseling) as well as 100% costs for specific OP training, such as SBCC refresher training courses x 2 (facilitation, Counseling for SBCC).

Implementing Mechanism Indicator Information
(No data provided.)

Implementing Mechanism Details
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<th>Mechanism Name: Scaling up Palliative care for People Living with HIV/AIDS</th>
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Custom 2012-10-03 15:52 EDT
Prime Partner Name: African Palliative Care Association

Agreement Start Date: Redacted  
Agreement End Date: Redacted

TBD: No  
Global Fund / Multilateral Engagement: No

Total Funding: 1,227,591

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Sub Partner Name(s)
(No data provided.)

Overview Narrative
COP 2010 Overview Narrative

This is a new implementing mechanism but continues Pact Regional Award's previous work.

1. APCA has one comprehensive goal which is to provide technical assistance and build capacity within selected countries across the Southern African region in order to promote the development of palliative care in the region. Specifically in Namibia, APCA contributes to the HIV and AIDS response by scaling-up palliative care provision through a public health approach that strives to balance quality and coverage. The primary emphasis areas are human capacity development and local organization capacity building.

2. The goals that APCA has set in Namibia are directly linked to those within the Partnership Framework in the Focus Area of Care, Treatment and Support. Under this Focus Area, the overarching goal is "To reduce mortality, morbidity and improve the quality of life of those affected by HIV." Palliative care is defined as an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illnesses, including HIV. Therefore, by increasing the number of healthcare providers trained to implement palliative care, more patients will be able to receive it. Palliative care is applicable to patients with HIV and AIDS in their homes, in the community and within public health facilities regardless of whether they are on treatment or not. Therefore this directly contributes to the objectives of the Partnership Framework within the Care Focus Area.

3. Specific target populations include HIV/AIDS care providers at all levels in government, NGOs, CBOs, FBOs and policy makers throughout the entire country.

4. APCA is committed to moving forward palliative care policy, standards and guidelines within Namibia. It
is important that palliative care is integrated into standards of care at various levels (basic, primary and tertiary levels) and settings (i.e. home based, antiretroviral therapy, prevention of mother-to-child transmission) so that patients receive comprehensive and holistic services. By improving the quality of care that terminally ill patients receive in their homes, public health facilities are not as burdened by long term patients. This is advantageous to the healthcare system as a whole, and is usually more comfortable for patients and their families.

5. The focus area of APCA's program is palliative care.

6. Part one of the Public Health Evaluation (PHE) planned to begin in COP09 looks at the availability of care services and relative to the palliative care sites as compared to the burden of the disease in catchment areas. It is hoped that this exercise will help to identify gaps in referral procedures that can be amended, and improve cost effectiveness by encouraging organizations to utilize the services of other community organizations and health facilities as appropriate.

7. APCA Namibia is supported by the Southern Africa Regional Office based in Johannesburg, including an M&E officer who is responsible for overseeing the effectiveness and performance of APCA programs in the region.

Cross-Cutting Budget Attribution(s)

| Human Resources for Health | 350,000 |

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

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Administration and other Direct Costs

Continuing Activity
Estimated Budget = $50,591

Support roll out of community PHDP with PLHIV support groups and integration into HBC

New Activity
Estimated Budget = $320,000

Palliative care research

Continuing Activity
Estimated Budget = $50,000

ADDITIONAL DETAIL:

Capacity building of HBC organizations: During FY2010 COP funding distributed among several activities such as training of nurses, ongoing support and mentorship of 11 Palliative care nurses, support for bi-annual meetings of personnel from different sites, training of staff and volunteers at two new CAA sites and 5 other HBC organizations. Funding will also travel and consultancy fees for facilitators from Zimbabwe (Island Hospice) and APCA (UGANDA), costs for clinical placements in Zimbabwe for 2 new CAA nurses + 1 CAA HQ staff as well as specialist level training for two CAA nurses at Hospice Africa Uganda or any other relevant palliative course. CAA PC activities are a continuation of activities from FY2009 to strengthen CAA PC activities and to make it one of the centers of excellence in Namibia.

Implementation of standards: This is a new activity introduced now in FY2010. At a national level, a standards adaptation and implementation meeting will be held with key stakeholders such as Ministry of Health, development partners and service providers, firstly to introduce them to the palliative care standards and secondly, to identify strategies for adaptation and implementation. This will be a one day meeting for a total of 40 participants. These strategies will be incorporated within wider project activities.

Integration of palliative care into 5 HBC programs: Five organizations representing various levels of service delivery (i.e. primary, secondary, and tertiary) will be identified and site assessments conducted based on best practices and WHO standards to determine the level at which they are currently providing palliative care and to identify gaps and opportunities for strengthening palliative care across all levels of care that they provide.
Organizations will be supported to develop quality improvement plans based on the results of the assessment above to address organizational management, holistic care provision, children's palliative care, education and training and research and management of information. Training for staff and volunteers at each organization as appropriate will be conducted in Quarter 4. 300 volunteers will be trained in FY2012. Trainings will need to fit the needs and dynamics of each organization.

National Palliative Training Curriculum: This activity is a continuation from FY2009. To be able to increase access to palliative care knowledge, skills and to develop local expertise, the program will address the educational needs of health professionals including the use of morphine for pain control.

The national PC curriculum that was started in FY09 will be finalized together with the national training institutions, MOHSS, HCWs and I-TECH. The training curriculum will be piloted with 25 health workers for appropriateness and quality. HW for the pilot will be drawn from different parts of the country to be able provides well representative feedback. APCA will work with other partners like IHZ to conduct the pilot and TOT for 25 national trainers. Funding for this activity will cover consultant fees, flights, meals, per diem and accommodation. National trainers will be equipped with palliative care skills and exposure to national curriculum. In future, all PC trainings will then be carried out by the national trainers who will provide ongoing training support as this will help to build the capacity of health professionals quickly and locally.

Support will also be provided to the University of Namibia (UNAM) National Health Training Centre (NHTC), International University of Management (IUM) and ITECH to provide palliative care training for 25 personnel (i.e. lecturers in medical, nursing and other relevant programmes) so that they can integrate palliative care into their practice.

National Advocacy and Policy Development: This activity is also continuing from FY2009 with the review of 5 identified national policies being conducted. The development of the policy and guidelines is expected to be completed in this funding cycle. A stakeholder’s meeting will be held with representation from government and non-governmental organizations to adapt the APCA palliative care standards and use them as a guiding document for policy development and to be coordinated by the MOHSS and APCA.

Advocacy training will be held for the 12 member task Force to build upon their PC knowledge and to equip them with skills to better drive PC at the national level. Pain medication sensitization workshops will be conducted to increase awareness of the need and appropriate usage of pain medicines amongst 22 MOHSS doctors and pharmacists. These will be done in combination with site sensitizations to maximize resources; this also helps to create demand for PC training.
Technical Assistance to the MOHSS: This is aimed at continuing integration of Palliative care in to Home based Care through support of roll out of training on integrated HBC standards and guidelines to CSOs. This will also include facilitating the activities of the Palliative care task force and Community based care Reference Group coordinated by MOHSS. Additional activities will be to ensure that CHBC organizations abide by the National CHBC standards and finalization of the mapping process already being supported with GFATM resources. When finalized a director of services would be developed that will facilitated stronger bi-directional linkages between the health facilities and CHBC organizations.

TA will be provided to the MOHSS for strengthened referral between community based care and facility care through implementation of the referral systems being developed by MOHSS with IntraHealth Capacity Project Support. In addition, 9 site sensitizations at hospitals proximal to the CAA sites will be conducted with the coordination of the MOHSS. The meetings will target MOHSS regional and districts management. The meetings will attempt to orient public health facilities to palliative care and facilitate discussions with CAA on how best to collaborate to ensure smooth referrals between community and facility care settings.

Technical Assistance to the MOHSS to create systems that allow palliative care trained nurses to carry medicines in the community. Scope of Practice that allows nurses trained in PC to carry PC essential medicines has been developed. It is anticipated that during this FY, the SOP will be approved by the MOHSS and the pilot of this can commence in the last quarter. This activity requires ongoing advocacy and sensitization and as a result, APCA will support a study tour for 4 senior Pharmaceutical Services staff to observe nurse prescribing in Uganda will be conducted. Staff at pharmaceutical services will learn about models of nurse prescribing and will be encouraged to support the pilot in Namibia.

During FY 2010, APCA will also develop in collaboration with I-TECH, MSH and SCMS a training curriculum for palliative care nurses on medicine safety and supply chain management. The training is expected to take place in the next FY.

Media workshop on Palliative Care for local media outlets (NBC, One Africa, etc) will be held in quarter 2. The workshop will be held in collaboration with MISA Namibia to increase awareness of PC amongst media outlets. Media events/ World Palliative and Hospice Day will be held to increase public awareness of palliative care. Awareness will also be done through development and dissemination of PC materials such as brochures, posters, etc.

Positive Health dignity and Prevention: Support integration of Positive Health dignity and Prevention in to HBC: Through partnership with a PLHIV advocacy and training organization there will be continued
support for integrating Positive, Health Dignity and Prevention packages through implementing tailored programs with HBC providers and support groups. This would include funding for the sub-grantee to procure the community PwP kits, train PLHIV support groups and facilitate implementation of PHDP activities across the 13 regions in Namibia.

Palliative Care Research: This is an activity carried over from FY09 because MOHSS approval for the research protocols was delayed. A street survey to explore the priorities and preferences of the Namibian public with regards to end-of-life care, death and dying in order to inform appropriate care that reflects public preferences and priorities will be conducted. Not more than 200 people will be interviewed in identified sections of Windhoek. The research will be used to inform policy and guideline development as well as the national curriculum. Data collection tools and methodologies are described in the research protocols which is available upon request.

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<tr>
<th>Strategic Area</th>
<th>Budget Code</th>
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**Narrative:**

TA and logistics support to MOHSS(DSP and PHC/CBHC) for trainings, curricula and guidelines development

Continuing Activity
Estimated Budget = $50,000

Site assessments to 5 HBC organizations (Training for staff and volunteers at 3 organization)

New Activity
Estimated Budget = $15,000

Travel for program related activities

Continuing Activity
Estimated Budget = $36,000

Promotion and support of quality pediatric palliative care within CHBC programs

New Activity
Estimated Budget = $54,000
Equipment (server and computers)

Continuing Activity
Estimated Budget = $5,000

Personnel and fringe benefits

Continuing Activity
Estimated Budget = $50,000

Administration and other Direct Costs

Continuing Activity
Estimated Budget = $30,000

ADDITIONAL DETAIL:

Capacity building of HBC organizations: During FY2010 funding will be distributed among several activities such as training of nurses, on-going support and mentorship of 11 Palliative care nurses, support for bi-annual meetings of personnel from different sites, training of staff and volunteers at two new CAA sites and 3 other HBC organizations. Funding will also cover for 2 mentoring visits from APCA (UGANDA), clinical placements in Zimbabwe for 2 new CAA nurses + 1 CAA HQ staff, specialist level training for two CAA nurses at Hospice Africa Uganda or any other relevant palliative course in Africa which include flights, accommodation, meals and per diems for entire training period. CAA PC activities are a continuation of activities from FY2009 to strengthen CAA PC activities and to make it one of the centers of excellence in Namibia.

Integration of palliative care into 5 HBC programs: Five organizations representing various levels of service delivery (i.e., primary, secondary, tertiary) will be identified and site assessments undertaken at each organization to determine the level at which they are currently providing palliative care. This assessment will be undertaken based on the best practices and WHO standards will aim to identify gaps and opportunities for strengthening palliative care across all levels of care, including organizational management, holistic care provision, children's palliative care, education and training and research and management of information. Organizations will be supported to develop quality improvement plans based on the results of the assessment above. This will be through meetings with the management and care providers in each organization. They will be encouraged to incorporate these plans in their programmes.
Some of these plans will be addressed through this project for example through training organizational staff on implementation of the standards.

Promotion and support for quality pediatric palliative care including TB/HIV screening and management, will be supported in collaboration MOHSS (TB/Leprosy control program and CHBC Division) through updating HBC training curriculum and materials and rolling out training of care providers at all levels. Through work with a PHDP led sub-grantee Positive, Health, Dignity and Prevention activities for HIV + children and adolescents will be carried out.

Training for staff and volunteers at each organization as appropriate will be conducted in Quarter 4. 300 volunteers will be trained in FY2012. Trainings will need to fit the needs and dynamics of each organization.

**Implementing Mechanism Indicator Information**
(No data provided.)

**Implementing Mechanism Details**

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<td>TBD: No</td>
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**Total Funding: 108,190**

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**Sub Partner Name(s)**
(No data provided.)

**Overview Narrative**
COP 2010 Overview Narrative
NEW/REPLACEMENT NARRATIVE WITH SUBSTANTIAL CHANGES  The International Laboratory Branch (ILB) consortium partners’ main goal is to strengthen laboratory systems through technical assistance to the Namibia Institute of Pathology (NIP). NIP, in turn, provides quality laboratory services to MOHSS HIV, TB and OIs programs. To achieve this goal each of the four ILB consortium members provides technical assistance in specific areas. For the American Society of Clinical Pathology (ASCP), those objectives include:

1) Theoretical and hands on training on bio-clinical monitoring assays methods and instrumentations.
2) Support for the development of a national laboratory training resource center.

How the Implementing Mechanism is linked to the Partnership Framework goals and benchmarks over the life of its agreement/award:

Through support for quality bio-clinical monitoring and training, this implementing mechanism is key to the USG commitments related to the PF goal of "scaling up and enhancing the antiretroviral treatment services as well as reducing TB/HIV co-infection." The technical assistance delivered through this IM will specifically aid the GRN and the USG to meet the following PF objectives:

1) Enhance the quality of ART care through quality assured bio-clinical monitoring.
2) Expand coverage of screening for TB/HIV co-infection.

The implementing Mechanism’s geographic coverage and target population:

This mechanism is designed to provide national coverage through the NIP network of laboratories. ASCP will work with NIP and other partners to provide training to staff working in all of the NIP laboratories. Quality Management Systems training will target all laboratories. The gap analyses and mentoring assistance will be rolled out in a targeted manner, depending on identified needs.

Key contributions to Health System Strengthening:

The ASCP technical approach is built on the results of continuous situation assessments. These are followed by training on quality management and the development of implementation plans. Emphasis is placed on Train-the-Trainer (TOT) courses, which produce local trainers. These individuals represent a growing core of local expertise to provide on-going supervision, mentoring and additional training. Through this system, ASCP helps build capacity at the systems level and at each facility. This local capacity will sustain the national laboratory system over the long-term and gradually reduce NIP’s dependence on external TA.

Implementing Mechanism’s cross-cutting programs and key issues:

As noted above, technical assistance from ASCP contributes to a strengthening of local expertise. NIP laboratory staff trained to conduct trainings and supportive supervision represent a strong foundation on which future human resources for health may be built within the public healthcare sector.

The Implementing Mechanism’s strategy to become more cost efficient over time:

All ILB consortium partners provide short-term technical trainings or consultancy services. NIP manages the logistics of the trainings and consultancies, and, increasingly, provides trainers from its own staff to conduct follow-up mentoring and monitoring. NIP is also responsible for procuring equipment and
reagents for the trainings. These procurements, including stock management and delivery, are done through NIP’s local ordering system. As indicated above, the training of trainers as instructors and mentors will, over time, reduce ASCP’s role in Namibia. On that note, ASCP’s role is already 100% technical assistance. NIP is solely responsible for laboratory service delivery. A USG objective for the next five years is to develop NIP’s administrative capacity to allow NIP to contract and fund its own technical relationships, as needed, with IDP consortium members.

Monitoring and evaluation plans for included activities:
All CDC cooperative agreement grantees must submit a detailed work plan with their annual continuation application. This work plan must be based on PEPFAR indicators and aligned with targets set for each country. All IDP consortium members must also submit bi-annual status reports to the IDP program manager in Atlanta. These reports are shared with CDC program managers in Namibia and used to inform any year-on-year changes to the work plan. All trainees are required to develop an individual work plan. These are followed up by NIP and ASCP mentors during supportive visits. Other key indicators include the monitoring of results for quality and progress made toward accreditation by SANAS.

Cross-Cutting Budget Attribution(s)

| Human Resources for Health | 50,000 |

Key Issues
(No data provided.)

Budget Code Information

| Mechanism ID: 13024 |
| Mechanism Name: Cooperative Agreement 5U2GPS001285 |
| Prime Partner Name: American Society of Clinical Pathology |

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Narrative:
Technical assistance from the American Society for Clinical Pathology (ASCP) to the Namibia Institute of Pathology (NIP) for training in chemistry and hematology.
Continuing Activity

Estimated Budget = $108,190

ADDITIONAL DETAIL:

PEPFAR Namibia will support ASCP through a cooperative agreement managed by the CDC Global AIDS Program International Laboratory Branch (ILB) in Atlanta. Other partners supported through this mechanism include the American Society for Microbiology (ASM), the Association of Public Health Laboratories (APHL) and the Clinical Laboratory Standards Institute (CLSI). ASM's work is described in the HVTB technical area. CLSI and APHL are described in separate narratives under HLAB.

In COP11, ASCP support for NIP will include training on bio-clinical monitoring assays such as CD4 methods, chemistry and hematology, as well as basic laboratory operations training for district level laboratories. COP11 represents a transition year for the centrally-managed ILB TA mechanism. Administratively, one focus of TA visits in COP11 will be to prepare NIP to source its own TA from ASCP and other TA providers starting in COP12.

ASCP experts will provide direct technical assistance and supportive supervision to NIP staff. Additional supervision and mentoring will be provided by laboratory advisors from CDC Namibia. NIP managers and supervisors provide day-to-day management oversight and supervision.

All ILB consortium partners provide short-term technical trainings. NIP manages the logistics of the trainings to be conducted, and, increasingly, provides trainers from its own staff to conduct follow-up mentoring and monitoring. NIP is also responsible for procuring equipment and reagents for the trainings. These procurements, including stock management and delivery, are done through NIP's local ordering system. The use of training of trainers (TOT) methods will, over time, reduce ASCP's role in Namibia. On that note, ASCP's role is already 100% technical assistance. NIP is solely responsible for laboratory service delivery. A USG objective for the next five years is to develop NIP's administrative capacity to allow NIP to contract and fund its own technical relationships, as needed, with IDP consortium members.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

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Page 282 of 384
Funding Agency: U.S. Agency for International Development  
Procurement Type: Contract

Prime Partner Name: University Research Corporation, LLC

Agreement Start Date: Redacted  
Agreement End Date: Redacted

TBD: No  
Global Fund / Multilateral Engagement: No

Total Funding: 550,000

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Sub Partner Name(s)  
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Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health 300,000

Key Issues  
(No data provided.)

Budget Code Information

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Narrative:  
Support MOHSS in creating an enabling environment for the development and implementation of
regulatory and guiding tools for control of blood borne diseases.

Continuing Activity  
Estimated Budget = $50,000

Strengthen the capacity of district health offices in infection control and occupational safety (blood borne and air-borne infections)

Continuing Activity  
Estimated Budget = $150,000

Build capacity of regional training institutions in integrating infection control and waste management in ongoing health courses.

Continuing Activity  
Estimated Budget = $300,000

Strengthen the National Health Information System to ensure monitoring and evaluation of blood borne diseases and waste management.

Continuing Activity  
Estimated Budget = $50,000

ADDITIONAL DETAIL:

Per PEPFAR Country Team consultation (9/2010) the recipient will identify opportunities to collaborate with USG and non-USG supported community-based organizations to broadly integrate injection safety IEC and to reduce the overall demand for injection.

Health Care Improvement Project (HCI) continues to provide technical support to the Namibian Ministry of Health and Social Services (MOHSS) in implementing several policy and programmatic interventions to reduce the transmission of blood borne pathogens.

This continuing activity has 4 main components indicated above:  
1) Support MOHSS in creating an enabling environment for the development and implementation of regulatory and guiding tools for control of blood borne diseases;  
2) Strengthen the capacity of district health offices in infection control and occupational safety (blood
borne and air-borne infections);
3) Build capacity of regional training institutions in integrating infection control and waste management in ongoing health courses, and;
4) Strengthen the National Health Information System to ensure monitoring and evaluation of blood borne diseases and waste management

Geographic coverage and target population:
The program covers all the 13 regions in the country. Clinical services staff, managerial and support staff will be targeted.

The specific activities to be covered are described below:
Enabling environment: In FY11, URC will continue to support the Ministry of Health and Social Services in creating enabling environment aimed at reducing transmission of blood-borne pathogens. Support will be provided for the quarterly meetings of the National Injection Safety Group (NISG). The NISG was established at the beginning of the project and is comprised of various stakeholders both from MOHSS, private sector and various PEPFAR partner organizations. The NISG is chaired by MOHSS, while URC acts as the secretariat and provides oversight on implementation of injection safety – healthcare waste management (IS-HCWM) and infection prevention and control (IPC) activities. The NISG meets on a quarterly basis to discuss national priorities and policies, implementation of the program and challenges experienced in implementation of the program that are then addressed.

Technical support shall be provided to MOHSS on the implementation of a waste collection and waste treatment strategy to be developed in FY11. Such kind of support will include piloting alternative waste treatment technologies that are safer and environmentally friendlier

Strengthen the capacity of district health offices:
The 34 district based IPC committees will be strengthened to implement best practices in IS-HCWM. The IPC committees spearhead the implementation of activities in their respective districts and facilities. The funds will support the planning meetings in preparation for drafting the district/facility IPC plans; sensitization of regional and district officials, as well as Home Based Care (HBC) providers, hospice, prisons and private service providers to build their skills to plan, manage, implement and evaluate improved practices in IS-HCWM and IPC. The IPC committees shall also conduct supervision visits in their respective districts.

Quarterly progress review meetings will be held and challenges addressed.

Build capacity of regional training institutions: In continuation of FY11 activities, URC will support pre-
service training for 300 students from the training institutions (University of Namibia, Polytechnic of Namibia, the National Training Center and the 5 Regional training Centers). The funds will further be used to strengthen integration of IS-HCWM management in pre – and in – service training institutions. The process of integration of the trainings was initiated in FY10. The training curricula from both National and Regional Health Training Centers (1 NHTC and 5 RHTC) were reviewed with an aim of integrating infection prevention and control/waste management training into the curricula.

Various components were identified for integration, which the project will support to completion.

Monitoring and evaluation: As a continuation of FY11 activities, URC will provide technical support for the implementation of a waste information system that shows the amount and type of waste generated per facility/region, treatment methods and state of the available treatment options (incinerators in this case. Monitoring and evaluation systems – the infrastructure (i.e. forms, etc.) and staff capacity – will be further enhanced through. a) training of key staff on the system; b) use of paper-based and/or electronic tools where feasible; c) promoting site feedback and data use by continuing monthly feedback on progress; d) critical reviews of the data and support sites/districts/regions to share their data at stakeholder meetings, workshops and conferences

The following activities shall be transitioned to MOHSS and therefore will not be supported during this period:

Policies and guidelines:
MOHSS will be expected to print and distribute guiding tools like the Infection Prevention and Control Guideline, Waste Management Policy and Guideline, and PEP guideline.

Capacity building of healthcare workers in the districts and regions:
Each region and district has trainers on injection safety and waste management. The regional and district TOTs were trained as part of URC support in FY10. It is expected that the MOHSS will make use of the trainers to carry on in-service training for healthcare workers in all the 13 regions

Commodities and supplies:
MOHSS has taken full responsibility for procurement of safety boxes and related supplies as from Q1 of FY10. URC however, continues to monitor stock levels of syringes and safety boxes in all the 13 regions. A tender has also been awarded by MOHSS on the procurement of personal protective equipment for incinerator operators. Among the items included in this tender are: overalls, boots, leather gloves, PVC sleeve protectors, aprons, goggles, filter respirators and cartridges. Other commodities that MOHSS is expected to procure include the color coded bags for waste segregation, pedal bins, liquid soap
dispensers, hand paper towels, disinfectants, and alcohol-based hand rub solutions.

Behavior change communication:
MOHSS is expected to support the implementation of a behavior change strategy as a continuation of FY10 activities. The strategies aim to reduce demand for and prescription of injections among healthcare workers and the community. Healthcare workers with a particular focus on prescribers should be sensitized on rational use of medication. It is expected that 100 prescribers will be sensitized. IEC materials on IS-HCWM should be printed and distributed in the 13 regions. Such materials include posters on IS-HCWM, PEP, and hepatitis B and C infections.

Transition of activities between MSH and URC:
Strengthening Pharmaceutical Systems program/Management Sciences for Health (SPS/MSH) have been implementing various activities on infection prevention and control, and waste management. These activities are due for transitioning to URC by October 2011. However, due to the reduction in resources available to URC, it is envisioned that the activities be transitioned to MOHSS instead. Such activities include the infection control using the Infection Control Assessment Tool (ICAT) that is being piloted in 7 sites. The ICAT approach is designed to minimize the risk of drug resistant microbes developing in hospital settings. Other activities implemented include: support review and dissemination of infection control IEC materials; procurement of liquid soap dispensers; training of healthcare workers on the ICAT tool; regional quarterly review meetings; supporting therapeutic committees in the hospitals to enhance their capacity to implement infection control activities; support to the Pharmaceutical Society of Namibia; and strengthening existing policies and systems for disposal of pharmaceutical waste in the private sector (6 municipalities).

Implementing Mechanism Indicator Information
(No data provided.)

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Overview Narrative

Cross-Cutting Budget Attribution(s)

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Key Issues

(No data provided.)

Budget Code Information

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Narrative:

Funding represents USG intentions to directly support the GRN's Central Bureau of Statistics with the intent of strengthening the capacity to produce and make publicly available official national and regional statistics in public health and social development. This program’s schedule of activities will be jointly planned and implemented by the GRN and USG through an Implementation Letter under the existing overarching Strategic Objective Agreement between USAID and the GRN's National Planning Commission. Consideration of gender dimensions of data collection and reporting will be incorporated. Illustrative activities include technical assistance and training to build research capacity in study design, sampling, statistical software and analysis, questionnaire design, interviewing techniques, project
management, secondary analysis of existing datasets, the procurement of critical equipment for quantitative and qualitative analysis including geographical information systems. Efforts shall be complementary to MOHSS and MGECW activities already underway.

New Activity
Estimated Budget = Redacted

ADDITIONAL DETAIL:

Central Bureau of Statistics (CBS)/National Planning Commission (NPC)/Office of the President:

This a new implementing mechanism (was included in COP10 but was eliminated in July 2010 with reprogramming) CBS/NPC/Office of the President has two main goals under the award: (1) to provide direct technical support to CBS so that they can manage and administer USG-funded surveys; and (2) build local research capacity so that CBS can be the coordinating body for major research in Namibia.

As the producer and coordinator of official statistics in Namibia, the CBS’s mission is to:

Under the draft Statistics Bill of 2009, CBS is the agency within the National Statistics System that is responsible for the collection, compilation, custody, analysis, publication, and dissemination of official statistics for Namibia. As part of its mission statement, CBS “coordinates and oversee the production of all official statistics in Namibia.” The functions of CBS include conducting statistical studies, either alone or in collaboration with government bodies or private sector entities; publishing and disseminating official and other statistics; ensuring compliance with statistical standards; keeping an inventory of official statistics of Namibia; providing statistical services and assistance to government bodies or the private sector; formulate a national plan for official statistics; and liaising with national and international organizations on statistical matters.

This award builds local research capacity and increases country ownership of research activities and surveys in Namibia, and, as such, is in line with the goals for the Partnership Framework. The long-term goal of this agreement is that the CBS will be able to coordinate, plan, and implement major studies such as the Census, the Demographic and Health Survey (DHS+), the National Health Facility Census [also referred to as a Service Provision Assessment (SPA)], and the AIDS Indicator Survey.

Implementing Mechanism Indicator Information
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Implementing Mechanism Details

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**Sub Partner Name(s)**

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**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

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**Key Issues**

(No data provided.)

**Budget Code Information**

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2012-10-03 15:52 EDT
Narrative:
Expansion of the educational initiative Takalani Sesame to Namibia:
• Adaptation, printing and distribution of educational materials to ECD centers and pre-schools
• Educational outreach and ECD caregiver training on use of Sesame materials
• Develop alliances for private sector funding

New Activity
Estimated Budget = $80,000

ADDITIONAL DETAIL:
Takalani Sesame is the South African version of Sesame Street, an educational multi-media intervention aimed at children, particularly OVC, aged 4-8 with age-appropriate information covering health and life skills, including HIV, literacy and pre-math.

Expansion of the program into Namibia is envisaged under a four year USAID/W agreement with education and PEPFAR funds. Start-up activities in 2010 included the establishment of a local advisory group, recruitment of a local outreach coordinator, and review of the Takalani educational framework and alignment to Namibian curricula.

With this contributory allocation, the implementer will collaborate with the Namibian Ministries of Education and Gender Equality and Child Welfare to re-version/adapt suitable materials and provide training to the use of media for educational purposes. An additional focus will be the engagement with the private sector to leverage resources similar to Sesame Workshop's longstanding PPPs in South Africa.

Implementing Mechanism Indicator Information
(No data provided.)

Implementing Mechanism Details

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Sub Partner Name(s)
(No data provided.)

Overview Narrative
COP 2010 Overview Narrative

This is a new implementing mechanism which is a follow-on to Project Hope, whose Track 1 award ends in June, 2010. Project Hope has been working directly with guardians and parents of orphans and vulnerable children (OVC), providing them with small loans and business training through its Village Health Fund Microcredit Methodology. Under this approach, solidarity groups are formed, and micro-financing is accompanied by a health and parenting course. Since the beginning of the project in 2005, 2,251 caregivers have been trained, and 8,164 OVC have been served.

The new mechanism will target OVC through their caregivers, combining economic strengthening with health education and targeted interventions for TB prevention and management. The program design will utilize the structures of village health funds established by Project Hope, including field workers, and build linkages to local partners and the health system.

1. The new mechanism will focus on mitigating the impact of HIV/AIDS on OVC and OVC caregivers, addressing both economic needs and health aspects of HIV and TB. It has three comprehensive goals and objectives: 1) sustainable economic strengthening of families of OVC through microfinance and business skills training, and 2) building capacity of caregivers to address the emotional, physical and health needs of children in their care and 3) increasing TB awareness and case management.

2. The mechanism is in line with USG commitments of the Partnership Framework in its response to the draft National Strategic Plan on HIV AIDS, both in regard to impact mitigation (improving sustainable livelihoods for households with vulnerable person) as well as care (management of TB/HIV co-infection).

3. The geographic coverage will be six political regions (Oshana, Omusati, Ohangwena, Oshikoto, Kavango, and Caprivi). Target populations will be: a) caregivers of OVC, including elderly and junior heads of households, b) OVC in their care, and c) TB patients and patients co-infected by TB and HIV.
4. The mechanism will be linked to USG support for systems’ strengthening of the Ministry of Gender Equality and Child Welfare (MGECW) human resource system and the administration of welfare grants. OVC caregivers will be educated on eligibility and processes for access to OVC grants, and strengthening the MGECW Community Development Directorate will broaden its capacity to support community projects for OVC caregivers. The TB activities will strengthen health systems delivery for DOTS through strengthening linkages and communication between clinics and communities.

5. The mechanism will increase women's access to income and productive resources, and thereby address unequal gender relations and gender-based violence. The proposed mechanism will reach predominantly women since, due to culture and social norms, the majority of OVC caregivers are female. Providing women and the children under their care with the opportunity to generate income through small businesses will contribute towards addressing the prevailing imbalances in power relations between male and female household members.

6. The mechanism will aspire towards long term cost-effectiveness and sustainability by linking operations to an emerging local micro-finance bank, Koshi-Yomut. The TB activities will utilize and feed into the national TB control program and existing community structures.

7. An M&E plan will be developed, and outcomes will be measured at the household (household assets) and child (care, health, education) levels. For TB case management, the activities will utilize the government's recording and reporting system and report to the health system.

**Cross-Cutting Budget Attribution(s)**

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**Key Issues**

Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Child Survival Activities
TB

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## Budget Code Information

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### Narrative:

Training in business skills and financial literacy

Continuing Activity  
Estimated Budget = $300,000

Development and implementation of a village savings and loan training module for OVC caregivers.

Continuing Activity  
Estimated Budget = $240,000

Establishment of partnerships with private sector to transition micro-finance program

Continuing Activity  
Estimated Budget = $0

Create and support linkages of vulnerable youth to vocational training opportunities and collaborate with GRN to ensure development and utilization of vulnerability selection criteria for bursaries.

Continuing Activity  
Estimated Budget = $20,000

Provide health and community education to OVC caregivers

Continuing Activity  
Estimated Budget = $447,000
ADDITIONAL DETAIL:
The activities focus on improving the caring capacity of communities and households to care for OVC as well as TB patients through economic strengthening combined with health and parenting education. Activities will take place in the Omusati, Ohangwena, Oshana, Oshikoto, Kavango and Caprivi regions. OVC caregivers will be made aware of eligibility and procedures for child welfare grants, and referrals to line ministries for grants and other services in education and health will be made.

Economic strengthening activities will be tailored according to needs and capacities of beneficiaries and to availability of complementary services and local private sector environment (such as micro-finance institutions, vocational training institutions) and include:

Business skills training:
Project Hope will offer its business skills and financial literacy training ("Handbook for Business Activism") which provides basic practical skills in business management.

Village Savings and Loans (VSL):
Project Hope is currently in the process of developing a VSL model, based on its experiences in Mozambique and Namibia. Groups of OVC caregivers will be formed and trained on VSL, and will also receive health education (see below).

Micro-finance:
Project Hope has in the past focused on micro-loans through its Village Health Bank model. In FY 11 and 12, efforts will focus on transitioning micro-finance groups to a new private micro-finance bank currently operating in the central northern regions (FIDES).

Create and support linkages of vulnerable youth to vocational training opportunities:
Vulnerable youth will be assisted to complete applications to vocational training institutions, and information on accessing scholarships will be provided. Project Hope will collaborate with the relevant government providers of bursaries to ensure vulnerability criteria are developed and utilized in selection procedures.

Health education will continue to be delivered to groups of caregivers (usually groups who also participate in economic strengthening activities) with the 20 session curriculum entitled Happy Children in the Heart of the Community which is currently under revision. The sessions focus on young child health, hygiene, and nutrition as well as psycho-social aspects of parental care.

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<th>Strategic Area</th>
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<table>
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<th>Treatment</th>
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**Narrative:**

Register patients into MOHSS Tuberculosis Prevention and Support Program

Link patients to field promoters from the district hospitals to the health centers and clinics

Map TB caseloads to identify high burden catchment areas and assist in resource allocation

Trace treatment defaulters.

Assist the MoHSS to update the treatment outcomes by cohort for TB patients

Document active case finding activities through tracing contacts of sputum positive patients

Continuing Cost sharing.

Monitor patients during treatment to ensure that they adhere to the full 6-month course of TB medication.

Continuing Activity

Estimated Budget = $85,000

Monitor care and support services provided to TB patients that tested positive for HIV at registration.

Continuing Activity

Estimated Budget = $25,000

Early detection of suspected Drug Resistant (DR) patients through monitoring patients for failure to improve and/or failure to have their sputum convert.

Continuing Activity

Estimated Budget = $25,000

Educate TB patients, families, and health promoters on infection control (IC) practices – primarily on separation and ventilation.

Continuing Activity

Estimated Budget = $25,000

Train Relevant cadres of staff and volunteers

Continuing Activity
Estimated Budget = $126,247

ADDITIONAL DETAIL:
Project HOPE Namibia, supports the NTLP to expand CB-DOTS program covering the Oshana, Oshikoto and Kavango regions. The program engages community level volunteers who promote Community Systems Strengthening approach to TB control and management. They form the main link between the community and health facilities. Activities will support the MoHSS’ Tuberculosis Prevention and Support Program and will include:

1) Support to District TB Coordinators
2) Treatment adherence support
3) Training of Field Promoters and TB Lifestyle Ambassadors; and
4) Support to the MoHSS electronic data registry, including contact tracing.

Field promoters deployment in Kavango region in particular will be increased to support the community Directly Observed Therapy (DOT) strategy to address the high burden of drug resistant TB, will conduct household visits, defaulter tracing, contact tracing, data collection and referrals. Emphasis will be placed on active management of HIV/TB co-infection.

TB awareness will also be included in the revised child health curriculum entitled Happy Children in the Heart of the Community (see HKID), and wherever feasible, TB patients will be linked to economic strengthening groups (see HKID).

Implementing Mechanism Indicator Information
(No data provided.)

Implementing Mechanism Details

| Mechanism ID: 13092 | Mechanism Name: Cooperative Agreement 5U2GPS001298 |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Clinical and Laboratory Standards Institute | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |
Total Funding: 222,672

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Sub Partner Name(s)
(No data provided.)

Overview Narrative
COP 2010 Overview Narrative

NEW/REPLACEMENT NARRATIVE WITH SUBSTANTIAL CHANGES   The International Laboratory Branch (ILB) consortium partners' main goal is to strengthen laboratory systems through technical assistance to the Namibia Institute of Pathology (NIP). NIP, in turn, provides quality laboratory services to MOHSS HIV, TB and OIs programs.
To achieve this goal each of the four ILB consortium members provides technical assistance in specific areas. For the Clinical and Laboratory Standards Institute (CSLI), those objectives include:
1) Conduct gap analyses to evaluate existing laboratory operations against South African National Accreditation System (SANAS) accreditation requirements.
2) Train NIP staff on Quality Management Systems.
3) Assist NIP in developing a quality improvement implementation plan.
4) Provide onsite technical assistance for monitoring the progress of the plan.
How the Implementing Mechanism is linked to the Partnership Framework (PF) goals and benchmarks over the life of its agreement/award:
Through support for quality laboratory services, this implementing mechanism is key to the USG commitments related to the PF goal of "scaling up and enhancing antiretroviral treatment services … [and] reducing TB/HIV co-infection." The technical assistance delivered through this IM will specifically aid the GRN and the USG to meet the following PF objectives:
1) Enhance the quality of ART care through quality assured bio-clinical monitoring.
2) Expand coverage of screening for TB/HIV co-infection.
3) Improve surveillance for drug resistance.
The implementing Mechanism's geographic coverage and target population:
This mechanism is designed to provide national coverage through the NIP network of laboratories. CLSI will work with NIP and other partners to cover all laboratories in Namibia. Quality Management Systems training will target all laboratories. The gap analyses and mentoring assistance will be rolled out in a targeted manner, depending on identified needs.
Key contributions to Health System Strengthening:
The CLSI technical approach is built on the results of continuous situation assessments. These are followed by training on quality management and the development of implementation plans. Emphasis is placed on Train-the-Trainer (TOT) courses, which produce local trainers. These individuals represent a growing core of local expertise to provide on-going supervision, mentoring and additional training. Through this system, CLSI helps build capacity at the systems level and at each facility. This local capacity will sustain the national laboratory system over the long-term and gradually reduce NIP's dependence on external TA.
Implementing Mechanism's cross-cutting programs and key issues:
As noted above, technical assistance from CLSI contributes to a strengthening of local expertise. NIP laboratory staff trained to conduct trainings and supportive supervision represent a strong foundation on which future human resources for health may be built within the public healthcare sector.
The Implementing Mechanism's strategy to become more cost efficient over time:
All ILB consortium partners provide short-term technical trainings. NIP manages the logistics of the trainings to be conducted, and, increasingly, provides trainers from its own staff to conduct follow-up mentoring and monitoring. NIP is also responsible for procuring equipment and reagents for the trainings. These procurements, including stock management and delivery, are done through NIP's local ordering system. As indicated above, the training of trainers as instructors and mentors will, over time, reduce CLSI's role in Namibia. On that note, CSLI's role is already 100% technical assistance. NIP is solely responsible for laboratory service delivery. A USG objective for the next five years is to develop NIP's administrative capacity to allow NIP to contract and fund its own technical relationships, as needed, with IDP consortium members.
Monitoring and evaluation plans for included activities:
All CDC cooperative agreement grantees must submit a detailed work plan with their annual continuation application. This work plan must be based on PEPFAR indicators and aligned with targets set for each country. All IDP consortium members must also submit bi-annual status reports to the IDP program manager in Atlanta. These reports are shared with CDC program managers in Namibia and used to inform any year-on-year changes to the work plan. All trainees are required to develop an individual work plan. These are followed up by NIP and CLSI mentors during supportive visits. Other keys indicators including the monitoring of results for quality and progress made toward accreditation by SANAS.

### Cross-Cutting Budget Attribution(s)

| Human Resources for Health | 170,000 |
Key Issues
(No data provided.)

Budget Code Information

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Narrative:
Technical assistance from the Clinical Laboratory Standards Institute (CLSI) to the Namibia Institute of Pathology (NIP) for quality management system and SANAS accreditation.

Continuing Activity
Estimated Budget = $222,672

ADDITIONAL DETAIL:

PEPFAR Namibia will support CLSI through a cooperative agreement managed by the CDC Global AIDS Program International Laboratory Branch (ILB) in Atlanta. Other partners supported through this mechanism include: the American Society of Clinical Pathology (ASCP), the American Society for Microbiology (ASM), and the Association of Public Health Laboratories (APHL). ASM's work is described in the HVTB technical area. APHL and ASCP are described in separate narratives under HLAB.

In COP11, CLSI technical assistance to NIP will include support for quality management systems as NIP prepares for laboratory accreditation through the South African National Accreditation System (SANAS). CLSI will support a thorough assessment of NIP's quality management system and practices, conduct an active gap analysis, and an assessment of overall program effectiveness and provide mentorship. Based on these assessments and reviews, CLSI will help NIP to produce standardized laboratory methodologies.

All ILB consortium partners provide short-term technical trainings. NIP manages the logistics of the trainings to be conducted, and, increasingly, provides trainers from its own staff to conduct follow-up mentoring and monitoring. NIP is also responsible for procuring equipment and reagents for the trainings.
These procurements, including stock management and delivery, are done through NIP's local ordering system. The use of training of trainers (TOT) methods will, over time, reduce CLSI's role in Namibia. On that note, CLSI's role is already 100% technical assistance. NIP is solely responsible for laboratory service delivery. A USG objective for the next five years is to develop NIP's administrative capacity to allow NIP to contract and fund its own technical relationships, as needed, with ILB consortium members.

Implementing Mechanism Indicator Information
(No data provided.)

Implementing Mechanism Details

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Total Funding: 425,334

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Sub Partner Name(s)
(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| Human Resources for Health | 100,000 |
### Key Issues

(No data provided.)

### Budget Code Information

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**Narrative:**

Through the direct engagement of civil society, this activity will develop and implement an M&E training program to strengthen existing community based information systems (CBIS) (such as the System for Program Monitoring (SPM) tools).

This activity will work to ensure that information on HIV/AIDS and health from civil society and communities are collected and relayed back to the public sector. In addition, this activity will support the use of such data at the community and civil society level itself.

Quality data from the community and civil society, which is currently weak, is critical to informing HIV and health-related programming, including identification of service delivery gaps, setting of goals and targets, and monitoring of the HIV Response.

**New Activity**

Estimated Budget = $425,334

**ADDITIONAL DETAIL:**

HIV and health Information flow from communities and NGOs to policymakers is weak and inconsistent. Such information is critical for making programming decisions, identifying service delivery gaps, and setting goals and targets. In addition, morbidity and mortality-related events occurring in the community are not necessarily documented at health care facilities. This routine community based information is critical to ensuring a coordinated response to the HIV epidemic as well as to monitoring the effectiveness of the Response.
To date, efforts to secure data from civil society by the public sector have been weak. To help address these issues, NANASO, Namibia's national umbrella body for CSOs working in HIV/AIDS, will work to facilitate information linkages between communities, civil society, and the public sector (including MoHSS, MGECW) by developing and implementing a training program to strengthen community based information system (CBIS). NANASO is well-suited for this task given its national networking and training mandate for all civil society in Namibia. By directly engaging a civil society organization itself (as opposed to a public sector entity), this activity will help strengthen efforts to collect and relay data from the community and civil society. Such information complements public facility level information (which is reliant on data from patients and facility-based health care workers) – by relaying morbidity and mortality data from individuals who may not access the public health care facilities. In addition, it fosters access to service-delivery data from civil society organizations.

NANASO will focus its training program on existing HIV/AIDS and health data collection tools and approaches like the MoHSS’ System for Program Monitoring (SPM), which collects health and healthcare data from CSOs, and Centerships’ community systems strengthening initiatives.

Specific activities will entail the following:

1) Develop selection criteria and select 4 regions to pilot the project.

2) For these 4 regions, conduct assessments of current information flows between the communities, CSOs, and the national level GRN.

3) Become familiar with various CBIS related tools and approaches. For example, NANASO would be trained on the SPM (by ITECH) and Centerships’ approach (by MSH). NANASO will then collaborate with the MoHSS to tailor these, and other tools, to the regional contexts.
   a. Some of the tools may need to be refined; for example some civil society stakeholders have stated that the SPM data collection tool does not reflect the full breadth of HIV/AIDS activities undertaken by CSOs.

4) Develop and implement a training program for community- and CSO-level collection, provision, and use of HIV/AIDS related data.
   a. Specific attention will be given to improving data quality and to ensuring data use at the community and civil society level (in addition to the public sector and policymaker levels)

5) Identify, through consultation with stakeholders, mechanisms for ensuring sustained implementation and use of the chosen CBIS tools. For example, as part of its networking function, NANASO will support its CSO members to provide HIV/ADS data for the Response.
As mentioned above, this activity will be closely coordinated with other USG-related efforts. For example, I-tech will share with NANASO its training tools on the SPM. In addition, PACT’s work with the MGECW to strengthen OVC related information from civil society will also be incorporated and linked into NANASO’s training program.

**Implementing Mechanism Indicator Information**
(No data provided.)

**Implementing Mechanism Details**

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**Total Funding: 1,194,236**

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**Sub Partner Name(s)**
(No data provided.)

**Overview Narrative**

COP 2011 Overview Narrative

This is a new implementing mechanism which will be a follow on to the work of KAYEC Trust, currently a sub-grantee under PACT, delivering vocation training services to OVC and caregivers as well as psycho-social support to school learners.

KAYEC Trust is an innovative vocational skills training provider in Namibia. KAYEC uses a demand driven approach to economic empowerment that has been proven effective in targeting vulnerable OVC and youth caregivers of OVC with short courses in vocational trades. KAYEC trains up to 950 adolescents annually through short courses (six to 12 weeks) at its two training centers in Windhoek and Ondangwa.
The most recent tracer study has demonstrated that up to 73% of KAYEC graduates are earning an income derived from their newly acquired skills, often through small enterprises. Their average income is N$ 1032 (US$ 138) per month, with which children in their families were supported.

1. The mechanism will focus on vocational training and HIV prevention for adolescents with the following goals: 1) to improve livelihoods of adolescent OVC and junior heads of households by providing appropriate market-driven vocational education and training; and 2) to provide adolescents with appropriate skills and self-esteem to protect their selves from HIV infection.

2. The interventions under this mechanism links to the Partnership Framework and the National Strategic Framework by employing evidence-based approaches to improve livelihoods for vulnerable populations and by providing capacity development for HIV prevention activity with vulnerable populations.

3. The interventions will target vulnerable adolescents, in and out of school, aged 12 to 18, as well as older youth caring for OVC in four to six regions, still to be determined.

4. Key contributions to health systems strengthening are the inclusion of HIV prevention education into vocational training for OVC. Namibia's vocational training sector is currently undergoing major reform and restructuring in order to respond to market demands for skilled labor and to address sustainability. This implementing mechanism will support institutionalization of HIV prevention education into vocational training.

5. Service provision to vulnerable adolescents and adolescent caregivers in vocational training cover the cross-cutting budget attributions of education, as well as economic strengthening.

6. The provision of vocational training by government and by the private service providers is set to become more cost-efficient due to current government efforts to establish a National Training Fund, to which businesses will contribute in the form of a national training levy. A number of development partners are providing technical support in this area, including the USG through the Millennium Challenge Account (MCA).

7. A comprehensive monitoring and evaluation plan will be developed.

<table>
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<tr>
<th>Cross-Cutting Budget Attribution(s)</th>
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<tr>
<td>Economic Strengthening</td>
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Custom  Page 305 of 384  FACTS Info v3.8.3.30
### Key Issues

Addressing male norms and behaviors  
Increasing gender equity in HIV/AIDS activities and services  
Increasing women’s access to income and productive resources

### Budget Code Information

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**Narrative:**  
Artisan Training for Self Employment (ATSE) Program: Provision of competency-based skills training in vocational trades to older OVC/OVC heads of households and OVC caregivers.

**New Activity**  
Estimated Budget = $497,500

Business and Mentoring training for ATSE graduates

**New Activity**  
Estimated Budget = $ 100,000

Provision of start-up toolkits

**New Activity**  
Estimated Budget = $ 70,000

Monitoring and Evaluation
New Activity
Estimated Budget = $ 45,000

ADDITIONAL DETAIL:

Artisan Training for Self Employment:
This program will provide out-of-school OVC, included child-heads of households, and OVC caregivers aged 18 – 24 with practical trade skills geared towards economic strengthening of HIV/AIDS affected households, including children in these households.

Competency based education and training (CBET) will be provided in 8 construction-related vocational trades as prioritized by industry and identified by the Namibia Training Authority (NTA) at KAYEC’s two vocational training centers in Windhoek and Ondangwa, with additional courses to be offered in sites/community centers to be identified. Emphasis will be on increasing the recruitment of young women into vocational trades (currently 18% of admissions) to 25% at both centers.

All trainees attend an HIV/AIDS prevention and behavior change course as part of the vocational training.

A new focus is to strengthen technical support through the employment of a vocational training manager who will focus on industry-led curriculum reform leading to formal accreditation with the NQA and NTA. Private sector employment brokering will be increased to improve employment rates of emerging graduates. This will require the review and reworking of existing manuals and may require new manuals to be published.

Budget costs will include salaries for full-time staff assigned to the intervention, training materials, start-up toolkits, course manuals and all other associated costs.

Business and Mentoring Training:
Business training and mentoring support will be provided to at least 60% of ATSE graduates, as per KAYEC’s business support and mentoring program (previously funded by the EC) which has shown to significantly increase the employability of graduates and led to improvement in household incomes.

The capacity of KAYEC’s business staff will be strengthened for assisting graduates to more effectively locate employment opportunities by bringing the service provider (KAYEC) closer to the industry end-user (Employer).

Provision of start-up toolkits:
Graduates will be provided with start-up toolkits relevant to the different trades, which will enable
students to market their skills effectively.

Monitoring and Evaluation:
Monitoring includes on-going supervision support of training quality and maintenance of KAYEC trainee database and tracking system of graduates after completion of their training.

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Narrative:
KAYEC Youth Development Program (KYDP) for vulnerable in-school adolescents.

New Activity
Estimated Budget = $119,375


New Activity
Estimated Budget = $119,375

Monitoring and Evaluation

New Activity
Estimated Budget = $12,500

ADDITIONAL DETAIL:
KAYEC Youth Development Program (KYDP):
The KYDP targets 1,610 vulnerable in-school youth with age-appropriate HIV/AIDS awareness and prevention, psycho-social and educational support. The program aims to equip children with the necessary resilience and skills to keep them in school and to stay HIV negative.

• HIV/AIDS prevention: HIV knowledge and behaviour change communication, life skills covering value education and gender norms
• Psycho-social support: enhancing social relationship skills, emotional support
• Educational support: subject coaching, homework support, peer mentoring to support school learning
Activities are conducted four times a week after school, on weekends, and youth camps during school vacation. Activities are conducted in 8 locations (Ondangwa, Rundu, Otjiwarongo, Outjo, Okahandja, Windhoek, Rehoboth and Kalkrand), supported by 12 full-time staff, 8 Peace Corps volunteers, and 95 community volunteers (40 volunteers, 15 peer mentors, and 40 group leaders/school teachers). The program is coordinated with the schools of the beneficiaries.

Costs include salaries for staff, accommodation for Peace Corps volunteers, trainings and skills upgrading for staff and volunteers, home and school visits, and costs for youth camps.

Artisan Training for Self Employment (ATSE) Program: Provision of competency-based skills training in vocational trades to older OVC and OVC caregivers – HIV prevention education:
All trainees of the ATSE Program (see full description under HKID) under an HIV prevention and behaviour change course as part of their curriculum. The vocational training itself contributes to HIV risk reduction through reduction of economic vulnerability

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Narrative:
KAYEC Youth Development Program (KYDP) for vulnerable in-school adolescents

New Activity
Estimated Budget = $120,000


New Activity
Estimated Budget = $98,986

Monitoring and Evaluation

New Activity
Estimated Budget = $11,500

ADDITIONAL DETAIL:
KAYEC Youth Development Program (KYDP):
The KYDP targets 1,610 vulnerable in-school youth with age-appropriate HIV/AIDS awareness and prevention, psycho-social and educational support. The program aims to equip children with the necessary resilience and skills to keep them in school and to stay HIV negative.

- HIV/AIDS prevention: HIV knowledge and behaviour change communication, life skills covering value education and gender norms
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Implementing Mechanism Indicator Information
(No data provided.)

Implementing Mechanism Details
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Total Funding: Redacted

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Sub Partner Name(s)
(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)
(No data provided.)

Key Issues
(No data provided.)

Budget Code Information

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Narrative:
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Narrative:
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Implementing Mechanism Indicator Information
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Sub Partner Name(s)
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Overview Narrative

Cross-Cutting Budget Attribution(s)
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Key Issues
(No data provided.)
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Implementing Mechanism Indicator Information
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Overview Narrative
Cross-Cutting Budget Attribution(s)

| Human Resources for Health | 100,000 |

Key Issues

Workplace Programs

Budget Code Information

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| Mechanism Name: | Strengthening Health Outcomes through the Private Sector (SHOPS) |
| Prime Partner Name: | Abt Associates |

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Narrative:

Support the design and roll out of a low-cost health insurance product that is inclusive of ART, male circumcision, and TB-related services, to increase healthcare coverage for low wage workers thereby reducing the financing burden on the public sector.

Continuing Activity

Estimated Budget = $250,000

Build capacity of local organizations (public and CSOs) to partner with, and leverage funding from, the public and/or private sector to help sustain CSOs and their roles in providing HIV/AIDS services to communities.

Continuing Activity

Estimated Budget = $200,000

ADDITIONAL DETAIL:

This activity aims to catalyze and sustainably increase private sector funding (particularly from the
commercial sector) for the National HIV/AIDS response. By doing so, SHOPS will strengthen greater domestic investment in the national response, which is critical as USG support is decreased over the coming years.

The SHOPS project is USAID's global flagship project that brings international expertise to foster innovative state-of-the-art private sector models, approaches, and tools. SHOPS will work in partnership with local organizations – both public and private – to strengthen their ability to nurture a sustained private sector response. In particular, attention will be focused on strengthening the GRN's stewardship role to liaise, coordinate, and communicate with the private sector. In addition, SHOPS efforts will be coordinated with those of other donors such as the Global Fund (should the Round 10 private sector/HIV proposal be awarded) and GTZ. It should be noted, that while local institutions are the target of its activities, where relevant and possible, the project will also work through local firms and consultants to deliver its technical support. The following activities address gaps identified by a comprehensive private sector assessment conducted by SHOPS in 2010.

1) Low-cost health insurance:

In COP 10, SHOPS provides technical support to lay the foundation for developing a feasible health insurance product to be extended to low wage workers. Primary activities include pricing alternative benefit packages and conducting a market survey to ascertain willingness to contribute towards health insurance, both from an employer and employee perspective.

In COP 11, SHOPS will build on these formative efforts to design, introduce, and create demand for a health insurance product that will extend HIV and related services (e.g. ART, TB, and male circumcision, a new and promising intervention) to low income workers. Increasing private contributions to fund HIV treatment will reduce the public burden to pay for ART – a critical need given the growing number of individuals eligible to receive treatment as a result of recently adopted new treatment guidelines.

Specific activities proposed for COP 11 include:
Build consensus to launch a low-cost health insurance product
• Convene stakeholders (MoHSS, private industry, medical aid schemes, and trade unions) to present the results of the market survey and facilitate a discussion on alternative benefit packages.
• Facilitate a dialogue between trade unions, private industry and government to build consensus around a health insurance product.
• Provide technical assistance to usher the health insurance proposal through the legal and regulatory process.
Negotiate a pilot for subsidized ARVs linked to a low-cost health insurance product:
  • Design and pilot a program to reduce inefficiencies and lower ARV premiums.

Promote low-cost health insurance product:
  • Market the low-cost health insurance product and its advantages of prompt private sector treatment/reduced absenteeism to employees and employers.

Capacity Building Program:
Building the capacity of local institutions (both public and not-for-profit) to dialogue, partner with, and leverage funds from the private sector is a major emphasis for SHOPS in COP 10. A core component of this work is to establish a Public-Private Working Group (PPWG) to foster increased coordination and cooperation between the public and private sectors. Formative steps include creation of a Public-Private Partnerships (PPP) policy framework and prioritizing areas for public-private collaboration. The public-private dialogue in COP 10 builds the foundation for and helps identify key areas needed for capacity building in COP 11. This may include capacity building of NGOs to competitively apply for public tenders related to HIV/AIDS services and programs.

2) In COP 11, SHOPS will continue to strengthen capacity with the following stakeholders:
Government/MoHSS:
Strengthening MoHSS capacity to engage with, and leverage funds for HIV-related healthcare from, the private sector will help maximize the private sector role and contribution to the HIV response. Activities to strengthen MoHSS stewardship role include:

Continued support to the PPWG:
  • Provide technical assistance to the PPWG to carry out specific activities: design a PPP plan, draft a proposal for new legislation, and analyze the market to identify PPP opportunities.
  • Provide technical assistance to create PPPs.
  • Provide logistical support for ongoing dialogue and communication between sectors.

Establish PPP Unit:
  • Secure ministerial support to establish a PPP Unit to be embedded within the GRN.
  • Define the terms of references, staffing configuration and organizational home for the PPP Unit
  • Develop the first year work plan for the newly established PPP Unit

3) Civil society/not-for-profit:
NGOs and CSOs are important actors in HIV/AIDS, delivering a wide range of services. To increase their financial viability and long-term sustainability, this sector will need to learn how to better harness
private sector contributions – both financial and in-kind. In COP 11, SHOPS will work with various NGOs including NABCOA and NANASO, an indigenous HIV/AIDS civil society umbrella organization with approx. 400 CSOs, to provide the tools and skills Namibian NGOs need to tap into the private sector. In particular, SHOPS will build the capacity of Namibian NGOs:

Establish services for its member NGOs to better harness cash donations:
• Establish a certificate process for NGOs that guarantees an NGO's institutional integrity and competency
• Promote and market certified NGOs to Namibian industry's as organizations eligible for donations
• Promote an understanding among industry and NGOs of laws governing tax contributions, to encourage cash donations by businesses and/or business contributions to fundraising initiatives
• Assist NGOs, through training and other strategies, to register as "welfare organizations" in order to become eligible for tax deductible donations

Establish mechanisms for its member NGOs to facilitate in-kind donations:
• Conduct a survey of Namibian industries to identify barriers to sustained in-kind donations giving.
• Develop structures and/or mechanisms to harness the donations, such as creating a central warehouse and distribution centers, similar to US "food banks," where a wide range of businesses can drop off on a regular basis excess food, office supplies, school materials, etc.

### Implementing Mechanism Indicator Information
(No data provided.)

### Implementing Mechanism Details

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**Total Funding: 302,000**

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<td>Page 317 of 384</td>
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Sub Partner Name(s)
(No data provided.)

Overview Narrative
COP 2010 Overview Narrative

NEW NARRATIVE  This is a new CDC cooperative agreement with the Polytechnic of Namibia (PON). It aims to strengthen graduate-level public health education in the Republic of Namibia, with an emphasis on training for the laboratory sciences. CDC has submitted a single eligibility justification memo for this partner on the grounds that PON is the only institution of higher education in Namibia with existing capacity to conduct bench-level training for laboratory scientists. If the justification is not accepted, a limited competition solicitation will be issued for Namibian universities.

Objectives: Three primary objectives will be supported through this new mechanism: (1) Curricula and instruction in the laboratory technician training program at PON will be strengthened through additional technical support from the University of Arkansas (already providing assistance through a "twinning" arrangement in COP09) and other international partners. The CDC Laboratory Advisor will support new "twinning" introductions, especially with regional or south-to-south partners. (2) Polytechnic laboratory training facilities, including bench space and the resource library, may be enhanced through renovations and expansion. These improvements will be linked to the technical assistance described above. (3) Practical fellowships and/or internships will be developed with laboratory implementing partners including the Namibia Institute of Pathology (NIP) and the Blood Transfusion Service of Namibia (NAMBTS).

Partnership Framework: By promoting Namibian institutional capacity to train and educate laboratory scientists and technicians, this mechanism directly contributes to several of the goals and benchmarks of the Namibian Partnership Framework currently under development. Specifically, this mechanism addresses USG commitments in Goal 4, Coordination and Management, objectives 3 and 4, Human Resource Capacity Building, and Monitoring and Evaluation, among others.

Coverage: The activities of this mechanism are national in scope. The target population includes students, lecturers, and librarians in the PON laboratory sciences training program in Windhoek. These individuals represent a national cross-section of Namibian society and regions. Upon graduation, students will take on work assignments nationwide. Faculty advisors and specialist trainers will provide supportive supervision to students during practical rotations which could occur in partner laboratories outside of the capital.
Health systems strengthening: Key contributions to health systems strengthening through this mechanism include providing better trained and higher numbers of laboratory scientists and technicians for Namibia. These specialized healthcare workers will graduate from a competencies-based curriculum which will be accredited nationally and internationally. This support will help Namibia to exceed the targets outlined in the Human Resources Development Strategy 2008-2014.

Cross-cutting/Key issues: This mechanism will contribute to Human Resources for Health objectives through cross-cutting support for management and leadership development and pre-service education for public health professionals.

Cost efficiency: This mechanism has been designed from the start with cost efficiency in mind. Supporting a Namibian institution for graduate-level laboratory science education will obviate the need to send Namibians abroad for similar training. Investments in the public education sector will also support the public sector career ladder for faculty and staff, and contribute to a retention of talented Namibian instructors. This mechanism will promote innovative cost-effective approaches including distance communication and e-learning technologies, such as digital video conferencing for distance-based co-teaching, guest-lecturing, mentorship, and professional development workshops. The use of electronic journals and texts such as the World Health Organization's HINARI e-journal database will replace the costs of purchasing and shipping expensive hardcopy textbooks and teaching resources while contributing to PON's collection of educational resources. This new mechanism also replaces a US-based partner which was funded in COP09 to establish the "twinning" relationship with the University of Arkansas. The Polytechnic has now developed adequate capacity to manage this relationship without an external third party.

M&E: A detailed monitoring and evaluation plan will be developed by the partner for the five years of the cooperative agreement has been developed to monitor progress towards achieving the stated goals and objectives. Progress will be reported semi-annually to CDC. The indicators tracked through this mechanism are drawn from the Next Generation PEPFAR indicators and are aligned with the GRN indicators in the NSF. This mechanism will also contribute to the targets outlined in the Human Resources Development Strategy 2008-2014. The monitoring and evaluation plan for the five year project will be modified and adjusted as the years progress to ensure that arising needs are accommodated.

<table>
<thead>
<tr>
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Human Resources for Health | 202,000

Key Issues
Malaria (PMI)
Child Survival Activities
TB

Budget Code Information

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Narrative:
Support technical assistance to the Polytechnic's laboratory training program. This will include support for an international accreditation of Polytechnic's laboratories, development and strengthening of existing and new curricula, and direct technical assistance through a "twinning" exchange with the University of Arkansas, and with CDC's Field Epidemiology Laboratory Training Program (FELTP).

Continuing Activity
Estimated Budget = $180,000

Renovation of Polytechnic laboratory training facilities. This will include laboratory space intended for use in the Polytechnic's new Master's degree program.

Continuing Activity
Estimated Budget = $100,000

Practical fellowships and/or internships will be developed with laboratory implementing partners including the Namibia Institute of Pathology (NIP) and the Blood Transfusion Service of Namibia (NAMBTS).

Continuing Activity
Estimated Budget = $22,000

ADDITIONAL DETAIL:

1) Enhance the Polytechnic laboratory training program: Curricula and instruction in the laboratory technician training program at PON will be strengthened through continued technical support from the University of Arkansas (UAMS) and other international partners. The CDC Laboratory Advisor will support new "twinning" introductions, especially with regional or south-to-south partners, and with the CDC Field Epidemiology and Laboratory Training Program (FELTP). CDC and UAMS will assist Polytechnic to enroll in, and pass an internationally recognized laboratory accreditation program. CDC technical advisors will also work with Polytechnic to ensure the school coordinates its training programs with other training institutions, e.g., NHTC, UNAM, and the National Council on Higher Education.

2) Renovate Polytechnic training infrastructure. Polytechnic laboratory training facilities, including bench space and the resource library, will be enhanced through renovations. These improvements will be linked to the technical assistance described above. Specific focus will be placed on renovating laboratories for advanced class work in the Polytechnic's new Master's degree curriculum.

3) Practical fellowships. Systems and agreements will be developed with laboratory implementing partners, including the Namibia Institute of Pathology (NIP) and the Blood Transfusion Service of Namibia (NAMBTS), to ensure practical training opportunities for students and recent graduates of the Polytechnic's laboratory program.

Implementing Mechanism Indicator Information
(No data provided.)

Implementing Mechanism Details

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<td>Prime Partner Name: Church Alliance for Orphans</td>
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Total Funding: 1,010,000

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Sub Partner Name(s)
(No data provided.)

Overview Narrative
COP 2010 Overview Narrative

This is a new implementing mechanism that will follow-on to Church Alliance for Orphans (CAFO), whose funding under the New Partners Initiative (NPI) and from field support ends in September 2010. CAFO provides small incentive-grants to sub grantees undertaking OVC projects and services to over 10,000 orphans and vulnerable children as well as caregivers. Sub grantees are church congregations and other community-based organizations.

1. The new mechanism will be a cooperative agreement with a focus on community mobilization and advocacy for holistic and sustainable services to orphans and vulnerable children. It will have the following two strategic objectives: 1) to increase community capacity to address OVC needs, and 2) to advocate for comprehensive services to OVC.

2. The mechanism is in line with USG commitments of the Partnership Framework in terms of mitigating the impact of HIV/AIDS through increased access to comprehensive care and support for OVC and PLWA, especially by way of supporting community initiatives to provide services to OVC. It is also fully in line with the forthcoming National Strategic Framework on HIV/AIDS and the National Plan of Action for OVC (NPA).

3. The geographic coverage will be limited to selected regions yet to be identified. Target populations will be orphans and vulnerable children and their caregivers.

4. The mechanism will empower communities to hold government accountable for implementation of OVC related policies and regulations, including access to welfare grants and fee waivers for services in education and health. Activities under this mechanism will also forge better networks and referrals between the social welfare, community development, and health and education sectors.

5. The following cross-cutting programs will be covered by the mechanism: Food and Nutrition, Education, and Economic Strengthening.

6. Sustainability of OVC community services will be addressed through low-technology income-generating
activities which will contribute towards continuing OVC support with the need for external support decreasing over time.

7. A monitoring system with clear guidelines, procedures, and tools will be developed, which will be in line with the M&E plan of the NPA, and which will be compatible with the Ministry of Gender Equality and Child Welfare's (MGECW) data system ('data warehouse').

**Cross-Cutting Budget Attribution(s)**

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<tr>
<td>Human Resources for Health</td>
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**Key Issues**

Increasing gender equity in HIV/AIDS activities and services
Child Survival Activities

**Budget Code Information**

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<td>Mechanism Name:</td>
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<td>Prime Partner Name:</td>
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**Narrative:**

Mentoring and training of member organizations/sub grantees:

CAFO operates through inter-denominational CAFO committees, which are formed to address their communities’ most pressing OVC related needs, whose functions are to supervise OVC projects which
are managed by local congregations, women's groups or community forums. Under this project extension, CAFO will provide targeted capacity building to CAFO committees and their sub-grantees on resource mobilization (including income-generation), governance and administrative systems to ensure OVC interventions become sustainable with decreasing external inputs. CAFO will collaborate with FANTA (Livelihood TA) to strengthen the livelihood and food security interventions of their sub-grantees.

Links to service providers and organizations with expertise linked to sustainability will be established, and training opportunities with such partners will be sought. This may include organizations that provide business or agricultural training to help the project's IGAs succeed.

At least 20 sub grantees and all their sub-recipients will be targeted with this capacity-building. Direct sub-grantees will be capacitated to develop sustainability plans for their sub-recipients.

**Continuing Activity**
**Estimated Budget = $340,667**

Grant making to CAFO member organizations and associated congregations:
CAFO members and sub-grantees will provide critical services to the most vulnerable children in their communities, which may include basic needs related to health as well as shelter, care, education, protection and social and emotional needs. This will also entail referrals to basic government services and advocacy support for granting of child grants to eligible children and for waivers of user fees in education and health facilities.

In order to provide these services, sub-grantees will receive grants from CAFO based on needs assessments and proposals developed. CAFO will be responsible for monitoring that service delivery is in line with national standards, and that sub-grantees are able to account for the funds receive. CAFO will also be responsible for reporting of sub-grantees through its trained volunteers.

**Continuing Activity**
**Estimated Budget = $633,333**

Monitor sub-grantees to ensure programming and program administration is focused on child rights and participation:
Synergies will be developed with other USAID and development partners' efforts to strengthen coordination platforms, especially at regional and constituency levels. CAFO and its network of congregations, including sub-grantees, will participate in local OVC forums and contribute to the development of local action plans. CAFO will pro-actively engage regional government officials and
development committees to inform them of service gaps for OVC or infringements of child rights. CAFO will ensure lessons learnt throughout its national network will feed into national policy development, through forums such as the OVC Permanent Task Force and networking groups such as the OVC collaborative.

Continuing Activity
Estimated Budget = $36,000

ADDITIONAL DETAIL:

While CAFO has conducted successful capacity building of sub-grantees and their caregiver groups on OVC service provision (such as psycho-social support tools like Kids Clubs, child development, and OVC service standards), a significant shift under this program extension will be a concerted effort to capacity building for sustainability of the local OVC initiatives funded with USG resources.

The following strategies will be employed:

- Mobilizing local action and community resources to respond to OVC needs
- Mentoring and training of member organizations/sub grantees
- Grant making to CAFO member organizations and associated congregations
- Leverage access to training and financing opportunities for sub-grantees with other service providers, including USG partners
- Link member projects/sub grantees as well as beneficiaries to government and non-government service providers in the health, social services and agriculture sector
- Monitor sub-grantees to ensure programming and program administration is focused on child rights and child participation
- Contribute to the co-ordinated response to OVC by guiding key processes in national OVC framework development (upcoming National Plan of Action for OVC, national OVC conference, quality standards)

Implementing Mechanism Indicator Information
(No data provided.)

Implementing Mechanism Details

<table>
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<th>Mechanism ID: 13227</th>
<th>Mechanism Name: I-TECH: Support to MOHSS National Health Training Center (NHTC)</th>
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<tr>
<td>Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services</td>
<td>Procurement Type: Cooperative Agreement</td>
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COP 2010 Overview Narrative

SUBSTANTIALLY CHANGED FROM LAST YEAR The HHS/HRSA cooperative agreement with I-TECH Namibia is a continuing mechanism from FY09. CDC Namibia provides oversight for these activities. This mechanism aims to build the capacity of the Ministry of Health and Social Services (MOHSS), and the University of Namibia (UNAM) to train healthcare workers to deliver HIV and other healthcare services. These activities also leverage and complement other PEPFAR investments in health systems strengthening.

Objectives: I-TECH Namibia has 10 objectives under this mechanism: (1) Increase health workers’ capacity to provide integrated PMTCT services in MCH/ANC sites, including early infant diagnosis (EID); (2) Increase HCW ability to provide sexual prevention messaging, including information on sexually transmitted infections and prevention with positives; (3) Increase HCW ability to deliver male circumcision services; (4) Increase public and private sector HCW capacity to provide effective ART to adults as part of comprehensive HIV care and treatment services; (5) Increase public and private sector HCW capacity to provide effective care and treatment to children living with HIV/AIDS; (6) Increase public and private sector HCW capacity to diagnose and treat TB/HIV co-infection; (7) Increase MOHSS capacity to provide HCT services, including couples counseling and rapid HIV testing (RT); (8) Disseminate HIV training program results and lessons learned to government, partners, and other stakeholders as part of an integrated M&E strategy; (9) Increase HIV content in pre-service and in-service nurse training curricula; (10) Increase MOHSS capacity to utilize Digital Video Conferencing (DVC) facilities to strengthen and expand the National HIV/AIDS response.
Partnership Framework: This mechanism encompasses a broad range of activities and commitments described in the Partnership Framework currently under development. This mechanism supports key objectives under all four thematic areas, specifically: Prevention (male circumcision and PMTCT), Treatment, Care and Support (TB/HIV, palliative care and ART services), Impact mitigation (food security/nutrition), and Coordination and Management (human resources/human capacity development, and monitoring and evaluation).

Coverage: The activities under this mechanism are national in scope. The target populations include: doctors, registered nurses, enrolled nurses/midwives, pharmacist assistants, and laboratory staff. I-TECH works with the National Health Training Center (NHTC) network and UNAM to train in-service and pre-service healthcare workers. The NHTC network consists of the national center in Windhoek, and four regional training centers. In addition, I-TECH works with the Faculty of Medical Science at UNAM to train student nurses on HIV-related topics. For the past five years, this mechanism has supported a UNAM review of its nursing curricula to integrate HIV topics. In addition, through this mechanism, clinical instructors are recruited and deployed to UNAM and the NHTC network to teach HIV components of the revised curricula. HIV clinical mentors are recruited and deployed to high-volume sites to strengthen the capacity of local physicians to deliver quality HIV care and treatment. These mentors also support HCW to implement strategies to mainstream HIV services with other healthcare services.

Health systems strengthening: The key contributions of this mechanism relate to in-service and pre-service capacity development of HCW. This mechanism contributes to the global PEPFAR goal of training 140,000 new HCW. This mechanism supports long-term national capacity building by providing support exclusively to Namibian institutions (NHTC and UNAM).

Cross-cutting/Key issues: This mechanism will contribute to Human Resources for Health objectives through cross-cutting support for in-service and pre-service education for public health professionals. Cross-cutting technical assistance supported by this mechanism will emphasize nutrition policy development, other healthcare curriculum development and HCW training.

Cost efficiency: Activities supported under this mechanism are integrated with CDC's direct technical assistance to the MOHSS, both at the national level and in the field. By supporting training activities exclusively through MOHSS structures and systems, this mechanism avoids parallel or duplicative training efforts. Hiring of trainers, tutors and other key staff is coordinated with MOHSS and CDC through a cost-efficient local human resources contractor. I-TECH deliberately works with collaborating institutions to integrate recurrent costs, including staff salaries and benefits into the institutions' annual budgets. In COP09 alone, four regional trainers were fully absorbed into the NHTC (MOHSS) staff establishment.
M&E: The monitoring and evaluation of this mechanism includes PEPFAR indicators and a more detailed I-TECH M&E annual plan. I-TECH maintains a robust M&E system to capture progress towards objectives, to compare progress towards achieving goals, and to improve the quality of training and capacity building activities. A detailed M&E plan is developed each year and is reported to CDC and HRSA on a quarterly basis. Other data collection tools have been developed and are used to monitor outputs and outcomes of capacity building. I-TECH is committed to transferring operational control over these systems to its Namibian partners.

Cross-Cutting Budget Attribution(s)

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<tr>
<td>Human Resources for Health</td>
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Key Issues

- Addressing male norms and behaviors
- Impact/End-of-Program Evaluation
- Increasing gender equity in HIV/AIDS activities and services
- Malaria (PMI)
- Child Survival Activities
- Mobile Population
- Safe Motherhood
- TB
- Family Planning

### Budget Code Information

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<th>Mechanism ID: 13227</th>
<th>Mechanism Name: I-TECH: Support to MOHSS National Health Training Center (NHTC)</th>
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2012-10-03 15:52 EDT
Care

HBHC

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**Narrative:**

Training to enhance health care workers (HCW) capacity to diagnose and manage Sexually Transmitted Infections (STI) in people living with HIV (PLHIV). At least five training courses will be proposed for health care workers.

**Continuing Activity**  
**Estimated Budget = Redacted**

Strengthen STI surveillance in health facilities. The TBD partner will conduct training-of-trainers (TOT) courses on the revised surveillance tools and monitoring system.

**Continuing Activity**  
**Estimated Budget = Redacted**

Training of doctors and pharmacists in the clinical care of HIV patients, and diagnosis and management of opportunistic infections (OIs). The TBD partner, in collaboration with MOHSS and a technical working group, will revise the curriculum for "Clinical Care of HIV, AIDS and Opportunistic Infections" to correspond with the introduction of new national guidelines. Training will target government doctors and pharmacists.

**Continuing Activity**  
**Estimated Budget = Redacted**

Training of nurses in HIV/AIDS-related nutrition. The TBD partner will continue to support the revision of a national curriculum on HIV/Nutrition Management and will conduct regional trainings. In all curriculum development activities, the TBD partner will emphasize the transfer of curriculum development skills to educators at the University of Namibia and the NHTC.

**Continuing Activity**  
**Estimated Budget = Redacted**

Training of healthcare workers (HCW) in prevention for persons living with HIV (PWP) program. The TBD partner will revise and print training materials, posters, patient-provider flipbooks, provider cards, and patient educational materials.

**Continuing Activity**  
**Estimated Budget = Redacted**
Supportive supervision/quality assurance for nutrition-related programs within MOHSS clinical sites. Two to three tutors will assess facilities, supplies, and the quality of nutrition services, and provide feedback and supervision.

Continuing Activity  
Estimated Budget = Redacted

Procure training equipment for the nutritional training programs described above.

Continuing Activity  
Estimated Budget = Redacted

HIV Physician Clinical Mentoring support to HCWs in caring for patients with HIV. HIV expert physician clinical mentors will continue to provide mentoring support primarily to doctors in 11 of the 13 regions of Namibia.

Continuing Activity  
Estimated Budget = Redacted

Distance Learning Training. The TBD partner will propose a distance learning program. This may include hands-on technical support for digital video conferences at NHTC and Regional Health Training Centers, as well as internet-based opportunities.

Continuing Activity  
Estimated Budget = Redacted

At least one nurse mentor will be proposed to provide overall mentoring and technical assistance in care, support, and treatment training and supervision.

New Activity  
Estimated Budget = Redacted

Training for cervical cancer screening and monitoring. This training will include practical sessions for pap smears and assessing the results of those tests. Equipment will be procured for training courses, which will also include instruction the use of a new MOHSS-developed form to track data on cervical cancer screening.
Continuing Activity
Estimated Budget = Redacted

ADDITIONAL DETAIL:

Work plan details will be provided by the TBD Partner after the award is made.

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<th>Strategic Area</th>
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Narrative:

Training in the management of antiretroviral therapy (ART) based on revised ART guidelines. Additional training will be conducted on HIV/TB treatment based on revised guidelines expected in 2011. Public sector physicians will be prioritized, but training courses in ART management will also be organized for private sector physicians.

Continuing Activity
Estimated Budget = Redacted

Support to HIV Physician Clinical mentors, including travel, per diem, trainings, computers, and equipment. These clinical mentors will be deployed to 11 of Namibia's 13 regions. Adults HIV treatment guidelines and reference materials will be provided to all of the supported facilities.

Continuing Activity
Estimated Budget = Redacted

Training of health care workers (HCW) and expert patient trainers in the Integrated Management of Adult Illnesses (IMAI) strategy. This will include support to MOHSS to revise national IMAI curriculum to reflect task-shifting priorities and protocols.

Continuing Activity
Estimated Budget = Redacted

Training for regionally-based MOHSS nurse clinical instructors. The nurse clinical instructors will receive training to become nurse mentors in their respective regions.
Procure clinical training equipment related to the courses described above and below.

Training of nurses in ARV adherence counseling. This will include at least one train-the-trainer course for staff from different regions.

Supportive Supervision/Quality Assurance/Quality Improvement. This QA-focused supervision will cover ART services and the cervical cancer screening project.

Distance Learning Training. The TBD partner will propose a distance learning program.

A detailed work plan will be provided by the TBD partner after the award is made.

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Narrative:

Training of health care workers in HIV counseling. This will include focused training courses on client-initiated and Provider-initiated (PITC) counseling and testing approached.
Training of health care workers, DAPP/TCE field officers and others in rapid HIV testing. This will include first-time and refresher training.

Continuing Activity
Estimated Budget = Redacted

Follow up supportive supervision visits will be conducted to facilities whose staff has received ITECH training. These visits will promote the transfer of learning and provide on-site mentorship. Visits will be coordinated with the MOHSS, NIP and other stakeholders to encourage collaboration and avoid duplication.

Continuing Activity
Estimated Budget = Redacted

Training for 20 case managers and expert patients.

New Activity
Estimated Budget = Redacted

Distance learning training. The TBD partner will propose a distance learning program to complement supportive supervision and classroom training.

Continuing Activity
Estimated Budget = Redacted

ADDITIONAL DETAIL:

A detailed work plan will be provided by the TBD partner after the award is made.

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Narrative:

Training of doctors, and pharmacists in comprehensive pediatric HIV care. The TBD partner will support MOHSS to pilot an interactive course on psychosocial and practical aspects of HIV disclosure. This course will include a train-the-trainer element. In addition, the TBD partner will conduct regional training
The Katutura Pediatric communicable disease clinic will be considered for development into a Center of Excellence for hands-on training of health care workers from other regions. (See additional details in Pediatric Treatment).

Continuing Activity
Estimated Budget = Redacted

HIV Clinical Mentors (CM) support to healthcare workers (HCW) managing children with HIV. The TBD partner will continue to support six experienced HIV physician Clinical Mentors (CMs) who provide mentoring support for MOHSS doctors managing adults and children with HIV in 11 of Namibia’s 13 Regions (see Adult Treatment).

Continuing Activity
Estimated Budget = Redacted

Support for Community Based Child Growth Monitoring (CBCGM) and procurement of equipment for growth monitoring. The TBD partner will conduct trainings, procure nutrition training materials and equipment, and will print and disseminate infant and child nutrition related information, education and communication. Additionally, the TBD partner will purchase infant/child nutrition related books for an additional 8 resource centers within the National Health Training Network (NHTC) and for several campuses within the University of Namibia (UNAM) network. Courses on Management of Severe Acute Malnutrition will be conducted.

Continuing Activity
Estimated Budget = Redacted

A Distance Learning component will be proposed by the TBD partner to strengthen clinicians’ ability to treat and care for HIV-infected children.

Continuing Activity
Estimated Budget = Redacted

ADDITIONAL DETAIL:

A detailed work plan will be provided by the TBD partner after the award is made.

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Training of doctors and pharmacists in pediatric HIV treatment, including pre-ART and ART services, opportunistic infections, growth and nutrition, psychosocial issues and palliative care.

Continuing Activity
Estimated Budget = Redacted

HIV Clinical Mentor support to HCWs managing children with HIV. This work will continue in 11 of 13 regions, and will include the provision of reference materials in pediatric care to each supported site.

Continuing Activity
Estimated Budget = Redacted

Support for training in Community Based Child Growth Monitoring (CBGM) including treatment of severe acute malnutrition. Reference materials will also be procured and distributed to the supported sites.

Continuing Activity
Estimated Budget = Redacted

Supportive Supervision/Quality Assurance/Quality Improvement. Clinical mentors will also support clinical staff to use data to address problems and develop new programs.

Continuing Activity
Estimated Budget = Redacted

Distance Learning Training. The TBD partner will propose a distance learning solution.

Continuing Activity
Estimated Budget = Redacted

ADDITIONAL DETAIL:

A detailed work plan will be provided by the TBD partner after the award is made.
<table>
<thead>
<tr>
<th>Other</th>
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**Narrative:**

Training workshops in various health sector tools including ART, PMTCT, HCT, TB, and STI to improve skills in data collection, data entry, data cleaning, data analysis, and data use. Participants include regional staff, and specifically data clerks. Follow-up training evaluations will be conducted.

**Continuing Activity**
**Estimated Budget =** Redacted

System for Program Monitoring (SPM) trainings. The SPM is the system through which all non-health sector HIV/AIDS related activities are reported through the Ministry of Regional and Local Government to the National AIDS Commission. This training provides instruction in M&E and utilization of the SPM system for Regional M&E officers, community liaison officers, and regional implementers. Technical assistance for training and curriculum development will be provided to other partners involved in community-based M&E trainings.

**Continuing Activity**
**Estimated Budget =** Redacted

Support for continuing evaluation, implementation, supportive supervision, data management, and report writing for a task-shifting demonstration project in 9 sites for transferring care of ART patients from physicians to nurses.

**Continuing Activity**
**Estimated Budget =** Redacted

Support for a training needs assessment (TNA) for health care workers. The TNA has collected significant data from all relevant HIV/AIDS training stakeholders including: national level coordination, policy makers at MOHSS, and non-governmental training providers. This activity will continue with data collection and also analysis and report writing. This activity is being conducted in collaboration with the MOHSS, Training Support Coordination Unit.

**Continuing Activity**
**Estimated Budget =** Redacted

Support for National Health Training Center capacity needs assessment. This activity is being conducted in collaboration with the NHTC to enhance the capacity of the training network to provide high quality pre-
service and in-service education. In order to assess the network's capacity to achieve its mission, a comprehensive assessment will be carried out which will inform an action plan to implement changes accordingly.

Continuing Activity
Estimated Budget = Redacted

Support for UNAM pre-service training assessment of nursing school. This activity is being conducted in collaboration with the University of Namibia (UNAM) to enhance the institution's capacity to provide high quality pre-service education to nurses. UNAM nursing school has embarked upon a twinning project with a US-based nursing school and this assessment will inform the twinning project's focus.

Continuing Activity
Estimated Budget = Redacted

Support for Health Information Systems capacity building and training support for regional HIS officers in data entry, data analysis, data use, and data quality. Follow-up training evaluations will also conducted.

Continuing Activity
Estimated Budget = Redacted

Strategic Information TA for data triangulation, most at risk population (MARPs) rapid assessment, behavioral surveillance survey (BSS) and population size estimation implementation, data analysis and report writing. The MARPS activities will target female sex workers and men who have sex with men for prevention planning.

Continuing Activity
Estimated Budget = Redacted

ADDITIONAL DETAIL:

A detailed work plan will be provided by the TBD partner after the award is made.

<table>
<thead>
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Narrative:
Strengthen the National Health Training Centre's (NHTC) capacity to deliver in-service and pre-service training for nurses. The focus of this assistance will be to support expert tutors based at the NHTC. These tutors will also play a role in efforts to identify training gaps and support NHTC’s role in a coordinating structure with other training institutions, e.g., Polytechnic of Namibia, UNAM and the National Council on Higher Education.

Continuing Activity
Estimated Budget = Redacted

Strengthen University of Namibia's capacity to deliver quality pre-service training for Registered Nurses. This activity will include professional development for UNAM faculty, the initiation of “twinning” relationships with nursing departments and schools in South Africa, and the revision of UNAM curricula and the Lecturer's Resource Guide.

Continuing Activity
Estimated Budget = Redacted

Support MOHSS to develop human resource capacity to utilize the Distance Learning (Digital Video Conference system) without external technical assistance. The DVC system is currently largely operated by staff linked to projects. Transferring these skills to MOHSS staff is a key COP11 objective.

Continuing Activity
Estimated Budget = Redacted

ADDITIONAL DETAIL:

A detailed work plan will be provided by the TBD partner after the award is made.

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<thead>
<tr>
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Narrative:

Training of regional and district managers and health care workers to orient them on the Namibian policy for Male Circumcision and its implementation.

Continuing Activity
Estimated Budget = Redacted
Training of trainers (TOT) in MC. With the rollout of the national MC program there is a need to increase the number of trainings. MC clinicians will be trained to train other clinicians in MC.

Continuing Activity
Estimated Budget = Redacted

A Namibian MC operational manual with specific standard operating procedures based on the Namibian MC curriculum and the standard WHO Manual will be developed to be used in trainings as well as for an ongoing reference material.

Continuing Activity
Estimated Budget = Redacted

Training of doctors, nurses, and community counselors as MC service providers, including follow-up certification, diathermy training, and follow-up support visits. Non-consumable surgical equipment and consumable commodities may be required for use in the training courses.

Continuing Activity
Estimated Budget = Redacted

The Namibian MC program initially concentrated on training and service delivery for adults. However, neonatal circumcision is an important component of the national MC policy and for the future of the program. A neonatal MC curriculum training will be developed.

New Activity
Estimated Budget = Redacted

National comprehensive supportive supervision to the MC sites for quality assurance.

New Activity
Estimated Budget = Redacted

Community counselors play a key role in recruitment, health education and providing counseling services for the MC program. While community counselors are trained as part of the team in MC, there is a need to incorporate MC modules in the courses provided for all community counselors. Materials will be updated and provided the MC community counselor training.
The original WHO MC recommendations did not include diathermy as one of the key competencies to be learnt as part of the MC services provision. However, WHO now endorses the use of diathermy in MC as a way improving service provision and increasing the number of clients served. MC providers will be trained on this new technique and will incorporate diathermy into the training curriculum.

**New Activity**
Estimated Budget = Redacted

**ADDITIONAL DETAIL:**
Work plan details will be provided by the TBD Partner after the award is made.

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<th>Strategic Area</th>
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**Narrative:**
Training of healthcare workers in ART settings (HCW) in prevention for persons living with HIV (PLWHA) (PWP program). Funds will also cover revision and print training materials, posters, patient-provider flipbooks, provider cards, and patient educational materials associated with the project.

**Continuing Activity**
Estimated Budget = Redacted

Training on alcohol-related HIV prevention, as well as the Brief Motivational Interviewing (BMI) methods for screening and referral for alcohol. The BMI course will be delivered to HCW both within and outside of the ARV clinic settings, as well to correctional staff.

**Continuing Activity**
Estimated Budget = Redacted

Trained case managers (CM) and expert patients based within ART clinics and ANC sites will receive ongoing refresher training.
Continuing Activity
Estimated Budget = Redacted

Using semi-structured clinical support visit assessment tools, tutors from the National Health Training Centers/Regional Health Trainings Centers will provide quarterly visits to the facilities in their regions to ensure transfer of learning, provide on-site mentorship and support, identify gaps, and make recommendations for improvement for all program areas Continuing $2,000.

Training for health care workers based in correctional facilities in TB and HIV to increase awareness of TB/HIV co-infection.

Continuing Activity
Estimated Budget = Redacted

To complement the didactic training and information dissemination support, The TBD Partner will continue to provide distance learning opportunities for health care workers Continuing $5,000

ADDITIONAL DETAIL:
Work plan details will be provided by the TBD Partner after the award is made.

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Narrative:
Training of nurses in the provision of PMTCT and EID services. In 2010 the ministry revised the PMTCT regimen in line with the WHO recommendations. The training curriculum will be revised to reflect the new national guidelines and promote the concept of a family-centered approach to PMTCT including assuring male-friendly service provision by health care providers. National trainings will take place.

Continuing Activity
Estimated Budget = Redacted

Procurement of training supplies for EID training.

Continuing Activity
Estimated Budget = Redacted
Using semi-structured clinical support visit assessment tools, tutors from the Regional Health Training Centers will conduct quarterly clinical support visits to facilities providing PMTCT/EID services in the regions to ensure transfer of learning and to provide on-site mentorship. During these visits, tutors will work as a team to assess the facility, supplies, and quality of service provision in PMTCT/EID.

Continuing Activity
Estimated Budget = Redacted

To complement the didactic training and information dissemination support, the TBD Partner will continue to provide distance learning opportunities for health care workers to enhance their knowledge about management of PMTCT patients. This will include digital video conferences as well as internet-based distance learning opportunities.

Continuing Activity
Estimated Budget = Redacted

ADDITIONAL DETAIL:

Work plan details will be provided by the TBD Partner after the award is made.

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<tr>
<th>Strategic Area</th>
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**Narrative:**

Training of public sector doctors and pharmacists on TB/HIV co-infection. New TB guidelines will be finalized in 2010. The curriculum will be updated accordingly. The updated guidelines will focus on TB screening in HIV patients, testing for HIV in suspected TB cases, provision of isoniazid preventive therapy (IPT) to all eligible HIV positive persons, as well as TB infection control including WHO's “3Is” and the surveillance and management of DR TB.

Continuing Activity
Estimated Budget = Redacted

Training of private sector and correctional facility nurses in the management of TB/HIV co-infection.

Continuing Activity
Estimated Buget = Redacted

Provision of training materials for TB/HIV training in the public sector.

Continuing Activity
Estimated Budget = Redacted

Supportive Supervision/Quality Assurance for facilities and staff providing HIV/TB services.

Continuing Activity
Estimated Budget = Redacted

Training of district and regional managers in TB/HIV collaboration to strengthen on programmatic collaboration.

New Activity
Estimated Budget = Redacted

Designing and pilot testing a new DR-TB (Drug Resistant Tuberculosis) course.

New Activity
Estimated Budget = Redacted

To complement the didactic training and clinical mentoring support, distance learning opportunities for health care workers to enhance their knowledge about management of HIV/TB patients including infection control and DR TB. This will include digital video conferences as well as internet-based distance learning opportunities.

Continuing Activity
Estimated Budget = Redacted

ADDITIONAL DETAIL:

For additional detail please see human resources for health (HRH) database.

Implementing Mechanism Indicator Information
(No data provided.)
### Implementing Mechanism Details

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**Total Funding: 149,000**

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<th>Funding Source</th>
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<td>GHCS (State)</td>
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### Sub Partner Name(s)
(No data provided.)

### Overview Narrative

**COP 2010 Overview Narrative**

NEW/REPLACEMENT NARRATIVE WITH SUBSTANTIAL CHANGES  The International Laboratory Branch (ILB) consortium partners’ main goal is to strengthen laboratory systems through technical assistance to the Namibia Institute of Pathology (NIP). NIP, in turn, provides quality laboratory services to MOHSS HIV, TB and OIs programs.

To achieve this goal each of the four ILB consortium members provides technical assistance in specific areas. For the American Society for Microbiology (ASM), those objectives include:

1) Training on TB microscopy, culture and drug susceptibility testing
2) Technical assistance to establish a TB diagnostics quality assurance system
3) Assist in the decentralization of TB culture services to Oshakati and Walvis Bay Laboratories.

Links to the Partnership Framework goals and benchmarks over the life of its agreement/award.

Through support for quality TB diagnostic and monitoring services, this implementing mechanism is key to the USG commitments related to the PF goal of "reducing TB/HIV co-infection." The technical assistance delivered through this IM will specifically aid the GRN and the USG to meet the following PF objectives:

1) Enhance the quality of ART care through quality assured bio-clinical monitoring.
2) Expand coverage of screening for TB/HIV co-infection.
Geographic coverage and target population:
This mechanism is designed to provide national coverage through the NIP network of laboratories. ASM will work with NIP and other partners to cover all TB diagnostic laboratories in Namibia. Trainings and microscopy quality assurance will target all laboratories performing TB diagnosis. This assistance will also strengthening TB culture and drug susceptibility testing at the Windhoek central reference laboratory, as well as at the Oshakati and Walvis Bay laboratories.

Key contributions to Health System Strengthening:
The ASM technical approach is built on the results of continuous situation assessments. These are followed by training on quality management and the development of implementation plans. Emphasis is placed on Train-the-Trainer (TOT) courses, which produce local trainers. These individuals represent a growing core of local expertise to provide on-going supervision, mentoring and additional training. Through this system, ASM helps build capacity at the systems level and at each facility. This local capacity will sustain the national laboratory system over the long-term and gradually reduce NIP’s dependence on external TA.

Cross-cutting programs and key issues:
As noted above, technical assistance from ASM contributes to a strengthening of local expertise. NIP laboratory staff trained to conduct trainings and supportive supervision represent a strong foundation on which future human resources for health may be built.

Strategy to become more cost efficient over time:
All ILB consortium partners provide short-term technical trainings. NIP manages the logistics of the trainings to be conducted, and, increasingly, provides trainers from its own staff to conduct follow-up mentoring and monitoring. NIP is also responsible for procuring equipment and reagents for the trainings. These procurements, including stock management and delivery, are done through NIP's local ordering system. As indicated above, the training of trainers as instructors and mentors will, over time, reduce ASM's role in Namibia. On that note, ASM's role is already 100% technical assistance. NIP is solely responsible for laboratory service delivery. A USG objective for the next five years is to develop NIP's administrative capacity to allow NIP to contract and fund its own technical relationships, as needed, with IDP consortium members.

Monitoring and evaluation plans for included activities:
All CDC cooperative agreement grantees must submit a detailed work plan with their annual continuation application. This work plan must be based on PEPFAR indicators and aligned with targets set for each country. All IDP consortium members must also submit bi-annual status reports to the IDP program manager in Atlanta. These reports are shared with CDC program managers in Namibia and used to inform any year-on-year changes to the work plan. All trainees are required to develop an individual work plan. These are followed up by NIP and ASM mentors during supportive visits. Other key indicators include the monitoring of TB diagnostic results for quality and progress made toward accreditation by SANAS.
Cross-Cutting Budget Attribution(s)

| Human Resources for Health | 25,000 |

Key Issues

TB

Budget Code Information

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<td>Treatment</td>
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</table>

Narrative:

Technical assistance from the American Society of Microbiologists (ASM) to enhance TB laboratory services at the Namibia Institute of Pathology (NIP)

Continuing Activity

Estimated Budget = $149,000

ADDITIONAL DETAIL:

ASM support is provided through a cooperative agreement managed by the CDC Global AIDS Program International Laboratory Branch.

Technical assistance from ASM. ASM has provided short- and long-term technical advisors to work with the CDC laboratory technical advisor, alongside NIP staff at the main laboratory in Windhoek, to improve their proficiency with TB diagnostic testing. This assistance has included on-the-job training on TB-related laboratory equipment and infection control practices. ASM will focus support on peripheral NIP laboratories. Areas of technical focus for this training and TA will include establishing a blinded quality
assurance process for rechecking slides; strengthening the management of existing external quality assurance systems, and; training for NIP laboratory technicians on fluorescence microscopy, TB culture, and drug susceptibility testing (DST) strengthening in Windhoek, Walvis Bay and Oshakati.

Implementing Mechanism Indicator Information
(No data provided.)

Implementing Mechanism Details

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<th>Mechanism ID: 13253</th>
<th>Mechanism Name: Whole Child Initiative (Global Development Alliance)</th>
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<tr>
<td>Funding Agency: U.S. Agency for International Development</td>
<td>Procurement Type: Cooperative Agreement</td>
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Sub Partner Name(s)
(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| Human Resources for Health | Redacted |

Key Issues
Child Survival Activities
Budget Code Information

| Mechanism ID: | 13253 |
| Mechanism Name: | Whole Child Initiative (Global Development Alliance) |
| Prime Partner Name: | TBD |

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Narrative:

Global Development Alliance – Leveraging private sector and foundation resources to provide direct systems strengthening technical assistance in the support of the "Whole Child Initiative" at both the clinic and the broader systems strengthening levels (in 1-2 regions)… start up and implementation of regional health structures (RDUs).

Activities related to this include: trainings, workshops and facilitation for these structures in four regions.

New Activity
Estimated Budget = Redacted

Provide organizational strengthening to the Namibia Alliance for Improved Nutrition convened by the Office of the Prime Minister as it addresses the critical challenges in maternal and Child Nutrition in Namibia.

New Activity
Estimated Budget = Redacted

Implementation of innovative projects through regional delivery units (includes the establishment of Regional Delivery units, or RDUs) (in 1-2 regions), sharing of lessons learned and innovation in order to promote replication and expansion.

New Activity
Estimated Budget = Redacted
"It should be noted that the activities mentioned above will also be cost-shared with other private sector funding.

ADDITIONAL DETAIL:

This is a new activity and a new GDA, so the details of the project, the activities and the specific outputs will be further defined as the project is developed.

Synergos will support the "Whole Child Initiative." The Whole Child Initiative will facilitate the Namibian Government in achieving its 2013 targets to reduce neonatal mortality and child undernourishment.

Specifically, the initiative focuses on health and nutrition related needs of children by:
1) demonstrating impact on neonatal survival and child nutrition through the accelerated deployment of 30 Innovation Projects across the country;
2) reorganizing regional health structures to increase accountability and unlock latent potential; and
3) Building a more effective national health leadership team for the country to improve the whole of health service delivery.

• Supported by senior Namibian government officials, including the Prime Minister, this initiative will focus on both clinical-level action and health systems strengthening, to ensure that what works can be scaled and sustained over time.
• Under this activity, USAID funds (expected in principle to reach Redacted over three years, pending the availability of funds and interagency approval) will contribute to Namibia's first GDA initiative.

o This initiative, led by the Synergos Institute, will leverage Redacted from the ELMA foundation, with remaining resources to come from the Bill and Melinda Gates Foundation Redacted), the Global Alliance for Improved Nutrition for the nutrition activities Redacted), the Pupkewitz Family Foundation (Redacted), and another anonymous donor (Redacted)

o Specifically, USAID funds will be used to support efforts in 1-2 regions facing the worst socio-economic indicators in Namibia (e.g., Kunene).

In these regions, funds will be used to conduct regional nutrition profile and situational analyses and to develop regional delivery units to support rapid action on neonatal survival and child nutrition through 'innovation projects'.

The process for developing these innovative projects will take the voice of the community, their needs into account and will be designed and developed by the communities themselves.
Implementing Mechanism Indicator Information
(No data provided.)

Implementing Mechanism Details

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Sub Partner Name(s)
(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)
(No data provided.)

Key Issues
(No data provided.)

Budget Code Information

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**Narrative:**
None

**Implementing Mechanism Indicator Information**
(No data provided.)

**Implementing Mechanism Details**

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<th>Mechanism Name: Engagement of local PLHIV-led civil society organizations in the response</th>
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**Sub Partner Name(s)**
(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**
(No data provided.)
Key Issues
(No data provided.)

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**Narrative:**
Strengthen the capacity of PLWHIV organizations to coordinate among themselves and to meaningfully participate in coordination and decision making structures.

New Activity
Estimated Budget = $30,000
Strengthen capacity of CSO, private sectors, key populations most at risk, local government and local communities to engage meaningfully and coordinate decision making.

New Activity
Estimated Budget = $30,000
Support the functioning of regional coordination committees in select priority regions, as needed. (Will complement work by other donors).

Continuing Activity
Estimated Budget = $30,000

ADDITIONAL DETAIL:
The principle purpose of this activity, led by UNAIDS, is to support capacity building to ensure meaningful engagement of key constituencies such as PLHIV, civil society and regional coordination structures in planning, dialogue and coordination for the national HIV/AIDS response. Particular attention will be given to encourage meaningful engagement of PLWHIV, CSOs, MARPS, and local government in the
coordination framework. This need has been clearly articulated in the newly developed NSF.

This activity falls within UNAIDS’ core mandate and global expertise. The organizational set-up of UNAIDS allows it to draw expertise from other UN agencies—for example WHO or UNDP which are working with regional level AIDS coordination structures. UNAIDS is also currently involved in facilitating greater involvement of PLHIV in the national response—this specific work is therefore complementary. Where appropriate, efforts will be made to coordinate with and leverage support from other donors providing technical support to specific structures (e.g., GTZ, UNDP regional level structures).

Implementing Mechanism Indicator Information
(No data provided.)

Implementing Mechanism Details

<table>
<thead>
<tr>
<th>Mechanism ID: 13403</th>
<th>Mechanism Name: TBD Community Based Care &amp; Support (CAA)</th>
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<tr>
<td>Funding Agency: U.S. Agency for International Development</td>
<td>Procurement Type: Cooperative Agreement</td>
</tr>
<tr>
<td>Prime Partner Name: Catholic AIDS Action</td>
<td>Agreement Start Date: Redacted</td>
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<tr>
<td>Agreement End Date: Redacted</td>
<td>TBD: No</td>
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<td>Global Fund / Multilateral Engagement: No</td>
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<td>GHCS (State)</td>
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Sub Partner Name(s)
(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

<table>
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<th>Economic Strengthening</th>
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<tbody>
<tr>
<td>Strategic Area</td>
<td>Budget Code</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Care</td>
<td>HBHC</td>
</tr>
</tbody>
</table>

**Narrative:**
Improving the functional wellbeing of CAA Home Based Palliative Care clients through support of community volunteers, providing comprehensive care and support including the provision of non-pharmaceutical HBC supplies, basic nursing care, psychosocial support, spiritual support and emergency assistance.

Continuing Activity
Estimated Budget = $619,400

Supporting community palliative care nurses to provide quality training, supervision and mentoring of community volunteers in the HBC curriculum, also including community based TB case finding.

Continuing Activity
Estimated Budget = $547,000

Ensuring program quality through Monitoring and Evaluation and supervision support (M&E + Supervision)

Continuing Activity
Estimated Budget = $72,100

Economic strengthening of community volunteers through income generating activities such as gardening, beading, bicycle maintenance, to promote motivation and sustainability of the project.

Continuing Activity
Estimated Budget = $23,300

Addressing male norms and addressing gender equitable behaviors through conducting of male awareness workshops in local communities.

Continuing Activity
Estimated Budget = $22,200

Ensuring HBPC clients’ adherence to treatment by providing food supplements to PLHIV’s on ARV’s

Continuing Activity
Estimated Budget = $16,000

ADDITIONAL DETAIL:

With a target of 2200 community based volunteers for FY2012 resources, Catholic AIDS Action (CAA) is one of the largest FBO networks in Namibia providing quality home-based palliative care services for a target of 7,800 clients and their families.

The family-centered, holistic program involves the assessment of the person living with AIDS or HIV and the family needs, family and community based health education, stigma reduction, psychosocial and spiritual support, support for treatment adherence and referrals either to the CAA palliative care nurse for the provision of home-based clinical services or GRN clinics and hospitals for more intensive facility based clinical intervention. With the expansion of palliative care and end-of-life care in Namibia, CAA is at the forefront of working with the Ministry of Health to increase home based access to analgesic...
medication through its trained palliative care nurses.

CAA is also working towards greater collaboration and cooperation with the Ministry of Health to ensure seamless referrals to and from facilities and local communities. CAA will expand its integration of palliative care into existing home based care in the Khomas and Erongo Regions during this year. Home based palliative care activities will occur in the Karas, Hardap, Khomas, Omaheke, Erongo, Omusati, Oshana, Kavango, and Caprivi regions with a possible initial expansion to the Kunene region during this year.

<table>
<thead>
<tr>
<th>Strategic Area</th>
<th>Budget Code</th>
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<tr>
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</table>

Narrative:

Community based support to OVCs through support of community volunteers.

Continuing Activity
Estimated Budget = $579,330

Ensuring OVCs receive the best possible care through training of community volunteers and care givers in PSS

Continuing Activity
Estimated Budget = $340,000

Provide material support (uniforms and school fees) to OVCs to help keep them in School

Continuing Activity
Estimated Budget = $266,670

Ensuring program quality through Monitoring and Evaluation and supervision support (M&E + Supervision)

Continuing Activity
Estimated Budget = $94,000

ADDITIONAL DETAIL:
Catholic AIDS Action is one of Namibia's largest providers of community-based support for orphans and other vulnerable children. 2200 trained, supervised and supported volunteers (the same individuals outlined in HBHC) will deliver quality services to 13,125 OVC. Each child will receive a minimum of one service (psychosocial support, supplemental nutrition, shelter and care, health care referrals, educational and vocational support, or protection and legal aid services. Many children enrolled with CAA actually receive multiple services depending on the child's needs and the available resources. Volunteers are provided with additional support and regular, monthly supervision in the provision of these community based services. After-school and supplemental nutrition programs will assist approximately 2000 children each month. HBPC volunteers identify and refer OVC to CAA's OVC program and other public health and welfare services. This will involve increased collaboration and cooperation with the Ministry of Gender Equality and Child Welfare, the Ministry of Health and the Ministry of Education. CAA provides limited secondary school scholarships to selected OVC in its "Saving Remnant" program as these individuals work towards exemption of tuition and other school fees.

These activities will occur in the Karas, Hardap, Khomas, Omaheke, Erongo, Omusati, Oshana, Kavango, and Caprivi regions with a possible initial expansion to the Kunene region. In these regions efforts will include tracking and enrolling children formerly served by PACT or CAFO sub-partners to ensure beneficiaries are not dropped.

<table>
<thead>
<tr>
<th>Strategic Area</th>
<th>Budget Code</th>
<th>Planned Amount</th>
<th>On Hold Amount</th>
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<tbody>
<tr>
<td>Care</td>
<td>PDCS</td>
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</table>

**Narrative:**

Community based support to HIV positive children through the training, support and supervision of CAA volunteers and staff.

Continuing Activity

Estimated Budget = $300,000

**ADDITIONAL DETAIL:**

Through periodic surveys of children enrolled in the CAA OVC care and support program, approximately 10% of these children (1,000-1,200) either identify as or are known as HIV positive. In many instances their biological parents have died from HIV complications and they are living with extended family members. However, the additional resources required by these children, (clinic visits, food with medication, additional psychosocial support) frequently overburden already sparse family resources.
These resources allow CAA to allocate additional resources to its growing clinical services to ensure these children receive the support and additional resources they require for positive development. This includes supplemental nutrition and resources that provide salaries for the 9 community based palliative care nurses currently providing direct services and increasing the capacity of volunteers to provide holistic home based care services inclusive of Positive Prevention and TB screening and referrals as outlined in the national CHBC standards.

These activities will occur in the Karas, Hardap, Khomas, Omaheke, Erongo, Omusati, Oshana, Kavango, and Caprivi regions with a possible initial expansion to the Kunene region.

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<thead>
<tr>
<th>Strategic Area</th>
<th>Budget Code</th>
<th>Planned Amount</th>
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<tr>
<td>Prevention</td>
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**Narrative:**

Promoting Abstinence/Be Faithful and Comprehensive Life Skills through the training of CAA Peer Educators and Facilitators in the Stepping Stones and Adventure Unlimited curricula

Continuing Activity
Estimated Budget = $200,450

Re-enforcing the content of Stepping Stones and Adventure Unlimited curricula by providing monthly post course activities

Continuing Activity
Estimated Budget = $33,550

Ensuring program quality through Monitoring and Evaluation, Supervision and support of peer educators and facilitators

Continuing Activity
Estimated Budget = $45,000

Provision of additional incentives for long serving peer educators to encourage program quality and continuity.

Continuing Activity
Estimated Budget $21,000
ADDITIONAL DETAIL:

Two curricula, Adventure Unlimited for younger children and Stepping Stones for older youth and young adults, use strong participatory learning strategies to empower participants to become aware of HIV infection and AIDS and to develop strategies for behavioral change to prevent infection. Adventure Unlimited (AU) consists of ten sessions and Stepping Stones (SS) is fourteen sessions, with each session approximately two to three hours in length. These curricula not only provide accurate education (according to the WHO) on HIV infection, but equally important, engage participants to understand and discuss the additional cofactors for positive community health: effective communication skills, self-esteem and self-efficacy, gender issues, the role of alcohol and HIV infection, relationship and intimacy skills, and identifying cultural norms and practices that may either contribute to the spread of HIV or reduce infection incidence. These curricula help participants to not only acquire the information, but perhaps more importantly, the motivation, values and skills necessary to change complex behavioral patterns.

During the project year, twelve full time CAA Child and Youth Development coordinators will train, supervise and support 300 volunteer peer educators to provide courses in their local communities. They will provide 705 courses, 320 Adventure Unlimited and 385 Stepping Stones courses, reaching 11,985 direct beneficiaries (an average of 17 participants per course to ensure active participation). Supervision for quality assurance occurs at least once during each course implementation.

Participants are gathered from the local community in coordination with community leaders and referred from other USG sponsored CAA programs, home-based palliative care and support for orphans and other vulnerable children. Youth who complete the courses can continue to be supported through CAA post course activities using resources from C-Change and NAWA life trust to reinforce and support learning made during the course implementation.

These activities will occur in the Karas, Hardap, Khomas, Omaheke, Erongo, Omusati, Oshana, Kavango, and Caprivi regions with a possible initial expansion to the Kunene region.

Implementing Mechanism Indicator Information
(No data provided.)

Implementing Mechanism Details

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<th>Mechanism ID: 13420</th>
<th>Mechanism Name: Ministry of Gender Equality</th>
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Page 359 of 384
2012-10-03 15:52 EDT
Procurement Type: Contract

Prime Partner Name: TBD
Agreement Start Date: Redacted
Agreement End Date: Redacted
TBD: Yes
Global Fund / Multilateral Engagement: No

Total Funding: Redacted

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Sub Partner Name(s)
(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

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Key Issues
(No data provided.)

Budget Code Information

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<tbody>
<tr>
<td>Prime Partner Name: TBD</td>
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Custom
Narrative:
Direct funds to TBD Partner to implement key national strategies and plans and to improve delivery systems for child welfare, orphans and vulnerable children, early childhood development and women's rights.

Continuing Activity
Estimated Budget = Redacted

ADDITIONAL DETAIL:
This was a new activity designed in 2010, aimed to expand technical support previously provided to the Child Welfare Directorate to the MGECW's other Directorates, specifically Gender and Community Development and Early Childhood Education. The activity will continue with COP 11 funds, and will complement the provision of TA to the Ministry by PACT. Key focus will be on implementation of key national strategies and implementation plans such as the National Plan for OVC, the ECD Implementation Plan and the Action Plan to Combat Gender Based Violence.

Strong emphasis will be placed on improvement of coordination between the Ministry's directorates on national and regional levels, as well as the development of improved work processes to operationalize decentralization within the Ministry.

Implementing Mechanism Indicator Information
(No data provided.)

Implementing Mechanism Details

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Funding Source | Funding Amount
---|---
GHCS (State) | 200,000

**Sub Partner Name(s)**
(No data provided.)

**Overview Narrative**
COP 2011 New Activity

**Cross-Cutting Budget Attribution(s)**
(No data provided.)

**Key Issues**
(No data provided.)

**Budget Code Information**

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<tr>
<td>Other</td>
<td>HVS1</td>
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**Narrative:**
The proposed external assessment would consist of several steps as envisioned over a period of six months during FY12:

Step 1: Establish Steering Committee with wide range of GRN and civil society stakeholders to oversee completion of assessment protocol and hiring of consultants.
Step 2: Develop protocol, budget and timeline.
Step 3: Identify two qualified consultants.
Step 4: Field assessment: Intensive – two persons with minimum 20 working days in country each.
Step 5: Wide stakeholder consultation at beginning of assessment process.
Step 6: Wide stakeholder consultation for dissemination of results.
Step 7: Final report and follow-up recommendations.

New Activity
Estimated Budget = $200,000

ADDITIONAL DETAIL:

Under the Partnership Framework, the USG has stated its intention to provide technical assistance to strengthen data quality, data utilization and integration of GRN information systems and to support integrated data systems across GRN to increase the quality and efficiency of health care and social services delivery for Namibians. This is in response to the M&E gap analysis conducted for the National Strategic Framework which identified a need to harmonize HIV data bases, including those in the MoHSS and to create a national multi-sectoral database for HIV/AIDS. In addition, the need for integration and linkages of information systems was highlighted in the recent MoHSS review (2008) and will inform the GRN's establishment of an integrated HIS directorate.

An external assessment of existing information systems will identify options to integrate systems to improve the efficiency of data collection, analysis and decision-support systems to support overall health systems strengthening and the multi-sectoral response to HIV and AIDS. There will be specific emphasis on coordinating and linking care and treatment related databases. The external assessment of these multiple data systems will participatory, consulting with end users and stakeholders to ensure that their diverse needs are met.

Implementing Mechanism Indicator Information
(No data provided.)

Implementing Mechanism Details

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<th>Mechanism ID: 13448</th>
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<td>Global Fund / Multilateral Engagement: No</td>
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<td>Total Funding: Redacted</td>
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Custom 2012-10-03 15:52 EDT
COP 2010 Overview Narrative

This is a new implementing mechanism.

PEPFAR Namibia will competitively award a single partner or consortium to promote normative change and adoption of safer sexual behaviors, with the aim of reducing new HIV infections among general population adults and youth. The new program will incorporate distinct activities in two sectors that will be closely coordinated by local partners during implementation: 1) media, and 2) comprehensive, community-based prevention. Activities under this award will provide coordinated social and behavior change communication and interventions to support sexual prevention, male circumcision (MC), HIV counseling and testing (CT), and prevention with HIV-infected persons.

This follow-on program responds to a headquarters review in March 2009 which found that many PEPFAR prevention interventions lack adequate structure and "dosage," and are limited in coverage to scattered sites across the country. Several existing prevention agreements that support media and community outreach are ending, including the NawaLife Trust agreement. This provides an opportunity to restructure the prevention portfolio to substantially enhance quality, geographic focus, and potential for impact.

The program will align with Government of Namibia (GRN) priorities and directly support the Prevention Thematic Area of the Partnership Framework, especially Objective 1 "Increase Social and Behavior Change focusing on the Key Drivers of the Epidemic." The recipient will participate in the Prevention TAC and implement activities falling within the national HIV prevention strategy.

The media component will be national in scope. This component will build capacity of the GRN to plan and manage an effective media program, while also providing implementation support for specific media campaigns and activities. The comprehensive community-based prevention component will focus on the northern zone of Namibia, which has the highest HIV prevalence and where two-thirds of the population resides. This component will build the capacity of regional and local-level GRN structures for program
coordination and monitoring, while providing implementation support for a comprehensive, robust program of social and behavior change. Since USG resources are insufficient to provide national coverage of more intensive (and high cost) outreach and interpersonal approaches, implementation will focus selectively on priority regions and districts where the aim will be to provide "saturation" community-level coverage in conjunction with other PEPFAR and non-PEPFAR partners.

At the core of the strategy is support for effective implementation of an appropriate combination package that includes behavioral/social, bio-medical, and structural interventions with populations at high risk of infection in high incidence areas. These interventions will focus on: breaking the sexual networks that drive transmission; increasing consistent and correct condom use, especially in high risk sexual encounters and by HIV-positive persons; increasing the number of males who are circumcised; and increasing the age of sexual debut. The package of interventions will be based on evidence and use proven technologies and approaches. It will be grounded in local culture to address epidemic drivers through clear, specific, consistent messages and behavior and social norm change approaches.

A gender lens will be integrated into all activities, recognizing that cultural and gender norms reinforce key drivers of the epidemic such as multiple and concurrent partners and cross-generational and transactional sex. A high priority will be prevention for young adult women, who in Southern Africa have among the highest rates of HIV infection, together with efforts to influence norms, attitudes and behaviors of the adult men who put them at risk.

The program will build capacity and leadership of the Namibian government and civil society institutions to plan and implement effective prevention interventions. The program will promote sustainability by engaging individuals, communities, and leadership in ways that enable them to feel ownership of activities and results. Key principles will include using resources effectively and strategically; achieving quality, scale and scope; strengthening systems; and using existing structures to ensure sustainability beyond PEPFAR. It will create synergies through effective linkages with other partners, programs, and activities.

Evaluation will focus on changes in individual behavior and social norms relating to rates of multiple concurrent partnerships, age mixing in sexual partnerships, transactional sex, condom use in different types of relationships, alcohol use related to high risk sex, sexual violence, as well as onset of sexual activity and secondary abstinence among youth. Evaluation efforts will seek to measure trends in estimated HIV incidence in program districts. The program will also assess the capacity of GRN leadership at various levels to use data and evidence for improved programming and to coordinate partners and institutions in a sustained effective prevention effort. USG Namibia will seek HQ support to design, fund and conduct a rigorous evaluation of this ambitious program.
Cross-Cutting Budget Attribution(s)

| Gender: Reducing Violence and Coercion | Redacted |

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

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<th>Strategic Area</th>
<th>Budget Code</th>
<th>Planned Amount</th>
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<tbody>
<tr>
<td>Care</td>
<td>HBHC</td>
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<td>Redacted</td>
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</tbody>
</table>

Narrative:

Implementation and support for coordination of community outreach prevention efforts.

New Activity

Estimated Budget = Redacted

ADDITIONAL DETAIL:

Proposed geographic scope – Media: National, Community activities: Erongo, Hardap, Karas, Kunene, Omaheke, possibly Caprivi and Khomas

TBD partner will implement activities that integrate Positive Health, Dignity and Prevention (PHDP), formerly the PWP initiative, into broader HIV prevention efforts through community outreach services. Partner will collaborate with the existing PHDP lead training partners to implement these activities.

Monitoring and evaluation efforts will be conducted and represent approximately five percent of costs associated to activities.
Narrative:

Implementation of media efforts, including related media campaigns to promote routine counseling and testing services

New Activity
Estimated Budget = Redacted

Implementation of complementary community outreach activities to support community mobilization, and promotion and uptake of routine counseling and testing services.

New Activity
Estimated Budget = Redacted

ADDITIONAL DETAIL:

Proposed geographic scope – Media: National, Community activities: Erongo, Hardap, Karas, Kunene, Omaheke, possibly Caprivi and Khomas

In media and community outreach activities, the activity will initiate a comprehensive program to promote normative change and adoption of safer sexual behaviors, with the aim of reducing new HIV infections among general population adults and youth. Media efforts will fully leverage USG/CDC and domestic funding to MOHSS for mass media design and implementation supporting national HCT campaign days. Efforts will focus on refining existing interpersonal materials, supporting events and promotions and additional language adaptations, and focusing on intensifying depth, breadth and dosage of HIV prevention activities and strengthening linkages to biomedical interventions.

In COP10 activities supported by Nawa Life Trust developed and implemented an umbrella communications and community outreach campaign to increase the overall uptake of HIV testing services in voluntary counseling and testing, the acceptance of provider-initiated counseling and testing, promoting acceptance of couples counseling and other models of HCT including outreach and mobile services. The key behavioral objectives were to mobilize persons that don't know their HIV status. Based on current findings from the implementation, this required increasing a sense of risk perception and decreasing fear of positive results among the target population as well as helping create convenient opportunities for testing. Activities were also structured to reinforce HIV prevention behaviors for those who complete HCT and are HIV negative. Materials will be utilized at IPC/community in outreach
activities. Radio components of the campaign are expected to continue in the new award.

Monitoring and evaluation efforts will be conducted and represent approximately five percent of costs associated to activities.

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<tr>
<th>Strategic Area</th>
<th>Budget Code</th>
<th>Planned Amount</th>
<th>On Hold Amount</th>
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<tr>
<td>Other</td>
<td>HVSI</td>
<td>Redacted</td>
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</table>

**Narrative:**

Represents HVSI funding allocation to a comprehensive HIV prevention program. This activity shall provide limited technical assistance and M&E support to local organizations and GRN community health initiatives including emphasis on community and regional planning, operationalize standard M&E systems (with emphasis on HIV prevention) and increase the use of data analysis for HIV prevention program performance improvement and decision making in regions of operation and by the program. M&E activities will build upon existing GRN and international standards and systems. Costs represent an M&E Advisor and associated operational costs to provide routine support to project M&E and limited technical assistance to GRN/partners.

**New Activity**

Estimated Budget = Redacted

**ADDITIONAL DETAIL:**

This is a new award that will build on results of the Nawalife Trust activities in COP10, and local partners will conduct distinct media and community outreach activities that will support and reinforce normative changes associated with known epidemic drivers including: multiple concurrent partnerships; inconsistent condom use; excessive alcohol use; intergenerational and transactional sex; and a lack of HIV testing and public awareness of HIV serostatus.

Proposed geographic scope – Media: National, Community activities: Erongo, Hardap, Karas, Kunene, Omaheke, possibly Caprivi and Khomas

Media and community outreach activities:

Media activities will be on a national scale and will build capacity of the GRN to plan and manage an effective media program, while also providing implementation support for specific media campaigns and activities. Community outreach will be implemented within regional and local-level GRN structures for program coordination and monitoring, while providing implementation support for a comprehensive,
robust program of social and behavior change. Local partners conducting community outreach activities will adapt outreach materials and training guidelines previously developed under PEPFAR, strengthen community groups' implementation of structured prevention activities and implement a strengthened M&E system to support program management.

The behavioral change objectives include building skills for safe behaviors such as abstinence and delay of sexual debut, increasing perceptions of risk regarding multiple concurrent partnerships, increasing correct and consistent condom use, increasing risk perceptions of alcohol consumption, cross generational and transactional sex, and increasing positive attitudes for gender empowerment and male engagement. An integration of Positive Health, Dignity and Prevention (PHDP), formerly the PWP initiative, will offer comprehensive HIV prevention programming to sero-positive individuals.

Support to local organizations and GRN community health initiatives:
Regular supportive supervision, distribution of standardized materials and monitoring visits will be undertaken by prime recipients to ensure that media and community outreach activities are being conducted to standards established by the GRN and USG, that linkages are strengthened to biomedical interventions available and that data reporting is accurately reflecting progress against PEPFAR indicators. Activities shall support GRN community health initiatives.

Sustainability components will include capacity building of local civil society and regional administrations to better coordinate and implement evidence-based HIV prevention strategies.

Monitoring and evaluation efforts will be conducted and represent approximately five percent of costs associated to activities.

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<thead>
<tr>
<th>Strategic Area</th>
<th>Budget Code</th>
<th>Planned Amount</th>
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**Narrative:**
Promote normative change and adoption of safer sexual behaviors through media and community outreach activities associated with known epidemic drivers.

**New Activity**
Estimated Budget = Redacted

Build upon an existing MC communication strategy, including demand creation activities and others that reinforce and support the MC communication strategy.
New Activity  
Estimated Budget = Redacted

ADDITIONAL DETAIL:

Proposed geographic scope – Media: National, Community activities: Erongo, Hardap, Karas, Kunene, Omaheke, possibly Caprivi and Khomas

Activities that promote normative change:  
This activity will promote normative change and adoption of safer sexual behaviors through media and community outreach activities associated with known epidemic drivers. Building on results of the Nawalife Trust activities in COP09, local partners will conduct distinct media and community outreach activities that will support and reinforce normative changes associated with known epidemic drivers, including: multiple concurrent partnerships; inconsistent condom use; excessive alcohol use; intergenerational and transactional sex; and a lack of HIV testing and public awareness of HIV serostatus.

Demand creation for MC and implementation of MC Communication Strategy:  
This activity will build upon an existing MC communication strategy, which includes demand creation strategies, informational campaigns for males and females to better understand the procedure, as well as positioning MC within the larger context of HIV prevention strategies to discourage inhibition. Expanding on basic materials developed or adapted to Namibia, the recipient will partner with other stakeholders to implement campaigns utilizing mass media. Local partners conducting media and community outreach activities supported under CIRC will participate in the National Male Circumcision Task Force. The task force ensures a coordinated effort to develop and adapt non-clinical training, message development, and outreach models related to the promotion and demand creation of adult male circumcision.

Monitoring and evaluation efforts will be conducted and represent approximately five percent of costs associated to activities.

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Narrative:  
Design, implementation and support for coordination of National media HIV prevention efforts to increase adoption of safer sexual behaviors through improved and expanded prevention services and changes in social norms that facilitate HIV transmission.
New Activity
Estimated Budget = Redacted

Design, implementation and support for coordination of community outreach prevention efforts including integration of primary prevention and PHDP activities to increase adoption of safer sexual behaviors through improved and expanded prevention services and changes in social norms that facilitate HIV transmission.

New Activity
Estimated Budget = Redacted

Provision of technical assistance and support to local organizations and GRN community health initiatives including emphasis on community and regional planning, operationalize standard M&E systems and increase the use of data analysis for program performance improvement and decision making.

New Activity
Estimated Budget = Redacted

ADDITIONAL DETAIL:

Gender: In an effort to be responsive to concern over the incorporation of gender the recipient shall consider interventions to address male norms and health seeking behavior, intimate partner violence, alcohol abuse.

PEPFAR Namibia will initiate a comprehensive program to promote normative change and adoption of safer sexual behaviors, with the aim of reducing new HIV infections among general population adults and youth. The award will provide coordinated social and behavior change communication and interventions to support sexual prevention, male circumcision (MC), HIV counseling and testing (CT), and prevention with HIV-infected persons. The new activity will incorporate distinct activities in two sectors that will be closely coordinated during implementation: 1) media; and 2) comprehensive, community-based prevention.

Proposed geographic scope – Media: National, Community activities: Erongo, Hardap, Karas, Kunene, Omaheke, possibly Caprivi and Khomas

Media and community outreach activities will be closely coordinated.
Media activities:
These activities will be on a national scale and will build capacity of the GRN to plan and manage an effective media program, while also providing implementation support for specific media campaigns and activities. Local partners conducting media activities will assess and adapt past campaign materials to address national audiences in selected areas of Namibia. Activities will continue to support the Ministry of Information, Communication and Technology's (MICT) Take Control program.

Community outreach:
Community outreach and related activities will build the capacity of regional and local-level GRN structures for program coordination and monitoring, while providing implementation support for a comprehensive, robust program of social and behavior change. Local partners conducting community outreach activities will adapt outreach materials and training guidelines previously developed under PEPFAR, strengthen community groups’ implementation of structured prevention activities and implement a strengthened M&E system to support program management.

The behavioral change objectives include building skills for safe behaviors such as abstinence and delay of sexual debut, increasing perceptions of risk regarding multiple concurrent partnerships, increasing correct and consistent condom use, increasing risk perceptions of alcohol consumption, cross generational and transactional sex, and increasing positive attitudes for gender empowerment and male engagement. An integration of components of Positive Health, Dignity and Prevention (PHDP), formerly the PWP initiative, will offer comprehensive HIV prevention programming to sero-positive individuals.

Support to local organizations and GRN community health initiatives:
Regular supportive supervision, distribution of standardized materials and monitoring visits will be undertaken by prime recipients to ensure that media and community outreach activities are being conducted to standards established by the GRN and USG, that linkages are strengthened to biomedical interventions available and that data reporting is accurately reflecting progress against PEPFAR indicators. Activities shall support GRN community health initiatives.

Sustainability components will include capacity building of local civil society and regional administrations to better coordinate and implement evidence-based HIV prevention strategies.

Monitoring and evaluation efforts will be conducted and represent approximately five percent of costs associated to activities.

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Narrative:
Design, implementation and support for coordination of National media HIV prevention efforts to increase adoption of safer sexual behaviors through improved and expanded prevention services and changes in social norms that facilitate HIV transmission.

New Activity
Estimated Budget = Redacted

Design, implementation and support for coordination of community outreach prevention efforts including integration of primary prevention and PHDP activities to increase adoption of safer sexual behaviors through improved and expanded prevention services and changes in social norms that facilitate HIV transmission.

New Activity
Estimated Budget = Redacted

Provision of technical assistance and support to local organizations and GRN community health initiatives including emphasis on community and regional planning, operationalize standard M&E systems and increase the use of data analysis for program performance improvement and decision making.

New Activity
Estimated Budget = Redacted

ADDITIONAL DETAIL:
This is a new award that will build on results of the Nawalife Trust activities in COP10, and local partners will conduct distinct media and community outreach activities that will support and reinforce normative changes associated with known epidemic drivers including: multiple concurrent partnerships; inconsistent condom use; excessive alcohol use; intergenerational and transactional sex; and a lack of HIV testing and public awareness of HIV serostatus.

Proposed geographic scope – Media: National, Community activities: Erongo, Hardap, Karas, Kunene, Omaheke, possibly Caprivi and Khomas

Media and community outreach activities:
Media activities will be on a national scale and will build capacity of the GRN to plan and manage an
effective media program, while also providing implementation support for specific media campaigns and activities. Community outreach will be implemented within regional and local-level GRN structures for program coordination and monitoring, while providing implementation support for a comprehensive, robust program of social and behavior change. Local partners conducting community outreach activities will adapt outreach materials and training guidelines previously developed under PEPFAR, strengthen community groups' implementation of structured prevention activities and implement a strengthened M&E system to support program management.

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### Implementing Mechanism Indicator Information
(No data provided.)

### Implementing Mechanism Details

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Prime Partner Name: Management Sciences for Health

Agreement Start Date: Redacted  
Agreement End Date: Redacted

TBD: No  
Global Fund / Multilateral Engagement: No

Total Funding: 475,830

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Overview Narrative

Cross-Cutting Budget Attribution(s)

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Key Issues
Increasing gender equity in HIV/AIDS activities and services
Workplace Programs

Budget Code Information

| Mechanism ID: 13479 | Mechanism Name: Leadership Management and Sustainability (LMS) | Prime Partner Name: Management Sciences for Health |

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Narrative:
Continuation of organizational development strengthening support (such as governance, work climate,
communication, human resources, financial management, and leadership) to new Global Fund (GF) prime recipients. This will prepare the recipients to assume their increased GF HIV responsibilities while maintaining the quality of their non-GF responsibilities as per their core mandates.

Continuing Activity  
Estimated Budget = $200,000  

To help ensure that HIV and health funds are used effectively and efficiently, LMS will strengthen senior and mid-level GRN staff (e.g., the Ministry of Gender Equality and Child Welfare, the Ministry of Health, the Namibia Institute of Pathology, and others) in areas such as strategic planning, data for decision making, human resource management, effective supervision of staff, and effective work planning.

Continuing Activity  
Estimated Budget = $150,000  

Strengthen and build capacity of local consultancy firms and individuals to be able to provide continued organizational development (OD) support to local CSOs, ministries, and GF recipients—as needed.

New Activity  
Estimated Budget = $125,830

ADDITIONAL DETAIL:

The USAID/Building Local Capacity (BLC) for Delivery of HIV services in Southern Africa project is a regional project, primed by MSH, that provides institutional strengthening and leadership management support to local CSOs and GRN ministries in Namibia. Specifically, BLC is focusing its institutional strengthening efforts on local CSOs, including GF prime and sub recipients and the leadership management support is targeted for GRN ministries, such as the MGECW, NIP, and MoHSS. The project will work with and through local firms and will be co-located within MSH in an effort to streamline support and maximize efficiencies. COP 11 activities will focus on the following:

1) Organizational development strengthening support to new GF prime recipients:  
For COP 11, MSH will continue to work collaboratively with NANASO and other GF prime recipients to address weaknesses identified through MSH management and organizational assessments.

Specific activities will include:
• Complete the Leadership Development Program, that combines technical training on areas identified as
needing improvement such as governance, work climate, communication, human resources and financial management with a leadership component that is woven throughout the course.

- Complete training on GF Principal Recipient roles.
- Assist NANASO to roll-out the Leadership training combined with skills and organizational components to sub-recipient organizations, as well as to other member organizations within their network, so that they may more effectively carry out their roles as prescribed by the GF.
- Assist GH recipients to put in place monitoring and evaluation programs that will enable them to provide accurate, timely reports to the Local Funding Agency and to the CCM as well as financial control and accounting procedures that meet international accounting standards.

2) Strengthen mid-level management in GRN where requested and where needed to strengthen GRN to manage its health funds more effectively and efficiently, MSH will build upon the activities carried out in COP 10 to build the leadership skills of senior and mid-level GRN staff as requested (for example, within the Ministry of Gender Equality and Child Welfare (MGECW), the Ministry of Health, the Namibia Institute of Pathology, and other agencies within the GRN). During COP 10, MSH will have developed a plan for addressing leadership needs with the GRN that will include active coordination and cooperation with other partners such as PACT, Synergos, and ITECH to avoid needless duplication or overlap. Based on the assessment and plan developed during COP 10 to strengthen the organizational capacity within the ministries, MSH will train groups of identified individuals within these ministries with the adapted Leadership Development Program on skills that may include but are not limited to: strategic planning, data for decision making, human resource management, effective supervision of staff, and effective work planning and out-sourcing.

MSH will continue to provide training on governance with outcomes that include clear lines of authority between senior leadership and mid-level managers, improved work climate as measured by standardized tools, written management practices in place and being used, and procedures manuals created that are widely distributed and understood by staff resulting in a transparent management process.

3) Strengthen local consultancy firms to provide and continued organizational development support beyond USG support in Namibia.

The purpose of this activity is to transition organizational strengthening capabilities from international partners to local TA providers. In COP 10, MSH will have built relationships with consultancy firms and individuals and with local training and educational institutions by engaging and building the technical and facilitation skills of these firms, individuals, and institutions. In COP11, MSH will create a cadre of champion facilitators of the Leadership Development Program with the aim of institutionalizing leadership and management principals into in-service training in organizations and pre-service education in
universities. These champions will remain in the country, and have the capacity to continue to facilitate workshops and mentoring to local CSOs, ministries, and Global Fund Recipients.

**Implementing Mechanism Indicator Information**

(No data provided.)
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### U.S. Peace Corps

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<th>DHAPP</th>
<th>GAP</th>
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<tr>
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**U.S. Peace Corps Other Costs Details**

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<tr>
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