

Approved



Namibia

Operational Plan Report

FY 2013

Note: Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.



Operating Unit Overview

OU Executive Summary

Country Context

Namibia is one of Africa's largest, yet least densely populated nations. With an estimated population of 2.1 million and a land-mass slightly more than half the size of Alaska (825,400 sq.km.), Namibia's people are distributed unevenly in urban centers and rural communities across enormous distances with a population density of 2.8 people/sq.km. Namibia's projected population growth rate remains at 1.87%, and the Government of the Republic of Namibia (GRN) anticipates continued growth in demand for health and social services through the current 30 year planning cycle.(1) In 2010, nearly 60% of the population was under the age of 24, 2/3 of whom were estimated to be under the age of 18.(2)

Based on Gross National Income/per capita, the World Bank (WB) has classified Namibia as an Upper Middle Income Economy.(3) However, substantial income inequalities exist—Namibia's Gini coefficient ranks among the highest in the world.(4) Current estimates suggest that up to 28.7% of Namibians live in poverty.(5) Chronically high unemployment—34% in the formal sector, according to recent IMF estimates—is an important contributing factor to elevated rates of poverty.(6)

Namibia depends on revenues from the common South African Customs Union pool for approximately 30% of its budget (the percentage varies from year to year) and could be hard hit by a revision of the formula used to distribute these revenues. In addition, the economy is heavily dependent on fluctuating mineral prices, with revenues from uranium and diamonds comprising 8% of the budget. Mining, fishing, agriculture, and tourism are expected to remain the pillars of the economy for the next decade. According to recent visits from International Monetary Fund and WB teams, Namibia's outlook for the next 1 to 3 years is stable. However, both institutions have urged caution given the expansionary budgets the GRN has adopted over the last two years.

Health and Development Challenges

Despite the strength of Namibia's formal economy, the country faces several similar health and development challenges that confront lower-income neighbors in sub-Saharan Africa. Namibia ranks 105 out of 169 countries on the United Nations' (UN) Human Development Index, a measure of countries' progress on indicators in Health, Education and Income.(7)

HIV/AIDS remains a significant source of morbidity and mortality, and a major drain on national and international resources for health. In 2008/09, the national HIV/AIDS response consumed 27.5% of total national expenditures on health.(8) The HIV/AIDS epidemic is mature, generalized, and driven by heterosexual and mother-to-child transmission.(9) In 2008/09, HIV prevalence among adults aged 15-49 years was estimated at 13.3%, with an estimated 5,163 new infections per year, and approximately 173,000 people living with HIV (PLHIV).(10) The 2012 Antenatal Clinic (ANC) Survey reported HIV



prevalence among pregnant women attending ANC was 18.2%, a decline from the peak ANC prevalence estimate of 22% reported in 2002.(11) ART coverage in Namibia is estimated at 80% (CD4 <350) and PMTCT coverage at 94%. TB is a major contributor to HIV-related mortality. With a TB notification rate of 598 cases per 100,000 population (of which 50% are co-infected with HIV), Namibia is faced with one of the largest national TB epidemics in the world.

Beyond HIV/AIDS and TB, the country faces substantial challenges with maternal and child health, nutrition, general health promotion and access to facilities with skilled health care workers (HCW). Namibia has a high national maternal mortality ratio (449 maternal deaths per 100,000 live births) as compared to other upper middle income economies.(12) Access to skilled birth attendants is closely linked to economic inequality. While UNICEF statistics indicate that 81% of Namibian women deliver with a skilled birth attendant present, these numbers change when stratified by wealth: 98% of Namibian women in the upper 20% wealth bracket gave birth with a skilled birth attendant present, but only 60% for women in the lowest wealth quintile benefitted from the same level of service.(13) An increase in under-five mortality has also been observed over the last decade, with many deaths associated with preventable or treatable conditions. At 69 deaths per 1,000 live births, Namibia's under-five mortality rate is substantially below the regional average for sub-Saharan Africa, but considerably higher than other countries in the Upper Middle Income category. Despite these challenges a 2009 mid-term review of Namibia's progress towards achieving its MDG for health found that Namibia will "likely" achieve 12 of 18 (67%) health targets by 2015.

At a structural level, limited capacity to train HCW in Namibia has inhibited Namibia's ability to fully implement comprehensive and integrated health services in all facilities. The impact of staffing shortages has been severe in rural areas, where a lack of clinical staff limits service delivery, QA and other supportive supervision. Because of the shortage of public HCW, the health care system is heavily dependent on expatriate physicians and other skilled clinicians. This dependence creates uncertainties about retention and contributes to a high turn-over rate. The GRN is currently engaged in an exercise to restructure the Ministry of Health and Social Services (MOHSS); inherent in this exercise is an effort to define and implement staffing norms that reflect patient loads and disease burdens.

Namibia has made great strides in remediating some of these structural inequalities. The public healthcare network includes 46 hospitals (district, intermediate; public, faith-based and private), 49 Health Centers, and approximately 350 clinics and other healthcare service points.(14) Facilities are distributed across all 13 regions, but specialist services are concentrated in urban hospitals. Domestic funding for health has increased since 2001 when Namibia signed the Abuja Declaration committing to allocate 15% of total GRN spending to health. In 2008/9, the GRN spent 14.3% of its annual budget on health. Under the Namibia Institute of Pathology, a network of diagnostic laboratories provides services to public and private healthcare facilities. The health sector currently lacks an integrated public health laboratory system and national public health laboratory. The private healthcare sector has also flourished since 1990, and Namibians' access to trained HCW has improved, although national figures are skewed by the



high number of HCW in the private sector. In 2008, a review of Namibia's health and social service sector found that while Namibia has more HCW (3 per 1,000 persons) than most of its neighbors in sub-Saharan Africa,(15) the majority work in the private sector (8.8 HCW per 1,000 persons). Currently, approximately 16% of the population is covered by private medical aid schemes with the remaining 84% presumably receiving services in the public sector.

A PEPFAR Program in Transition

PEPFAR Namibia is dedicated to helping Namibia achieve an AIDS Free Generation through shared responsibility and smart investments based on the best available evidence. PEPFAR Namibia is a program in transition and has since 2009 begun a shift away from direct service delivery, to a targeted assistance (TA) model, which mirrors our current transition strategy. The transition encompasses both a programmatic and financial transition – both ongoing in Namibia since the second phase of PEPFAR began in 2009.

The transition in Namibia is guided by the Blue Print, Partnership Framework (PF) signed in August 2010 and the Global Health Initiative (GHI) strategy, approved in May 2012. The PEPFAR Namibia transition goal is to position Namibia to assume full responsibility for the management of its HIV program. USG resources during the transition period are focused on ensuring that Namibia will have the body of country specific data, technical capacity, HR and coordinating mechanisms required to direct and execute an HIV program that reflects the nation's priorities, consistent with reduced donor funding.

Transition in Namibia is built upon our achievements, including a strong partnership with and commitment of the GRN to the success of the National HIV Response. The high coverage of the ART and PMTCT program and HTC among women is a testament to this partnership. Other achievements include:

Multi-year transition of prevention of medical transmission (HMIN and HMBL) activities;

Task Shifting of VMMC and ART to nurses and the piloting of GRN Health Extension Workers to deliver PHC at the community-level;

Strong partnership to deliver OVC services between Ministry of Gender Equality and Child Welfare (MGECW) and civil society;

Country-owned HIV sentinel surveillance system and implementation of first-ever Behavioral Surveillance Survey among female sex workers and men who have sex with men.

Key population-led organizations taking the lead in prevention programming, including advocacy and linkage to services;

Approval of the National Public Health Laboratory Policy;

Growing PPPs and development of universal health care policies and systems;

Transition planning also recognizes and is focused on the challenges ahead:

In prevention, treatment and care & support services;

Lack of national prioritization of HIV prevention, which remains donor dependent;

Poor retention and adherence in treatment and care ;



Ineffective linkages within the continuum of response (HTC, TB/HIV);
Gaps in referral systems between clinic and community as part of the continuum of response.
In the arena of policy, leadership, and coordination;
Limited administrative capacity to plan and coordinate a multi-sectoral response;
Insufficient partnerships between GRN, private sector and CS in managing the HIV response;
Challenges in the production, absorption, distribution and retention of HCW;
An unfinished HIS and M&E agenda to adequately monitor the program response;
An unfinished domestic dialogue on criminalization and stigmatization of Key Populations (KP) which limit their access and retention to health services.

In order to achieve our transition goal and address these challenges, PEPFAR Namibia is adhering to the following principles:

- Support high impact, evidence-based interventions;
- Ensure the quality and sustainability of services and programs;
- Prioritize strategic investments in Namibia's HIV response;
- Fill critical gaps in health services and systems.

PEPFAR Namibia recognizes that transition is a learning process and that engagement is required at strategic and operational levels. It requires flexibility to enable PEPFAR to better align its planning and reporting to in-country systems and realities. Conversations around PEPFAR program transition have occurred at the highest levels of the GRN, including with the President and the Prime Minister, and have been ongoing at the operational level on specific program components such as salaries for Human Resources for Health (HRH) and health commodities over the past 3 years. We have utilized in-country processes such as the development of the PF, GHI strategy and recent Global Fund (GF) HIV RCC Phase 2 grant renewal process in order to better define our strategic investments and priority areas for transition. We have learned the GRN budget cycle and are helping the MoHSS and other line Ministries to develop requests for additional funds for key recurrent operational costs. The upcoming (June-August 2013) mid-term review of the National Strategic Framework (NSF) for HIV/AIDS (2010-2015) will serve to further enhance our transition planning approaches and targeted strategic investments.

Another critical component to our approach to transition in Namibia is the development of a Strategic Communication Plan, which has been developed under the leadership of the Mission Public Affairs Officer and an interagency PEPFAR communications team and is focused on ensuring that key messages about the success of PEPFAR and joint messaging with the GRN on transition make it into the public arena.

A Transition Learning Agenda

PEPFAR Namibia is dedicated to improving regional learning and knowledge sharing among PEPFAR programs in transition. We aim to learn lessons from the CSIS reports on transition from South Africa and Botswana and have taken note of the recent recommendations on transition issued by the Institute of



Medicine in the PEPFAR Evaluation. Prioritizing regional learning should be a goal of PEPFAR and we have developed some key areas of inquiry that may be relevant for other countries in similar environments. They are:

- 1) Evaluation of the scale-up of innovative approaches to prevention, care and treatment. As high impact service delivery programs scale up, evaluations and operational research should be incorporated in the implementation plan. Namibia is in the process of moving beyond routine monitoring to plan and implement evaluations and other research. An example is the planning of a comprehensive program review of the PMTCT program including process, outcome and impact evaluations in addition to assessments of other programmatic elements. It is imperative to assess outcomes and the impact of interventions to understand the return on investments and to plan the next phases of service delivery effectively.
- 2) Assessments and evaluations to measure PEPFAR contributions to non-HIV systems and programs to include identification of select indicators to measure cross-cutting impacts, e.g. evaluation of reproductive and MNCH services. Current reporting formats focus on areas with direct PEPFAR funding; however efforts to assess outputs, outcomes and impacts in other health sectors and disease areas could be expanded to understand the extent of USG investments. Activities could include the addition of reporting indicators for routine M&E and operational research targeting specific health programs.
- 3) An important component of the GHI strategy is emphasizing reproductive, Maternal, Neonatal and Child Health (MNCH) services. As part of this learning agenda, a teen pregnancy assessment and a study on maternal mortality will provide data on how individual, community, and GRN factors affect health outcomes for women and girls. USG will support the development of M&E systems within the GRN and community-based organizations to track indicators related to PMTCT, ART services and ANC clinics.
- 4) Assessments of programmatic and financial transition elements. The transition of USG support, particularly HRH financing, to GRN and other indigenous organizations will require close monitoring to assure that quality health service delivery is not adversely affected and to provide evidence for decisions affecting the scope and pace of transition. The outcome and impact of transition efforts will be incorporated into USG evaluation plans. Innovative M&E methods must be created to assess the following elements: development of sufficient HR capacity and expertise; implementation of effective technical assistance models; costing exercises to assess efficiencies; sustainability of programs; country ownership. Transition indicators for routine monitoring of HRH and other transition domains are being currently discussed in various stakeholder forums, and the USG team in Namibia looks forward to collaborations with experts and other countries undergoing transition to develop appropriate tools and analytical methods for assessing transition.

Programmatic Transition Investment Approach

As described in Namibia's GHI strategy, PEPFAR Namibia plans to make strategic investments in the following areas in order to achieve the Transition and Access goals.



Transition:

Increased domestic health financing;

Equitable and efficient use of funds;

Strengthened HRH;

Increased use of strategic information, including M&E, surveillance and operational research for evidence-based decision-making;

Increased health service efficiencies;

Increased multi-sectoral coordination and programming;

Access:

Increased availability of Integrated/Comprehensive HIV/AIDS, MNCH and Reproductive Health Services;

Increase availability of integrated TB/HIV services;

Increased availability of community-based Prevention/health promotion, Treatment and Care services, including gender-based violence prevention;

Improved Continuum of Care including referral linkages;

Increased male involvement.

The overall programmatic approach to transition relies on a 'component' approach in identifying areas of the program that are ready and able for transition. Examples of this include our support to HRH salaries, health commodities, and other recurrent operational costs that the MoHSS? can request during its annual budget request process. This approach led to improved dialogue with in-country partners on transition because it helps us describe 'what' we actually buy within the program's technical areas. Coupled with this approach we continue to prioritize support within technical programs that support transition.

Financial Transition Trajectory

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PEPFAR Namibia focus in COP 2013

USG funding will be programmed in strategic investment areas. COP13 priorities reflect our strategic approach to the transition goals and continued prioritization of key areas.

Within Prevention, Treatment, Care and Support efforts will: support Namibia's recently launched Elimination of Mother-to-Child Transmission (eMTCT) Plan, enhance quality of HIV care and treatment services, including promotion of adherence and retention, and improve programs for youth and KP. We will develop a joint work plan with the GF in the focus areas of the RCC Phase 2 proposal to ensure that USG, GRN and GF resources are working as effectively and efficiently as possible.

COP13 also reflects an increased emphasis on the SI and HSS (including Laboratory) portfolios given the critical nature of these programs to ensuring a successful transition. Given the current hold on PEPFAR support to the VMMC program in Namibia we reallocated funds that would have been focused on this



area to other high priority activities within Prevention, TB/HIV, Strategic Information, and Systems Strengthening activities.

COP13 reflects the shift of the program out of direct service delivery inputs such as HRH, commodities and other recurrent operational costs. On the HRH front, we intend to work closely with the MOHSS and anticipate that all pharmacists and nurses will transition during calendar year 2013 (COP12) and that all CC, M&E officers, and program management staff will transition during calendar year 2014 (COP13). The MOHSS has secured funding for these positions and we are helping them with the process of transferring each position onto the MOHSS staff establishment. During COP13 we aim to develop a more actionable plan with GRN and other stakeholders on the transition of community level workers. This will be part of ongoing efforts to plan the transition of CS programs.

In the arena of health commodities, in COP13 PEPFAR Namibia is no longer purchasing condoms, rapid test kits, or nutritional food supplementation and has developed a plan for reduced support to bio-clinical monitoring tests through COP15. We continue to reduce support for other recurrent operational costs such as supplies, printing costs, and vehicles.

Given the program's shift out of service delivery support our reporting and targeting methodology has also needed to evolve. Discussions are ongoing with OGAC leadership as to how this shift will affect FY2012 reports for treatment especially and we are also finalizing agreement on our methodology for setting FY13 and FY14 targets. As of COP13 submission, PEPFAR Namibia has worked with OGAC/SI to develop an options paper for the target setting approach and we await final decision from OGAC. The preferred option of the PEPFAR Namibia team is to claim a proportion of national outputs based on the level of PEPFAR financial support to key service inputs. This is the methodology reflected in the FY13 and FY14 technical area targets submitted with COP13.

COP13 Technical Program Overview

Prevention

In terms of relative funding within the portfolio, Prevention receives about 23% of the total budget, the same proportional allocation as in COP12, even without VMMC funds, thus reflecting the relative priority of this portfolio.

FY13 funds will support the key areas of Combination Prevention (with a special focus on Other Sexual Prevention activities) and work with KP, Namibia's National eMTCT plan, and the HVCT program. The Prevention portfolio continues to transition with the close out of the injection safety program, reduction in support for the blood safety program, and zeroing out of the AB budget. Some AB activities will occur within the portfolio but are captured as part of the Comprehensive Prevention programming in the HVOP, MTCT, and HCVT portfolios. We hope to implement VMMC activities during the period of COP13 implementation using previous FY11 and FY12 funds.

Prevention emphasis areas



Prevention of Mother-to-Child Transmission: The PMTCT budget code will receive 6% of the total budget and activities funded will reflect the transition from support to recurrent operational costs such as HCW salaries, supplies, etc. to focus on evaluations, service integration, and community level strengthening of linkages and referrals. USG and the GF will support Namibia's National eMTCT Plan, including roll-out of Option B+.

Key activities:

TA to GRN and Regional Health Management Teams in Health Extension Program development and expansion;

TA to normalize PMTCT/MCH service integration and optimize FBO health facility-level service delivery; Strengthen linkages and referrals;

Implementation and evaluation of National eMTCT plan;

Pilot and evaluation of ANC/ART/SRH service integration models;

Support for PMTCT impact evaluation;

Expansion of community based mother baby follow up;

Process evaluation of eMTCT;

Implement community systems strengthening efforts in support of eMTCT plan including participatory groups such as Mothers 2 Mothers, adolescent and young adult interventions and systematic visitation and screening under Health Extension Program;

Implementation and evaluation of Option B+;

Support national and regional management and monitoring of Option B+ implementation;

Support to NHTC for expanded training needs;

Evaluate initial phases of Option B+ roll-out;

Cross program with Treatment and Care and Support programs to address the roll-out of Option B+ including adherence and retention.

Other Sexual Prevention - HVOP remains at 9% of the total budget. Activities funded in this area focus on programming targeted at youth and KP and integration of HIV prevention programming into HCW in-service training and at the community level via the Health Extension Program. Targeted programs for KP are a focus area of the GF HIV RCC Phase 2 renewal proposal.

Key activities:

Integrate HIV prevention into community-based PHC including TA to the Health Extension Program;

TA to strengthen the HIV prevention TAC and TWGs; quality improvement among local CSO;

Intensify deployment of PHDP and sexual risk reduction programming with strengthened linkages to HIV treatment and care services;

Continue three prong approach to KP including delivery of a core package; capacity building of KP-led groups and advocacy;



Strengthen national and regional SRH activities for adolescents and young people through linkages with NAPPA, Ministry of Youth and Regional Teenage Pregnancy Task Force implementation;
 Cross-cutting program with Adult Care and Support to better address bidirectional referral services and adherence and retention through PHDP;
 Capacity building for staff – in service training of Community Counselors (CC) & field officers (FO);
 HR support – salaries for CC, FO, Quality Assurance (QA) officers, program staff pending transition;
 Alcohol/HIV prevention
 Community outreach – support for HIV prevention, Door 2 Door (D2D), HCT, referrals;
 In-service training of health workers in ART clinics;

Voluntary HIV Counseling and Testing - The HVCT budget code remains at 8% of the total budget. Activities funded in this area focus on pilots and support to the development and scale-up of a Namibian national mixed-model HCT strategy and plan, including support to D2D testing, outreach and mobile testing, PITC and other innovative approaches to increase HCT uptake.

Key activities:

Provide TA for national policy and regional implementation of bidirectional referral services and linkages to treatment and care;
 Improve access to HCT through TA for development and support for roll-out of a mixed-model and other innovative approaches to increase HCT uptake;
 Deliver mobile HCT targeted to key populations;
 Continued technical assistance including PITC roll-out and QA to FBO sites;
 Delivery of TA, QA and M&E linkage to private sector providers;
 Ongoing TA to Central Medical Stores for supply chain management;
 Capacity building via in-service training of CCs and health workers in HCT;
 Procurement & distribution of supplies to community organizations;
 Community based D2D HIV prevention and referrals to care and treatment services;
 QA support for rapid HIV testing through NIP.

Voluntary Medical Male Circumcision - Since 2009 the USG has allocated \$7.9 M (with COP12 \$13.6 M) and disbursed \$4.7 M to support VMMC activities as a component of the nation's HIV prevention portfolio. Due to a pipeline of \$2.5M (with COP12 estimate of \$8.1M) in past VMMC budget allocations PEPFAR Namibia will not allocate additional resources to VMMC in COP13. Pipeline funds will be applied to the roll-out of VMMC activities through NGOs in two regions. To date, VMMC has experienced serious implementation challenges and only resulted in 10,539 adolescents and adults being medically circumcised by July 2012. As a result the USG team in Namibia hosted the PEPFAR headquarters VMMC TWG during June 2012 to consult with the GRN and conduct site visits to selected health facilities that received PEPFAR assistance. During the visit the TWG provided feedback on a way forward to rapidly



increase the number of circumcisions needed to achieve a significant public health impact. The findings and recommendations of the VMMC TWG formed the foundation for a restructuring of PEPFAR Namibia's VMMC activities. The USG team is working with Namibia and OGAC to resolve outstanding concerns. The GRN is in the process of finalizing a National Strategy and Implementation Framework that will inform Regional Implementation Planning; GRN will contribute limited domestic resources for commodities and equipment through its MTEF; USG will focus VMMC resources on two regions to achieve saturation as opposed to GRN's request for seven regions during FY13/14; USG-supported VMMC service delivery will utilize dedicated clinical teams administrated by NGO; and GRN will pursue continued resource mobilization from the GF.

Treatment, Care and Support

The Treatment, Care and Support portfolio continues to evolve with the transition of the PEPFAR Namibia program. Per our COP13 priorities letter, our support to Namibia's successful treatment program will continue but the portfolio will focus on QA, adherence and retention, and links with community care and support, rather than service delivery. Overall the proportion of the total budget dedicated to adult and pediatric treatment and care is reduced from 25% of the total budget in COP12 to 18% of the total budget. Additional activities in HVSI, HLAB and OHSS codes directly relate to care and treatment, including evaluations of clinical programs, analysis of new and existing clinical data, roll-out of new POC technologies, and improved pre-service training for HCW. This will contribute to the prevention, care and treatment of HIV. Within the broader program, TB/HIV activities have been prioritized, with increasing funding towards this area and the OVC earmark has been maintained.

Key activities:

Treatment

TA to strengthen ART in primary PHC and pilot an integrated HIV/PHC service delivery approach in at least two hospitals in one region;

TA and implementation support to address adherence and retention issues at facility and community level;

Implementation of pilot projects to improve ART program quality, with focus on adherence promotion interventions and phased implementation of service integration model;

Focus on rational pharmaceutical management and services, TA at site level, regional and national level and pre-service training at UNAM;

Support for POC testing;

Capacity building through training, coaching, mentorship and quality improvement;

Supportive supervision;

Ongoing assistance to strengthen TB programming and TB/HIV integration – including TA to GRN to



improve integration of TB/HIV services, including referral that results in improved quality of services for TB patients; improved linkages and bidirectional referrals; link with MCH, Positive Health Dignity and Prevention (PHDP), and PHC;
Support GRN and CSO to strengthen coordination between TB/HIV programs at all levels to ensure continuum of care;
Support GRN efforts to improve PITC in TB clinical settings followed by HIV care and treatment;
Intensified TB case finding in PLHIV; TA to increase yield of screening efforts; build MOHSS capacity for TB control and case detection, specifically in pediatric cases;
Strengthen programs that reduce the vulnerability of PLHIV to acquire drug resistant (DR) TB;
Strengthen TB/HIV activities: TB DR Survey, Laboratory QA, community-based DR-TB management model, infection control in health facilities and congregate settings
Estimation of mortality among lost-to-follow-up patients in ART and TB programs

Care and Support

Address barriers to health and social services for women and children;
Support integration of HIV/TB and MCH services for a family-centered approach;
Strengthen bi-directional referrals and linkages to care including social protection, nutrition and economic strengthening;
Strengthen the partnership between domestic institutions, CSO and community structures to mitigate child vulnerability;
Address HIV care needs in the Health Extension program;
Monitor the quality of care and support services;
Conduct program evaluations and research studies to advance program approaches or fill knowledge gaps;
Training, mentorship and support for the implementation of national HIV quality improvement program;
Support to MOHSS to monitor and implement Nutrition Assessment Counselling and Support program;
Continued support for community based clinical care services including referrals and strengthening linkages to facilities;
Strengthen community based mother infant follow up systems for EID and infant feeding and growth monitoring;
Support MOHSS policy development and piloting of alternative cervical cancer screening approaches;
Support for EID testing

Strategic Information

This portfolio is critical to supporting a successful transition of the PEPFAR program in Namibia. Support will be focused on assisting the GRN and CS to build and utilize data systems for decision-making,



ensure rigorous program evaluations, evaluate the impact of CSO on health outcomes, and support critical surveillance and operational research activities. The relative prioritization of the SI portfolio is reflected in its increasing proportional budget allocation, from approximately 7.5% of the total budget in COP12 to 10% in COP13.

Key activities:

Routine Monitoring Support to NSA, GRN, MOHSS, parastatals, CSO, implementing partners
 Build MOHSS GIS capacity and research capacity; as well as build research and evaluation capacity of MHLRG, MCEGW, and other stakeholders;
 Development of Essential Indicators; Review of DHIS for inclusion of additional community based indicators;
 TA to National Statistics Agency to collect, produce, analyze and disseminate official and other statistics in the country;
 Building capacity for DHS secondary analysis;
 Development of USAID web-based reporting system for partners;
 TA and capacity building for survey implementation;
 Project management and OD support; utilization of routine program data;
 Support and strengthen MHLRG and MGECW existing information systems and evaluation;
 Impact Evaluations for Community-based care and support programs;
 Quality of services evaluations for Program Assessments, New start center closures, Over the counter-test kit assessments, etc;
 Conduct a CS Census and Service integration evaluation;
 Support surveillance activities, including HIV DR, incidence studies and a health facility census.
 Build capacity of partners for M&E, including for conducting regional data reviews and M&E of TB/HIV;
 Support the establishment of the Health Information and Research Directorate via assistance on research standards, coordination of the National Research Conference, and TA to the Epidemiology Unity and the FELTP program.

Health Systems Strengthening (HSS) (including Lab Systems Strengthening)

The HSS portfolio receives increased emphasis as activities are linked to successful program transition and long-term sustainability of the HIV response. As the overall PEPFAR program in Namibia shifts away from direct service delivery, our activities will increasingly focus on assisting Namibia to put the systems in place that will allow it to manage its HIV response in the long-term. HSS support can be found across the technical portfolio; the work that is categorized in this budget code includes cross-cutting areas such as HRH and workforce capacity building, and support to improve domestic financing towards health and HIV/AIDS. In COP13 funding allocated to OHSS is approximately 15% of the total budget, compared to 9% in COP12. Support to HLAB increased from approximately 3% in COP12 to 4% in COP13.

Key activities:



Implement Regional Delivery Units in the public health system to coordinate actions;
 Workforce planning and the roll-out of results from the Workload Indicator of Staffing Needs Assessment
 TA to strengthen domestic institutions including CS, Social Security Commission, Public Service
 Commission, MGECCW and MRLG;
 Build capacity for provision of in-service training institutionalization; strengthen and enforce policy
 mandates/regulatory standards for in-service training;
 Work in partnership with CSO to establish resource mobilization plans to diversify funding;
 TA to MOHSS for health care financing, resource tracking, costing, new health information directorate and
 HRH workforce planning;
 TA to low-cost insurance demand; expanding the evidence base for the private sector; support private
 sector engagement with CSO and GRN engagement with private sector (PPP);
 Conduct program evaluations and research studies to advance program approaches or fill gaps in
 knowledge;
 Institutionalization of FELTP, roll-out of long-course;
 Start of UNAM COAG, focus on building institutional and individual capacity, conducting needs
 assessment;
 Build institutional capacity of NHTC and ability to motivate for support for trainings
 Decreased support for routine operational costs;
 Increased focus on pre-service education, harmonization of in-service training;
 Emphasis on building capacity of GRN institutions to motivate for resources for USG-supported programs;
 Support the design of the National Public Health Laboratory;
 Support the institutional capacity building of the NPHL;
 Support the National QA of Laboratory diagnostics and POC testing;
 Support evaluation and introduction of newer laboratory diagnostics;
 Support the step-wise lab quality improvement;
 Support laboratory based operational research.

Update on PEPFAR funded Central Initiatives

TB/HIV Central Initiative Update

Namibia is in the final preparation stages to start implementation of the TB/HIV Prevention, Treatment and Care activities project in 4 regions of Namibia. The overall goal is to reduce HIV-related morbidity and mortality through strategically implementing and scaling-up innovative TB/HIV Prevention, Treatment and Care. These objectives are proposed for implementation: strengthening coordinating bodies at national and sub-national levels; expanding phased implementation of TB-ICF and TB IPT for PLHIV in community settings and laboratories; expanding community awareness and implementation of TBIC in HIV care settings and laboratories; strengthening tiered TB diagnostic networks, expanding coverage and



timeliness of HIV counseling, testing, care and treatment services for all TB patients. There will be rigorous M&E of TB/HIV collaborative activities. The work plan was approved by OGAC in August 2012. The Namibia TB/HIV TWG discussed and finalised resource allocation modalities to the different implementers in the four districts proposed. The TWG drafted TOR for the two key positions required for the project, and interviews are expected in the first week of March 2013. The 1st of April has been endorsed by the TWG as the official starting date for the project. A consultative meeting between the TWG members and the key USG headquarters technical experts is scheduled end of February 2013 to discuss areas of immediate external support to the project.

Strategic Information Central Initiative Update

Over the past six months the USG has continued to support the Namibian Health Information System (HIS) TWG, which is mandated with moving all HIS integration activities forward. Per the SI proposal, PEPFAR supported the development and approval by the National Planning Commission of the Health Information and Research Directorate (HIRD). Close interagency collaboration moved phase 1 activities forward and resulted in four milestones:

- o HIS inventory completion;
- o Health Metrics Network assessment;
- o HIS Strategy development and official launch, and;
- o Business Process Analysis (BPA) assessment tool developed.

Expected activities to be implemented during FY13/14;

- Additional funds will be dispersed to implementing partner with extensive experience in organizational development and capacity building to support the development of the HIRD;
- Delayed study tour to Rwanda to be finalized and completed;
- HIS TWG staff will be trained in implementation of the BPA tool in order to begin implementation and use of the tool;
- Final drafting and approval of the Namibian HIS Strategy and Policy document;
- Finalization of the SI Proposal Phase 2 application in a collaborative effort between HIRD and USG.

Gender Challenge Fund Update

As part of the Gender Challenge Fund (GCF) Central Initiative, LifeLine/ChildLine (LLCL) has provided counseling and case management services to 307 child and adult victims of gender based violence (GBV) in the two identified GCF regions: Hardap and Kavango. LLCL consulted with the Council of Churches in Namibia to solicit support from the faith-based sector to build the capacity of church leaders to address harmful gender norms and GBV in their congregations. A community-based action group in the Kavango was trained on aspects of GBV and it raised awareness with a GBV drama which reached over 500



participants. The drama was aired on the local radio station. LLCL participated in the final revisions to the National Gender Policy and was invited to be a member of the National Gender Task Force. Stakeholders in the Hardap region are involved in identifying communities that should be reached with messages on GBV.

In FY13 and FY14, the following activities under the GCF will be implemented by LLCL to address GBV issues nationally and in 2 regions: 1) Appoint two consultants to build local capacity in and assist the MGECW with the coordination of multi-sectoral GBV activities and the development of a GBV database; 2) Roll out the regional GBV community awareness raising and mobilization campaigns and continue building the capacity of community leaders to respond to and reduce GBV while improving access to quality services for GBV survivors; 3) Set-up regional task forces to drive implementation of the MGECW plan to identify and address GBV; 4) Sub-granting to a small number of organizations in Kavango and Hardap to deliver community-based gender work, integrated within the HIV/AIDS continuum of response, in line with the GCF; 5) Scale-up linkages to clinical care and treatment services, as well as mobilize community-based activities, to identify and address violence, to know how and where to refer victims of violence and to promote the establishment of support groups for GBV survivors, including those living with HIV/AIDS; 6) Integrate screening and response of GBV into health service delivery, especially reproductive health and PMTCT programs, including the provision of post-exposure prophylaxis (PEP) and follow-on psycho-social support; and 7) Promote linkages to programs in- and outside of the health sector to engage men and boys and address the empowerment of women and girls.

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9. Ministry of Health and Social Services. HIV/AIDS in Namibia: Behavioral and Contextual Factors Driving the Epidemic. Windhoek. 2008.

10. Ministry of Health and Social Services. 2008/09 Estimates and Projections of the Impact of HIV/AIDS in Namibia. Windhoek. 2009.

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13. UNICEF. Namibia statistics. http://www.unicef.org/infobycountry/namibia_statistics.html#85. Accessed 28 September 2011.

14. Ministry of Health and Social Services (MoHSS) [Namibia] and ICF Macro. 2010. Namibia Health Facility Census 2009. Windhoek, Namibia. MoHSS and ICF Macro.

15. 3 HCW/1000 population is above the WHO benchmark of 2.28 specified in the WHO 2006 report.

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	170,000	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	13	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	20,000	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	5,200	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	8,000	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	8,800	2011	AIDS Info, UNAIDS, 2013			
Estimated number of	60,000	2010	UNICEF State of			



pregnant women in the last 12 months			the World's Children 2012. Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	9,300	2011	WHO			
Number of people living with HIV/AIDS	190,000	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	75,000	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	106,282	2011	WHO			
Women 15+ living with HIV	100,000	2011	AIDS Info, UNAIDS, 2013			

Partnership Framework (PF)/Strategy - Goals and Objectives

Number	Goal / Objective Description	Associated Indicator Numbers	Associated Indicator Labels
1	Testing		
1.1	Testing	P1.1.D	P1.1.D Percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results)



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

How is the USG providing support for Global Fund grant proposal development?

PEPFAR Namibia provides support for the Global Fund grant phase 2 proposal development via leadership, management and technical staff support to the various proposal steering and technical committees and also via an implementing partner's support to the civil society PR in the areas of M&E in particular. Support was provided for development of technical area proposals, and expected associated costs and expenditures under proposed funding areas and relevant national data and statistics, including quantification of commodities. USG has further worked closely with both the GF country management team and the NaCCATum to provide written responses to additional follow-up queries related to the phase 2 proposal. We met routinely with the portfolio manager throughout the development of the proposal.

Are any existing HIV grants approaching the end of their agreement (Phase 1, Phase 2, NSA, CoS, or RCC) in the coming 12 months?

Yes

If yes, please indicate which round and how this may impact USG programming. Please also describe any actions the USG, with country counterparts, is taking to inform renewal programming or to enable continuation of successful programming financed through this grant(s).

The HIV RCC grant phase 1 will end in June of this year. The process for developing the renewal proposal has been ongoing since July of 2012 and the USG has been closely involved in the development of the renewal proposal. The renewal proposal has been reprogrammed utilizing the Investment Framework with the aim of focusing the programming in the grant towards high-impact activities. For the first time, a detailed program level gaps analysis has been completed in order to inform the focus on the Global Fund financing. The USG team is in regular contact with the Fund Portfolio Manager, providing additional detail on PEPFAR program plans especially in TB/HIV, VMMC, Treatment, care and support and HCT.

Redacted

To date, have you identified any areas of substantial duplication or disparity between PEPFAR and Global Fund financed programs? Have you been able to achieve other efficiencies by increasing coordination between stakeholders?

Yes

If yes, how have these areas been addressed? If not, what are the barriers that you face?

Redacted

Public-Private Partnership(s)

Created	Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
2013 COP	Develop platform for dialogue between public and private sector.	13166:Strengthening Health Outcomes through the Private Sector (SHOPS)	Namibian Association of Medical Aid Funds	39,218	0	Work with MOHSS to develop discussion documents for PPP; Identify and broker promising PPP/PPD in Erongo and nationally; And also support training of MOHSS staff on PPP.
2013 COP	Expanding access to low-cost services/ insurance	13166:Strengthening Health Outcomes through the Private Sector (SHOPS)	New Partner, ErongoMed	Redacted	Redacted	Quantify potential savings for procuring ARVs in the private sector at government prices; assess how the GRN can also benefit.

2013 COP	HPV Vaccine	13090:OVC and Tuberculosis Services in Namibia	GlaxoSmith Kline			Targeting cervical cancer prevention among adolescent girls and young women in Namibia.
2013 COP	Increase knowledge about service provision in the private health sector	13166:Strengthening Health Outcomes through the Private Sector (SHOPS)	Namibian Association of Medical Aid Funds	17,879	11,627	Broker annual reporting by private health providers on key statistics of services in the private sector
2012 COP	Media Cost Share	13448:Prevention Alliance Namibia	Redacted			Cost share for health communication
2013 COP	Mobile health care PPP	13166:Strengthening Health Outcomes through the Private Sector (SHOPS)	PharmAccess International, New Partner	Redacted	Redacted	Piloting a model for sustainable mobile PHC services to underserved populations through a PPP (in Otjozondjupa, Omaheke, Khomas and Erongo).
2012 COP	PPP for Health Systems	13253:Whole Child Initiative (Global	Redacted	Redacted	Redacted	Aims to strengthen the Namibian public health system



		Development Alliance)				and its capacities for achieving its maternal and child health and nutrition targets.
2013 COP	Sponsored management capacity building	12721:Strengthening HIV/AIDS Responses in Prevention and Protection (SHARPP)	KPMG		22,500	Strengthening HIV/AIDS Responses in Prevention and Protection (related to health systems strengthening)
2012 COP	Sponsorship of helpline	12721:Strengthening HIV/AIDS Responses in Prevention and Protection (SHARPP)	MTC Namibia, Leo, Telecom Namibia		44,000	Provide calls to the Child Helpline, which we operate free of charge to all their customers.
2012 APR	Sponsorship of Uitani ChildLine	12721:Strengthening HIV/AIDS Responses in Prevention and Protection (SHARPP)	Redacted		Redacted	Strengthening HIV/AIDS Responses in Prevention and Protection (e.g. SBCC and Child protection program). Partners to be added are Omulunga Radio, Base FM



						and Fresh FM. Strengthening HIV/AIDS Responses in Prevention and Protection (child protection program area).
2013 COP	Strengthen civil society's link to private sector	13166:Strengthening Health Outcomes through the Private Sector (SHOPS)	MTC Namibia, Namibia NGO Forum	201,481	27,200	Piloting NGO services to corporate organizations for a fee and supporting the NANGOF NGO exposition.
2013 COP	Strengthen Role of Private sector in MC	13166:Strengthening Health Outcomes through the Private Sector (SHOPS)	Redacted	Redacted	Redacted	Supporting private sector medical male circumcision (MC) reporting
2013 COP	Subsidizing data collection at ART pharmacies	10389:Systems to Improve Access to Pharmaceuticals and Services	MTC Namibia	4,888	9,703	Mobile Tele-Communications (MTC) supplies 3G devices at cost to ART pharmacies; MTC also provides one gigabyte of data transfer to enable data to



						be sent from the pharmacies to the Windhoek national database.
2012 COP	Support for vocational training	13120:Self-Development and Skills for Vulnerable Youth	ELMA Foundation, Namibia Training Authority (NTA)		135,658	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 vocational training services.
2012 COP	Training providers to delivery HIV services	14296:Capacity Plus	Oshakati Pharmacy, Sanofi Aventis, RanBx	50,000	10,000	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.
2013 COP	Vocational courses on construction	13120:Self-Development and Skills for Vulnerable Youth	Redacted	Redacted	Redacted	Self-development and vocational training skills for vulnerable children and youth

Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
Survey	2013 Namibian Demographic and Health Survey (NDHS)	Population-based Behavioral Surveys	General Population	Development	08/01/2013
Survey	Alcohol counseling intervention outcomes	Evaluation	General Population	Implementation	12/01/2013
Survey	Alcohol use estimation	Population-based Behavioral Surveys	General Population	Publishing	12/01/2012
Surveillance	ANC sentinel surveillance	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Publishing	09/01/2012
Surveillance	ANC Sentinel Surveillance Survey	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Development	12/01/2013
Surveillance	AND and PMTCT data comparison	Evaluation of ANC and PMTCT	Pregnant Women	Development	09/01/2013

		transition			
Survey	ART Care Task Shifting Demonstration Evaluation	Evaluation	Other	Publishing	10/01/2013
Survey	ART outcomes	Evaluation	General Population	Implementation	06/01/2013
Survey	Assessment of POC Tests	Evaluation	General Population	Planning	04/01/2014
Surveillance	Behavioral surveillance survey	Population-based Behavioral Surveys	Female Commercial Sex Workers, Male Commercial Sex Workers, Men who have Sex with Men	Implementation	12/01/2013
Surveillance	Blood donor hemovigilance study	Other	General Population	Implementation	12/01/2013
Surveillance	Blood donor incidence survey	Recent HIV Infections	General Population	Implementation	12/01/2013
Survey	Capacity Building for Country Owned HIV/AIDS services	Evaluation	General Population	Planning	12/01/2013
Survey	Care Assessment	Evaluation	General Population	Development	12/01/2013
Survey	Community Counselor Evaluation	Evaluation	General Population	Development	12/01/2013
Survey	Community Reach	Evaluation	General Population	Planning	12/01/2013
Survey	Evaluation of child disclosure in ART care settings	Evaluation	Other	Planning	12/01/2013
Survey	Evaluation of Door-to-Door HIV Testing and Counseling Pilot	Evaluation	General Population	Implementation	06/01/2013
Survey	Evaluation of Mobile Outreach HIV Testing and	Evaluation	General Population	Planning	12/01/2013

	Counseling Pilot				
Survey	HIS Assessment	Evaluation	General Population	Other	12/01/2013
Survey	HIV drug resistance monitoring	HIV Drug Resistance	General Population	Implementation	12/01/2013
Surveillance	HIV Drug Resistance Threshold Survey	HIV Drug Resistance	Pregnant Women	Development	06/01/2013
Survey	HIV formative assessment among military personnel	Surveillance and Surveys in Military Populations	Uniformed Service Members	Publishing	11/01/2013
Survey	HIV prevalence survey among military personnel	Surveillance and Surveys in Military Populations	Uniformed Service Members	Other	09/01/2012
Survey	Improving Clinical Outcomes through Patient Education - NA.09.0251	Evaluation	General Population	Implementation	09/01/2012
Surveillance	Incidence surveillance- ANC specimens	Recent HIV Infections	Pregnant Women	Planning	08/01/2013
Surveillance	Incidence surveillance- DHS specimens	Recent HIV Infections	General Population	Planning	12/01/2013
Survey	Mother-infant follow-up pilot	Evaluation	Pregnant Women, Other	Planning	12/01/2013
Survey	Multi Country PHE: Development, Implementation, and Evaluation of a Comprehensive Prevention Intervention for HIV Care and Treatment Settings - NA.07.0199	Evaluation	General Population	Data Review	09/01/2012
Survey	Namibia DHS	Population-based	General Population	Implementation	06/01/2013

		Behavioral Surveys			
Survey	OVC & TB Care Services	Evaluation	General Population, Other	Planning	07/01/2012
Survey	Palliative Care for People Living with HIV/AIDS	Evaluation	Other	Planning	07/01/2012
Surveillance	PHE: Changing Gender Norms that Support HIV Risk Behaviors among Young Men in Namibia - NA.07.0214	Evaluation	General Population	Publishing	09/01/2012
Surveillance	PHE: Compliance to Guidelines and Evaluations of Medicines Prescriptions - NA.08.0097	Other	Other	Development	07/01/2012
Surveillance	PHE: Evaluation of the Impact of Adherence Interventions - NA.08.0098	Evaluation	Other	Data Review	09/01/2012
Survey	PHE: Understanding and Reducing Sexual vulnerability of Adolescent OVC - NA.09.0222	Other	Other	Other	09/01/2012
Survey	PMTCT Impact Evaluation	Evaluation	Pregnant Women	Planning	07/01/2012
Surveillance	Population size estimation	Population size estimates	Female Commercial Sex Workers, Male Commercial Sex Workers, Men who have Sex with Men	Implementation	10/01/2013
Survey	Pre-service Training Assessment	Evaluation	Other	Planning	10/01/2013



Survey	Quality Management Systems Assessment	Qualitative Research	General Population	Data Review	12/01/2012
Survey	Quality of Services Evaluation	Evaluation	Other	Planning	07/01/2014
Surveillance	Sentinel Incidence surveillance	Recent HIV Infections	General Population	Planning	12/01/2013
Survey	Service Integration Assessment (ART in TB settings, ART in PMTCT settings, ART in OPD)	Evaluation	Other	Planning	12/01/2013
Survey	STI Etiology and Prevalence Survey	Other	General Population	Implementation	12/01/2013
Survey	Strengthening HIV Prevention - MARPS	Evaluation	Other	Planning	12/01/2013
Survey	Strengthening HIV Responses in Prevention and Protection	Evaluation	General Population	Planning	12/01/2013
Surveillance	TB MDR Survey	Other	General Population	Planning	12/01/2013
Surveillance	TB/HIV surveillance	TB/HIV Co-Surveillance	General Population	Planning	12/01/2013
Surveillance	Venue-based risk estimation	Population-based Behavioral Surveys	Female Commercial Sex Workers, Men who have Sex with Men	Implementation	12/01/2013
Survey	Youth HIV	Evaluation	General Population	Planning	11/01/2012



Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source			Total
	GAP	GHP-State	GHP-USAID	
DOD		770,000		770,000
HHS/CDC	2,122,963	8,922,760		11,045,723
HHS/HRSA		5,961,480		5,961,480
PC		0		0
State		0		0
State/AF		0		0
USAID		16,471,690		16,471,690
Total	2,122,963	32,125,930	0	34,248,893

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency								Total
	State	DOD	HHS/CDC	HHS/HRSA	PC	State/AF	USAID	AllOther	
CIRC		500	12,369	0			875		13,744
HBHC	0	0	251,375	495,000	0	0	700,999		1,447,374
HKID	0				0	0	2,680,925		2,680,925
HLAB		500	456,378						456,878
HMBL			0						0
HTXS		1,000	3,043,866	1,235,000			819,960		5,099,826
HVAB			0		0		0		0
HVCT		500	1,086,988	870,000			883,669		2,841,157
HVMS	0	16,000	2,223,006		0		878,567		3,117,573
HVOP	0	750,000	586,988	0	0	0	1,267,603		2,604,591
HVSI		0	815,454	1,050,000			1,756,257		3,621,711
HVTB		500	1,029,863	540,000			803,573		2,373,936
MTCT			613,471	705,000			783,688		2,102,159

Approved



OHSS	0	1,000	601,605	475,000	0	5,290,957	6,368,562
PDCS			136,997	102,730		237,737	477,464
PDTX			187,363	488,750		366,880	1,042,993
	0	770,000	11,045,723	5,961,480	0	16,471,690	34,248,893

Approved



National Level Indicators

National Level Indicators and Targets

Redacted



Policy Tracking Table

Policy Area: Counseling and Testing						
Policy: Testing						
Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	No PFIP					
Narrative						
Completion Date						
Narrative						



Technical Areas

Technical Area Summary

Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	1,447,374	0
HKID	2,680,925	0
HVTB	2,373,936	0
PDCS	477,464	0
Total Technical Area Planned Funding:	6,979,699	0

Summary:

1. Overall Programmatic Strategy in Care

1.1 Major Accomplishments in the last 1-2 years

Namibia has made steady progress towards providing access to high quality clinical and community-based HIV care services. Over 250, 000 adults and children were provided with at least one care service. By September 2011, 57,430 were enrolled in Pre-ART care and 97,983 in ART, 76,450 were orphans and vulnerable children (OVC). Of the PLHIV reached approximately 88% were adults and 12% were children. Cotrimoxazole Prophylactic Therapy (CPT) coverage was 93%. These services were provided at service outlets including 181 health facilities, military settings and community organizations to all pre-ART clients, ART clients, and affected family members including OVC. With Namibia's implementation of the revised 2010 guidelines on ART using the CD4 count of 350 as a cut off there was a steep enrolment of Pre-ART clients into ART services over the first two quarters of FY 11 with stabilization by the end of the second quarter.

In the past two years clinical care programs have concentrated on rolling out Integrated Management of Adult and Adolescent Illnesses (IMAI) as part of decentralized services towards achievement of universal access, quality improvement (QI) and ensuring maximal adherence to care and minimal loss to follow-up of clients in care. The HIVQUAL program continued to build the capacity of regional health supervisors and training centers to support clinical QI activities in all district-level facilities with particular focus on promoting increased screening for TB, improved provision of opportunistic infections (OI) prophylaxis, improved screening for nutritional status and alcohol use among people living with HIV (PLHIV) attending for clinical services. HIVQUAL also conducted a program evaluation, and the findings were disseminated and informed program refinement. Caregiver tools for disclosure for HIV+ children were piloted.

Care for adults and children has continued focusing on improving prophylaxis and treatment of OI, promoting nutrition assessment, counseling and support (NACS) with food supplementation, improving palliative care (particularly pain management), as well as provision of positive health dignity and prevention (PHDP) intervention messages within clinical and community home-based care settings. Community-based activities have been implemented through training and supportive supervision of more than 2500 volunteers. Efforts to address the challenges around the issues of sexual reproductive health for the increasing numbers of vertically infected adolescents living with HIV (ALHIV) were initiated with the establishment of ALHIV technical working group (TWG) which has developed a draft strategy and guidelines for programming. Additionally, providing a structured

social support within teen clubs for ALHIV attending two of the largest ART clinics is being piloted.

Operational guidelines for NACS, a national nutrition strategic plan with nutrition clearly integrated in to HIV care were launched. Development of job aids and manuals as well as training for health care workers (HCWs) in NACS, prevention with PLHIV in Care and treatment settings, cervical cancer screening, IMAI, Integrated Management of Neonatal and Childhood Illness (IMNCI); Palliative Care specifically pain management were supported. NAC with food supplementation for eligible PLHIV, pregnant women (irrespective of their HIV status) and malnourished children has been commenced in 9 out of 34 health districts covering about 90 health facilities. To ensure a continuum of care, community-based volunteers have also been trained in NACS to enhance early identification and referral to healthcare services for malnourished children and pregnant women.

Following training of HCWs cervical cancer screening for HIV positive women has since commenced and has been supplemented with early identification at community level within a local partner's home-based palliative care programs by community-based palliative care nurses. Full immunization coverage and other child health services for HIV positive children including appropriate infant and young child feeding (IYCF) practices were ensured. The national roll out of the facility and community-based PHDP interventions commenced with the completion of training curricula and training of trainers (TOT). With PEPFAR and GFATM support, guidelines for implementing the Community Based Health Care Policy (2008) have been developed. Training manuals for Community Home-Based Care (CHBC) based on the new National Home based Care (HBC) standards were finalized, and trainings of HBC organizations started with GFATM funding.

The USG has continued its support to MOHSS efforts on Tuberculosis (TB) control, resulting in a downward trend in both TB Case Notification Rates (CNR) and absolute numbers of TB cases. USG support contributed to the country's attainment of the national and global target for TB with the achievement of a treatment success rate of 85.3% among patients with infectious TB in the 2009 cohort.

Regarding TB/HIV collaborative activities, the USG has supported the National TB/HIV TWG and the regional TB review quarterly meetings. Encouraging results on TB/HIV support obtained in the last 1-2 years includes: an increase in provider initiated HIV counseling and testing (HCT) among TB patients reaching 76%. To optimize the clinical management of TB/HIV co-infected patients, in 2010 Namibia developed and disseminated mutually complementary TB/HIV clinical care guidelines based on the latest WHO recommendations. A total of 13,581 patients had been commenced on Isoniazid Preventive Therapy (IPT) as of December 2010. Intensified Case Finding (ICF) for TB continues to be scaled up in facilities through enhanced training for HCP in the implementation of the standardized simplified symptom screen algorithm adapted from the WHO 2010 TB Infection Control (TBIC) and ICF guidelines.

More than 80% of facilities offering TB services routinely referred newly diagnosed TB patients for HIV testing. As of September 30th 2011, 5051 HIV positive patients attending HIV care were started on TB treatment. Similarly, 37% of TB patients who are HIV positive are on ART. Training workshops for HCP on the advanced HIV module, which includes TB/HIV, has been supported. The USG worked with the Namibia Business Coalition on HIV and AIDS (NABCOA) to strengthen workplace TB/HIV programs. Also medical associations and HIV clinician associations have been supported to engage private medical practitioners and nurses through training aimed at improving the quality of TB/HIV management in this sector. PEPFAR has continued to leverage resources and support MOHSS efforts to improve the surveillance, management and control of drug resistant TB. TB infection control (TBIC) guidelines have been developed and targeted training of health workers commenced in 2010; 65 focal persons have been trained to date. The USG continues to provide technical assistance (TA) for the guideline operationalization in terms of administrative, environmental and personal TBIC strategies in all public health care facilities including faith-based facilities.

USG resources have contributed to strengthening the planning and budgeting processes of the Ministry of Gender Equality and Child Welfare (MGECW). A comprehensive framework for children was developed (National Agenda for Children {NAC} 2012 – 2016). Scale and work flow processes for the cash transfer system for orphans was improved due to task shifting and a review of administrative bottlenecks. TA was provided to initiate processes

required to standardize and adequately resource Early Childhood Development (ECD) programs. Tools for registering and grading Residential Child Care Facilities were tested.

With USG support, CSO provided psychosocial, nutritional and educational support services to vulnerable children in addition to facilitating referrals to health and other education services. Vocational training for older OVC, child head of households and OVC caregivers has been expanded. A microfinance activity (Village Savings and Loans) has been introduced targeting OVC caregivers in conjunction with parenting training. Other economic strengthening (ES) measures supported include a broad range of income generating activities. A child witness support program, which provides comprehensive support to prepare child survivors of violence to testify in court, has been piloted, and the first successful convictions have been made.

Vulnerability assessments of PLHIV (pre-ART and ART) as well as ES and livelihood opportunities appraisals have been undertaken to inform interventions to refer NACS beneficiaries to. TOT workshops on micro-gardening techniques to enhance food security for infected and affected individuals have been supported by PEPFAR. Also community initiatives to provide income for HIV affected communities and households have been initiated and expanded with USG resources.

1.2 Key priorities and major goals for the next two years

The key elements of the care and support program in Namibia are:

- Early identification of HIV-infected persons; referral to and retention in care
- Reduction of HIV-related morbidity and mortality (e.g. TB, malaria, nutrition)
- Improved quality of life through appropriate pain management psycho-social and spiritual support
- Reduction in the further transmission of HIV to the uninfected or re-infection of positive persons
- Strengthen social protection systems to mitigate child vulnerability to HIV, violence and poverty
- Build the social sector work force of the MGECW
- Strengthen caring capacities of families to care for OVC
- Reduce the burden of TB in PLHIV

During FY 2012, the USG expects to provide care to 253,087 eligible clients including 100,446 OVC. Additionally 8543 co-infected clients will receive TB HIV services. In FY 2013 proposed targets for adults receiving care are 290,967 and 80,157 OVC.

Efforts will focus on a family-centered approach to provide a continuum of care equitably to women, men and children from the facility to the community; continuing quality improvement initiatives in facility-based care; improving access through training of the new community-based cadre of health extension workers (HEW); strengthening organizational and technical capacities of indigenous CSOs for CHBC, child protection and OVC services; strengthening health systems by integrating palliative care; expanding the NACS, including Food by Prescription (FBP) to reach more health facilities and districts.

Further integration of PHDP messages including safe water and hygiene and activities into CHBC and enhancing quality of care by strengthening bi-directional linkages will be supported. For sustainability and to prevent relapse in NACS beneficiaries, USG resources will facilitate new and reinforce existing linkages to community based livelihood and ES opportunities to improve food security. Improving linkages and patient flow especially pre-ART clients between clinical and community-based services to reduce loss to follow-up and improve retention in care will be prioritized.

Based on previous COP years' efforts to institute a unique identifier for pre-ART and ART clients and the success of the bi-directional referral network pilot, clients in care will be monitored appropriately. Adherence initiatives established in FY 11 will be expanded. Sustainability which is pivotal in the PF/PFIP and GHI strategies will be addressed through continuous TA to GRN and civil society to understand needed complementarity between government and civil society, each with comparative advantages and distinct but important roles and responsibilities.

1.3 Alignment with government strategy and priorities

In COP 12 and in the subsequent year PEPFAR Namibia will support the implementation of years three and four of



the GRN-USG Partnership Framework (PF) and Implementation Plan. The PF is in close alignment with the National Operational plan, which is the implementation template of Namibia's National Strategic Framework for HIV/AIDS. The PF and PFIP recognize that PEPFAR investments will be shifted to further strengthen Namibian capacity and ownership, especially in the areas of human resources. To increase access and utilization of services, some of the key activities that link to the GHI strategy include expanded task shifting, service integration to lower client costs and expansion of community-based services.

1.4 Contributions from or collaboration with other development partners

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. The USG in collaboration with GFATM support more than 90% of the community-level CHBC programs implemented by NGOs and civil society. Clinton HIV/AIDS Initiative (CHAI) and UNICEF have supported the Integrated Management of severe acute malnutrition (SAM), which created a platform for the PEPFAR-supported NACS program. CHAI has continued to donate ready-to-use therapeutic foods (RUTF) to support treatment of SAM in children less than five years and PLHIV who are severely malnourished. An anticipated Public Private Partnership (PPP) will impact on the wellbeing of mothers and children living with HIV. UNICEF supports advocacy on child and social protection and child poverty analysis, and collaborates with USG on capacity building to the MGECW. GFATM will provide resources to regional Child Care and Protection Forums and training on psychosocial support for social workers.

1.5 Policy advances / challenges

The PF/PFIP identified policy gaps in the areas of access to medications and services for effective care and support for PLHIV such as access to oral morphine for appropriate pain relief and a review of relevant health policies to enable task shifting. Further policy and systemic challenges include the need to ensure that the community home based care guidelines reflect the current realities of Namibia's HIV response with high levels of ART coverage as well as integrating the therapeutic and supplementary food commodities in to the more cost efficient GRN pharmaceutical supply chain. For improved protection of children affected by the epidemic, the enactment of the Child Care and Protection Bill and development of regulations governing many aspects of child protection will be prioritized. Further, a review of eligibility of vulnerable children for child welfare grants is envisaged. A national vulnerability framework to enhance food security for vulnerable households is being contemplated. Priority actions such as integration of HIV services, decentralization and the transition of funding for commodities and human resources reflects greater country ownership (government, private sector and local civil society) of the care and support program to ensure sustainability.

Continuing challenges include expansion of the IMAI and Integrated Management of Pediatric Illnesses (IMPI) to more primary health facilities in support of decentralization, addressing the sexual and reproductive health and transitioning care needs of ALHIV; providing systematic coverage of community-based care and support, and establishing functional, bi-directional referral linkages between community and clinic-based services. Engaging males at the community-level also remains a challenge. Human and organizational capacity to implement programs at the regional and local level remains limited. Additionally, required PEPFAR indicators are of limited utility, in monitoring partner performance, community-based information systems for a harmonized reporting are fragmented. Optimal implementation of the revised complementary TB/HIV guidelines that addresses the restrictive eligibility criteria for HIV + TB patients accessing ART needs to be addressed

1.6 Efforts to Achieve Efficiencies

In COP 12 and subsequent years joint planning with GRN entities and other development partners involved in Care and support will minimize duplication of efforts. In previous years the USG purchased HBC kits for USG supported volunteers but in efforts to create efficiencies this support has been directed to strengthening the logistics systems of MOHSS, which now procures and distributes these kits to all CHBC service organizations. Further support is ongoing to streamline the procurement and storage of food commodities for the NACS program. USG support to the implementation of the HEW cadre after a successful pilot with FY10-11 resources will enable smarter integration through prevention education, illness detection and referral services. This will facilitate better access to remote



communities and allow review use of volunteers in community interventions to ensure optimal effectiveness and efficiency.

1.7 Efforts to build evidence base

An assessment of the CHBC programs supported in FY 2011 will inform the revision of the CHBC guidelines and guide further programming as the USG competitively awards a follow-on agreement to an indigenous community-based care partner. A NACS program evaluation will support the evidence base to refine the implementation and ensure that the program improves outcomes of PLHIV clients. Further strengthening of the palliative HBC program will be informed by a FY 11 funded end-of-life preferences street survey. Most USAID supported care partners will undergo mid-term evaluations.

Program implementers consistently rely on efficient and accurate health information systems that capture important programmatic information and are readily available to enable evidence-based programmatic decision making for program improvement. The USG will build capacity for health information systems and the skills for providers to be able to collect analyze and utilize program data as evidence base for planning and performance improvement.

1.8 Cross-Cutting Program Elements

In alignment with NSF which calls for the reduction of the vulnerability to HIV infection and mitigating the impact of HIV and AIDS on women and children, USG efforts will address the gender issues intrinsic to Care and Support as well as OVC. In Namibia, more females are infected with HIV than males and the burden of caring for those with AIDS-related illnesses falls almost exclusively on women. All partners' activities will prioritize the health and well being of women and girls while striving to maintain gender equity. Given that fewer men access HIV, care and treatment services, activities in care will link closely to efforts in HCT such as male testing days to maintain equity. Involving men in care activities will be prioritized as much as possible through male-focused volunteer groups, community sensitization events targeting men on gender based violence to have men not only share in the burden of care at the community level but also agents of changes in mitigating HIV related GBV. As gender inequality and GBV are key drivers of the epidemic. Care and support resources will supplement Namibia's Gender Challenge Fund (GCF) resources in providing support for GBV survivors in Hardap and Kavango regions of Namibia.

2. Adult Care and Support

Namibia has made substantial progress in providing access to HIV treatment and care as indicated in the UNAIDS/ MOHSS Universal Access report. As at March 2010, coverage of people in need of treatment and consequently care (adults 88% and children 95%) had exceeded Namibia's 2010 Universal Access targets (adults 70%, children 90%). CHBC was also being provided in all 13 regions of the country as reported in the NSF.

The adult care program offers a comprehensive package of clinical and family-centered community home-based palliative care for infected adults and their households comprising: i) Regular clinical follow-up and bio-clinical monitoring including CD4 counts; ii) PHDP interventions within treatment and community settings; iii) Adherence interventions; iv) Defaulter tracking; v) NACS with FBP for eligible clients; vi) Cotrimoxazole Preventive therapy (CPT); vii) OI prevention, diagnosis and treatment and viii) Pain assessment, management and psychosocial and spiritual support.

PEPFAR assists the GRN at all levels to strengthen facility and community based care for adults living with HIV. USG will continue to support training and supportive supervision of HCP for HIV care, task shifting efforts to implement the IMAI/IMNCI strategies at primary health facilities to bring HIV care and treatment services nearer to remote communities; integration of nutrition into HIV care through the NACS program; training for the newly instituted community based cadre of HEW as well as strengthening local training institutions to integrate palliative care into their curricula. There will also be continued focus on QI at all ART sites in the 34 health districts. In close linkages with efforts to increase access to HCT as described in the prevention TAN through provider initiated counseling and testing, mobile testing and point of care CD4 testing, more clients will be enrolled in care as appropriate.

The USG in collaboration with GFATM support more than 90% of the community-level CHBC programs implemented by NGOs and civil society. Community-based programs provide an avenue for the continuum of care

for PLHIV and their households utilizing a family-centered approach whilst ensuring strong linkages to HCT programs both at integrated or stand-alone and mobile sites. A high priority for USG has been to transition most community-based programs to indigenous partners, and to build their technical and organizational capacity to become direct recipients of USG assistance. USG has also been moving to consolidate community-level programs in order to achieve more systematic coverage.

USG will realign its community and home-based palliative care programs to meet the current context in which most PLHIV are accessing ART as well as provide community based support for Pre-ART clients a priority area of the NSF within Care and Support. Community-based volunteers and field officers will support adherence for PLHIV; facilitate tracking of clients lost to follow-up and provide PHDP for PLHIV. PLHIV in pre-ART care will be referred to support groups and through organizational strengthening of a nascent network regional network of PLHIV it is anticipated that more PLHIV will remain in care. The community-based palliative care nurses will provide mentorship and supportive supervision to the volunteers, appropriate pain management and targeted care for the few bedridden PLHIV clients especially those with co-morbidities and HIV related cancers as well pediatric HIV clients. Also baseline and routine cervical cancer screening for all HIV infected adult women has been introduced and is being scaled-up with provision of tools such as speculums, slides, lamps, cervico-brushes, etc and trained HCWs as well as functional referrals.

The PHDP intervention both in facilities and community settings address risk reduction, condom promotion and distribution, partner and family disclosure and testing, sexually transmitted infections (STI) management and family planning (FP)/safer pregnancy counseling. Through USG support, most facilities providing HIV care are now providing FP services and this support will continue in COP 12 and beyond. Information on appropriate pain management and measures to achieve adequate mental health for PLHIV will be integrated into the community PHDP toolkit also described in the Prevention TAN. Following successful piloting of the bi-directional referral system, expanding it to cover all ART facilities and incorporating referrals to community-based livelihood and food security interventions for NACS graduates will be prioritized.

3. Pediatric Care and Support

The comprehensive care, treatment and support needs of HIV-infected children are key focus areas in the Partnership Framework (PF) between the USG and the Government of the Republic of Namibia (GRN). The package of pediatric care services being supported by USG includes: early identification of HIV-infected persons and referral linkages to and retention in care; CPT for HIV exposed infants for and infected infants; support for treatment adherence.

- Regular clinical follow-up and bio-clinical monitoring
- IYCF counseling and food supplementation
- Linkages to immunization and other child survival services

Of the 155,413 PLHIV in care 12% are children and in COP 12 and 13 targets will be 63,425 and 68,761 respectively.

In COP 12 USG will facilitate curriculum development in pediatric palliative care and the training of facility based and community-based HCWs on the peculiarities of pediatric palliative care. Integration of the sensitivities of pediatric palliative care into the PHDP and training of PLHIV support groups (regional PLHIV network) will be supported. Following expansion of the tracking of HIV exposed infants activity in COP 11, USG support will further strengthen bi-directional referral between the facilities and community based activities for tracking HIV exposed infants and ensuring their retention in care; improving the continuum of palliatives care for infected children especially pain management, death and bereavement, as well livelihood and ES opportunities for families of infected children who are NACS beneficiaries.

Addressing the key needs of adolescents will continue to be a focus with support provided for the implementation of the national strategy developed with FY 11 resources. Critical activities to be supported will include program review for the pilots established in FY 11, annual program review and scale-up of the community component of this

strategy. This will incorporate peculiar psychosocial support (PSS) such as disclosure issues and adherence supporting measures for adolescents enrolled in HIV care and support.

4. TB/HIV

USG support over the next two years will focus on supporting the MOHSS efforts to scale up HIV Provider initiated Counseling and Testing (PICT) and ensure early ART initiation in TB patients, and expand coverage of the WHO "Three-I's" interventions, including intensified TB case finding (ICF), isoniazid preventive therapy (IPT), and infection control (IC). With regard to TB PICT, the goal is to reach the national target of 95% from the current 765% through the identification of missed opportunities within TB services and related settings such as PMTCT and ART. Namibia, in line with international guidance, reviewed its TB and ART guidelines to ensure early ART initiation within eight weeks of commencing anti-TB therapy for TB patients who are HIV positive irrespective of their CD4 count. USG support over the next 1-2 years is required to support the scale-up ART uptake in TB patients from the current low of 37%. [Note; this low figure partially reflects a reporting error whereby this indicator is captured with initial TB case reporting, not the outcome reporting]. Addressing key obstacles to timely referrals of TB/HIV patients to ART services, while ensuring timely and accurate reporting, will be prioritized. Furthermore, training of key HCWs on the revised guidelines to increase the number of TB patients receiving ART will be another area of USG support. Scale up and robust monitoring and evaluation of ICF/IPT is a GRN and USG priority. While reports reflect high number of PLHIV in care being screened for HIV, compliance with the existing screening tool is unclear given the apparent low proportion of patients screening positive and referred for further evaluation. In addition, of those eligible for IPT only ~10% received it and there are no data regarding outcomes or impact. The USG support will continue to strengthen efforts to increase IPT uptake and reliable reporting on this intervention. TBIC guidelines have been developed and implementation of TBIC in health care in TB care facilities is gradually gaining momentum. USG will continue TA towards this intervention focusing in particular on trainings for health workers in ART facilities regarding administrative IC controls, targeted support for environmental IC controls, and expanding TBIC education to PLHIV support groups in the communities.

Monitoring and Evaluation (M&E) of TB/HIV collaborative activities are aligned and integrated into the indicators in the National TB and HIV Control Programs Strategic plans of both TB and HIV programs, WHO-PEPFAR harmonized indicators, Universal access as well as the PEPFAR next generation indicators. Therefore, the scale up of the 3 I's is informed by the latest program data detailed above. Key TB/HIV indicators are integrated in the respective program M&E systems, including EPMS and facility level quality improvement activities (HIVQUAL/Healthqual). Furthermore, the same staff members conduct planning and implementation of TB and HIV activities at sub-national level. USG has continued to provide support to the Electronic TB Register (ETR) which is currently implemented at ~80% of health facilities with TB services [source: NTLCP]. The paper-based TB surveillance system the primary source of TB surveillance data due to incomplete ETR reporting; USG will continue to support MOHSS efforts to fully enable ETR and ensure reliable data. TB laboratory-based surveillance (also addressed in the Laboratory section) is also critical to informing program gaps and progress, particularly for multi-drug resistance (MDR) TB.

USG supported activities for TB/HIV are aligned to the priorities in the national TB and HIV programs strategic plans. To avoid duplication priorities are determined at the national TB/HIV technical working groups meetings. The TB and HIV programs undertake complementary resource mobilization efforts based on clear delineation of responsibilities between the two programs in order to avoid duplication of support while aiming at ensuring geographic coverage. Finally, the scope of TB/HIV activities in COP 2012 has also been developed in a manner to avoid duplication and promote complementariness with the centrally-funded TB/HIV proposal.

5. Food and Nutrition

PEPFAR in 2011 supported the expansion of NACS program from 62 health facilities in 9 districts to an additional 90 in 13 health districts and provided NACS to 28,371 eligible clients. USG in COP 12 will continue expansion and refinement of the NACS program within HIV/AIDS care and treatment programs. This is closely aligned to USG Namibia's GHI goal of reducing morbidity and mortality amongst vulnerable persons especially pregnant women, under-fives and PLHIV. As food and nutrition interventions improve HIV treatment outcomes and are an important



component of care, nutrition indicators have been included into the revised patient care booklet for PLHIV and will be monitored with TA from USG.

For continued expansion of NACS to additional districts and health facilities USG resources will support: assessing human resource and logistical capacity and the need for anthropometric equipment and NACS training; TA to improve the sites' capacity to implement NACS; Training of HCWs in assessed sites; Training of community based volunteers to provide support for NACS clients and community detection and referrals of malnourished children; Procurement of food supplements which will be transitioned to the GRN in line with the draft PFIP by 2016; and Strengthening referral links between clinical nutrition services for pediatric HIV clients and community-based nutrition, and livelihood services for caregiver

USG will continue to train HCWS in antenatal (ANC) and Maternal and Child Health (MCH) clinics on the revised 2010 IYCF practices. Formative research on social behavior changes issues influencing IYCF practices in Namibia supported in 2011 will aid MOHSS to design a communication strategy on food and nutrition and refine existing and/or develop new take-home client materials on IYCF addressing current realities.

To ensure sustainability and prevent dependency USG will support TA to ensure strengthened linkages for adult and pediatric PLHIV graduates of NACS, their affected households and OVC with livelihood and food security interventions of GRN and other development partners including Millennium Challenge Corporation activities where feasible.

6. Orphans and Vulnerable Children

USG support to vulnerable children and their families will be guided by Namibia's new NAC, which aims to provide an accountability framework for different line ministries and sectors to address child vulnerability, including, but not limited to, HIV related causes of child vulnerability. USG will continue to provide TA to MGECW to strengthen systems for service delivery to women and children, especially with regard to full decentralization of management, human resources (HR) and finance functions to the regions. Support will also be provided to increase the ministry's capacity to coordinate line ministries and CSOs as demanded by the NAC.

PEPFAR will support the roll-out of key components of child protection outlined in the Child care and protection, bill to be enacted in 2012, such as improvement of child grants administration, development of an integrated approach to alternative care (kinship/foster care, adoption, residential child care), and institutionalization of a support system for child survivors of violence and abuse. Social sector work force development components will include support to operationalization of the MGECW HR Strategic Plan developed with USG support, and targeted measures to fill social worker vacancies, including management of government bursary support to social work students.

USG aims to intensify its brokering role for collaboration of government with civil society involved with service delivery for children by providing TA and financial resources to strengthen MGECW outsourcing capabilities to select NGOs. CSO partners will be supported to strengthen the capacity of families to care for OVC through ES, building of caregiver skills as well as community capacity building through promotion of community initiatives linked to advocacy through faith-based congregations. ES interventions will focus on vocational training of OVC caregivers and adolescent OVC as well as micro-finance for caregivers (Village Savings and Loans Groups). Caregiver skills will be built through child health and development education, as well as training on psycho-social support techniques. Small grants provision to community initiatives for advocacy and OVC support will be enhanced. All civil society partners will also provide information to caregivers on government services available to OVC and track access to services in health (immunization), education (including waiver of school development fund contribution) and child welfare grants. In an exploratory activity with the government's Social Security Commission, a mechanism will be developed for the Commission's Development Fund to earmark and disburse funds to CSOs for critical community services to vulnerable children.

USG support in OVC embraces a life cycle approach. Early childhood development (ECD) has previously received very little emphasis and resource allocation by both government and donors, thus PEPFAR started in 2011 to provide TA to the MGECW to roll out an ECD implementation plan. Under COP 12, assistance will be provided to



MGECW to finalize and administer a subsidy structure to ECD centers. For children aged 7-16, retention in school will be emphasized through after-school programs with homework support and PSS. Out-of-school who did not manage to complete secondary education will access PEPFAR-supported vocational training.

7. Cross Cutting Areas

7.1 Public-Private Partnerships

The USG supports a global development alliance (GDA) that leverages domestic and international public and private resources to the amount of \$1,343,499 over three years. This PPP focuses on strengthening the Namibian public health system and its capacities for achieving its maternal and child health and nutrition targets. This initiative brings new contributory partners to the health sector in Namibia; it includes the Synergos Institute, Ministry of Health and Social Services (MOHSS), Containers to Clinics (C2C), the Global Alliance for Improved Nutrition (GAIN) and the First National Bank (FNB) Foundation. Activities which have national and regional level focus builds the capacity senior leaders to implement strategies and establish a clear direction for the Namibian public health system to more effectively achieve national maternal and child health and nutrition goals. It also builds regional capacity to design and implement innovative, frontline projects for addressing maternal and child health and nutrition. Based on the success of this the USG will continue to explore options of developing, more PPS with local entities in Namibia.

7.2 Gender

Results from the 2011 APR (63 % females and 37% males) indicate that more women are accessing care services and engaging males at the community level remains a challenge. Activities will focus on reaching out to men through male engagement workshops, building the capacity of men only PLHIV organizations like Namibia Men's Network (NAMEN+) to advocate for male involvement in HIV care services and facilitating the formation of male-only volunteer groups providing care and support for PLHIV and OVC thus learning to share in the burden of care and promoting gender equity. Care activities will be linked with HIV counseling and Testing (HCT) such as male-testing days. USG will increase gender equity in all HIV/AIDS services, and is committed to a family-centered approach for providing a continuum of care equitably to women, men and children from facility to community level.

In COP12 Pre-ART, ART, STI management and FP counseling for female and especially male clients will be made more accessible through community-based support; cervical cancer screening for HIV Positive women will continue to be provided; community-based volunteers are trained and will identify and refer malnourished children and pregnant women for NACS with food supplementation to reduce morbidity and mortality amongst vulnerable persons especially pregnant women, under-fives and PLHIV.

GCF resources will be addressing gatekeepers and community sensitization to promote zero tolerance of GBV in two regions of Namibia and abused children and women will be getting comprehensive care services. - PEPFAR's strategy to increase women's and girl's access to productive resources will include microfinance and micro-gardening for ES and food security. Implementation will be guided and monitored through partners' work and performance monitoring plans, partner reviews and site visits.

7.3 MARP

Most at risk populations (MARP), specifically those self-identifying as sex workers and men who have sex with men, face barriers to care and support including punitive laws, stigma and discrimination. Such barriers are often poorly recognized by partner country and civil society program managers' thus making care services by these populations inaccessible. Sex workers complain of harassment by uniformed services. Re-enforcing linkages and referral between the MARP project implemented under Prevention and facility and community-based services will be in focus.

7.4 Human Resources for Health (HRH)

For Namibia to be able to meet the increased service demand for comprehensive and quality HIV care and support services, the USG will continue to support GRN efforts for task shifting and decentralization of services. This will require continued TA to both pre-service and in-service training institutions to enhance the skills and capacity for



more HCWS to provide these services. Furthermore, in line with the draft PFIP, the USG will provide assistance the GRN to explore novel and innovative delivery models of care and support which lessen the workload burden on the limited HR while ensuring maximum program quality and improved sustainable program and clinical outcomes.

To begin to address inequalities in the health sector and to better implement primary health care, the MOHSS is piloting a community health extension program that will utilize a new cadre of community extension workers. These HEW will provide integrated prevention education, illness detection and referral services and facilitate better linkages between health facilities and the communities. The USG is assisting the MOHSS to pilot this program. Continued support for roll out after successful pilot, is anticipated, to increase access to integrated sustainable quality healthcare services.

7.5 Laboratory

During the next 1-2 years USG support to the MOHSS will continue to strengthen TB laboratory capacity with a particular focus on the diagnosis of TB in PLHIV so as to respond to the revised TB and HIV treatment guidelines as well as the technological advances in TB diagnostics, particularly the development of the Xpert® MTB/RIF test. Development of a laboratory strategic plan to reflect phased implementation of the Xpert where appropriate will be supported. To support efforts towards early identification of TB in PLHIV USG will support the use of MTB/RIF test as the primary diagnostic test for all HIV positive TB suspects. Conventional TB C/DST remains relevant as a follow-on test for Rifampicin resistant patients to guide better second line regimens. Similarly, standard First line drugs surveillance testing as well as the newer HAIN's test will be strengthened. The TB laboratory QA program will be supported to achieve full coverage of all TB diagnostic centers. Laboratory TBIC measures in the identified laboratories will also be strengthened.

7.6 Strategic Information (SI)

As stated in the Governance and Systems Strengthening TAN, several activities are underway that will provide data and information for evidence based-planning for care services. At the facility level, pre-ART registers track PLHIV enrolled in care. M&E tools are being piloted for the GRN nutrition program targeting PLHIV. Care for OVC is tracked through an M&E system developed with the MGECW. A DHS+ is being planned for 2012 and will provide intervention, outcome and impact data for care programs including OVC. Strengthening of M&E of TB/HIV activities will be a priority in the coming year.

Many care programs are implemented at the community and household level and challenges remain for measuring the quality and impact of interventions and for efforts at the district, regional, and national level to bring all of this information together. Such challenges include nascent community-based information systems (a priority in SI); limited capacity within MGECW to manage the OVC database; identification of MARPS being served by care interventions; measuring the progress, outcomes, and impact of CHBC interventions in addition to gaps in implementation and limited capacity of the national non-facility based M&E system to characterize the national care response and provide information for program planning. Moreover poor data linkages between TB and HIV settings and non-alignment of national ART Registers and TB Registers still persist.

7.7 Capacity building

Capacity development activities will include and integrate systems approaches with individual/workforce measures. Priority objectives will be to: 1) Enhance country leadership at national and sub national levels on sustaining and coordinating HIV related care and integration with the larger health system and with other sectors; 2) Improve the continuum of care/referral system between facilities and communities and 3) Increased sustainability of community-based care

New capacity building initiatives under COP 12 include support to a civil society funding 'vehicle' being established under the auspices of an NGO umbrella organization, as well as to Namibia's new training institution for public servants that was established by an Act of Parliament in 2010. USG will also support the capacity of the National Health Training Centre. The new HEW cadre training will receive PEPFAR support. Ongoing capacity building measures will include USG participation in the HRH taskforce and TWG and technical

advisory committees provided for in the NSF. Lastly, leadership building will focus on MGECW, MOHSS and MRLGHRD as well as the network of Namibia's civil society AIDS Service Organizations.

Technical Area: Governance and Systems

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	456,878	0
HVSI	3,621,711	0
OHSS	6,368,562	0
Total Technical Area Planned Funding:	10,447,151	0

Summary:

1. Overview

1.1 Major actors

The major financing actors in the health system are largely the Government (accounting for 54 percent of all health expenditures), followed by donors—largely USG and GFATM (22%), households (12%), and employers (12%). The majority of household and employer health payments are made to medical aid (health insurance) premiums. The medical aid industry covers 16-18% of the population or approximately half of the formal workforces. An emerging actor with respect to achieving universal health coverage is the Social Security Commission, which by law, will be developing and rolling out the Namibia Medical Benefits Fund with the intent of widening the initiative to become a national health insurance scheme. In terms of service delivery, the majority of the population access services through the Ministry of Health and Social Services (MOHSS). A substantial proportion receives care via faith-based facilities (that are in large part financed by the MOHSS, with the exception of the HIV/AIDS program. While private facilities serve a relatively smaller section of the population, the majority of health care workers are found in the private-for-profit facilities. The total health care facility network (excluding consultation rooms which have not yet been quantified) now includes 46 hospitals (district, intermediate; including public, faith-based and private), 49 Health Centers, and approximately 350 clinics and other healthcare service points (1 - see End Notes), including the military which has 1 main hospital and a health centre and smaller clinics and sick bays at each of the military installations across the country. Facilities are distributed across all 13 regions; however, specialist services are concentrated in hospitals, which lie in urban areas. Under the Namibia Institute of Pathology, a robust network of diagnostic laboratories provides laboratory services to public and private healthcare facilities.

1.2 Health system constraints

In terms of health systems constraints, findings from a 2008 comprehensive review (2) show a number of challenges facing the health sector. With respect to governance, the Review found leadership challenges within the MOHSS and that leadership capability is not systematically nurtured; moreover, "clarity of direction fades at lower levels." The public sector is still largely centralized despite the 2000 national Decentralization Act. The 2008 Review also found weaknesses in coordination, particularly between HIV and RH, education, vertical and community based interventions, the private sector, and among donors. In addition, the report noted fragmentation, 'verticalization' and duplication of information systems and responsibilities within the MOHSS. In terms of HRH, the Systems Review found that while Namibia has more HCW (three per 1,000 persons) than most of its neighbors in sub-Saharan Africa (3) the majority work in the private sector (8.8 HCW per 1,000 persons) with two HCW per 1,000 population in (4) the public healthcare system. HR constraints in the public sector include high vacancy rates (at 27%), recruitment and retention challenges, and an outdated staffing establishment that places



considerable emphasis on the roles and responsibilities of clinical staff, particularly medical officers. At the service delivery level, public health care services are based on an outdated minimum district services package that is largely facility based (with minimal outreach and mobile health services). There are also considerable challenges with ensuring access to care given the geographic size of Namibia and many poor Namibians' lack of transportation. Despite all of these mentioned constraints, the MOHSS is systematically working to address these issues based on recommendations in the Systems Review and much of the USG SS support targets these nationally led efforts to strengthen the health system.

1.3 Context from which the country team engages with the health system

The USG country team engages the health system through multiple mechanisms and levels; bilaterally with specific line ministries and other donors, through the GFATM Namibia Coordinating Committee for AIDS, Tuberculosis, and Malaria (NaCCATuM), through the new NSF coordination structures (while some structures are operational—such as select Technical Advisory Committees (TACs), many higher level structures are not yet fully operational), and through umbrella bodies such as NANASO and the Namibian Association of Medical Aid Funds. Because many health systems issues are dependent on and influenced by Government entities beyond the MOHSS, the USG team also engages with the Ministry of Finance (MOF), Office of the Prime Minister, Public Service Commission, Ministry of Regional Local Government Housing and Rural Development (MRLGHRD), Ministry of Gender Equality and Child Welfare (MGECW), Ministry of Defense (MOD), Ministry of Safety and Security and Social Security Commission (SSC).

2. Global Health Initiative

Namibia's Global Health Initiative Strategy is built around the central idea that PEPFAR support for the national HIV/AIDS response, coupled with investments in cross-cutting areas such as strategic information, gender, financial sustainability, and human capacity development, can have profound ripple effects on broader health indicators, such as maternal and child survival, infants' nutritional status, human resources for health, and the use of data for evidence-based health programming. The Systems Strengthening portfolio directly supports the Namibian GHI objectives and principles of transition, access, and sustainability. The "Transition" objective is designed to "increase government and civil society capacity to manage, coordinate and finance the health and social sectors through improved systems." Specifically, key priorities for the USG Namibia team, as described in its GHI strategy, include --

- Increasing domestic health financing
- Equitable and Efficient Use of Funds
- Strengthened HRH
- Increasing use of Strategic Information, including M&E surveillance and operational research for evidence-based decision-making
- Increasing health service efficiency
- Increasing multi-sectoral coordination and programming

The "Access" objective seeks to "accelerate/expand access to quality health services in underserved areas." USG agencies will develop and implement existing and new programs to achieve the following key intermediate results (as described in the country's GHI strategy)

- Increasing availability of integrated HIV/AIDS (e.g. PMTCT) and maternal, reproductive, neonatal and child health services
- Increasing availability of integrated TB/HIV services
- Improving the continuum of care, including referral linkages
- Increasing the availability of community-based prevention/health promotion and care and treatment services, including gender-based violence prevention
- Increasing male involvement in family-related health care decisions

PEPFAR Namibia's COP 12 funding for Governance and Systems Strengthening target both objectives. Because most USG health funds in Namibia flow through PEPFAR, GHI-focused activities will require innovative thinking



about the way investments in HIV/AIDS and TB may have maximum impact across the GHI principles. In COP 12, the USG team will work to improve greater partnerships, particularly among domestic stakeholders who can contribute to the sustainability of the response (e.g. the public sector beyond MOHSS – e.g. MOF, and the private sector). Relatedly, to address financial sustainability, COP 12 will focus will support the GRN to develop informed budget submissions relating to the HIV/AIDS response and health system, support upcoming national funding mechanisms that have the potential for financing some civil society services, and work with NGO partners to develop innovative resource mobilization plans (that may for example include marketing services to the private sector). Another major GHI thrust for systems strengthening in COP 12 is USG's support for "smart integration" approaches in Namibia. This will include the provision of various costing and workload scenario models to inform the integration process; along with direct funding to the MOHSS to implement (including the broadening of trainings to target more staff, such as from PHC, than those working in HIV/AIDS clinics only) the selected integration model. This work builds upon past COP investments that have expanded the availability of commonly prescribed non-ART medicines in ART pharmacies, and developed curricula to train nurses on the WHO Integrated Management of Adult (and Child) Illness (IMAI/IMCI) strategies, which the government is rolling-out to health clinics nationwide.

3. Leadership and Governance and Capacity Building

The Namibia GHI strategy is based on a number of critical assumptions around the government's current and future commitment to governance and leadership in the health sector. Notably, the Namibia GHI strategy assumes that the Government of Namibia will remain "committed to health sector priorities as outlined in the National Development Plan, the National Health Policy Framework, and the National Strategic Framework for HIV and AIDS." The USG will work to strengthen 1) the Government, 2) the private sector, and 3) civil society capacity to design, manage, and monitor HIV programs at various levels.

3.1 Government

For the GRN, the USG in COP 12 will support the strengthening of country-led processes, including greater alignment to GRN budgeting cycles. As mentioned before, the USG will work with a broader range of GRN stakeholders – akin to a Namibian 'whole of government' approach-- who are and can be influential in the sustainability of the response and health system (in addition to the MOHSS and MGECW); this includes the MOF, MRLHRD, and Social Security Commission. In addition, USG governance activities in COP 12 will support and inform the restructuring/ reform efforts of the MOHSS and the MGECW to be more responsive and effective in meeting their national mandates. It should be noted that in keeping with the GHI principles, the USG support to the MOHSS on HSS goes beyond the Directorate of Special Programs (that houses the Ministry's HIV/AIDS program) to also target other directorates dealing with primary health care, central medical stores, policy planning and human resource development, and tertiary care.

3.2 Private Sector

For the private sector, the USG in COP 12 will support a number of initiatives including high-impact activities, such as the expansion of an innovative public-private mobile primary healthcare initiative (that can serve as a model for similar activities in the public sector). USG efforts will focus on mobilizing sustainable private sector contributions-through price reduction efforts for ARV to promote low-cost health insurance uptake by employers for low-wage income earners, strengthening private sector links to and financing of civil society, strengthening private sector provision and financing of male circumcision (5), and supporting greater GRN-private sector coordination through upcoming new structures such as the PPP unit within the MOHSS. An area of particular interest over the next five years will involve increased USG engagement with the Social Security Commission and private insurance companies as these entities debate wide-ranging reforms with respect to the development and roll-out of national health insurance and steps for achieving universal health coverage.

3.3 Civil Society

For Civil society, the USG will build upon previous efforts to garner greater involvement and engagement by civil society and PLWHIV in the HIV/AIDS. With respect to civil society, the USG will continue to offer organizational



development support to help civil society become more focused in their mandates, clearer in articulating their value, strategic in resource mobilization and in diversifying revenue streams, and accountable in delivering services.

4. Strategic Information

USG has worked closely with MOHSS and other stakeholders to develop and implement necessary strategic information (SI) activities at the national, sub-national and community level. In COP 11, USG provided support in the areas of surveys and surveillance, monitoring and evaluation, health management information systems (HMIS), and operational research. In HMIS, USG supported efforts to maintain current systems by providing technical assistance on developing prototypes for linking databases into a national M&E data warehouse and developing plans for data standards and an HIS assessment for all MOHSS systems; these activities will go beyond HIV/AIDS reporting and will integrate all health indicators. Successes in the past year include the approval of a budget request submitted by the MOHSS to the MOF for financing of the new Health Information and Research (HIR) Directorate.

In COP 12, USG looks to build upon foundational activities for standardizing M&E and surveillance by working with national counterparts to do more to characterize the HIV epidemic and assess the outcomes and impact of interventions. In addition, the USG will support the MOHSS to launch its new HIR Directorate and offer both programmatic and organizational development support. As the vision for streamlining, linking and integrating information systems is better articulated, the USG will use COP 12 funds to make the necessary adjustments to the various information systems (in line with the new vision) that PEPFAR has supported over the years.

With respect to surveys and studies, the USG supported the successful implementation and analysis of the bi-annual ANC sentinel survey with the latter resulting in a report that was disseminated by the Minister of Health on World AIDS Day. In addition, the Health Facility Census report was finalized, distributed and disseminated at the national and regional level. Next steps include strengthening the GRN's capacity to conduct secondary analyses with the dataset. A data triangulation exercise report characterizing the epidemic with routine data was also distributed and the initial stakeholder workshop for the second triangulation exercise took place. The initial planning for an integrated biological and behavioral survey for MSM and CSW took place with full implementation of the formative assessment and survey underway in January 2012. A formative assessment of prisoners was completed and the data were used to inform a prevalence survey among prisoners. A DHS+ is in the initial planning phase and due to be implemented in 2012. In FY 2012-13, the next round of ANC sentinel surveillance will be conducted along with an HIV drug resistance threshold survey with the ANC specimens. In addition, an analysis comparing PMTCT data and ANC sentinel surveillance results will assess the ability to use PMTCT data as surveillance data. An effort will be made to emphasize pediatric surveillance within these activities. Other activities to be conducted in FY 12-13 include an HIV drug resistance monitoring survey and a TB-MDR survey.

Redacted

The national M&E Plan for the Multi-Sectoral Response to HIV was completed in 2011; the national indicators are now harmonized with PEPFAR, GF, and UNGASS indicators. An ART cohort analysis workshop was conducted with national and regional staff to understand how to use data for ART program planning. Several small scale data quality assurance activities have taken place at MOHSS health care facilities that will inform large scale DQA exercises for PMTCT and ART in COP 12. USG will work with MOHSS in conducting an ART outcomes evaluation and a PMTCT impact evaluation to assess the success of these programs. USG will work with national counterparts and other implementing partners, particularly with GF, to operationalize the harmonized national M&E plan by harmonizing reporting processes to ease the reporting burden on implementing partners. Indicators for areas that are not captured well by global indicators, such as health systems strengthening will be developed with national and international partners.

Several operational research and implementation science activities are taking place: an ongoing PHDP study is assessing the outcomes of a PHDP intervention rolling out to health facilities. Planning is underway for assessing outcomes of an educational intervention with PHDP at health facilities. An alcohol study among young men is ongoing. In COP 12, USG will work with national counterparts to emphasize operational research as the next step to add to the body of knowledge of epidemic trends and intervention outcomes. Areas that are not well understood beyond routine monitoring, such as TB/HIV co-infection, will be prioritized. . In terms of specific

information systems that are being supported by the USG, they status is as follows: The e-TB Manager is being piloted in sever sites; this web-based tool will strengthen the system for addressing all aspects of TB control including diagnosis, MDR/XDR TB cases, treatment, TB medicines and outcomes. USG continues to support the electronic patient management system which maintains a database of patients on pre-ART and ART and the Electronic Dispensing Tool which manages ART medicine pickup at pharmacies. In addition, USG provides technical support to the HIS unit. USG is also supporting the addition of an analysis module to the Namibia Institute of Pathology laboratory information system with training. Discussions on a community based information system is just underway and methods (some of which are being piloted) are still being decided upon. In COP 2012, as Namibia moves into a new era of coordinating information systems, USG will support the development of national information system strategies and policies; a national unique identifier system; and data standards. In addition, an emphasis will be placed on capacity building through mentoring and training informatics staff.

Capacity building is a priority for the USG strategic information program. Currently, USG supports data clerks, analysts, and M&E staff at the national and sub-national level. Although these positions are not on the staff establishment list, USG has advocated for these positions to be included and considered for transition to MOHSS. USG supports continuous training of these staff through in-service and refresher training. USG also supports the strategic information program at the University of Namibia. In COP 12, USG will continue to support in-service and pre-service training in surveillance, M&E, and HMIS. Data clerks within the Ministry of Defense health facilities have been trained to capture their own data and to use data for planning purposes using an adapted Ministry of Health Patient Care Booklet. In the absence of an electronic health management information system to facilitate data capture and analysis as well as to facilitate data sharing between the Ministry of Defense and the Ministry of Health and Social Services, MOD health care officers were trained on how to record and analyze data manually and share relevant data at the National Level. A Defense HIS (DHMIS) Technical working group was established in 2011 to work with DoD on the establishment of the Electronic Health System for the MoD. Training will be provided to this TWG in terms of data capture, analysis, reporting and M&E. One of the main challenges facing the Ministry of Defense is the lack of HIV prevalence data to inform policy and planning. The prolonged delay in approval of a sector specific HIV policy has adversely affected the program. Lack of HIV sero-prevalence data hinders effective planning and targeting of resources. This has also resulted in the delay in training military health care workers on how to conduct and analyze such data for planning purposes.

As USG-Namibia transitions elements of the program to national counterparts, a targeted effort to monitor and evaluate this process will be implemented. Through development of the GHI strategy COP 11, indicators and benchmarks for transition were added to the routine PEPFAR indicator list. However, as the transition process evolves, and different areas of transition are prioritized, a substantive plan for assuring that programs are not affected adversely must be put into place. Funding through a special initiative will be used to develop an M&E plan specific to the Namibia transition plan. In addition, in line with GHI principles, operational research activities around gender and reproductive health will be prioritized in COP 12.

5. Service Delivery

Central to its approach to improve service delivery systems, the USG in COP 12 is focusing efforts on strategic integration and formalizing referral systems and links—such as those between facilities and communities as well as between services provided by various line ministries (such as those of the MOHSS and MGECW).

Specifically, the USG is addressing the key features of the continuum of the Response in the following manner:

- The USG is working to improve upon the sustainability of services—through both GRN and private sector resource mobilization.
- The USG is also working to improve access and distribution of services, through better targeting of financial resources (through the development of an equitable resource allocation formula), increased support for mobile services, and better use of data to identify those in need of services.
- In addition, the USG is working to reduce HIV transmission through greater linkages and more targeted efforts in behavior change, male circumcision, counseling and testing, PHDP, and MTCT.
- To improve retention and adherence of HIV+ clients in care/treatment programs, the USG is working to strengthen better information systems for tracking patients on ART; to improve outreach and mobile



ART services; to increase capacity building for health care workers to promote adherence; and to pilot new, evidence-based technology and community based adherence promoting interventions.

- To improve client, family, and community health outcomes, the USG is supporting the development of the health extension worker cadre to improve access to care by communities; the strengthening of bi-directional referrals and linkages; promoting family centered approaches to the continuum of care; and various economic strengthening efforts for affected families.

To foster such linkages in the Continuum, the USG is working to support greater data-use for decision making. In this regard, the GRN recognizes that effective programming necessitates the need for the production of appropriate data for evidence-based planning. Targeted survey and M&E activities for areas such as PMTCT and MC and for populations such as MARPs and PLWHA are being prioritized for the coming years to provide baseline, mid-term and end term evaluation data to plan and track progress of these initiatives. As the urgency of scaling up life-saving programs wanes, and as new initiatives are implemented for target populations, the focus for data will go beyond routine M&E. Process, outcome, impact evaluations and studies will be incorporated into prevention, care and treatment programming.

6. Human Resources for Health

COP 12 resources for HRH will be focused on the transition of relevant donor staff (in a phased approach (6)) to the pay-roll of domestic stakeholders, including the GRN. In addition, HSS projects funded in COP 12 will focus on capacity building, along with workforce planning, development, and management.

In 2010/2011, USG helped launch an inter-agency, inter-ministerial, and multi-sectoral task force on Human Resources for Health. This task force is chaired by the Deputy Permanent Secretary of the MOHSS and includes senior representatives from the National Planning Commission, the Ministry of Finance, other line ministries, civil society and the private sector. The task force has established a technical working group (TWG) to manage and implement the current transition of USG-supported positions to the MOHSS staff establishment. This TWG is also charged with supporting the on-going development of staffing norms and other HR strategies (e.g., recruitment and retention in under-served areas) required to expand and restructure the MOHSS workforce. In August 2011, the TWG supported the submission of a US\$29 million "motivation" letter from MOHSS to the Ministry of Finance. This motivation seeks funds over a three year (Medium Term Expenditure Framework MTEF period) period to create 1,455 new clinical and non-clinical positions within the MOHSS workforce. Workers in these positions are currently providing HIV/AIDS services to the MOHSS, however all of their salaries are paid by the USG and the Global Fund. Historically, the USG has invested up to 30% of its annual COP budgets in direct salary support.

The three-year transition request submitted in August is the cornerstone of USG efforts to transition these costs to the GRN in a structured way that will not interrupt service delivery. In addition, the MOHSS has agreed to take on donor supported medical officers as contract staff until the results of the MTEF budget submission is known in April 2012. In this regard, the TWG has successfully managed the transition of 35 (out of 37) medical officers from USG supported mechanisms to the GRN.

For COP 12, USG will reduce its salary support budget by \$USD 8.7 million. This reduction will cover 1) all medical officers (to be absorbed by the GRN) with the exception of those involved the time-limited male circumcision scale-up (7) campaign, 2) clinical positions in 6 MTEF priority regions (namely nurses, pharmacists, and pharmacist assistants), and 3) the phase-out of several salary supported posts (which the MOHSS has decided to not absorb). USG will continue to work with the MOHSS to ensure that follow-up motivations are made for subsequent fiscal years and will work to remove funding for remaining health care workers in future COPs in collaboration and discussion with the GRN.

Beyond the HRH Task Force and TWG within the health sector, USG has worked closely with implementing partners to begin discussions with government institutions such as the University of Namibia to begin motivating for additional resources to absorb HR positions that are currently funded by the USG. Since 2009, for example, UNAM and the National Health Training Centre (NHTC) have successfully motivated for additional GRN funding to absorb over half a dozen positions that were previously funded through USG implementing partners I-TECH and MSH.

Pre-service and in-service training have been overshadowed by direct salary support as a

proportion of total USG funding for HRH. However, support for the development of a highly-trained and well-led health workforce is a priority for the USG team. USG investments in nursing, public health, and laboratory science programs at UNAM and the Polytechnic of Namibia will contribute to PEPFAR's "140,000 health care worker" target, and strengthen coordinated and standardized health care curricula in Namibia. Graduates from these programs will fill critical gaps in the health workforce. Importantly, over time these graduates will allow Namibia to reduce its dependence on expatriate health care workers. In-service training will build on historical USG investments to strengthen the HIV/AIDS response scale-up, and expand into cross-cutting areas such as maternal and child health, health promotion, and monitoring and evaluation. Moreover, as the MOHSS restructures its service delivery approach and considers the strategic integration of HIV/AIDS services within primary health care, the USG will offer training support for HCWs in non-HIV/AIDS units to care for HIV+ patients and also support HIV/AIDS-focused HCWs refresher courses for non-HIV/AIDS health services.

The USG Namibia team recognizes the importance of expanding task-shifting and deploying new cadres of facility-based and community-based health workers to reduce the work burden on what will continue to be a limited number of medical officers and registered nurses. The USG in collaboration with UNICEF is offering support for the pilot of the GRN's new "health extension worker" cadre, which will work to bring health care services to the communities themselves – helping to address the geographic barriers to accessing current facility-based care. Moreover, this cadre will serve as a career growth possibility for currently funded USG supported community workers and volunteers, who would be viable candidates for HEW pre-service training.

Finally, the USG is supporting broader HRH workforce planning and management through a number of initiatives. For example, building upon its earlier support to introduce an Human Resource Information System the USG will focus efforts on greater data use by managers and on broadening the system to include faith-based staff (in addition to public sector staff), and the private sector. In addition, the USG will support efforts to link HRIS with data from academic institutions that show the numbers of students being trained in various health care related fields. Doing so will help inform projections and identify deficiencies in the anticipated number of health care workers for a particular cadre. In addition, the USG will support HRH planning, projection, and analysis workshops for the MOHSS and MGECW along with supporting HRH-related assessments to inform the revision of Ministry staffing norms. Finally, the USG will provide technical assistance on possible the HRH impact/needs arising from various integration strategies.

7. Laboratory Strengthening

COP 12 funds will focus activities on strengthening coordination through the public health network, launching point-of-care testing to strengthen efficiencies, strengthening quality of lab services, and training the next generation of Namibian laboratorians.

Following a Cabinet decision, the Namibia Institute of Pathology (NIP) was established to provide and sustain quality medical laboratory diagnostic services throughout Namibia. NIP operates a two-tier laboratory system through a network of 37 laboratories that extends up to district level though not covering all districts. The NIP operates a good system for specimen referral to ensure countrywide coverage for laboratory services. However, the referral system faces the challenges of specimen collection, transportation and long turn-around times for test results.

Moreover, laboratory services need to be organized and properly regulated at the national level in order to meet the priority needs of the healthcare and public health systems and assure the quality of testing.

Recognizing that the Laboratory services are critical for proper delivery of health care services and provides data for policy formulation and informed decision making, the MOHSS with USG support has embarked on developing a national laboratory policy and strategic plan to address the gaps in laboratory service delivery. The national public health laboratory policy supports priority goals as defined by the MOHSS, sets standards for establishment of public and private laboratories, regulates them and guides training and certification of laboratory personnel and for quality laboratory practice in Namibia.

This policy defines the laboratory governance, coordination and collaboration structures and provides an environment and infrastructure that will assure the delivery of quality laboratory services to all and support the priority health initiatives of the national health plan. The national public health laboratory policy is a key element of the MOHSS operational resources for supporting effective national health priorities.

Laboratory personnel at the Ministry of Defense (MOD) facility have been trained in line with national laboratory guidelines. The establishment of a comprehensive laboratory Quality Management System (QMS) has progressed well with the development of a Quality Manual and Standard Operating Procedures (SOPs), and training of staff on Quality Systems Essentials. The laboratory receives technical assistance from the Namibia Institute of Pathology (NIP), which also serves as the reference laboratory for the Ministry of Defense. The Laboratory continues to participate in an External Quality Assurance (EQA) program with Thistle QA and efforts are underway to ensure that the laboratory is accredited to the South African National Accreditation System (SANAS).

8. Health Efficiency and Financing

In COP 12, the USG will support improved and informed host country budgeting and planning through the production of better expenditure and costing data, cost-benefit analyses, and efficiency analyses. These activities are critical for developing viable financial sustainability strategies.

First, to strengthen health care financing capacity in Namibia, the USG is supporting the institutionalization and policy use of national resource tracking efforts (National Health Accounts, National AIDS Spending Assessments) to routinely estimate expenditures by the public, private, and donor stakeholders for health care, HIV/AIDS, reproductive health, and other priority areas. Institutionalization activities include the development of a donor and NGO expenditure database. In addition, the USG will be linking such efforts to strengthening GRN capacity to conduct needed costing studies (as opposed to hiring external consultants and not retaining information on assumptions, methodology and cost data within the GRN) and to strengthening financial management practices.

The USG is also supporting a number of economic analyses to inform efficient, equitable, and effective use of health funds. For example, efforts are underway to garner sufficient data and analysis to develop an equitable resource allocation formula for the MOHSS to use in future budgeting decisions. This would shift allocation decisions from being largely based on historical allocations to being based on need, utilization, facility competencies, and burden of disease. Also, a number of analyses are underway to inform ways to strengthen private sector involvement in health care. For example, the USG is supporting analyses to determine the cost savings to the GRN and private sector if ARVs are procured through the public sector for purchase by the private sector (currently the private sector uses alternative procurement mechanisms and due to low-volume purchases, it pays twice the price as the public sector). Other examples include assessments to determine the viability of public-private partnerships to sustainably finance the development of upcoming primary health care mobile initiatives.

Furthermore, following a recent analysis by UNAIDS on financial sustainability, the USG will support follow-up studies as needed. Principal findings describe the need to address inefficiencies within the health care system. To inform the national health insurance initiative, the USG will also support economic and actuarial analyses to make low-cost health insurance options more viable for employers and employees. If health insurance is expanded within the formal sector, the financial burden on the public sector will be reduced significantly. Preliminary assessments conducted by USG partners indicate that the GRN would save USD \$1,000,000 per year for every percentage increase in the population covered by health insurance.

9. Supply Chain and Logistics

To strengthen the national health supply chain system, the USG will continue its capacity-building efforts to forecast, procure, store, distribute and generate logistics information of pharmaceuticals and other related commodities for the prevention, testing, treatment and care of HIV and AIDS in all regions of Namibia.

Enhancing the MOHSS supply chain system will be done by (1) strengthening warehousing operations and quality assurance capacity in Central Medical Stores (CMS); and inventory management at the two Multi-Regional Medical Depots in Rundu and Oshakati. (2) Providing supply chain-related technical assistance to MoHSS to accelerate the roll-out of male circumcision (MC) interventions.

In addition, USG will contribute to an adequately trained and well-performing supply chain workforce, including capacity building activities and transitioning roles and responsibilities to partner government counterparts. This will be done in part through support of UNAM and networks to provide health-related supply chain management training.

To improve coordination and leverage among other donors, the USG will support (1) capacity building of the National Medicines Policy Coordination (NMPC) sub-division in the Division: Pharmaceutical



Services to provide overall coordination and supervision in the supply chain management activities; (2) strengthen long-term quantification and budgeting of public-health program commodity needs including strengthening linkages between program commodity forecasts, supply planning and procurement actions and institutionalizing long-term forecasting and budgeting of commodity needs into MoHSS systems; and (3) provide technical assistance to the Project Management Unit of MoHSS to coordinate procurement of Global Fund-funded Therapeutic and Supplementary Foods (TSFs).

Finally, the USG will Improve the availability and use of information within the supply chain system for decisions making by (1) Enhancing CMS and Regional Medical stores' performance monitoring using Pharmacy Management Information System (PMIS) and utilization of data from Syspro as well as the fleet management system for decision-making. (2) Supporting the Primary Health Care directorate to monitor implementation; and evaluate the performance of the CHBC kit system and the TSFs logistics system. (3) Strengthening systems for data collection, validation, analysis and reporting of HIV counseling and testing (HCT)-related commodities to generate information for evidence-based managerial decision-making and policy recommendations.

10. Gender

Various strategic frameworks and national policies represent the Government of Namibia's (GRN) commitment to achieving gender equality and the empowerment of both men and women in Namibia. to create a society in which women and men enjoy equal rights and equal access to basic services, as well as opportunities to participate in and contribute towards the political, social, economic and cultural development of Namibia. The National Gender Policy recognizes that women in Namibia face increased prevalence of HIV/AIDS, high rates of gender-based violence (GBV) and continued pervasive gender and intra-household inequalities. USG resources will support implementation of the GRN GBV Action Plan in two focus regions working mainly to promote zero tolerance of GBV at the community level, strengthening national and regional GBV coordination structures along with GBV data management. Namibia adopted the National Strategic Framework for HIV/AIDS 2010/11-2015/16 (NSF) which highlights the importance of women and the girl child and calls for the reduction of the vulnerability to HIV infection and mitigating the impact of HIV and AIDS on women and children. Namibia participates in the annual 16 Days of Activism Against Gender Violence.

Gender inequalities within the family setting continue to undermine women's decision-making powers around their health resulting in delays in seeking appropriate health care and rising maternal mortality in Namibia. USG Partners report that low levels of male utilization and involvement and most treatment and care services are weak on utilizing a family-centered approach.

The Namibia GHI strategy focuses on investments that will help the GRN and civil society partners accelerate and expand access to quality health services particularly for women, children and other underserved populations. The Namibia GHI strategy highlights increasing community awareness about gender issues, especially gender-based violence and male involvement in family health decisions. A key tenet of the HIV/AIDS Partnership Framework of the GRN and the USG is to support advancement of policies to address gender-related norms and practices that hinder equitable access to services and increase the vulnerability of women and girls to HIV infection.

End Notes

(1) Ministry of Health and Social Services (MoHSS) [Namibia] and ICF Macro. 2010. Namibia Health Facility Census 2009. Windhoek, Namibia. MoHSS and ICF Macro.

(2) Ministry of Health and Social Services. 2008. Health and Social Services System Review. 2008

(3) 3 HCW/1000 population is above the WHO benchmark of 2.28 specified in the WHO 2006 report.

(4) Ministry of Health and Social Services, Health and Social Services System Review, 2008.

(5) With COP10 funds, USG support to the private sector produced an important measurable output, notably the creation of an affordable national tariff (that outlines fees and services) for insurance schemes to offer male circumcision benefits as a prevention measure for HIV/AIDS. Previously, MC was only covered under insurance for medical reasons and was considered too expensive to offer for HIV prevention purposes.

(6) It should be noted that the USG will continue to provide salary support for some positions, particularly in the non-clinical cadres (as these do not always have readily identifiable counterpart cadres on the GRN staffing structure) and technical adviser positions (the latter is critical for evolving into a TA model).

(7) MC medical officers will not be included as part of the transition to GRN.



Technical Area: Management and Operations
Redacted

Summary:
(No data provided.)

Technical Area: Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
CIRC	13,744	0
HMBL	0	0
HVAB	0	0
HVCT	2,841,157	0
HVOP	2,604,591	0
MTCT	2,102,159	0
Total Technical Area Planned Funding:	7,561,651	0

Summary:

1. Overview

HIV/AIDS remains a significant source of morbidity and mortality, and a major drain on national and international resources for health. In 2008/09, the national HIV/AIDS response consumed 27.5% of total national expenditures on health (1 - see End Notes). The HIV/AIDS epidemic is mature, generalized, and driven by heterosexual and mother-to-child transmission. The Government of the Republic of Namibia (GRN) identified prevention as one of four national HIV/AIDS priorities in the National Strategic Framework (NSF) 2010/11-2015/2016. With continued support from its partners, Namibia has made considerable achievements in this area, achieving high PMTCT and HCT coverage and adopting the Voluntary Medical Male Circumcision (VMMC) policy. However, to achieve high-impact sustainable prevention efforts there is still a need to address many challenges including the key drivers of the epidemic, e.g. multiple sexual partnerships, alcohol, inconsistent condom use etc.

In addition, cross-cutting issues related to human resources for health, systems strengthening, capacity building, gender, and strategic information remain a significant challenge.

The USG prevention portfolio has already been moving towards a more strategic mix of target populations, geographic coverage and approaches. Using combination prevention, the focus is on supporting Namibia to achieve a sustainable and country-owned mix of evidence-based high-impact prevention approaches integrated with and complemented by appropriate behavioral activities to create demand for these approaches.

The bulk of current USG support for Health Systems Strengthening activities in the prevention program area is targeted at Human Resources for Health (HRH). USG support for permanent staff within the Ministry of Health and Social Services (MOHSS) will progressively decline over the coming years and the transition of clinical staff is underway. USG, GRN, and civil society are in continuous dialogue regarding the HRH transition. For non-clinical staff, a plan is being formulated. It is predicated on the resource mobilization and on working with GRN to create cadres within the government staff establishment (e.g. M&E staff, health extension worker).

1.1 HIV Prevalence

HIV prevalence in Namibia has never been measured through a national population-based survey. National estimates are derived from bi-annual surveillance of pregnant women attending antenatal clinics (ANC). The 2010

ANC Surveillance Report indicates HIV prevalence among pregnant women attending ANC was 18.8%, a decline from the peak ANC prevalence estimate of 22.5% reported in 2002 (2). Amongst 15-24 year olds, the ANC prevalence rate was 15.2% and 10.3% in 2004 and 2010 respectively (ANC Sentinel Survey 2010). These reductions in HIV prevalence, giving a proxy for trends in recent infections, could indicate a reduction in incidence. Additionally, updated estimates derived from the Estimates and Projections Package (EPP) and SPECTRUM software show a steep decline in probable incidence from between 2002 and 2011. A new Namibian Demographic and Health Survey (DHS) is planned for 2012 and is expected to include bio-markers with HIV testing high on the list.

Although a significant downward trend was observed among young pregnant women aged 15 to 29, HIV rates increased for all five-year age cohorts of pregnant women between 30 and 49, perhaps reflecting a "cohort effect" owing to improved survival of previously infected women as they move into older age cohorts, given the high coverage of ART. Very limited data are available on HIV rates among men. A 2011 survey of 9,800 private sector employees found similar HIV rates for men and women, about 10%.

Although HIV prevalence does not differ significantly between urban and rural areas within Namibia, it varies greatly across regions. HIV prevalence is highest in the North along the Angolan border, where roughly 60% of the population resides. In 2010, ANC prevalence ranged from 4.2% in Rehoboth to 35.6% in Katima Mulillo. HIV rates are also high in Walvis Bay in the west and Karasburg and Luderitz in the south. Although overall prevalence estimates are declining, troubling increases were observed in several sites.

Data for most-at-risk populations (MARPs) are limited. Key informants estimate HIV rates among sex workers (SW) to be high, and the total population of SW is estimated to be around 10,000-12,000. SW are concentrated where there are transport routes and a high presence of truckers, miners and sailors. These occupational groups typically spend long periods away from home and seek out paid sex. In these "hot spots," the high prevalence of sex work increases the risk of HIV for both mobile workers and surrounding communities, as SW clients serve as a 'bridge' from their commercial to their regular partners. In a small 2008 study in Windhoek, HIV prevalence among men having sex with men (MSM) was 12.4%.

1.2 *Alignment to the Government of Namibia's Prevention Planning and Priorities*
 Prevention is one of four national HIV/AIDS priorities in the NSF developed by the GRN. The NSF supports a combination prevention approach including behavioral, biomedical and structural interventions and a focus on the key epidemic drivers. During preparation of the NSF, the GRN identified the following weaknesses that have undermined prevention efforts: inadequate targeting of key epidemic drivers and populations; inadequate coverage and intensity; and fragmented coordination and a lack of synergy resulting from a lack of capacity among regional and community level GRN structures.

Since 2008, the USG and the GRN have worked together to formalize HIV Prevention within the GRN through support to planning and coordination and support to the technical Advisory Committee (TAC). Key GRN stakeholders in prevention include: the MOHSS; Ministry of Information, Communication, and Technology (MICT); Ministry of Education (MOE); Ministry of Defense (MOD); the Namibian Defense Force (NDF); Ministry of Gender Equity and Child Welfare (MGECW); and Ministry of Regional and Local Government, Housing and Rural Development (MRLGHRD), civil society organizations (CSO) and other donors.

The NSF combination prevention strategy focuses on reducing the risk of HIV transmission by promoting changes in sexual behavior, underlying social and cultural norms, poverty, and gender inequalities. Biomedical interventions, including male circumcision (MC), prevention of mother to child transmission (PMTCT), HIV counseling and testing (HCT), increased male and female condom use, control of sexually transmitted infections (STI), and blood and injection safety. Creating an enabling policy and legal environment is also needed to support the successful implementation of these strategies.

Consensus drivers of the HIV epidemic in Namibia include: low male circumcision rates; multiple and concurrent partners (MCP); inter-generational and transactional sex; mobility/migration; excessive alcohol use; declining marriage and co-habitation rates; inconsistent condom use; inadequate personal risk perception; and lack of HIV testing/awareness of HIV status.

Specific factors driving the epidemic vary by region and group so much that Namibia has multiple drivers occurring simultaneously. International borders (Caprivi) and ports (Walvis Bay) are homes to large groups of migrant men and widely available commercial sex which were found to be significant in the spread of HIV in

these regions.

The social, economic and gender issues underlying these drivers are mutually reinforcing. Many Namibians share deep-rooted traditions of polygamy, bride-wealth exchange and patriarchal authority. These in turn form a strong cultural backdrop for societal tolerance of multiple concurrent partners (MCP) and transactional and cross-generational sex. For women, high unemployment, low access to resources, the fluidity of relationships, poverty and food insecurity all contribute to their vulnerability and dependence on transactional sex.

1.3 Evaluation of Prevention Efforts

Monitoring and evaluation efforts to build evidence-based programming continue. There are surveys and impact evaluations planned that go beyond routine program M&E:

- *A population-based sero-prevalance survey (DHS+) remains under discussion with the partner country and is expected for 2012.*
- *An Integrated Biological and Behavioral Surveillance Survey (IBBSS) with Population Size Estimation focusing on SW and MSM in Namibia is being implemented in 2012. A randomized control trial examining the effectiveness of alcohol-HIV risk reduction intervention for men in a standalone VCT setting in Windhoek is also underway.*
- *A randomized control trial examining the effectiveness of prevention for persons living with HIV.*

1.4 Funding For HIV Prevention

There are two major donors providing financial assistance to the partner country: The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and the USG. Technical assistance is provided by GIZ and the UN. The GFATM Rolling Continuation Channel (RCC) is providing \$169.4 million from July 2010 to 2016 and includes a range of HIV prevention activities with the exception of medical male circumcision.

Currently, MOHSS depends heavily on external resources to assure core services for HIV/AIDS. External support from the two largest donors is expected to decline significantly in the future. Community-based and civil society groups implementing HIV prevention receive almost zero funding from domestic resources.

1.5 PEPFAR/Namibia COP12 Priorities in Prevention

USG/Namibia has a mandate to substantially reduce funding levels in Namibia over a period of five years. The process of transitioning USG-funded activities to the GRN began in COP11 and will accelerate in COP12. Given diminishing resources, USG priorities in COP12 include:

- *Alignment with the NSF and the new USG prevention guidance.*
- *Support to key GRN national and regional offices for high impact, combination prevention interventions linking behavioral, biomedical and structural interventions.*
- *PMTCT Elimination by 2015.*
- *MC scale-up for public health impact with an emphasis on regional saturation*
- *Achieving a high coverage of Provider Initiated Counseling and Testing (PICT) HCT services in public and FBO facilities.*
- *Exploring mixed models of HCT service delivery to improve access and availability for populations experiencing challenges.*
- *Expanding comprehensive positive prevention in the community and health care facilities.*
- *Systematic coverage of SW and MSM with the minimum package for MARPs.*
- *Strengthening current behavioral interventions to expand coverage and incorporate evidence-based approaches that address known drivers whilst building active links to biomedical interventions.*
- *Increased focus on gender issues that contribute to HIV transmission.*
- *Strengthening M&E to better track performance of prevention services.*
- *Addressing human resource issues, capacity development and sustainability, in order to transition USG-funded community programs to local partners*
- *Incorporation of new prevention technologies as they become available.*
- *Coordination with other stakeholders to maximize impact and leverage resources*

USG achievements, challenges and future priorities in each area of prevention are elaborated below. Cross-cutting

issues relating to human resources for health, systems strengthening, capacity building, gender, and strategic information are integrated into the discussion in each technical area.

2. Prevention of mother to child transmission (PMTCT)

2.1 Achievements and Challenges

USG contributes to the national program through technical assistance in guideline development, training and salary support for Health Care Workers (HCW). Achievements include assistance to implement rapid HCT service; delivering a more efficacious ARV regimen to sero-positive pregnant women, post-partum mothers and HIV exposed infants; CD4 screening and nutritional counseling that encourages exclusive breastfeeding for six months.

Challenges include a shortage and high turnover of HCW; population mobility and long distances to health facilities; links between community-clinic services due to suboptimal referral systems; integration of ANC/PMTCT with sexual and reproductive health (SRH), antiretroviral therapy (ART) and follow-up of mother-infant pairs and HIV exposed infants. Namibia continues to experience poor data quality.

2.2 COP12 Priorities

Namibia has made considerable progress in scaling up access to ARVs for PMTCT (Prong 3) and treatment, care and support for HIV positive mothers, their infants and families (prong 4) therefore a greater focus will be placed on quality improvement in prong 3 & 4; and strengthening integration and linkages to interventions aimed at prevention of HIV infections among reproductive age groups (prong1) and prevention of unintended pregnancies among HIV positive women (prong 2) through increasing access to family planning services among HIV positive women as well as improving couple counseling and testing. A specific area of emphasis is to continue strengthening mother-baby pair follow-up as well as improve access and availability to early infant diagnosis (EID). Resources will strengthen interventions on maternal mortality, including assistance to Health Extension Worker (HEW) program to identify pregnant women with complications, address the 3 "delays" in service delivery (seek, reach, receive) experienced by pregnant women and stronger community systems including support to the adaptation of mother-to-mother models designed by the MoHSS. An impact evaluation of the program using a cohort analysis to follow-up HIV-exposed infants at six weeks, nine months and 18 months to determine baselines for monitoring progress towards E-MTCT is underway.

USG will transition HCW salary support and commodities. Resources will support in-service training and technical assistance, including reviewing various service delivery models to strengthen linkages between PMTCT, ART, maternal and child health (MCH) and SRH (sexual and reproductive health). PEPFAR does not support family planning (FP) commodities procurement but service integration will increase access to commodities through referrals. USG will support country efforts to implement the MTCT national elimination agenda (eMTCT by 2015). Resources will enhance quality of services through implementation of revised national guidelines, protocols and strategies. Resources will be directed to improving current integration, service linkages and patient flow between PMTCT and ART services.

3. HIV Testing and Counseling (HTC)

3.1 Achievements and Challenges

In the 2006/7 DHS, 55% of women and 34% of men reported ever having had an HIV test. However, current program data corroborates increasing uptake of HTC. The majority of HTC occurs in the public sector. Over 80% of health facilities provide HTC services. Women account for approximately 70% of HTC in health facilities, reflecting high rates of testing in PMTCT settings. Services nonetheless remain poorly accessed by population segments including men and specifically defined MARP.

Namibia adopted a mixed model of service delivery through integrated sites in health facilities, stand-alone clinics, mobile/outreach, home-based testing, and institutional testing in prisons and military settings. Based on findings from the pilot in COP11, implementation of door-to-door testing will be scaled up in COP12. Namibia utilizes lay counselors to implement the majority of HTC services. Provider Initiated Counseling and Testing (PICT) is widely implemented in ANC and TB clinics. Efforts to scale-up PICT beyond ANC and TB are underway, though experiencing delays. The HTC program is dependent on external financing, especially for salary supports, the procurement of commodities, testing campaigns, and quality assurance.



3.2 COP 12 Goals and Priorities

The USG will initiate a multi-year transition of salary support, commodity and service costs. USG assistance will focus on improving HCT data analysis, accelerating PICT implementation, incorporating private sector, and strengthening supply chain management for public and non-governmental HTC activities. Efforts to identify sero-discordant couples and family members will be renewed. Other priorities include: the coordination of mobile services, increasing the number of males and couples who access HCT services, and improving linkages to care.

4. Male and Female Condoms

4.1 Achievements and Challenges

The NSF outlines distribution of 50 million condoms annually by 2015/16. MOHSS supports a public sector procurement and distribution model resulting in free condom distribution. Partial or unsubsidized condom products have been largely crowded out of the market. Since 2004 the GFATM has funded 80 percent of condom procurements; financed the capital costs for a local organization to repackage and trade condom products and establish a quality assurance laboratory. In 2010 a dispute between GFATM and Prime and Sub-Recipients resulted in procurement delays using GFATM resources. The dispute is unresolved. In late 2011 the MOHSS announced intent to finance 100 percent of condom requirements with domestic resources. In 2012/13, MOHSS targets distribution of 30 million condoms.

Since 2009 USG procured \$1.2 million worth of condoms for MOHSS, a total of 16 million condoms and \$0.2 million for the Namibian Defense Force (NDF), approximately four million condoms. The USG supports HR salary costs for Condom Logistics Officers. An internal USG condom quantification was conducted in 2011 providing information to stakeholders on standard forecasting and costing of condoms. The USG does not procure female condoms. Concerns over adequacy of national and regional condom supply remain due to an unresolved dispute between GFATM and grant recipients. Regional distribution patterns are often inconsistent with population needs.

4.2 COP12 Priorities

During COP12 the USG will initiate a transition from procuring condoms and salary support though current timelines remain undefined. Technical assistance requirements of the MOHSS and NDF will be reviewed to increase efficiencies in the system.

5. Voluntary Medical Male Circumcision (VMMC)

5.1 Achievements and Challenges

In 2009 voluntary medical male circumcision (VMMC) was piloted. A national VMMC policy was endorsed by MOHSS in 2011. Approximately 9,000 adult males were circumcised between 08/2009 and 11/2011 in integrated facilities. Some facilities have long waiting lists; at others, demand is weak. Currently, all USG-supported VMMC services in Namibia take place in government facilities although there are neonatal and adult VMMC procedures implemented in the private/commercial sector. The current public sector program remains physician-centered as of 11/2011, despite USG efforts to advocate for task-shifting to nurses by host country stakeholders. Namibia utilizes forceps-guided methods and electro-cautery devices. The MOVE model is not currently practiced.

USG resources support a MOHSS-based VMMC coordinator; development of MC strategy and costing implementation plan, dedicated MC services providers; supplies, equipment and M&E related materials, community outreach and client education materials. USG resources support VMMC in faith-based and military hospitals, training private providers and implementing a health insurance tariff for private health insurers. The USG currently provides 100 percent of VMMC resources. MOHSS indicated in 2011 that it will not pursue a GFATM targeted grant for VMMC. A USG costing in 2010 estimated \$24 million to reach 80 percent of Namibia's males by 2015, 15- 49 using current models.

5.2 COP12 Priorities

USG assistance will support multiple streams: 1. Accelerated implementation, using a regional saturation approach, in high burdened regions to achieve 50 to 80 percent coverage among eligible males; 2. technical

assistance to MOHSS to implement a national VMMC program; and 3. technical assistance in preparing a neonate component of the VMMC program. Resources will support stream one, specifically deploying dedicated HCW teams; adoption of MOVE; continue to advocate for task shifting; service delivery models in both health facilities and mobile units; targeted multi-channel community mobilization and health communication to generate demand. Demand creation will be linked to other prevention programs.

The ongoing challenge of mobilizing adequate financial and human resources has yet to be resolved. There is an urgent need to identify alternative funding sources for VMMC. A plan to cost the implementation of the VMMC policy is underway. To ensure sustainability and transitionability of USG investments in this area, the USG will use the costed implementation plan to work with the GRN to determine their specific contributions and their commitment to take over as USG support declines.

6. Positive Health Dignity and Prevention (PHDP)

6.1 Achievements and Challenges to Date

Prevention among PLHIV is a component of the response and includes health promotion, interpersonal counseling on behaviors and adherence, enhanced access to health and social services to support partner disclosure, partner referral, counseling and referral on FP/RH and STI; alcohol assessment and brief advice service for hazardous drinking. A centrally funded evaluation of facility-based PHDP was completed in 2011. Community-based PHDP is implemented through local PLHIV-led organizations by delivering the intervention package to existing PLHIV support groups, community and home-based care programs, and post-test clubs where available. Obstacles include: 1. Stigma: few women live openly with HIV and even fewer males disclose their status; 2. Support groups in Namibia are fragmented and do not cover the majority of the HIV positive population; 3. Gaps in linkages and referral systems between the community and health facility; and 4. M&E: project structures capture and report activities but do not inform the national response.

6.2 COP12 Priorities

PHDP is a growing component of Namibia's combination HIV prevention. Coverage of HIV positive Namibians receiving this intervention will increase with the integration into facility and the expansion of community-based efforts. Technical assistance to strengthen linkages and referrals between community and facility-based services is essential to increase the potential impact of PWP. Efforts to increase coverage of sero-discordant partners, pre-conception planning for sero-positive women and adolescents living with HIV remains a priority for USG.

7. Most at Risk Populations (MARP)

Namibia maintains discriminatory laws against sex workers and homosexuals which impede the roll-out of services for MARP. Despite this political environment, MARP such as sex workers (SW), clients of SW and men who have sex with men (MSM) figure prominently in the NSF. The USG supports uniformed services to implement a comprehensive program to control the epidemic.

7.1 Achievement and Challenges

USG is a majority financier of MARP interventions and maintains assistance to civil society or CSOs working with and representing SW, MSM, and clients of SW. Several of these CSO are MARP-led organizations focused on delivering a core set of targeted HIV prevention interventions and promoting enabling environment for MARP. Activities implemented by the CSO include single and multi-session risk reduction counseling with themes of risk perception, alcohol and substance abuse, violence, targeted condom/lubricant distribution, linkages to VCT/FP/RH/STI/ART and MC. In addition, peer outreach, community-level activities and outreach to HCW will reduce barriers to treatment and care. Policy and advocacy activities, in collaboration with UN agencies, are expected to achieve improvements in the enabling environment. Namibia does not have a conducive legislative or policy environment to work with SW and MSM, as both face punitive laws and social stigmatization. An IBBSS with Population Size Estimation among female SW and MSM will be implemented in 2012.

7.2 COP12 Priorities and Goals

USG will continue to support MARP-led organizations to expand coverage of a core package of interventions and



enhanced access to ART for SW, their clients, and MSM. Longer-term transition goals present a challenge, as the GRN is unlikely to directly support MARP-led organizations.

8. General Population

Namibia has made substantial progress in HIV prevention in the general population. Successive NDHS (1992, 2000 and 2006) exhibit improvements in comprehensive HIV knowledge and reductions in multiple partners among married/cohabiting respondents and an increase in condom use, especially in high-risk sexual encounters and delays in sexual debut.

8.1 Achievement and Challenges

With support from USG, the National Prevention Coordinator leads the Prevention Technical Advisory Committee (TAC), which facilitates coordination across stakeholders. Recent engagement with the Ministry of Regional, Local Government, Housing and Rural Development (MRLGHD) strengthens sub-national coordination structures under the NSF, specifically Regional Councils. Engagement of MICT and MOD/NDF strengthened Namibia's whole of government approach to HIV prevention.

A high priority for USG is to transition most community-based programs to indigenous partners, and to build their technical and organizational capacity to become direct recipients of USG assistance. USG has also been moving to consolidate community-level programs in order to achieve more systematic coverage.

Support for alcohol-related HIV prevention activities, including the MOHSS Coalition for Responsible Drinking (CORD) and interventions seeking to reduce hazardous drinking in drinking establishments, will be continued in 2012.

Preventing HIV among youth remains critical to the epidemic's trajectory, since 39% of the population is under age 15. Yet USG's youth prevention portfolio is scattered and lacks a strategic approach. Although the education sector has a key role to play in HIV prevention, the USG does not provide direct support to the Ministry of Education for school-based HIV prevention programming. Outside of the school setting, PEPFAR supports various partners with youth prevention activities. Programs work to support positive parenting practices and effective adult-youth communication. Other USG partners support life skills in selected schools; radio programs for children; and afterschool programs for youth 10-18, as well as vocational training for youth 18-25. A faith-based partner is supporting outreach to youth through communities and congregations, using the Stepping Stones curriculum.

8.2 COP12 Priorities

USG will seek to further transition public sector salary support to the GRN in a phased manner, to complete the shift in community-based activities to local partners, and to build the capacity of community based organizations to deliver high quality interventions. More broadly, the USG seeks to achieve adequate dosage and coverage of behavioral and biomedical interventions that address the known drivers of the epidemic.

9. Medical Transmission

The HMBL and HMIN budget codes have been identified as "mature" areas that may be phased out over the next three years. Support to the Blood Transfusion Service of Namibia (NAMBTS) through the HMBL budget code will be reduced by approximately 30% a year until phased out. In COP12, NAMBTS will complete the absorption of clinical and non-clinical staff onto its own payroll. Reductions in future COP years will focus on commodities (e.g. blood bags), and, ultimately, support for infectious disease testing of donated blood. While funding to NAMBTS is scheduled to be phased out under the HMBL budget code, NAMBTS may receive funding through the OHSS budget code for health systems strengthening activities that contribute to Global Health Initiative objectives, such as training for physicians in the appropriate use of blood, and technical assistance to strengthen blood transfusion services in Emergency Obstetric Care (EMOC). In a similar fashion injection safety activities are being transitioned to the MOHSS after a successful intervention and evaluation. COP12 funds subsequently will support action on evaluation findings, transition and system strengthening activities in consultation with MOHSS.

10. Gender

COP 12 gender priorities will continue to address gender-related HIV transmission drivers. There is substantial



evidence that gender-based violence (GBV) is common and acceptable in Namibia and often associated with alcohol misuse. Poverty, food insecurity, unemployment and women's inferior status increase women's vulnerability for transactional and intergenerational sex and contribute to very high estimated HIV rates among sex workers. USG resources will strengthen GRN efforts to promote zero tolerance to GBV and to mitigate the negative impacts of alcohol abuse. USG will allocate limited resources to provide technical assistance to strengthen post-exposure prophylaxis (PEP) integration into the routine package for those experiencing sexual violence and to promote follow-up and program evaluation.

To increase the number of men accessing HCT services, mixed models of HCT service delivery will be scaled up, specifically mobile vans, door-to-door home-based HCT. In addition, male engagement workshops, male-only testing days, and mobile testing in male-dominated workplaces will be organized.

PEPFAR Namibia will strengthen the capacity of the NDF gender focal person and will provide limited support to a MARP-led organization to improve transgender advocacy and prevention efforts. USG will support voluntary medical male circumcision (VMMC).

In COP12, USG PHDP programming will prioritize clinic-based and community-based PHDP interventions. Efforts to engage more men will be strengthened. The majority of beneficiaries of post exposure prophylaxis are related to sexual violence. As a result, USG will allocate limited resources to provide technical assistance to strengthen PEP integration into the routine package for those experiencing sexual violence and to promote follow-up and program evaluation.

(1) Government of Namibia, Health Systems 20/20 Project, World Health Organization, and UNAIDS. December 2010. Namibia Health Resource Tracking: 2007/08 & 2008/09. Bethesda, MD: Health Systems 20/20 project, Abt Associates Inc.

(2) Ministry of Health and Social Services: Report on the 2010 National HIV Sentinel Survey. Windhoek. 2010

Technical Area: Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXS	5,099,826	0
PDTX	1,042,993	0
Total Technical Area Planned Funding:	6,142,819	0

Summary:

1. Adult treatment section

Namibia has made remarkable progress towards the goal of providing universal access to high quality comprehensive HIV treatment services. With PEPFAR support, free comprehensive HIV care and treatment with Highly Active Antiretroviral Treatment (HAART) started in the public health sector in 2003 on a pilot scale in 2 districts and was rapidly rolled out to all 34 health districts by March 2007. Rapid scale and service decentralization has been a key focus and pursued over the last few years through the IMAI as well as outreach ART service delivery (including in the faith and military based facilities). The Ministry of Health and Social Services (MOHSS) reported that 97,983 patients were receiving ART by end of September 2011.

In COP12 the USG will continue working through the Partnership Framework Implementation Plan (PFIP) and collaborate with the Government of the Republic of Namibia (GRN) in implementing several key strategic focus areas as described in the National Strategic Framework for HIV/AIDS Response 2010/11-2015/16 (NSF), Partnership Framework (PF) and the implementation plan (PFIP) aligned to the Global Health Initiative (GHI) principles. The overarching strategy will be to reduce overall unit costs through maximizing efficiencies, reducing human resources (HR) foot print while improving ART coverage as well as strengthening technical assistance (TA) in HR and institutional capacity building for service delivery, ART commodities supply, and ART bio-clinical monitoring.



Adherence to treatment by individual patients and communities will be further enhanced in order to minimize treatment defaulters as well as development of HIV drug resistance (HIVDR) over time. These adherence-promoting interventions will incorporate implementation of treatment literacy activities; piloting of novel and innovative delivery models, e.g. chronic disease care model with active participation, as well as strengthening of community based evidence-based adherence promoting interventions. Additional key focus areas will be aimed at enhancing compliance to quality of care standards (ART guidelines) and particular focus will also be directed on refining and further strengthening the national HIVDR monitoring strategy. Linked to this will be TA for reviewing, strengthening and developing of more reliable monitoring and tracking systems for ART patient management. Finally, the Minister of Health has repeatedly affirmed the strategic importance of Treatment as Prevention (TasP) in reducing the number of new HIV infections in Namibia. USG will continue to provide technical assistance and support capacity building in this area to help enable this goal via stronger laboratory services, strategic information, and health systems. This goal is closely tied to the GRN's commitment to eMTCT using a WHO Option "B+" approach, which will be supported in a similar manner.

1.1 Access and integration

Access to ART in Namibia has increased dramatically over the past years reaching 85% of those in need at CD4 cell count of 200 by year 2009. This was achieved through scale-up of C&T and decentralization of services (Outreach, IMAI). Furthermore, with support from USG and other stakeholders, the GRN reviewed and updated the national ART treatment guidelines in line with the WHO 2010 guidelines, which recommended treatment initiation at CD4 of ≤ 350 cells/ μ l in adults and treatment for all children less than 2 years regardless of the CD4 count. This is likely to maintain high access to ART despite an increase in number of those in need. Point of Care technology for CD4 testing was piloted in FY11 and it is anticipated that it will be taken to scale over the next few years and will equally contribute to improve access and reduce costs of CD4 testing.

The NSF set ambitious treatment targets and has projected that the country would achieve ART coverage of 95% by 2016. The guidelines launched in September 2010 resulted in a huge shift of people previously ineligible for treatment being started on ART in the first half of FY2011, resulting in a doubling of the average new patients uptake during the past year. Similar demands were noted in terms of ARV drug consumption and laboratory monitoring demands.

As in many public health emergencies, the ART program in Namibia was introduced as a vertical program. Currently, efforts to integrate treatment care, prevention, family planning, Reproductive Health, and TB/HIV services remain a core principle of national ART programming. However, the best model for a smart integration of the various services still has to be developed and currently various levels and models of integration are operational at facility level. Relatedly, systems strengthening activities in this area will focus on costing for the various service integration models. The GRN is also working on defining the minimum district service package that details service availability at each level of the care system.

The GRN recognizes that external funding from both PEPFAR and Global fund will continue to decline over the next few years and has started making contingency measures to ensure that the scale-up is not negatively impacted by the declining external support. For instance, the GRN has committed to start transitioning donor-supported clinical staff into the government pay roll and has included proposals for increased government budgetary support for other treatment related costs such as ARV drugs and laboratory monitoring costs in its 3 year rolling Medium Term Expenditure Framework (MTEF) budget proposal for the period 2012/13 to 2014/16. The final funding levels approved will however remain unknown until sometime in the first quarter of 2012.

Within the military settings, the Fountain of Hope (FOH) HIV care and treatment clinic at the Grootfontein military base has been operational since 2009, providing comprehensive HIV and related diseases services, including Anti-Retroviral Therapy (ART). This clinic is currently the only health facility providing treatment for PLHIV in the military.

1.2 Quality & Oversight

The USG continues to value quality of care as it transitions from service delivery model to a TA model. Throughout the transition, the USG will continue to strengthen mechanisms which ensure that the quality of care provided through PEPFAR support is not compromised. In COP12, the USG will continue to support the GRN and FBO in strengthening ongoing supportive supervisory mechanisms, in-service and pre-service training, and clinical



mentorship as well as structured quality improvement (QI) programs (HIVQUAL) to ensure sustainability of quality treatment, care and support services in both the public (including the military settings) and private sector. The national quality management program has a dedicated national program officer currently PEPFAR-funded who supports the regional and district level supervisory structures in systematic quality monitoring and improvement. Regular regional quality management forums are convened, where providers review their clinical performance data and devise customized QI strategies. In addition, TA for standardizing treatment and care practices through periodic updates of the standard national HIV treatment and care guidelines in response to emerging evidence will continue to be a priority of USG in enhancing quality of care.

The USG has supported the establishment of a national therapeutic information and pharmacovigilance system (TIPC), which tracks adverse events to ART and other medications. PEPFAR continues to have a role in strengthening this program further through provision of technical assistance.

Additionally, staff at the FOH military site mentioned above, have been mentored in various areas of HIV treatment, care and support, and 41 health care workers (HCW) were trained in Integrated Management of Adolescent and Adult Illness (IMAI) and Medicine Adherence Counseling (MAC) to equip them with the necessary skills to provide quality and comprehensive HIV care to military personnel living with HIV at their respective health facilities. A total number of 22 peer educators and support group members from the Northern bases were trained in film facilitation to facilitate the "Remember Eliphaz" ART film to promote HIV treatment, care and support in the military and to sensitize and encourage military members to seek HCT, treatment, care and support within the military health facilities.

1.3 Sustainability and Efficiency

In line with the Namibia GHI strategy and as described in further detail in the Governance and Systems TAN, several activities are planned in COP12 to promote efficiencies within the health system and for the sustainability of the HIV response. The USG will support "smart integration" approaches in Namibia. This will include the provision of various costing and workload scenario models to inform the integration process; along with direct funding to the MOHSS to implement (including the broadening of trainings to target more staff, such as from PHC, than those working in HIV/AIDS clinics only) several integration models, including ART in general out-patient department, one-stop TB-HIV services, and ART in integrated ANC/PMTCT services. This work builds upon past COP investments that have expanded the availability of commonly prescribed essential non-ART medicines in ART pharmacies, and developed curricula to train nurses on the WHO Integrated Management of Adult (and Child) Illness (IMAI/IMCI) strategies, which the government is rolling-out to health clinics nationwide. In order to scale up access and adherence to ART in the context of limited physician staff, the MOHSS intends to decentralize services using task-shifting to nurses. USG will support policy development, implementation and ongoing evaluation of this. Efforts to improve cost effectiveness and sustainability of bio clinical monitoring for treatment include the implementation and evaluation of point of care testing (POC) for CD4 counts. POC services will increase access to testing, decrease cost of laboratory testing and increase quality of care and support services. Newer POC technologies such as for early infant HIV diagnosis (EID) will be explored as they become available. GRN has gradually taken up an increasing proportion of the procurement of ARV and currently procures approximately 65% of national ARV needs. In order to sustain ARV procurement, especially in face of increasing national needs, the government adopts the treatment as prevention policy. USG will provide technical assistance in ARV costing, forecasting, supply planning and pharmaceutical management to improve efficiencies within the supply chain.

2. Pediatric HIV treatment section

2.1 Background

In the context of a generalized epidemic, Namibia has rapidly scaled-up HIV treatment in the public sector since 2003, for both the adult and pediatric patients. According to 2008/9 MOHSS Spectrum estimates, 8,143 people will be newly infected in 2011/12 and in 2011/12, 11 218 children under 15 will be in need of ART. By September 2011, 97,983 people were on ART treatment, of which 8,939 were children under 15, representing 9% of the total population on ART. The table below shows the number of children currently on ART and ever enrolled, by age group.

Age	Currently on HAART	Ever enrolled on HAART
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0-<5	2623	3814
5-14	6316	8279
Total	8939	12093

Source: ePMS

2.2 National Strategy and Priorities

Building on the gains made by the national HIV program, the NSF strategic orientation for Treatment, Care and Support for all clients emphasizes the need to scale-up comprehensive quality services that encompass the continuum of care, at both community and health facility settings. The specific treatment goal as stated in the NSF for pediatrics includes reaching 86% of children (age 0-14) eligible for ART in FY 2012/13 and 95% in FY 2015/16.

To meet this goal the NSF outlines strategies directed to both adult and pediatric treatment and include: i) To improve ART coverage as well as the service provision environment including HR and infrastructure capacities; ii. To encourage adherence to treatment schedules to minimize defaulters and drug resistance over time; iii) To enhance quality of care by managing treatment standards; iv) To strengthen linkages across key response areas for treatment, care and support, particularly referral to the ART program and the management of Opportunistic Infections (OI); v) To develop more reliable monitoring and tracking systems for ART patient management; and vi) To strengthen the pharmaceutical supply system throughout all levels. As USG was actively involved with the development of the NSF, and in the PF and draft PFIP, PEPFAR priorities are well aligned with the strategic direction in the NSF.

2.3 Treatment Guidelines and Service Delivery

The 2010 National guidelines reflect the WHO 2010 pediatric treatment guidelines, which include treatment initiation for all HIV infected children under the age of two years, regardless of the CD4 cell count/percentage. Alongside with the change in pediatric treatment eligibility criteria, Prevention of Mother to Child transmission (PMTCT) services have scaled up in Namibia aiming to reduce by 90% new infant HIV infection. The early infant diagnosis (EID) using dried blood spot (DBS) polymerase chain reaction (PCR) testing has also been rolled out to 224 health facilities. Currently, ART services are offered at 181 fixed health facilities and outreach sites across the country. Pediatric care and treatment, integrated with adult services, is offered at a majority of these sites. Dedicated pediatric services exist only in Windhoek at Katutura hospital and in Onandjokwe Lutheran Medical services with a dedicated pediatric HIV staffing. Pre-service and in-service training has been supported by PEPFAR and with the National Health Training Center (NHTC) to improve the capacity of Health Care Workers (HCW) who provide pediatric HIV treatment. In addition, clinical mentors provide ongoing support for clinicians providing pediatric HIV treatment.

In the same way as for adult treatment, task shifting for pediatric treatment is being expanded in order to mitigate the challenge of on-going HR shortages.

Decentralization of ART services will improve access to pediatric treatment, but the challenge remains to deliver quality pediatric care to this unique population. The increased numbers of children and adolescents in care and treatment programs have created additional challenges for supportive and communication interventions, related to disclosure at all ages and positive prevention and counseling on sexual and reproductive health for adolescents. In response, MOHSS with PEPFAR support is in the process of rolling out an HIV-disclosure to children module for doctors, nurses, and community counselors. To address challenges of HIV care and treatment for adolescents, the MOHSS has tasked a TWG to develop a national approach to the management of adolescents living with HIV (ALHIV) and to develop ALHIV guidelines for HCW including facilitating the transitioning of HIV positive youths from pediatric to adult HIV care. Other efforts to improve pediatric HIV treatment include the development of a pediatric care booklet which will include essentials such as growth charts, HIV disclosure etc.

2.4 Monitoring and Evaluation (M&E):

Monitoring for pediatric HIV treatment is integrated within the MOHSS Electronic Patient Management System (ePMS) and the pharmaceutical EDT. Although there are ongoing problems with system programming, data quality, limitations to data access, analysis at both facility and management levels, a recent use of EDT data provided a

useful trend of pediatric update per region. This data, showing regional disparity in pediatric ART coverage, will be used for future care and treatment programming. PEPFAR will continue to support efforts to strengthen overall HIV M&E as described in the governance and system TAN.

To date, the quality of the national ART program has not been formally assessed. MOHSS has requested USG support to develop a protocol for the formal evaluation of the ART outcomes in Namibia to better understand the quality and effectiveness of the national ART program. This evaluation may be expanded to include the pediatric population since the outcomes will be critical for future programming, especially given the environment of declining donor support from both PEPFAR and the Global fund and as the GRN takes a greater role in financing the sustainability of the national ART program.

2.5 Pharmaceutical management:

The national HIV program collaborates with the division of pharmaceutical services within the MOHSS and other partners, including USG and Global Fund. During GFATM rounds preparation, USG through SCMS has supported quantifications and forecasts of ARV, based on Spectrum estimates of new and ongoing adult and pediatric patients in need of ARVs as well as quarterly consumption data. The recommended first line treatment for pediatrics is stavudine-lamivudine-and-nevirapine which is available as fixed dose triple and double combinations in two different strengths to cater for varying weight bands of pediatric populations. It has been a challenge for the MOHSS to procure other fixed dose combinations (FDC) because of limited availability of pre-qualified suppliers. Given a relatively good procurement and distribution system, there have not been reports of stock out in any of the ART sites or pediatric formulations. The EDT captures data on pediatric dispensing and allows analysis of national and regional trends of pediatric uptake.

2.6 COP12 priorities:

In line with national priorities USG will continue to focus on assisting the government to maintain high pediatric ART coverage while reducing the number of new infant infections as per eMTCT and to provide cost efficient, evidence based and decentralized quality services to pediatric populations. USG will continue to build HCW capacity through clinical mentorship and support to pre-service (University of Namibia, NHTC) and in-service training to include pediatric ART training. Special attention will be provided through TA to address the unique needs of ALHIV and strengthening treatment adherence support strategies as well as exploring ways for optimizing national HIV DR surveillance to include the pediatric population

3. Cross cutting priorities

3.1 Supply Chain

The USG has supported and will continue to focus on activities to enhance existing GRN systems in order to promote supply chain information sharing and improved procurement, warehousing and inventory controls systems. These activities include strengthening the capacity of the National Medicines Policy Coordination (NMPC) sub-division in the Division: Pharmaceutical Services to provide overall supervision in the supply chain management aspects; strengthening long-term quantification and budgeting of public-health program commodity needs, including strengthening linkages between program commodity forecasts, supply planning and procurement actions and institutionalizing long-term forecasting and budgeting of commodity needs into the MHSS systems. Additionally, technical assistance will be provided in evaluating interventions for improving cost-effectiveness of transport and distribution services; enhancing CMS performance monitoring using Pharmacy Management Information System (PMIS); supporting the establishment of a new state-of-the-art CMS and strengthening the public sector supply chain management practices by benchmarking the private sector supply chain models in Namibia.

This technical assistance will be extended to the two multi-regional medical depots to strengthen their pharmaceutical and related medical supplies inventory management, warehousing and distribution. As per GRN request, the USG will also support the Department of Logistics in the Directorate of Finance in the review and harmonization of the MOHSS transport guidelines and supply chain SOP that impact on the supply and logistics of HIV-related commodities. The USG supply chain expertise will also be landed to strengthen the capacity of NIP to procure, warehouse, and distribute lab commodities. In other to ensure sustainability in supply chain, the USG will work with the GRN to strengthen human resources capacity for supply chain management and support local tertiary

education institutions to provide health-related supply chain management training.

3.2 *ARV Drugs: Pediatric section*
 Same as for adult treatment section above

3.3 *Laboratory*

All laboratory-based testing for the public sector in Namibia is offered by the Namibia Institute of Pathology (NIP) for clinical diagnosis and patient management through a network of 37 laboratories. Laboratory services are delivered through a two tiered laboratory system based on level of care delivery, volume of testing and a strong referral system.

To provide basic laboratory services for the military, Ministry of Defense (MOD) has established a Lab at the army basis in Grootfontein to complement NIP services.

The national public health laboratory policy supports priority goals as defined by the MOHSS, sets standards for establishment of public and private laboratories, regulates them and guides training and certification of laboratory personnel and quality laboratory practice as well as bio-safety issues in Namibia.

The national Laboratory strategic plan, developed for the implementation of the policy, includes quality management system and bio-safety.

The Namibia Institute of Pathology is implementing a quality management system and has currently three ISO 17025 accredited laboratories and is preparing four more laboratories for accreditation with USG support. Laboratory personnel at the MOD facility have been trained in line with national laboratory guidelines. The establishment of a comprehensive laboratory Quality Management System (QMS) has progressed well with the development of a Quality Manual and Standard Operating Procedures (SOP), and training of staff on Quality Systems Essentials. The laboratory receives technical assistance from the NIP, which also serves as the reference laboratory for the Ministry of Defense. The laboratory continues to participate in an External Quality Assurance (EQA) program with Thistle QA and efforts are underway to ensure that the laboratory is accredited to the South African National Accreditation System (SANAS).

The NIP's mandate to generate income from the private sector is a model for sustainability. The MOHSS introduced HIV RT testing in 2005 as part of its strategy to scale up access to HIV testing at a lower cost and is piloting point of care CD4 testing with the same objectives.

NIP has a centralized procurement system for all laboratory supplies. The main store keeps a minimum of four weeks supply on hand, due to vendor ability to deliver supplies from Europe and South Africa. Logistic data from the Meditech system can be used for action. SCMS has been working with NIP to strengthen their logistics management systems, improve forecasting and use Meditech for informed decision making.

3.4 *Gender*

In Namibia, like in other countries in sub-Saharan Africa, women and girls bear the burden of HIV/AIDS disproportionately. As at September 30, 2011 97,983 (64% Females, 36% males) were on ART. This reflects almost a 2:1 ratio and the low levels of male involvement in HIV prevention, care and treatment services. Fewer males are known to test for HIV and within PMTCT services couple testing rates are very low. With FY11 resources a gender assessment supported by the USG, provided a clearer understanding of the barriers that women and men selectively face in accessing care and treatment services. The assessment reported that most PEPFAR-supported programs are gender accommodating and do not address the gender-based constraints that limit access to services. Furthermore, the assessment recommended the need to consider gender transformative messaging in HIV programs that consider the gendered nature of inequalities that drive individual risks and vulnerabilities.

USG supported treatment programs employ a family-centered approach though limited HR and pediatric expertise impacts on service provision for infected children at the rural clinics. Ongoing attention to gender issues guarantees women and men's equitable access to treatment and care, including reproductive health services. These efforts are channeled towards increasing early access to treatment for more males, as they are known to access treatment late in the disease. Integration of family planning (FP) activities into ART clinics through the Positive Health, Dignity and Prevention (PHDP) interventions in treatment settings will be supported. Activities that target reducing stigma and discrimination around HIV/AIDS include male engagement workshops, male-only testing days at stand-alone HCT sites and outreach to male dominated work places (sea farers, miners, etc.)

described in prevention TAN. Outreach services and mobile HCT units that are integrated with primary health care services will enable services to the hard-to-reach and the migrant workers in farms in the south of Namibia.

With Gender-based Violence (GBV) being rife in Namibia and a key driver of the epidemic, access to post exposure prophylaxis (PEP) is keenly promoted as part of a comprehensive package offered to survivors of sexual GBV. Adequate data collection on the numbers of GBV survivors provided with PEP is limited. Given the constraints of existing punitive and discriminatory laws against MARP, training HCW to provide a friendly atmosphere for service provision to these vulnerable populations is a focus.

3.5 Strategic information

USG Namibia has worked closely with the MOHSS and other stakeholders to develop and implement necessary treatment related strategic information activities including surveys and surveillance, monitoring and evaluation, health management information systems (HMIS), and operational research. In FY12, USG and its partners will continue working to expand the treatment information base, strengthen treatment information systems, and improve treatment information use at all levels of program implementation. Several small-scale data quality assurance (DQA) activities that took place during FY11 at MOHSS health care facilities will inform large scale DQA exercises for ART in FY12. Also, in FY12, USG will work with MOHSS in conducting a national ART outcomes evaluation to assess the success of the ART program. An ART cohort analysis workshop was conducted in FY11 with national and regional staff to understand how to use data for ART program planning; USG will continue to provide technical assistance in ART cohort analysis for ART program use in FY12.

An HIV drug resistance threshold survey will be incorporated into the biennial ANC based HIV sentinel survey; results from this survey will provide important information for refining and further strengthening the national HIV drug resistance monitoring strategy. HIV drug resistance monitoring in ART sites will be prioritized for FY12. Early warning indicator monitoring will continue and be increasingly incorporated into routine M&E.

In HMIS, the USG will continue to support the Electronic Patient Management System (EPMS) - which maintains a database of patients on pre-ART and ART, and the Electronic Dispensing Tool which manages ART medicine pickup at pharmacies. USG will also provide technical assistance on developing prototypes for linking MOHSS databases (including EPMS) into a national M&E data warehouse and developing plans for data standards and assessments for EPMS and other MOHSS systems.

Capacity building is a priority for the USG strategic information program across budget code areas, including treatment. The USG provides continuous in-service and refresher trainings for data clerks, analysts and M&E staff that support monitoring and evaluation of the ART program at the national and sub-national level.

3.6 Capacity building

In line with the capacity building objectives of GRN, CSO, and the private sector, as spelt out in the National Strategic Framework (2010/11-2015/16) and the Partnership Framework, the USG has supported and will continue to support institutional, system and individual level capacity building for the programming and delivery of quality HIV health care services. The institutional capacity building support by the USG will be directed at bridging the capacity gaps in the national, regional and district level health program management levels to better plan, implement, manage and evaluate programs for the provision of quality treatment, care and support services. This support will be provided through direct and indirect technical assistance to these institutions in evidence-based planning, implementation, monitoring and evaluation of quality assured treatment, care and support services. The USG will continue building the national capacity for service delivery systems of HIV care and treatment, including strengthening of quality of care management strategies such as clinical mentorship, supportive supervision and structured quality improvement programs. In addition, institutional capacity building will continue to be provided to the pre-and in-service health training network in human capacity development to enable the training institutions to provide quality training for the health workforce who administer HIV care services. At individual level the USG will also continue direct support for both pre-service and in-service training (including refresher trainings) of the health care workforce in the provision of quality HIV treatment, care and support services.

The capacity building initiatives will be measured at mid-term and end-of-term reviews of the NSF through the various relevant indicators defined in the Results Framework for the HIV and AIDS Response in Namibia 2010/11-2015/2016.



3.7 *Public Private Partnerships (PPP)*

The USG worked with the Namibia Business Coalition on HIV and AIDS (NABCOA) to strengthen workplace TB/HIV programs. The USG supports the MOHSS efforts to reach out to the private health sector on TB/HIV interventions. To date, a link exist between the MOHSS, the Namibian Association of Medical AIDS Funds (NAMAF) and its PEPFAR-supported partners in working with the Medical AIDS and HIV Clinicians Society to engage medical insurance, private medical practitioners and nurses through training aimed at improving the quality of TB/HIV management in this sector and collaborating for better reporting. In addition, as described in the Governance and Systems TAN, PSEMAS, the GRN medical insurance for civil servants will be assisted in finding efficiencies in ARV procurement and distribution.

3.8 *MARPS*

Namibia has existing laws and policies against sex work and sodomy. These policies impede the roll-out of prevention, care, and treatment services for these groups. However, for the first time, MARPS and other vulnerable populations figure prominently in the new NSF with clear targets and priority areas for implementation.

3.9 *Human Resources for Health (HRH)*

For Namibia to be able to meet the increased service demand for comprehensive quality HIV care and support services, the USG will continue to support GRN efforts for task-shifting and decentralization of services. The policy directive on task-shifting has been recently approved at the MOHSS management meeting. Support to this policy will require continued technical assistance to both pre-service and in-service training institutions to enhance the skills and capacity for more health care providers to be able to provide quality HIV care and support services. Furthermore, in line with the draft PFIP, the USG will provide assistance to the GRN to explore novel and innovative delivery models of care which lessen the workload on the limited HR while ensuring maximum program quality.

Additionally, in beginning to address inequalities in the health sector and to better implement primary health care, the MOHSS is piloting a community health extension program that will utilize a new cadre of community health extension workers (HEW). These HEW will provide integrated prevention education, illness detection and referral services and facilitate better linkages between health facilities and the communities. The USG is assisting the MOHSS to pilot this program. Based on the outcomes of the pilot, the USG will continue to support the program's roll-out to increase access to integrated sustainable quality healthcare services.



Technical Area Summary Indicators and Targets

Future fiscal year targets are redacted.

Indicator Number	Label	2014	Justification
P1.1.D	P1.1.D Percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	n/a	Redacted
	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	65,550	
P1.2.D	P1.2.D Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery	48 %	Redacted
	Number of HIV-positive pregnant women who received antiretrovirals (ARVs) to reduce risk of mother-to-child-transmission	5,250	
	Number of HIV-	11,000	



positive pregnant women identified in the reporting period (including known HIV-positive at entry)		
Life-long ART (including Option B+)	4,000	
Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B during pregnancy and delivery)	0	
Maternal AZT (prophylaxis component of WHO Option A during pregnancy and delivery)	1,000	
Single-dose nevirapine (with or without tail)	250	
Newly initiated on treatment during current pregnancy (subset of life-long ART)	0	
Already on treatment at the beginning of the current pregnancy (subset of life-long ART)	0	
Sum of regimen type disaggregates	5,250	
Sum of New and	0	



	Current disaggregates		
NA.387	The total number of whole blood units collected by the NBTS network that have been screened for all four transfusion-transmissible infections and are available for transfusion, times 1,000	12	Redacted
P4.1.D	P4.1.D Number of injecting drug users (IDUs) on opioid substitution therapy	n/a	Redacted
	Number of injecting drug users (IDUs) on opioid substitution therapy	0	
P5.1.D	Number of males circumcised as part of the minimum package of MC for HIV prevention services per national standards and in accordance with the WHO/UNAIDS/Jhpieg Manual for Male Circumcision Under Local Anesthesia	0	Redacted
	By Age: <1	0	
	By Age: 1-9	0	
	By Age: 10-14	0	
	By Age: 15-19	0	



	By Age: 20-24	0	
	By Age: 25-49	0	
	By Age: 50+	0	
	Sum of age disaggregates	0	
P6.1.D	Number of persons provided with post-exposure prophylaxis (PEP) for risk of HIV infection through occupational and/or non-occupational exposure to HIV.	240	Redacted
	By Exposure Type: Occupational	0	
	By Exposure Type: Other non-occupational	0	
	By Exposure Type: Rape/sexual assault victims	0	
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV	9,238	



	(PLHIV) interventions		
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	175,523	
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	n/a	Redacted



	Number of the target population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	35,853	
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	26,519	
	By MARP Type: CSW	4,769	
	By MARP Type: IDU	0	
	By MARP Type: MSM	0	
	Other Vulnerable	19,592	



	Populations		
	Sum of MARP types	24,361	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	326,141	Redacted
	By Age/Sex: <15 Male	10,355	
	By Age/Sex: 15+ Male	90,301	
	By Age/Sex: <15 Female	11,449	
	By Age/Sex: 15+ Female	214,036	
	By Sex: Female	225,485	
	By Sex: Male	100,656	
	By Age: <15	21,804	
	By Age: 15+	304,337	
	By Test Result: Negative	299,000	
	By Test Result: Positive	27,140	
	Sum of age/sex disaggregates	326,141	
	Sum of sex disaggregates	326,141	
	Sum of age disaggregates	326,141	
Sum of test result disaggregates	326,140		
P12.1.D	Number of adults and children reached by an individual, small-group, or	1,450	Redacted



	community-level intervention or service that explicitly addresses norms about masculinity related to HIV/AIDS		
	By Age: <15	138	
	By Age: 15-24	552	
	By Age: 25+	760	
	By Sex: Female	829	
	By Sex: Male	621	
P12.2.D	Number of adults and children reached by an individual, small group, or community-level intervention or service that explicitly addresses gender-based violence and coercion related to HIV/AIDS	250	Redacted
	By Age: <15	50	
	By Age: 15-24	80	
	By Age: 25+	120	
	By Sex: Female	180	
	By Sex: Male	70	
P12.3.D	Number of adults and children reached by an individual, small group, or community-level intervention or service that explicitly addresses the legal	300	Redacted



	rights and protections of women and girls impacted by HIV/AIDS		
	By Age: <15	0	
	By Age: 15-24	0	
	By Age: 25+	0	
	By Sex: Female	260	
	By Sex: Male	40	
P12.4.D	Number of adults and children who are reached by an individual, small-group, or community-level intervention or service that explicitly aims to increase access to income and productive resources of women and girls impacted by HIV/AIDS	0	Redacted
	By Age: <15	0	
	By Age: 15-24	0	
	By Age: 25+	0	
	By Sex: Female	0	
	By Sex: Male	0	
C1.1.D	Number of adults and children provided with a minimum of one care service	150,219	Redacted
	By Age/Sex: <18 Male	0	
	By Age/Sex: 18+ Male	0	
	By Age/Sex: <18	0	



	Female		
	By Age/Sex: 18+ Female	0	
	By Sex: Female	87,205	
	By Sex: Male	55,014	
	By Age: <18	59,009	
	By Age: 18+	91,210	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	142,219	
	Sum of age disaggregates	150,219	
C2.1.D	Number of HIV-positive individuals receiving a minimum of one clinical service	97,500	Redacted
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	0	
	By Sex: Female	63,375	
	By Sex: Male	34,125	
	By Age: <15	8,775	
	By Age: 15+	88,725	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	97,500	
	Sum of age disaggregates	97,500	



C2.2.D	C2.2.D Percent of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	81 %	Redacted
	Number of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	78,720	
	Number of HIV-positive individuals receiving a minimum of one clinical service	97,500	
C2.3.D	C2.3.D Proportion of HIV-positive clinically malnourished clients who received therapeutic or supplementary food	n/a	Redacted
	Number of clinically malnourished clients who received therapeutic and/or supplementary food during the reporting period.	5,500	
	Number of clients who were nutritionally assessed and found to be clinically malnourished during the reporting period.	0	
	By Age: <18	0	
	By Age: 18+	0	



	Sum by age disaggregates	0	
C2.4.D	C2.4.D TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	96 %	Redacted
	Number of HIV-positive patients who were screened for TB in HIV care or treatment setting	93,600	
	Number of HIV-positive individuals receiving a minimum of one clinical service	97,500	
C2.5.D	C2.5.D TB/HIV: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment	5 %	Redacted
	Number of HIV-positive patients in HIV care who started TB treatment	4,875	
	Number of HIV-positive individuals receiving a minimum of one clinical service	97,500	
C4.1.D	C4.1.D Percent of infants born to	50 %	Redacted



	HIV-positive women who received an HIV test within 12 months of birth		
	Number of infants who received an HIV test within 12 months of birth during the reporting period	5,500	
	Number of HIV-positive pregnant women identified in the reporting period (include known HIV-positive at entry)	11,000	
	By timing and type of test: virological testing in the first 2 months	0	
	By timing and type of test: either virologically between 2 and 12 months or serology between 9 and 12 months	0	
C5.1.D	Number of adults and children who received food and/or nutrition services during the reporting period	77,475	Redacted
	By Age: <18	39,525	
	By Age: 18+	37,950	
	By: Pregnant Women or Lactating Women	10,825	
	Sum of age disaggregates	77,475	



T1.1.D	Number of adults and children with advanced HIV infection newly enrolled on ART	10,400	Redacted
	By Age: <1	0	
	By Age/Sex: <15 Male	312	
	By Age/Sex: 15+ Male	2,912	
	By Age/Sex: <15 Female	104	
	By Age/Sex: 15+ Female	7,072	
	By: Pregnant Women	0	
	Sum of age/sex disaggregates	10,400	
T1.2.D	Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART)	65,300	Redacted
	By Age: <1	0	
	By Age/Sex: <15 Male	3,265	
	By Age/Sex: 15+ Male	20,243	
	By Age/Sex: <15 Female	3,265	
	By Age/Sex: 15+ Female	38,527	
T1.3.D	T1.3.D Percent of adults and children known to be alive and on treatment 12 months after initiation	85 %	Redacted



	of antiretroviral therapy		
	Number of adults and children who are still alive and on treatment at 12 months after initiating ART	7,650	
	Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up.	9,000	
	By Age: <15	0	
	By Age: 15+	0	
	Sum of age disaggregates	0	
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	37	Redacted
H1.2.D	Number of testing facilities (laboratories) that are accredited according to national or international standards	8	Redacted
H2.1.D	Number of new health care workers who graduated from a	419	Redacted



	pre-service training institution or program		
	By Cadre: Doctors	0	
	By Cadre: Midwives	230	
	By Cadre: Nurses	160	
H2.2.D	Number of community health and para-social workers who successfully completed a pre-service training program	1,258	Redacted
H2.3.D	The number of health care workers who successfully completed an in-service training program	3,331	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	110	



Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
6459	U.S. Department of State	Other USG Agency	U.S. Department of State/Bureau of African Affairs	GHP-State	0
7443	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHP-State	872,670
9869	Blood Transfusion Service of Namibia	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
9872	Potentia Namibia Recruitment Consultancy	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
9874	U.S. Department of Health and Human Services/Health Resources and Services Administration (HHS/HRSA)	Other USG Agency	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHP-State	156,480
9876	Namibia Institute of Pathology	Parastatal	U.S. Department of Health and	GHP-State	0



			Human Services/Centers for Disease Control and Prevention		
9940	Development Aid from People to People, Namibia	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
10163	Society for Family Health	NGO	U.S. Department of Defense	GHP-State	750,000
10164	University of Washington	University	U.S. Department of Defense	GHP-State	0
10181	U.S. Peace Corps	Other USG Agency	U.S. Peace Corps	GHP-State	0
10382	FHI 360	NGO	U.S. Agency for International Development	GHP-State	810,293
10386	IntraHealth International, Inc	NGO	U.S. Agency for International Development	GHP-State	0
10388	ICF Macro	Private Contractor	U.S. Agency for International Development	GHP-State	0
10389	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-State	984,669
10393	Pact, Inc.	Private Contractor	U.S. Agency for International Development	GHP-State	0
10397	KNCV Tuberculosis	NGO	U.S. Agency for International	GHP-State	243,010



	Foundation		Development		
10780	University of Washington	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	217,000
12721	Lifeline/Childline Namibia	NGO	U.S. Agency for International Development	GHP-State	941,082
12997	African Palliative Care Association	NGO	U.S. Agency for International Development	GHP-State	0
13042	Central Bureau of Statistics	Host Country Government Agency	U.S. Agency for International Development	GHP-State	975,000
13083	Sesame Street Workshop	NGO	U.S. Agency for International Development	GHP-State	0
13090	Project HOPE	NGO	U.S. Agency for International Development	GHP-State	510,108
13120	Kayec Trust	NGO	U.S. Agency for International Development	GHP-State	766,480
13166	Abt Associates	Private Contractor	U.S. Agency for International Development	GHP-State	936,364
13207	Polytechnic of Namibia	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0



13209	Church Alliance for Orphans	FBO	U.S. Agency for International Development	GHP-State	374,006
13227	ITECH	NGO	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHP-State	5,805,000
13253	New Partner	TBD	U.S. Agency for International Development	GHP-State	285,018
13448	Nawa Life Trust	NGO	U.S. Agency for International Development	GHP-State	0
13479	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-State	766,702
13601	Society for Family Health	NGO	U.S. Agency for International Development	GHP-State	0
13605	FHI 360	NGO	U.S. Agency for International Development	GHP-State	0
13665	Abt Associates	Private Contractor	U.S. Agency for International Development	GHP-State	0
13676	FHI 360	NGO	U.S. Agency for International Development	GHP-State	400,000
13749	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-State	0
13752	TBD	TBD	Redacted	Redacted	Redacted



14296	IntraHealth International, Inc	NGO	U.S. Agency for International Development	GHP-State	1,582,800
14304	Survey Warehouse	Private Contractor	U.S. Agency for International Development	GHP-State	357,940
14305	TBD	TBD	Redacted	Redacted	Redacted
14307	TBD	TBD	Redacted	Redacted	Redacted
14371	JHPIEGO	University	U.S. Agency for International Development	GHP-State	1,146,453
14385	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
14390	TBD	TBD	Redacted	Redacted	Redacted
14391	University of California at San Francisco	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
16756	Ministry of Health and Social Services, Namibia	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	7,627,264
16771	TBD	TBD	Redacted	Redacted	Redacted

Approved



16780	TBD	TBD	Redacted	Redacted	Redacted
16829	Abt Associates	Private Contractor	U.S. Agency for International Development	GHP-State	861,301



Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 6459	Mechanism Name: Department of State/African Affairs
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: USG Core
Prime Partner Name: U.S. Department of State	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:
Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The State Department Public Diplomacy and Ambassador's Self-Help Program PEPFAR activities are continuing. These programs directly support PEPFAR Namibia's GHI strategic goals of transition and access by supporting capacity building and country ownership, leveraging resources, and focusing on women and girls. Focusing on youth and community-based activities, PAO and Self-Help directly support the increase of access to and utilization of services for underserved populations. Self-Help will encompass all of Namibia, with special attention to vulnerable populations (women, children, disabled persons and other minorities. The Self-Help program is committed to effective project monitoring with M&E visits prior to the release of second disbursements and after the conclusion of project implementation. The activities are focused on Namibian youth, using grants to various cultural, civil society, and educational groups in Namibia to create and support programming in following areas: prevention, reduction of stigma/discrimination and prevention outreach to youth. Also, the USG sends Namibian HIV/AIDS professionals to the US for training and training local media to improve reporting on Namibian trends in the epidemic. The Self-Help Program will directly reach about 50 community members per community-based project. Cost savings and sustainability are attained through leveraging resources from other PEPFAR programs.



Building capacity of youth contributes to sustainability. Appropriate indicators and target for M&E have been selected.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

- Implement activities to change harmful gender norms & promote positive gender norms
- Increase gender equity in HIV prevention, care, treatment and support
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection

Budget Code Information

Mechanism ID: 6459			
Mechanism Name: Department of State/African Affairs			
Prime Partner Name: U.S. Department of State			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0
Narrative:			
<p><i>The Ambassador's HIV/AIDS Self-Help Program will directly reach an average of 50 community members per project through 10 to 15 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.</i></p> <p><i>Specifically, the program will: Reduce HIV infection rates among vulnerable populations, as well as encourage risk</i></p>			



prevention behaviors among PLHIV, through vocational skills training that increases access to income and productive resources for these target groups.

This funding will directly contribute to: 1) Developing project guidelines, promotional materials, applications, and other documents; 2) Soliciting and accepting applications, qualifying projects, and dispersing funds; and 3) Monitoring and evaluating projects.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	0

Narrative:

The Ambassador's HIV/AIDS Self-Help Program will directly reach an average of 50 community members per project through 10 to 15 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.

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: 1) Developing project guidelines, promotional materials, applications, and other documents; 2) Soliciting and accepting applications, qualifying projects, and dispersing funds; and 3) Monitoring and evaluating projects.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

These programs are now in COP2013 properly accounted for and coded within HVOP for this mechanism. The State Department Public Diplomacy and PEPFAR Coordination Office 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. This mechanism has the following components;

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.

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. The five young male musicians and the young female HIV/AIDS positive speaker/counselor are uniquely positioned to reach Namibia's students with prevention and anti-stigma messages, and have conducted outreach to students in regions across Namibia. This task will be re-competed in COP12.

The Community Radio Outreach program represents a mix of media-oriented initiatives that will continue to build capacity among community radio journalists, improve access to information and increase outreach to Namibian youth who are vulnerable and at risk in Windhoek, particularly in the Katutura neighborhoods. USG is discussing ways in which a debate program might be made a regular component of Windhoek-based radio station Base FM as well as stations outside of Windhoek.

The USG funds speakers from the United States with HIV/AIDS expertise via the US Speaker Program and has leveraged funds from the wraparound program, often supplementing the IIP speakers that the Department of State supports.

The Committed Artists of Namibia (CAN) provides HIV/AIDS outreach through drama. Within a short timeframe in 2008, CAN wrote an original play with a focus on Namibian students, aiming to change attitudes on HIV/AIDS prevention, risky behavior, PMTCT, and testing. USG will re-compete the activity in COP12.

The Diversity Tour is in collaboration with Peace Corps Volunteers and focuses on raising HIV/AIDS awareness, prevention and behavior change to young Namibians who are selected in different regions. They will explore the diversity within Namibia while the participants will be exposed to a multifaceted understanding about HIV/AIDS in a socio-cultural manner.

The Book Donation for Libraries and Schools provided resource books on HIV/AIDS to libraries around Namibia in COP08. In COP12 our focus will be on providing reading materials for primary school students.

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

A portion of this funding will support new grants to explore new creative, innovative and informative activities which target youth.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

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. This funding will directly contribute to: 1) Developing project guidelines, promotional materials, applications, and other documents; 2) Soliciting and accepting applications, qualifying projects, and dispersing funds; and 3) Monitoring and evaluating projects.

Implementing Mechanism Details

Mechanism ID: 7443	Mechanism Name: Supply Chain Management System (SCMS)
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

Total Funding: 872,670	
Funding Source	Funding Amount
GHP-State	872,670

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Supply Chain Management System (SCMS) is implemented by Management Sciences for Health in Namibia and focuses on three objectives: 1) Strengthening the supply chain for HIV/AIDS commodities; 2) Enhancing existing systems to strengthen forecasting and improve efficiencies; and 3) Improving procurement management systems within governance and systems, prevention, care and treatment. SCMS contributes to four strategic areas of the Partnership Framework: governance, systems, prevention and care and treatment. SCMS works with the Ministry of Health and Social Services (MOHSS) to improve supply chain management of HIV/AIDS commodities in all regions of Namibia and targets all ART-users.

For cost effectiveness, SCMS will transition from direct commodity procurement services to the use of capacity building strategies, provision of technical assistance to the MOHSS and other partners, using in-country expertise. SCMS will reduce program delivery costs by sharing operational costs and leveraging synergies of other IMs managed by MSH.

Approved



To enable transition to local institutions, SCMS will continue capacity development and systems strengthening for its partners. SCMS will work with its partners to facilitate skills transfers through mentoring local supply chain staff to ensure program ownership and sustainability. This is in line with the GHI strategy that focuses on transition and increased access.

SCMS has developed measurable indicators to track the progress of the project. A comprehensive performance management plan has also been implemented. The project will document progress and project outcomes and disseminate lessons learned and case studies. An end-of-project evaluation will also be conducted.

No vehicle purchases envisaged.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	7443		
Mechanism Name:	Supply Chain Management System (SCMS)		
Prime Partner Name:	Partnership for Supply Chain Management		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0
Narrative:			



This is a continuing activity through which Supply Chain Management Systems (SCMS) will continue to support the Ministry of Health and Social Services (MOHSS) Primary Health Care (PHC) Directorate in the design and implementation of a community home-based care (CHBC) kit system and the integration of this system into the existing pharmaceutical supply chain for sustainability.

Support will be provided to the PHC Directorate to monitor implementation and evaluate the performance of the integrated CHBC kit system. This will include strengthening the monitoring and evaluation tools and procedures (for example the daily activity register and reporting forms) used by CHBC providers that were developed, implemented and handed over to MOHSS in COP11. The enhanced monitoring and evaluation system will facilitate the entry, aggregation and analysis of CHBC data at all levels (district, regional and national) to generate information for evidence-based policy and managerial decision-making.

Support will also be provided to facilitate the integration of the therapeutic and supplementary foods supply chain activities into the existing MOHSS pharmaceutical supply chain thus ensuring harmonized procurement, warehousing, distribution and inventory control procedures at all levels of the health system. This will include developing a monitoring and evaluation tool that will enable data entry, aggregation and analysis of nutrition assessment counseling and support data at all levels (district, regional and national) to generate information for evidence-based policy and managerial decision-making. SCMS will provide technical assistance to the Project Management Unit of MOHSS to coordinate procurement of GFATM-funded therapeutic and supplementary food.

This activity focuses on strengthening the national-level system, which will have an impact on the delivery of CHBC kits and therapeutic and supplementary foods throughout the country.

This narrative is linked to activities under HVCT, CIRC, HBHC and PDCS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	42,269	0

Narrative:

This is a continuing activity through which Supply Chain Management System (SCMS) will continue to support the Primary Health Care (PHC) directorate of the Ministry of Health and Social Services (MOHSS) in the design and implementation of a logistics system for therapeutic and supplementary foods (TSF). This activity is linked to and compliments MOHSS activity in PDCS, PDTX related to support to food commodity logistics for Nutrition Assessment, Counseling and Support programs

With COP12 funding, SCMS will: 1) Facilitate the integration of the TSF supply chain activities into the existing MOHSS pharmaceutical supply chain, harmonizing quantification, procurement, warehousing, distribution and inventory control procedures to ensure availability of pediatric rations of TSF at all levels of the health system; and



2) Build capacity of the PEPFAR-supported commodity logistics officer within MOHSS to take over these tasks with time.
 This activity focuses on strengthening the national-level system, which will have an impact on the delivery of therapeutic and supplementary foods throughout the country.
 This narrative is linked to activities under HVCT, CIRC, HBHC and PDCS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	758,802	0

Narrative:

This is a continuing activity through which Supply Chain Management System (SCMS) will focus on enhancing existing systems to promote supply chain information sharing and improve procurement and supply chain management systems.

SCMS will strengthen the capacity of the National Medicines Policy Coordination (NMPC) sub-division in the Division of Pharmaceutical Services at the Ministry of Health and Social Services (MOHSS) to provide overall supervision in the supply chain management aspects.

In addition, activities will be conducted to strengthen long-term quantification and budgeting of public-health program commodity needs including strengthening linkages between program commodity forecasts, supply planning and procurement actions and institutionalizing long-term forecasting and budgeting of commodity needs into the MoHSS systems to ensure commodity security. This is closely linked to supply chain and commodity logistics activities described in HBHC and PDCS addressing adult and pediatric care and support program commodity needs.

SCMS will also enhance capacity in Central Medical Stores (CMS) by strengthening warehousing operations, quality assurance and enhance CMS performance monitoring using the Pharmacy Management Information System (PMIS) and utilization of data from Syspro as well as the fleet management system.

Activities will strengthen inventory management of the two Multi-Regional Medical Depots and use of Syspro and PMIS data for decision-making. SMCS will also provide technical assistance for pharmaceutical waste disposal.

To strengthen human resources capacity for supply chain management SCMS will support local tertiary education institutions and networks to provide health-related supply chain management training.

This activity focuses on strengthening the national and regional level commodities system.



<i>This narrative is linked to activities under HVCT, CIRC, HBHC and PDCS.</i>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	0	0
Narrative:			
<p><i>Under this budget code, Supply Chain Management System (SCMS) will utilize COP12 funding to provide supply chain-related technical assistance to the MOHSS to accelerate the roll-out of medical male circumcision (MMC) interventions.</i></p> <p><i>In 2011, the World Health Organization has undertaken the process of prequalification of a number of MC devices for adults.</i></p> <p><i>SMCS will provide technical assistance in product selection for medical male circumcision devices and related supplies by sharing experience from other SCMS countries and assisting in defining product specifications with the aim of achieving standardization. SCMS will also build capacity for forecasting and quantification of MMC commodity requirements and strengthen inventory management and systems for data collection and reporting on the use of MMC-related commodities.</i></p> <p><i>SCMS, in collaboration with other USG partners, will also undertake limited procurement of selected MC devices and supplies required for program roll-out at demonstration sites and share MC supplies market information and intelligence with the Central Medical Stores.</i></p> <p><i>This narrative is linked to activities under HVCT, OHSS, HBHC and PDCS.</i></p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	71,599	0
Narrative:			
<p><i>Under this budget code, Supply Chain Management System (SCMS) will utilize COP12 funding to strengthen the capacity of the Ministry of Health and Social Services (MOHSS) Directorate of Special Programs and Central Medical Stores (CMS) for long term forecasting, inventory control systems and budgeting for rapid test kits (RTK) and related supplies to ensure commodity security.</i></p> <p><i>Supply Chain Management System (SCMS) has been procuring RTK and related consumables needed for the HIV counseling and testing (HCT) services for USAID-supported standalone HCT sites. In COP12, SCMS will end procurement and will work to strengthen systems for data collection, validation, analysis and reporting of HCT-related commodities to generate information for evidence-based policy and managerial decision-making.</i></p> <p><i>This narrative is linked to activities under OHSS, CIRC, HBHC and PDCS.</i></p>			

Implementing Mechanism Details



Mechanism ID: 9869	Mechanism Name: Cooperative Agreement 1U2GPS002715
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Blood Transfusion Service of Namibia	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:
Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This partner's main goal is to manage the safety and adequacy of the Namibian blood supply. NAMBTS is legally mandated to be the sole provider of blood and blood products to Namibian hospitals. NAMBTS collects blood from fixed and mobile sites; all infectious disease testing is performed by the South African National Blood Service through a unique contract mechanism. NAMBTS training in the appropriate use of blood is a health systems strengthening activity that reduces wastage and contributes to improved access to blood transfusion services within the primary healthcare (PHC) system, which is a GHI and PF objective. NAMBTS provides blood to 48 transfusion centers in all 13 regions in Namibia. NAMBTS is a "mature" partner with a functional cost-recovery system to sustain future operations. Starting in COP12, USG Namibia will begin phasing out funding to NAMBTS through HMBL over a three year period. Limited support to NAMBTS will continue through OHSS and HLAB for cross-cutting activities linked to GHI goals for improving access to PHC services and developing human capacity in blood transfusion laboratory science. As the sole provider of blood to public and private hospitals, NAMBTS has a responsibility to ensure that blood is affordable. Since most transfusions are paid by the Government, cost control is a critical part of the MOHSS's overall sustainability plan. NAMBTS actively seeks private contributions to off-set costs. In 2011 NAMBTS also began selling excess plasma to a South African pharmaceutical company, adding to its cost-recovery revenue stream. The partner maintains a robust electronic data system which contributes information to PEPFAR, WHO and GRN indicators. NAMBTS also operates one of Africa's only adverse



transfusion reaction surveillance systems.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support

Child Survival Activities

Safe Motherhood

Budget Code Information

Mechanism ID: 9869			
Mechanism Name: Cooperative Agreement 1U2GPS002715			
Prime Partner Name: Blood Transfusion Service of Namibia			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0
Narrative:			
<p><i>Building Namibian technical capacity is an essential component in the USG strategy to promote country ownership and the sustainability of services provided by local partners. NAMBTS will work with Polytechnic and UNAM to identify Namibian students in the laboratory science program and the Medical School, and assist them to attain post-graduate qualifications in blood transfusion medicine or blood transfusion laboratory science. NAMBTS currently relies on expatriate experts to fill high-level positions within the blood service and in facility-based blood bank laboratories. The intent of this funding is to build Namibian capacity to fill these senior-level positions.</i></p>			



Currently all training in blood transfusion medicine and laboratory science must be conducted outside of Namibia. On this note, NAMBTS is investigating twinning arrangements with universities in the UK and South Africa. If funds are available in the future, this budget code could be used to support curriculum development in these areas at Polytechnic and UNAM. See the HMBL narrative for additional information.

This is the first time the NAMBTS cooperative agreement has been funded through a program area other than HMBL. CDC believes this is an appropriate evolution of the PEPFAR-NAMBTS relationship in light of the sustainability issues described above, and the importance of safe blood transfusion services to maternal and child health, as well as systems strengthening objectives described in the Namibia GHI Strategy.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	0	0

Narrative:

NAMBTS will continue to implement the comprehensive blood safety program described in prior years. A major change since COP11: 1) In COP12 NAMBTS will absorb the salary and benefit costs all of the employees previously funded by PEPFAR. This absorption is the first step of a three year phase-out plan for blood safety funding under HMBL. Given the continuing systems strengthening needs related to the delivery of safe transfusion services, PEPFAR funding for NAMBTS will continue at a reduced rate under the OHSS and HLAB program areas.

Specific activities will include:

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.

Blood screening: NAMBTS will maintain a contract with the South African National Blood Service (SANBS) for all infectious disease screening. This arrangement is subject to a bi-annual sustainability review, the latest of which occurred in March 2010. 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 barrier, NAMBTS will work with Polytechnic to identify Namibian students in the laboratory science program and assist them to attain blood transfusion qualifications (see NAMBTS narrative in OHSS). This assistance may also include training in nucleic acid testing (NAT) through a twinning arrangement with university blood transfusion medicine programs in South Africa, the US or the UK.

Blood utilization: Equipment procured in COP12 will allow an expansion of blood group compatibility testing to a major hospital in northern Namibia. 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.

Policy and Sustainability: NAMBTS will continue to finance approximately 75% of its operations through an innovative 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. To increase sustainability, NAMBTS will 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 Details

Mechanism ID: 9872	Mechanism Name: Cooperative Agreement 1U2GPS002722
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Potentia Namibia Recruitment Consultancy	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Potentia performs a limited number of HRH-related services for the MOHSS. These include support for recruitment, administering payroll and timely transfers of electronic funds to the MOHSS contract staff. This mechanism encompasses a broad range of activities and objectives under the Coordination and Management thematic areas (human resources/human capacity development and monitoring and evaluation) of the Partnership Framework (PF). By linking professionals to MOHSS positions, Potentia also indirectly supports other technical areas (e.g., prevention, care and treatment). The activities under this mechanism are national in scope. In the past 12 months, good steady progress has been made in transitioning personnel from Potentia's pay roll to the GRN. As



the role of Potentia evolves, the USG will support the strengthening of HR management 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 develop flexible and diverse HR mechanisms within the GRN, including outsourcing. This mechanism will contribute to HRH objectives through helping to develop transparent and flexible HR systems within the MOHSS and GRN. 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 declined, so have management fees. This mechanism requires submission of a detailed work plan in the yearly continuation application, monthly reports, and monthly meetings with CDC.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Increasing women's access to income and productive resources

Increasing women's legal rights and protection

Malaria (PMI)

Child Survival Activities

Mobile Population

Safe Motherhood

TB

Workplace Programs

Family Planning

Budget Code Information



Mechanism ID:	9872		
Mechanism Name:	Cooperative Agreement 1U2GPS002722		
Prime Partner Name:	Potentia Namibia Recruitment Consultancy		

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0

Narrative:

In COP12, Potentia will no longer support medical officers dedicated to ART clinics. These positions were all successfully transitioned to the MOHSS payroll between October 2011 and February 2012. Additional transitions will occur in 2012 and 2013 as the MOHSS implements an absorption program funded through its Medium Term Expenditure Framework (MTEF). In 2012, clinical staff in six regions have been slated for transition. The reduced budget in this program area compared to COP11 is a reflection of this planned transition.

Potentia will manage this scale down in accordance with local labor laws. Throughout this transition, Potentia will continue to support a declining number of the following clinical, allied professional and training positions through the HBHC program area: nurses, pharmacists, clinical mentors/advisors, and trainers.

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

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	0	0

Narrative:

Potentia supports clinical and allied health care worker positions in public health facilities, as well as training staff to support the Ministry of Health and Social Services' National (and Regional) Health Training Centres (N/RHTC). Staff recruited by Potentia have labor contracts with the MOHSS, or, in limited instances with ITECH, a training partner which supports the National Health Training Center (NHTC). Potentia provides recruitment and payroll services to these contract workers, but is not the "employer." This role is filled by the MOHSS or ITECH. In the "employer" role, both partners advise Potentia on salary and benefit packages that match the government's salary scale.

Within HVTB, Potentia will provide recruitment and payroll services for an infection control specialist.

In COP12, Potentia will no longer support medical officers dedicated to ART clinics. These positions were all successfully transitioned to the MOHSS payroll between October 2011 and February 2012. Additional transitions will occur in 2012 and 2013 as the MOHSS implements an absorption program funded through its Medium Term Expenditure Framework (MTEF). In 2012, clinical staff in six regions have been targeted for transition. The actual number of positions transitioned in 2012 will be determined by the amount of funding released to the MOHSS by the Ministry of Finance. Potentia will manage this scale down in accordance with local labor laws. Throughout this transition, Potentia will continue to support a declining number of the following clinical, allied



professional and training positions: nurses, pharmacists, clinical mentors/advisors, and trainers.
For additional detail please see human resources for health (HRH) database.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	0	0

Narrative:

In COP12, Potentia will no longer support medical officers dedicated to ART clinics. These positions were all successfully transitioned to the MOHSS payroll between October 2011 and February 2012. Additional transitions will occur in 2012 and 2013 as the MOHSS implements an absorption program funded through its Medium Term Expenditure Framework (MTEF). In 2012, clinical staff in six regions have been slated for transition from USG to MOHSS salary support. Potentia will manage this scale down in accordance with local labor laws. Throughout this transition, Potentia will continue to support a declining number of the following clinical, allied professional and training positions: nurses, pharmacists, clinical mentors/advisors, and trainers.

Potentia supports clinical and allied health care worker positions in public health facilities, as well as training staff to support the Ministry of Health and Social Services' National (and Regional) Health Training Centres (N/RHTC). Staff recruited by Potentia have labor contracts with the MOHSS, or, in limited instances with ITECH, a training partner which supports the NHTC. Potentia provides recruitment and payroll services to these contract workers, but is not the "employer." This role is filled by the MOHSS or ITECH. In the "employer" role, both partners advise Potentia on salary and benefit packages that match the government's salary scale.

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

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

Potentia supports clinical and allied health care worker positions in public health facilities, as well as training staff to support the Ministry of Health and Social Services' National (and Regional) Health Training Centres (N/RHTC). Staff recruited by Potentia have labor contracts with the MOHSS, or, in limited instances with ITECH, a training partner which supports the NHTC. Potentia provides recruitment and payroll services to these contract workers, but is not the "employer." This role is filled by the MOHSS or ITECH. In the "employer" role, both partners advise Potentia on salary and benefit packages that match the government's salary scale.

Under HVSI, Potentia will provide recruitment and payroll services for contractors working on the MOHSS Strategic Information (SI) staff at the national and regional level.

Recruitment and payroll services will also be provided to field staff engaged to implement a MARPS rapid



assessment, population size estimation, and behavioral surveillance survey.
 Positions supported through this budget code will work under short-term labor agreements or long-term contracts with the MOHSS. CDC technical staff will work with MOHSS and, where relevant, UNAM, to determine if any of these study personnel could be absorbed into the MOHSS or UNAM staff establishment. If such a determination is made to build long-term study capacity within these organizations, CDC will engage with the HRH TWG to ensure that appropriate budget motivations and other workforce planning steps are taken.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

Potentia supports clinical and allied health care worker positions in public health facilities, as well as training of staff to support the Ministry of Health and Social Services' National (and Regional) Health Training Centres (N/RHTC). Staff recruited by Potentia have labor contracts with the MOHSS, or, in limited instances with ITECH, a training partner which supports the NHTC. Potentia provides recruitment and payroll services to these contract workers, but is not the "employer." This role is filled by the MOHSS or ITECH. In the "employer" role, both partners advise Potentia on salary and benefit packages that match the government's salary scale.
 Under HVSI, Potentia will continue to support positions linked to the ITECH technical assistance program to the University of Namibia (UNAM). See details in ITECH/UNAM BCN. This project will support a lecturer and several lecturer assistants in the UNAM Nursing School.
 Positions supported through this budget code will be included in an overall HRH transition plan between ITECH and UNAM. To date, this plan has already transitioned over 30 PEPFAR-funded positions to UNAM or the MOHSS's National Health Training Centre. While positions will continue to be supported by PEPFAR in COP12, this absorption process – which requires UNAM and the MOHSS to make annual budgetary requests of the Ministry of Finance – will continue in this budget period.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	0	0

Narrative:

Potentia continues to provide recruitment and payroll support to the MOHSS, which holds the contracts and ultimate supervisory authority over these contractors. Unlike other program areas in which support for long-term salary support is slated to begin scaling-down in COP12, PEPFAR Namibia will continue to finance salaries for short-term personnel, such as MC clinicians. Furthermore Salary support for the national Male Circumcision program coordinator, a senior MC trainer, and medical officers and nurses to serve as dedicated MC teams in selected priority areas of Namibia.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
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Prevention	HVCT	0	0
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Narrative:

Quality Assurance Coordinators: This activity covers salary support for Regional Quality Assurance Officers (RQA) who monitor quality of HCT services in the regions. RQA officers have backgrounds in nursing and Social Work and help provide clinical supportive supervision to community counselors deployed in public health facilities. They also provide on-site mentorship so lay community counselors. This element links to support provided to National Institute for Pathology (NIP) for quality assurance testing (see NIP BCN under HVCT).

Field Staff to Conduct Basic Program Evaluations: This activity will cover the personnel costs associated with a basic program evaluation of HCT delivery models that will be conducted in COP 12. This evaluation will examine the costs and outputs associated with four HCT delivery models: facility-based integrated VCT, stand-alone VCT, home-based counseling and testing, and mobile testing. Funds to support logistics and procurements required by these study personnel are described in the TBD Local Study Procurement and Logistics mechanism BCN.

As CDC continues its engagement with the USG-GRN HRH TWG to ensure the rational and efficient transition of permanent positions receiving salary support from PEPFAR, CDC's Technical Assistance model will increasingly require short-term staff to support studies and evaluations like the one described in this BCN. CDC is working with Potentia and the Ministry of Health and Social Services (MOHSS) to develop specific standard operating procedures and agreements for short-term study staff, and will work with Potentia and the MOHSS Research Directorate to develop the Ministry's capacity to absorb and manage short-term study staff in the future.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

Within this budget code funds will support 50% of National HIV Prevention Coordinator salary within the Ministry of Health and Social Services. 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. For additional detail please see human resources for health (HRH) database.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

Potentia supports clinical and allied health care worker positions in public health facilities, as well as training staff to support the Ministry of Health and Social Services' National (and Regional) Health Training Centres (N/RHTC).



Staff recruited by Potentia has labor contracts with the MOHSS, or, in limited instances with ITECH, a training partner which supports the NHTC. Potentia provides recruitment and payroll services to these contract workers, but is not the “employer”. This role is filled by the MOHSS or ITECH. In the “employer” role, both partners advise Potentia on salary and benefit packages that match the government’s salary scale.

In COP12, Potentia will no longer support medical officers dedicated to ART clinics. These positions were all successfully transitioned to the MOHSS payroll between October 2011 and February 2012. Additional transitions will occur in 2012 and 2013 as the MOHSS implements an absorption program funded through its Medium Term Expenditure Framework (MTEF). In 2012, clinical staff in six regions have been targeted for transition. The actual number of positions transitioned in 2012 will be determined by the amount of funding released to the MOHSS by the Ministry of Finance. Potentia will manage this scale down in accordance with local labor laws. Throughout this transition, Potentia will continue to support a declining number of the following clinical, allied professional and training positions: nurses, pharmacists, clinical mentors/advisors, and trainers.

For additional detail please see human resources for health (HRH) database. CDC will remain engaged with the USG-GRN HRH TWG to ensure the planned transition of healthcare salaries continues throughout COP12 and into the future. CDC will also support (with in-kind assistance from Namibia-based technical advisors) M&E activities within the MOHSS to monitor the impact of this massive transition on clinical service delivery. This M&E work will compliment broader workforce planning investments by USAID.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	0

Narrative:

In COP12, Potentia will no longer support medical officers dedicated to ART clinics. These positions were all successfully transitioned to the MOHSS payroll between October 2011 and February 2012. Additional transitions will occur in 2012 and 2013 as the MOHSS implements an absorption program funded through its Medium Term Expenditure Framework (MTEF). In 2012, clinical staff in six regions have been targeted for transition. The actual number of positions transitioned in 2012 will be determined by the amount of funding released to the MOHSS by the Ministry of Finance. Potentia will manage this scale down in accordance with local labor laws. Throughout this transition, Potentia will continue to support clinical and allied health care worker positions in public health facilities, as well as training staff to support the Ministry of Health and Social Services’ National (and Regional) Health Training Centres (N/RHTC). Staff recruited by Potentia have labor contracts with the MOHSS, or, in limited instances with ITECH, a training partner which supports the NHTC. Potentia provides recruitment and payroll services to these contract workers, but is not the “employer.” This role is filled by the MOHSS or ITECH. In the “employer” role, both partners advise Potentia on salary and benefit packages that match the government’s salary scale.



As the nature of CDC's support to the MOHSS evolves, Potentia will also evolve into a technical assistance role, providing expert advice to the MOHSS on payroll systems, labor law, recruitment strategies, and general HR management.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	0	0

Narrative:

In COP12, Potentia will no longer support medical officers dedicated to ART clinics. These positions were all successfully transitioned to the MOHSS payroll between October 2011 and February 2012. Additional transitions will occur in 2012 and 2013 as the MOHSS implements an absorption program funded through its Medium Term Expenditure Framework (MTEF). In 2012, clinical staff in six regions have been targeted for transition. The actual number of positions transitioned in 2012 will be determined by the amount of funding released to the MOHSS by the Ministry of Finance. Potentia will manage this scale-down in accordance with local labor laws. Throughout this transition, Potentia will continue to support a declining number of the following clinical, allied professional and training positions: nurses, pharmacists, clinical mentors/advisors, and trainers. Potentia provides recruitment and payroll services to these contract workers, but is not the "employer." This role is filled by the MOHSS or ITECH. In the "employer" role, both partners advise Potentia on salary and benefit packages that match the government's salary scale.

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

Implementing Mechanism Details

Mechanism ID: 9874	Mechanism Name: HIVQUAL
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: U.S. Department of Health and Human Services/Health Resources and Services Administration (HHS/HRSA)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 156,480	
Funding Source	Funding Amount
GHP-State	156,480



Sub Partner Name(s)

(No data provided.)

Overview Narrative

The main goal is to provide technical assistance to the MOHSS to establish a Quality Improvement (QI) program that enables regular assessments of the quality of HIV care.

As part of the USG contribution to the goal of “enhancing the quality of care” in the partnership framework implementation plan (PFIP), USG will provide TA to enhance quality management throughout the HIV care and treatment system.

This mechanism has a national geographic coverage.

Building the capacity for QI and use of strategic information for program improvement, HIVQUAL contributes to efficiencies and better patient outcomes. HIVQUAL is also a model for HEALTHQUAL a broader healthcare system quality improvement initiative.

HIVQUAL’s performance assessment and quality improvement modules contribute to building HRH.

HIVQUAL works through MOHSS structures, providing TA through targeted use of consultants and extensive use of USG Namibia staff. Cost reductions are also sought through training of trainer courses.

HIVQUAL is required to submit bi-annual progress reports to the HRSA project officer in Washington. Routine monitoring meetings are held with the CDC Namibia technical advisor, financial manager and cooperative agreement manager. Evaluation is an integral component of HIVQUAL’s quality improvement strategy project officer in Washington. Routine monitoring meetings are held with the CDC Namibia technical advisor, financial manager and cooperative agreement manager. Evaluation is an integral component of HIVQUAL’s quality improvement strategy.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues



Implement activities to change harmful gender norms & promote positive gender norms
 Increase gender equity in HIV prevention, care, treatment and support
 Malaria (PMI)
 Child Survival Activities
 Safe Motherhood
 TB
 End-of-Program Evaluation
 Family Planning

Budget Code Information

Mechanism ID:	9874		
Mechanism Name:	HIVQUAL		
Prime Partner Name:	U.S. Department of Health and Human Services/Health Resources and Services Administration (HHS/HRSA)		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	35,000	0

Narrative:

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, with at least five health centers offering HIV care through the Integrated Management of Adolescent and Adult Illness (IMAI) strategy. Specific activities include;

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. Advanced in-service trainings will be provided to staff who 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 ITECH. Specific activities will include; Training of Trainers workshops to promote decentralization of QI trainings throughout Namibia, and TA and training in support of the expanded national quality program.

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. 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.

Performance measurement 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.

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.

Promotion of consumer engagement in HIV care: HIVQUAL will provide technical assistance to the MOHSS 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. The plan will outline structures to ensure active participation of people living with HIV/AIDS in the development and improvement of HIV/AIDS programs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	2,730	0

Narrative:

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, with at least five health centers offering HIV care through the Integrated Management of Adolescent and Adult Illness (IMAI) strategy. Specific activities include:

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. Advanced in-service trainings will be provided to staff who 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 ITECH. Specific activities will include; Training of Trainers workshops to promote decentralization of QI trainings throughout Namibia, and TA and training in support of the expanded



national quality program.

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. 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.

Performance measurement 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.

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.

Promotion of consumer engagement in HIV care: HIVQUAL will provide technical assistance to the MOHSS 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. The plan will outline structures to ensure active participation of people living with HIV/AIDS in the development and improvement of HIV/AIDS programs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	75,000	0

Narrative:

This activity is conducted under the leadership of the MOHSS Directorate of Special Programs (DSP) in 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, with at least five health centers offering HIV care through the Integrated Management of Adolescent and Adult Illness (IMAI) strategy. COP12 will focus on quality program



implementation in these sites, and in additional health centers. For the first time, this mechanism will include technical assistance to military sites providing ARV treatment.

Advanced in-service refresher trainings: Basic training in Quality Improvement (QI) will be provided to all relevant new staff. Training activities will be done in collaboration with ITECH. Specific activities will include: Training of Trainers workshops to promote decentralization of QI trainings throughout Namibia, and TA and training in support of the expanded national quality program.

Assessment of quality management programs at the participating clinics: An assessment tool to measure quality management capacity at each facility will be used to measure the growth of quality management activities and the quality of staff members' skills. Aggregated facility-specific data will include performance data to indicate priorities for national QI activities. Local performance data will be used to identify facility-specific gaps and devise customized interventions to improve services at local facilities.

Performance measurement on selected core indicators: HIVQUAL will continue to develop providers' skills for collecting and using performance data within their own organizations. 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.

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.

Promotion of consumer engagement in HIV care: HIVQUAL will provide technical assistance to the MOHSS to develop local, regional, and national strategies and programs to increase consumer (patient) involvement in HIV/AIDS programs. The plan will outline structures to ensure active participation of people living with HIV/AIDS in the development and improvement of HIV/AIDS programs.

HIVQUAL will coordinate and collaborate with the USAID/BLC program in at selected facilities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	43,750	0

Narrative:



This activity is conducted under the leadership of the MOHSS Directorate of Special Programs (DSP) in 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, with at least five health centers offering HIV care through the Integrated Management of Adolescent and Adult Illness (IMAI) strategy. COP12 will focus on quality program implementation in these sites, and in additional health centers. For the first time, this mechanism will include technical assistance to military sites providing ARV treatment.

Advanced in-service refresher trainings: Basic training in Quality Improvement (QI) will be provided to all relevant new staff. Training activities will be done in collaboration with ITECH. Specific activities will include: Training of Trainers workshops to promote decentralization of QI trainings throughout Namibia, and TA and training in support of the expanded national quality program.

Assessment of quality management programs at the participating clinics: An assessment tool to measure quality management capacity at each facility will be used to measure the growth of quality management activities and the quality of staff members' skills. Aggregated facility-specific data will include performance data to indicate priorities for national quality improvement activities. Local performance data will be used to identify facility-specific gaps and devise customized interventions to improve services at local facilities.

Performance measurement on selected core indicators: HIVQUAL will continue to develop providers' skills for collecting and using performance data within their own organizations. 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.

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.

Promotion of consumer engagement in HIV care: HIVQUAL will provide technical assistance to the MOHSS to develop local, regional, and national strategies and programs to increase consumer (patient) involvement in HIV/AIDS programs. The plan will outline structures to ensure active participation of people living with HIV/AIDS in the development and improvement of HIV/AIDS programs.

HIVQUAL will coordinate and collaborate with the USAID/BLC program in at selected facilities.



Implementing Mechanism Details

Mechanism ID: 9876	Mechanism Name: Cooperative Agreement 1U2GPS002058
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Namibia Institute of Pathology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The main objective of this partner is to strengthen national lab systems necessary to conduct quality assured surveillance for HIV infection, sexually transmitted infections (STIs), and tuberculosis (TB), and to expand access to diagnostic and bio-clinical monitoring services. Quality bio-clinical monitoring and training is key to USG commitments related to the PF goal of “scaling up and enhancing antiretroviral treatment services (including pre-ART) [and] reducing TB/HIV co-infection.” Technical assistance aids the GRN to enhance the quality of ART care through quality assured bio-clinical monitoring, and expand access to screening for TB/HIV co-infection and other opportunistic infections. The NIP’s laboratory network coverage is national. The Namibia Institute of Pathology (NIP) is a public company established in 1999. Since then it has assumed responsibility for 37 MOHSS labs. This approach has allowed for a single lab structure within the HIV/AIDS response. NIP recovers a substantial portion of its costs through reimbursements from insurance plans. This innovative cost-recovery system is a model that could be adapted by other GRN programs. All 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. NIP also submits bi-annual status reports to CDC; these reports are shared with CDC technical advisors and the financial manager. Regular meetings between the CDC coag management team and the grantee allow for monitoring, advance planning and the identification of any redirection



needs during the course of a budget period.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

- Malaria (PMI)
- Child Survival Activities
- TB
- End-of-Program Evaluation

Budget Code Information

Mechanism ID: 9876			
Mechanism Name: Cooperative Agreement 1U2GPS002058			
Prime Partner Name: Namibia Institute of Pathology			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	0	0
Narrative:			
<p><i>Salary Support for NIP TB staff will be provided in COP12. The following NIP positions will be supported:</i></p> <p><i>One medical technologist for Quality Assurance (QA): 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.</i></p> <p><i>Six laboratory assistants: The Laboratory assistants are deployed as microscopists and lab aids at district level laboratories. These are good examples of task shifting in the context of lack of qualified lab technologists.</i></p>			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0

Narrative:

Procurement and maintenance of equipment: NIP will continue to strengthen its peripheral laboratories by procuring and maintaining equipment to make diagnostics and basic bio-clinical monitoring services accessible to remote areas. COP12 funds will also be used to maintain laboratory information system equipment that links remote health facilities to the main laboratory system. Increased access to laboratory services will minimize costs, delays and risk of loss associated with transporting samples to central testing facilities.

Salary support. COP12 funds will support the following NIP salaries:

- *two laboratory trainers;*
- *one administrative assistant assigned to the training unit; and*
- *one program officer based at NIP.*

The training positions will support the NIP training unit to leverage external TA in training provided by International partners (ASCP, ASM, CLSI). The training unit will focus on in-service training (internships), and practical training for Polytechnic of Namibia laboratory tech students. The NIP program officer together with the Corporate Affairs Manager is responsible for the management of the NIP COAG. This management team works closely with the CDC technical advisor, the CDC project manager, and the CDC finance department.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

Ongoing Quality Assurance (QA) for Rapid Testing (RT): These activities support the expansion of HCT through traditional and non-traditional delivery models, such as 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: 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.

Support for QA staff within NIP is designed to support the national HCT strategy to diagnose and refer a greater number of newly infected patients into ART services and treatment.

CDC will continue to work with NIP and the USG-GRN HRH TWG to develop and implement rational transition plans for all staff currently supported with PEPFAR funds.

Implementing Mechanism Details

Mechanism ID: 9940	Mechanism Name: A Door to Door Approach to Strengthen Community-based Interventions for HIV/AIDS Prevention, Care and Treatment in the Republic of Namibia under PEPFAR/UPS001866
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Development Aid from People to People, Namibia	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: PR/SR	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The main goal of this partner is to deliver HIV prevention and care interventions to individuals in household and community settings. These interventions include: home-based HIV VCT, education and behavior change counseling, counseling on ART adherence, and referrals to clinical services such as MC, PMTCT, and ART. As part of the USG contribution to the PF goal of “enhancing prevention,” USG contributions will seek to strengthen this community-based organization’s capacity to design, implement and finance comprehensive HIV prevention programs at the community level. The PF is aligned with the priority prevention areas described in Namibia’s National Strategic Framework for HIV and AIDS 2010-2016. This partner works in the regions with the highest



rates of HIV in Namibia (Omusati, Oshana, Oshikoto, Ohangwena, Kavango, Caprivi, and Khomas). USG is engaging the GRN in high level discussions on how government can support essential community services such as DAPP that have direct links and referrals to facility based services. DAPP is also partially funded by the Global Fund, but these resources are declining. At the moment, there is no other known donor to fund this organization. This activity is designed to be cost efficient. Local volunteers receive a modest monthly stipend. HIV test kits are procured through the existing MOHSS system. The DAPP community-based networks are utilized for other public health activities, e.g., distribution of insecticide-treated bed nets. The partner is required to have an extensive monitoring and evaluation (M&E) plan that is linked to PEPFAR and GRN indicator that includes number of individuals reached, tested, and linked to services.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Increasing women's access to income and productive resources

Increasing women's legal rights and protection

Malaria (PMI)

Child Survival Activities

Mobile Population

Safe Motherhood

TB

Family Planning

Budget Code Information



Mechanism ID:	9940		
Mechanism Name:	A Door to Door Approach to Strengthen Community-based Interventions for HIV/AIDS Prevention, Care and Treatment in the		
Prime Partner Name:	Republic of Namibia under PEPFAR/UPS001866		
	Development Aid from People to People, Namibia		

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0

Narrative:

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. Additional details on these activities may be found in the HVCT and HVOP narratives. HBHC-related activities will include: 1) 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 cooperation with MOHSS; 2) Referral information for social and health services including alcohol, abuse support, gender-based violence, and nutrition support; and 3) Condoms, as appropriate.

In addition, 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.

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.

CDC will work with DAPP and USAID to ensure that DAPP's continuing work at the community level is complementary with other USG-supported community-based organizations. This on-going monitoring will contribute to the identification and removal of any duplicative activities. DAPP's community-based work is designed to improve health-seeking behaviors and increase access to healthcare services for poor and traditionally underserved communities in Namibia.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	0	0

Narrative:

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. PDCS-related activities will include:

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. Emphasis will be placed on ensuring that family members of an HIV positive person (including children) are tested for HIV. Testing or referral for TB will be emphasized when at least one member may have TB disease. This program aims to increase access to cotrimoxazole prophylaxis and early initiation of ART. Adolescents will receive 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.

Technical assistance to community support groups for PLWHA: FO will provide psycho-social support to community and PLWHA groups, as well as advice on small income-generating projects (e.g. community gardens), and capacity building for PLWHA to care for HIV-impacted children. Where older children and adolescents are already HIV-infected, 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVS1	0	0

Narrative:

Direct Assistance People to People (DAPP) provides community-based services that link their clients for facility-based HIV care and treatment and now will include provide door-to-door testing. Currently DAPP manages clients through comprehensive household registers and reports results through summary forms. Much time is spent in recording information, transcribing it onto forms, and determining the reporting elements. As DAPP activities increase and align with national HIV care and treatment goals, more efforts must be made for monitoring, implementing assessments and operational research. The current staff composition and resources are not sufficient to undertake significant M&E activities.

In COP 13, SI funds for DAPP will be used for the following activities:

- 1) Hiring enough M&E staff required for accurate recording, reporting, interpreting and using data for program planning. Currently only 2-3 staff members perform M&E duties for the entire DAPP portfolio which goes beyond PEPFAR HIV activities.*
- 2) M&E training workshops for all DAPP staff so that all know the importance of good data collection and analysis and can take part in DAPP and MOHSS monitoring and evaluation activities.*
- 3) Statistical software training for DAPP M&E staff. Key M&E staff will be trained in software such as Epi Info , ArcGIS, and SAS to perform analyses and generate routine reports.*



4) *Equipment such as computers and statistical software packages*

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	0	0

Narrative:

Implementation of CDC Families Matter!

Families Matter! is an intervention designed 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 delivered over five consecutive 3-hour sessions.

Costs for the program include personnel, such as an overall manager, facilitators and administration staff, as well as miscellaneous costs, such as for project materials, travel and office supplies. To ensure sustainability, 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.

Community-based public health interventions like Families Matter! are designed to contribute to USG Namibia’s “access” goals by improving the health-seeking behavior of youth and families. Linkages to and the sharing of materials with other public sector and civil society programs will contribute to USG Namibia’s transition goals.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

The partner has trained and deployed 300 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. Field Officers will also perform the following HVCT-related activities:

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).



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 delivery points for the first time. A subset of FO were trained in home-based HCT in COP11. In COP12, most of the remaining FOs will receive this training.

Expanding the reach of community-based HCT is a priority for the MOHSS as it seeks to raise the number of persons with new HIV infections who are diagnosed and referred to ART services for treatment. DAPP's activities will contribute to this national access to care objective, as well as to the access objectives described in the Namibia GHI Strategy. Utilizing lay healthcare workers who are recruited from, and retained in their local areas is an important component of CDC's investments in sustainable approaches to community-based services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

DAPP has trained and deployed 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 are described across multiple program areas, including HVCT and HBHC. In COP12, HVOP-related activities will include:

Community Outreach: DAPP provides 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 will include: 1) Information on HIV counseling and testing, as well as counseling and rapid testing; 2) Information on strategies to reduce sexual risk taking behaviors (e.g., abstinence, multiple concurrent partnerships, correct and consistent condom use, responsible drinking); 3) Information and referrals for male circumcision where appropriate; 4) Tailored prevention information for PLWHA; 5) 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; 6) Referral information for social and health services including alcohol, abuse support, gender-based violence, and nutrition support; and 7) Condoms as appropriate.

Training: DAPP provides extensive training for FO on the most up-to-date, evidence-based approaches for effective prevention counseling. DAPP will work with ITECH, which will 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 continues to conduct other community-based prevention efforts including education for traditional leaders, youth and other groups. DAPP will update referral guides for each region, and will support 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 continue to 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 and CDC will work closely with USAID and Peace Corps to ensure that adequate coverage of community-based activities is achieved without overlap or duplication with other partners. By supporting increased health-seeking behaviors, DAPP's work will help more Namibians to access necessary HIV/AIDS and primary healthcare services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

Support to DAPP to strengthen community component of mother baby follow up through the use of field officers to: 1) Trace PMTCT clients as part of mother-baby follow up and; 2) Encourage/refer pregnant women and their exposed infants to PMTCT services. DAPP activities include community-based HIV prevention, HIV counseling and testing, and referral to services through door-to-door outreach. The Field Officers (FO) come from the communities they serve. Currently DAPP is working in several regions (Omusati, Oshana, Ohangwena, Oshikoto Kavango, Caprivi, Erongo, Otjozondupa and Khomas). Field officers also conduct outreach activities for youth and men and also help to organize PLWHA into support groups. DAPP has been involved in the mother-baby follow-up initiative in selected regions. This funding will enable DAPP to continue supporting the mother-baby follow-up activities and expand its support to the additional regions where they operate when MOHSS rolls out mother-baby follow-up nationwide.

CDC will work with DAPP and USAID to ensure that DAPP's continuing work at the community level is complementary with other USG-supported community-based organizations. This on-going monitoring will contribute to the identification and removal of any duplicative activities. DAPP's community-based work is designed to improve health-seeking behaviors and increase access to healthcare services for poor and traditionally underserved communities in Namibia.

Implementing Mechanism Details

Mechanism ID: 10163	Mechanism Name: Society for Family Health (SFH)
Funding Agency: U.S. Department of Defense	Procurement Type: Cooperative Agreement
Prime Partner Name: Society for Family Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No



Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:
Total Funding: 750,000	
Funding Source	Funding Amount
GHP-State	750,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism provides comprehensive HIV prevention services for the Ministry of Defense/Namibian Defense Force (MOD/NDF) to implement its HIV/AIDS workplace program, the Military Action and Prevention Program (MAPP). This mechanism is contributing to Namibian's five year National Strategic Framework (NSF) and the Partnership Framework Agreement (PFA) and the GHI and addresses key policy and strategic issues related to sustainability and ownership of program by Namibians. The program aims to reach over 15,000 military personnel and civilians working at the 23 military bases and camps across 11 regions in Namibia. Having the military implementing their own programs through the trained peer educators, HIV/AIDS Unit Coordinators, chaplains and gender focal persons through the leadership of the base commanders will ensure that the mechanism becomes more cost effective. Ownership of the program lies with the Ministry of Defense/Namibian Defense Force. Main cross cutting issues include gender, alcohol, stigma and discrimination and human resources for health. The monitoring and evaluation plan includes PEPFAR indicators and is fully integrated into the overall US DOD M&E plan for assistance to the MOD/NDF.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)



Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Military Population

Workplace Programs

Budget Code Information

Mechanism ID:	10163		
Mechanism Name:	Society for Family Health (SFH)		
Prime Partner Name:	Society for Family Health		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	750,000	0

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. 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 prevention program in the military through:

Training: SFH provides training to military peer educators, gender focal persons, chaplains, unit coordinators and base commanders in various aspects of HIV combination prevention approaches, namely 1) Military Base Commanders on HIV Leadership and responsibilities of providing oversight to the program at the bases; 2) New recruits on basic HIV/AIDS knowledge and skills that teaches HIV prevention and the importance of consistent condom use and HIV testing as well as male circumcision; 3) HIV Unit coordinators on program management and coordination, including monitoring and evaluation, and to better address gender, male norms and HIV/AIDS related issue, coercion, alcohol abuse, and stigma and discrimination within military settings; 4) Assist peer educators to conduct community outreach activities to continue providing HIV prevention messages; 5) Mobilize the military to participate in the Namibian Annual National HIV Testing Day, World AIDS Day, National TB Day and any other health related days to promote HIV prevention messages; and 6) Training Military Chaplains and



their assistants on HIV/AIDS and spiritual counseling as appropriate. Assist peer educators and chaplains/chaplain assistants to facilitate interactive video presentations on combination prevention approaches at all military bases.

Community outreach: Procure and distribute military packaged condoms through military logistic channels and reproduce and distribute customized military specific prevention IEC materials and other HIV prevention materials.

Learning and sharing of best practices: Facilitate the participation of MOD member at Military HIV Conferences, the PEPFAR Implementers Meeting and any other one or two important national or international meeting/conference on HIV prevention.

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	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Washington	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism will continue to develop and build the institutional capacity of the Ministry of Defense/Namibian Defense Force (MOD/NDF) to strengthen ownership, leadership, management and planning capacities to ultimately provide a sustainable 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) and the GHI. Approximately 15,000 MOD/NDF staff and civilian workers at the



military bases and camps in 11 regions of the country. Integrating HIV services into services regularly provided at each military health facility. Strategies to transition are focusing on contributions to health systems strengthening through extensive in-service training of military health care workers in various aspects of HIV/AIDS related issues and pre-service training at both the University and Polytechnic of Namibia in laboratory and pharmacy fields and mentoring. Human resources for health are cross-cutting all programs and TB and Prevention with People Living with HIV are some of the Health Wrap-around activities. The mechanism addresses male norms and behaviors, through Positive Health Dignity and Prevention (PHDP), VCT and MC counseling. The monitoring and evaluation plan includes PEPFAR indicators and is fully integrated into the overall US DOD M&E plan for assistance to the MOD/NDF.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	10164		
Mechanism Name:	University of Washington/International Training & Education Centre for Health (UW/I-TECH)		
Prime Partner Name:	University of Washington		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0
Narrative:			
<i>With COP12 funds, this continuing program will support the Ministry of Defence/Namibia Defence Force</i>			



(MOD/NDF) to strengthen and expand high quality HIV care and support services both within and outside its health facilities. Core support activities include:

Support clinical HIV palliative care services: Provision of technical support to assist the military to expand and enhance clinical palliative care service delivery to established sites. In line with the Ministry of Health and Social Services strategy to decentralize HIV care and treatment, I-TECH will continue to provide TA to support integration of a package of HIV care into other services at other military health facilities. I-TECH will also provide necessary minor equipment and materials to allow decentralization of these services and health care workers will receive training as required to ensure they remain updated with the latest MoHSS guidelines.

Support community-centered palliative care: support groups and home-based care: Strengthen the existing support groups and in collaboration with DOD prevention partner assist the military to establish new support groups at different military bases as needed. I-TECH will continue to provide training to support group members on issues such as stress management, disclosure of status to others, etc.; promote opportunities for support group members to develop innovative strategies to support each other; promote interchange of ideas between support groups through targeted exchange visits if applicable; and further building capacity of military health care workers to share information at support group meetings on topics such as medicine adherence, PHDP, basic nutrition, and others. I-TECH will also continue to assist MOD/NDF home-based care givers to provide effective services to military members in need. Further, I-TECH will assist military health care workers to provide refresher training to home-based care givers on relevant palliative care topics; and promote opportunities for home-based care givers to meet, exchange ideas and develop innovative ways to improve their home-based care services.

Capacity Building: Train new home-based givers and other health care workers and provide in-service training, on different topics relevant to HIV care and support services including procurement of necessary equipment for training and implementation of service provision. I-TECH will also train selected military “HIV experts” on how to train others to provide HIV care and support in a training of trainers course and will co-facilitate during their first opportunities to train. Further, I-TECH will continue to train and coach selected military HIV experts in mentoring skills to enable them to better support colleagues in the field.

Quality assurance: Provide technical assistance to the MOD/NDF to develop assessment tools for quality of HIV patient care delivered. I-TECH will also coach the military health care workers who have been trained as mentors, to review the performance of military staff in correct HIV care and support according to MoHSS guidelines through utilization of monitoring tools to do chart reviews and inform case discussions with clinic staff and continue to assist the MOD/NDF to ensure accurate recording and reporting of patient data relevant to care and support as a basis for generating accurate monthly and quarterly reports as required by the Ministry, and to monitor and evaluate their own performance.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
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Care	HVTB	0	0
Narrative:			
<p><i>This continuing activity will support the Ministry of Defence and the Namibian Defence Force (MOD/NDF) to further strengthen its capacity to prevent tuberculosis (TB) and to identify and correctly and successfully manage patients with TB.</i></p> <p><i>Support TB prevention and treatment services: Because PLHIV are more susceptible to TB disease than those without HIV, and in accordance with World Health Organization and Ministry of Health and Social Services (MOHSS) guidelines, PLHIV should be screened for TB at each clinic visit and should be offered Isoniazid Preventive Therapy (IPT) if they meet the eligibility criteria. In addition, every patient with TB should be tested for HIV. With COP12 funds, I-TECH will continue to provide TA support during mentoring visits to ensure TB prevention in patients attending clinics for HIV care and correct identification and management of patients who have TB, including testing for HIV. I-TECH will provide support to MOD health care workers to ensure that 100% of people with HIV accessing their MOD health facilities are screened for TB at each visit and that 100% of TB patients are tested for HIV.</i></p> <p><i>Utilizing COP12 funds, I-TECH will assist the MOD/NDF to evaluate and to implement improvements in TB infection control (IC) in crowded military settings, in addition to continuing to assist in the assessment of TB IC in individual health facilities. I-TECH will also assist with minor equipment needed for the required improvements in TB IC. I-TECH will also assist the MOD/NDF to enhance military personnel's knowledge about TB and services available through collaboration in the production of appropriate IEC materials for general distribution to all health facilities and bases and for use in National and International TB Days.</i></p> <p><i>Capacity building: With COP12 funds, I-TECH will continue to train health care workers from throughout the military to prevent, diagnose and manage TB in the era of HIV and drug resistant TB and to provide IPT to eligible PLHIV. Training of health care workers will include procurement of any necessary equipment for training and implementation of service provision. With a view to long-term sustainability of the program, I-TECH will continue to co-facilitate with selected military "TB experts" in training of health care workers in TB. In further support of long-term effective and quality management of TB and TB prevention, I-TECH will continue to coach selected military TB "experts" in implementation of their mentoring skills to enable them to better support colleagues in the field.</i></p> <p><i>Quality assurance (QA): During mentoring support visits, I-TECH mentors, together with the MOD trained mentors, will review the performance of military staff in correct screening and provision of TB prevention (IPT) and treatment according to MOHSS guidelines through chart reviews and case discussions with clinic staff. In addition, I-TECH will continue to assist the MOD/NDF to hold regular review meetings where IPT initiation and completion rates will be determined and TB management data will be evaluated. This activity will support sustainability of quality TB prevention and treatment services in the military.</i></p>			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0

Narrative:

This continuing activity will support the Ministry of Defence and the Namibia Defence Force (MOD/NDF) to further strengthen its capacity to perform high quality HIV-related laboratory services.

I-TECH has been assisting the MOD/NDF to establish a laboratory at the Grootfontein Military Hospital capable of catering for HV-related laboratory testing. I-TECH will provide TA to ensure continuing uninterrupted quality laboratory services by 1) ensuring appropriate use and maintenance of the latest laboratory equipment through on-site training and monitoring, assisting the MOD/NDF to maintain an effective and sustainable equipment process as new technology becomes available, and monitoring of equipment; 2) assist in the development, implementation and updating of clear and comprehensive standard operating procedures; and 3) assist the laboratory personnel to utilize and maintain an effective laboratory information system. In addition, I-TECH will assist MOD/NDF to identify which facilities might benefit from establishment of “specimen processing areas”, thus promoting safe and timely processing of specimens as well as ensuring accurate test results.

Capacity building: I-TECH will continue to assist MOD/NDF to build the human resource capacity in the laboratory services. With a view to sustainability, I-TECH will provide mentoring training to an expert laboratory technologist selected by MOD, and will coach the MOD mentor during routine mentoring support visits to give on-site training to their colleagues. To further enhance skills of laboratory staff, I-TECH will continue to facilitate in-service training through linkages with the Namibia Institute of Pathology (NIP) and Centre for Disease Control and Prevention (CDC’s) International Laboratory Branch Consortium partners. I-TECH will continue to train on safe, high quality specimen collection. Furthermore, I-TECH will assist in the establishment and implementation of a “specimen processing area” in the military including procurement of necessary equipment for training and service provision.

Noting the scarcity of military laboratory personnel, a high degree of staff “turn-over”; and in anticipation of expanding and sustaining laboratory services, I-TECH provided four bursaries to military staff to attend the Polytechnic of Namibia’s pre-service laboratory technologist 4-year degree program. Depending on funding, two students will complete their studies in 2013. With COP12 funds under OHSS program area, I-TECH will support the remaining two students for enrolment in their 3rd year of study.

Quality Assurance/Accreditation: Laboratory accreditation is a lengthy process and requires several years to be achieved when a laboratory’s services meet international quality standards. I-TECH will continue to assist the MOD/NDF Grootfontein laboratory to ultimately achieve accreditation through 1) strengthening internal quality assurance both during mentoring support visits and through anticipated collaboration with Namibia Institute of



Pathology (NIP); and 2) continued enrollment in an External Quality Assurance (EQA) program that meets the requirements of the South African National Accreditation System (SANAS) and the International Medical Laboratory Accreditation Community. I-TECH will also assist MOD/NDF to monitor quality of services at the mini-laboratory at PMMHC and any specimen processing areas which are established in specific health facilities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

The overall objective of this continuing program is to assist the military in providing effective Information and Communications Technology (ICT) support for its HIV prevention, care and treatment programs.

Support implementation of effective health information systems: With COP12 funds, I-TECH will continue to provide TA support to the Defence Health Management Information System (DHMIS) Technical Working Group (TWG) and will assist with updating and further customization of HIV-related databases in response to changing programs and needs as required.

Capacity building: With COP12 funds, and with a view to long-term sustainability, I-TECH will continue to build capacity of MOD/NDF information communication technology (ICT) specialists in systems management and hardware maintenance. In addition, I-TECH will work side-by-side with identified expert ICT staff to continue the transfer of IT support to the MOD/NDF's MAPP. As needed, I-TECH will use COP12 funds to continue to train more military healthcare workers in basic computer skills and use of the HIV-related databases. They will also continue to receive training on how to use their own data for planning purposes.

Support monitoring and evaluation: With COP12 funds, I-TECH will assist the MOD/NDF to strengthen its capacity to monitor and evaluate HIV-related services and activities and to promote the use of data to continually improve the quality of HIV services. During mentoring support visits, I-TECH mentors together with military mentors, will assist staff to review registers and patient/client files, focusing on the quality of data collection, and will discuss strengths and weaknesses noted. With COP12 funds, and to further promote ownership and sustainability of quality assurance programs, the military mentors noted in the CIRC, HVCT, HTXS and HBHC sections will be coached to take over the quality assurance role. With COP12 funds I-TECH will continue to support regular reviews of HIV-related data, promoting the collection of good quality data, and the identification of areas to target for improved quality of services. Staff will continue to be assisted in generating reports needed for routine self-evaluation and for submission to higher military levels as required.

In order to effectively further understand issues and respond to them, it is necessary to do special evaluations from time to time. With COP12 funds, I-TECH will continue to assist the MOD/NDF to evaluate different aspects of HIV



prevention, care and treatment services, to analyze and interpret information collected and utilize information to improve services. Areas requiring special evaluation may include training needs assessments, program performance evaluations and others.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

The overall objective of this continuing program is to support the MOD/NDF to further develop institutional capacity, strengthen systems and advocate for an enabling environment for implementation and scale-up of the MOD/NDF's HIV prevention, treatment and care services. These activities will greatly contribute to long term ownership and sustainability of these programs.

Utilizing COP12 funds, I-TECH will continue to support pre-service and in-service training and the attendance of MOD/NDF staff members to appropriate and relevant local, national, regional and international trainings, conferences, meetings, courses and study tours. Training topics may include leadership, management, information technology (advanced and basic), monitoring and evaluation, strategic planning, stigma and discrimination, mentoring skills, and others. I-TECH will support senior MOD/NDF members to attend International Military HIV-related conferences to enhance their sharing of experiences and lessons learned.

Answering to a dire need for more pharmacists within the military, I-TECH began supporting one NDF staff member to attend the University of Namibia's Pharmacy course in 2011. With COP12 funds, I-TECH will provide the student with a bursary for the 4th (final) year of pharmaceutical studies

Using COP12 funds, and with a view to long-term sustainability, I-TECH will continue to collaborate with the MOD's HIV coordination and training offices to strengthen MOD capacity to coordinate and deliver HIV-related training internally, especially focusing on integration of health services, quality service delivery, enhanced information systems and reporting, improved HIV financing and good governance and leadership .

Finally, noting the scarcity of military laboratory personnel, a high degree of staff "turn-over" and in anticipation of expanding and sustaining laboratory services, I-TECH provided 4 bursaries to military staff to attend the Polytechnic of Namibia's pre-service laboratory technologist 4-year degree program. Depending on funding, two students will complete their studies in 2013. With COP12 funds, I-TECH will continue to support the remaining two students for enrolment in their 3rd year of study.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
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Prevention	CIRC	0	0
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Narrative:

Male circumcision is recognized as an important part of a comprehensive HIV prevention package. The goal of this continuing activity is to decrease new HIV infections in the Ministry of Defence/Namibian Defence Force (MOD/NDF) through strengthening and expansion of Male circumcision (MC) services within the military. Support MC service-delivery and demand creation: With COP12 support, free and confidential MC services will continue to be offered to MOD/NDF staff by military health care workers as part of a comprehensive HIV prevention program which also includes HCT with referrals as necessary, treatment for other STI, counseling on risk-reduction and safer-sex practices, and condom distribution. Following the fundamentals of MC care, military MC services will include informed and voluntary decision making, medically safe clinical procedures and quality assurance. With I-TECH support, the MOD/NDF established adult MC services at Grootfontein Military Hospital where MC services started in June 2010. By November 2011, 111 military men had been circumcised at Grootfontein Military Hospital following appropriate HIV testing and counseling. With COP12 funds, I-TECH will continue to provide TA and mentoring support to facilitate effective and high-quality MC services in all MC services sites, including outreach services. I-TECH will also assist MOD/NDF to enhance MC demand-creation through collaboration in the production of appropriate IEC materials.

Capacity building: With COP12 funds, I-TECH will continue to support expansion of MC services through training of doctors and nurses as required in safe and effective provision of MC. Training will include procurement of necessary equipment for training and implementation of service-provision. Counselors will be trained on MC-specific counseling to supplement existing counseling messages on risk-reduction programs. In support of long-term sustainability, I-TECH will also continue to train and coach military MC mentors to enable them to better support their own colleagues in the field and will train selected MC providers in how to train others in a training of trainers (TOT) course.

Quality assurance (QA): With COP12 funds, I-TECH will continue to support the MOD/NDF in quality assurance of MC service provision. With previous funding, I-TECH facilitated proficiency certification of military service providers and with COP12 funds will continue to facilitate this process. I-TECH will assist the MOD/NDF to operationalize national supportive supervision QA tools, and will train and coach selected MOD/NDF members to carry out such supervision with a view to long-term sustainability of a quality service.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

With COP12 funds, this continuing activity will support the Ministry of Defence and the Namibian Defence Force (MOD/NDF) to strengthen and expand high-quality HIV testing and counseling (HTC) services including patient-



and provider- initiated TC and routine HIV screening. The HTC program provides pre-test counseling services, rapid HIV testing, post-test counseling for both HIV-negative and HIV-positive clients, and referral to the care and treatment programs for those members who test positive.

Support to HTC services and demand creation: In 2011, I-TECH supported MOD/NDF to test and counsel 3004 military members. I-TECH will continue to provide TA in support of quality testing services, for individuals who voluntarily seek HIV testing and those who are offered testing when visiting health facilities for any other reason, at all static and outreach testing sites. I-TECH will also assist the MOD/NDF to enhance demand creation for HIV testing through collaboration in the production of appropriate IEC materials for use at testing events and for distribution to all health facilities and bases.

Support MOD to carry out HTC outreach services: Providing outreach HTC services has been shown to be a successful strategy for increasing the number of military staff accessing HIV testing in Namibia. As such, I-TECH will continue to support the MOD/NDF to carry-out outreach HTC services to all bases within the country.

Capacity building in support of HTC services: I-TECH will continue to provide TA in support of expansion of HTC services (voluntary TC and provider-initiated TC (PITC)) through training of health care workers in comprehensive HIV counseling and rapid HIV testing, including training on any new approaches to testing and counseling. Supervisors of health facilities, including sickbays, will continue to be trained and coached in the promotion of PITC and routine screening as appropriate. In support of long-term effective and efficient management of HTC services, I-TECH will continue to train and coach military HTC site supervisors and HIV coordinators in leadership and supervision and continue to train HTC experts in mentoring skills to better support their own colleagues in the field. With a view to long-term sustainability of the program, I-TECH will train more HTC experts in how to train others in an HTC training of trainers (TOT) course including training on procurement of necessary equipment for training and implementation of HTC service provision.

Quality assurance: I-TECH will continue to provide TA in support of quality assurance (QA) of MOD/NDF HTC service provision. HTC site supervisors will benefit from ongoing QA coaching in maintaining a quality HTC service, including evaluating the quality of counseling sessions, actual testing, stock maintenance and record-keeping. Further, I-TECH will continue to assist the MOD/NDF to strengthen the integration of other essential programs with HTC services, such as TB screening, referrals for other services including ART for HIV positive clients, discussion of gender-based violence and male norms, positive health dignity and prevention (PHDP) and alcohol-use screening. I-TECH will also facilitate quarterly HTC program review meetings to augment quality assurance activities through data analysis and timely identification of areas for improvement. In support of sustainability, I-TECH will train officials selected by MOD to monitor and evaluate quality of HTC services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	0

Narrative:



The goal of this continuing program is to strengthen the capacity of the Ministry of Defence/Namibian Defence Force (MOD/NDF) to provide quality HIV treatment services for military and civilian employees working on military bases.

Support HIV treatment services: I-TECH supported the identification, renovation and opening of the HIV care and treatment center at Grootfontein Military Hospital (Fountain of Hope Clinic) in 2009. By the end of September 2011, 191 military members received ART at that facility. I-TECH will continue to provide TA for HIV treatment, appropriate initiation of ART, patient adherence to ARV, identification and management of treatment failure, pharmaceutical management, cervical cancer screening for HIV positive women, and other aspects of HIV treatment and to promote integration of other services, such as TB prevention and treatment, STI screening and prevention, family planning and others as appropriate. In addition, and in line with the Ministry of Health and Social Services strategy to decentralize HIV care and treatment to smaller health facilities which are closer to the patients, I-TECH will continue to provide TA to support integration of a package of HIV care and treatment into other services provided at sickbays and other smaller health facilities within the military.

I-TECH will continue to assist MOD/NDF to create more demand for military HIV treatment services through providing TA in the production and dissemination of appropriate IEC materials. Included in the materials will be updated practical information on how and where individuals can seek help. I-TECH will continue to support the military to enhance the capacity of military HCT sites and health facilities to effectively refer HIV-positive clients to military and other sites offering HIV treatment services.

Capacity building: I-TECH will continue assisting the MOD/NDF to build capacity of military doctors, nurses and pharmacists through in-service training and clinical mentoring, as well as through participation in national and international training. Timely training and mentoring will ensure military personnel are informed of new developments, such as changes to HIV treatment guidelines and protocols. I-TECH will continue to train more military nurses to provide ART services in line with the MOHSS strategy of decentralizing care to smaller health facilities. Training of health care workers will include procurement of necessary equipment for training and implementation of service provision. With a view to long-term sustainability of the program, I-TECH will continue to co-facilitate with selected military "HIV experts" in training of health care workers in ART-related courses. In further support of long-term effective and quality management of HIV, I-TECH will continue to coach selected military HIV experts in implementation of their mentoring skills to enable them to better support colleagues in the field.

Quality assurance: I-TECH and MOD mentors will review the performance of military staff in correct HIV treatment according to MoHSS guidelines through chart reviews and case discussions with clinic staff. I-TECH will continue to assist the MOD/NDF to ensure good quality HIV treatment for patients through correct recording and reporting of patient and pharmaceutical data as a basis for generating accurate monthly and quarterly reports, and to monitor and evaluate their performance.



Implementing Mechanism Details

Mechanism ID: 10181	Mechanism Name: PEACE CORPS NAMIBIA
Funding Agency: U.S. Peace Corps	Procurement Type: Cooperative Agreement
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing activity. Peace Corps (PC) continues to strengthen its approach to development which advances country ownership of PEPFAR program efforts through placement of PC Volunteers in requesting local governmental and non-governmental organizations for specific assignments that are time-limited and designed from the onset to build community capacity to sustain projects. Peace Corps uses PEPFAR funds to support the placement and training of Volunteers to work side-by-side with community partners to leverage all appropriate and locally-available resources and technology for development of sustainable, community-led responses to HIV. In the area of prevention, funds will be used for the placement, training and support of volunteers to work with communities to design and implement context-appropriate and evidence-based prevention interventions addressing the keys drivers of the epidemic, including sexual and behavioral risk, vertical transmission from mother to child and harmful gender/cultural norms.

In support of care and treatment, funds will be used for the placement, training and support of volunteers to aid community members and organizations in designing and implementing care programs for PLHIV, OVCs and their caretakers to mitigate the effects of HIV, improve health outcomes for HIV positives, improve the developmental growth of OVCs, improve household nutritional status and optimize the quality of life of adults and children living with and affected by HIV. PC Volunteers placed in organizations to complement treatment efforts will support the enhancement of capacities of service providers to deliver and monitor treatment delivery.



Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Budget Code Information

Mechanism ID:	10181		
Mechanism Name:	PEACE CORPS NAMIBIA		
Prime Partner Name:	U.S. Peace Corps		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0
Narrative:			
<p><i>This is a continuing activity from COP11. Funds will be used under the volunteer activities support and training (VAST) program. VAST grants support capacity-building projects among community based organizations (CBO), Local non-governmental organizations, and other community members working with, and providing services to local community responding to the HIV/AIDS pandemic.</i></p> <p><i>With the support of the volunteer, local communities and organizations submit funding request for projects that centre on local-level issues related to HIV prevention that specifically address care and support activities.</i></p> <p><i>For examples, VAST grant can be used to train local service providers in stigma reduction, establish home gardens projects for vulnerable families including child headed households, or fund support groups for PLWHA.</i></p> <p><i>All VAST-funded projects include clear capacity-building components in order to increase the community's ability to sustain the work after the volunteers' departure.</i></p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Care	HKID	0	0
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Narrative:

This is a continuing activity from FY12. Funds will be used under the volunteer activities support and training (VAST) program. VAST grants support capacity-building projects among community based organizations (CBO), Local non-governmental organizations, and other community members working with, and providing services to local community responding to the HIV/AIDS pandemic.

With the support of the volunteer, local communities and organizations submit funding requests for projects that centre on local-level issues related to HIV care and support that specifically address OVC activities. For example, VAST grants can be used to implement Girls Leading Our World (GLOW) camps and GLOW clubs etc.

All VAST funded projects include clear capacity-building components in order to increase the community's ability to sustain the work after the volunteers' departure.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	0	0

Narrative:

This is a continuing activity from FY11. Funds will be used under the Volunteer Activities Support and Training (VAST) program. VAST grants support capacity-building projects among community-based organizations (CBO), local non-governmental organizations, and other community members working with, and providing services to local community responding to the HIV/AIDS pandemic. With the support of the volunteer, local communities and organizations submit funding request for projects that centre on local-level issues related to HIV prevention that specifically address abstinence and be faithful activities.

All VAST-funded projects include clear capacity-building components in order to increase the community's ability to sustain the work after the volunteers' departure. Most education volunteers apply for VAST grant under AB as they work directly with school going children.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

This is a continuing activity from FY12. Funds will be used under the volunteer activities support and training (VAST) program. VAST grants support capacity-building projects among community-based organizations (CBO), local non-governmental organizations, and other community members working with, and providing services to local community responding to the HIV/AIDS pandemic. With the support of the volunteers, local communities and organizations submit funding request for projects that centre on local-level issues related to HIV prevention that specifically address 'other prevention' activities. For examples, VAST grants can be used to establish and train



peer education groups that work with and teach community members in safer sex practices or referrals to clinics for STI/HCT. In addition, funds can be used to address potential harmful gender roles. All VAST-funded projects include clear capacity-building components in order to increase the community's ability to sustain the work after the volunteers' departure.

Implementing Mechanism Details

Mechanism ID: 10382	Mechanism Name: Communication for Change (C-Change)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 810,293	
Funding Source	Funding Amount
GHP-State	810,293

Sub Partner Name(s)

Survey Warehouse		
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Overview Narrative

Communication for Change (C-Change) supports domestic institutions, both governmental and local civil society organizations (CSO), to improve the quality of behavioral interventions, integrate HIV prevention into primary health care and sustain a combination HIV prevention response through strengthening of national and subnational HIV and AIDS coordination structures. The program provides technical assistance to local CSO and the Ministry of Health and Social Services and Ministry of Regional and Local Government throughout the country. Expected results include: Strengthen the quality of social and behavior change interventions of local CSO; strengthen the governmental national and subnational health program; and support the Directorate of Primary Health Care, regional entities and the National Health Training Center to design and implement the Health Extension Program (HEP)—a key task-shifting activity to improve effectiveness and efficiencies. It supports long-term improvements to access at primary health care through HEP. C-Change assistance provides long-term transition and sustainment of

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the HIV prevention response to country organizations, both governmental and CSO and is in line with the GHI strategic focus of transition. C-Change assists CSO to incorporate SBCC methodology, and implement quality improvement. On national and regional level, the program assists government offices to develop enabling structures, policies, strategies and standards, define essential service packages, and develop national SBCC materials and implement quality programs.

C-Change will be evaluated in 2012. Monitoring efforts include a review of country organization progress against quality improvement benchmarks and implementation of HEP training.

No vehicle procurement

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Child Survival Activities

Safe Motherhood

Family Planning

Budget Code Information

Mechanism ID:	10382		
Mechanism Name:	Communication for Change (C-Change)		
Prime Partner Name:	FHI 360		
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Care	HKID	141,858	0
Narrative:			
<p><i>This is a new budget code which supports transition. Under the HKID budget code, Communication for Change (C-C), implemented by international partner FHI360, will utilize COP13 funds to strengthen health and social services delivery at the community level to improve child/family access to health care. This activity will contribute to the overall improvement of health outcomes of OVC and families in underserved rural populations in selected regions where the Health Extension Program (HEP) is implemented.</i></p> <p><i>This activity will provide technical assistance (TA) at the regional health office (RHO) and local level to systematically deliver a package of preventive and promotive health and social services in five new regions by government funded Health Extension Workers (HEW). This effort will reduce USG financial support to community health workers and ensure the sustainability of this important cadre in delivering primary health care and linking community and clinical services.</i></p> <p><i>The HEP is a community-based primary health care intervention that increases the coverage of GRN funded health and social services in communities currently underserved and experiencing poor health outcomes. Access constraints include distance to health facilities and traditional socioeconomic or cultural barriers to seeking health care. The HEP utilizes a census based, impact-oriented approach including systematic visitation by HEW, community screening and case management services for all children and caregivers including HIV and TB, coordination for greater locally-driven health outreach to deliver high-impact technical interventions. The Health Extension Program (HEP) is domestically financed by the Ministry of Health and Social Services (MOHSS). HEP standard modules, developed by MOHSS in collaboration with C-C, cover a range of community-based preventive/promotive health and social services including: First Aid; Maternal, neonatal, infant and child health (MNCH); Infectious Diseases including HIV and TB; Social welfare; and Referral/linkage to clinical services. C-C supported the MOHSS and RHO pilot a HEP in Kunene Region where poor health outcomes and serious access constraints to health and social services were identified.</i></p> <p><i>C-C will provide specialized TA to five RHO and associated health districts to expand the HEP pilot through providing: 1) Assistance to RHO to deliver quality in-service training for newly selected HEP personnel; 2) Assistance to the National Health Training Center (NHTC) and RHO in HEP expansion, including supervisory structures; 3) Assistance to collect, analyze and utilize standard HEP M&E data at local and regional level; and 4) Assistance to MOHSS to adapt standard HEP modules to meet local cultural or contextual factors during HEP expansion.</i></p> <p><i>TA delivered under this activity is in collaboration with the MOHSS Primary Health Care Directorate and JHPIEGO/MCHIP; as well as Survey Warehouse which will support HEW baseline evaluation and data analysis. This narrative is linked to other TA to other C-C MOHSS activities listed under HVOP.</i></p>			



Cross-cutting activities include: HRH/In-service Training and estimated funding is \$150,000. No construction, renovation, motor vehicles envisaged.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	668,435	0

Narrative:

Communication for Change (C-Change) provides technical assistance to strengthen and focus social and behavior change (SBC) on comprehensive HIV prevention programming among local civil society organizations (CSO), national and regional Government of Namibia (GRN) programs and the GRN's Health Extension Program. C-Change focuses on critical enablers such as social norms, national and regional implementation of strategies and response plans, strengthening coordination and the performance of technical committees and field workers in processes associated to SBC to support the enabling environment for SBC. C-Change provides important technical leadership to the GRN and local CSO on diffusing best practices in SBC.

Activities to improve the quality of SBC interventions among selected local CSO include: Training in SBC Communication (SBCC) theories and methods; strategy development and planning; program strengthening to include SBC quality standards; field materials review and development; and quality improvement visits to strengthen HIV prevention quality improvement processes. Recipients include: 1) Selected USG-supported local CSO with direct recipient status including Catholic AIDS Action, LifeLine/ChildLine, Church Alliance for Orphans, and KAYEC Trust; and 2) Selected GFATM-supported CSO delivering SBCC at scale including those receiving sub-awards under the Namibia Network of AIDS Service Organizations.

Activities to strengthen the capacity of GRN national and regional programs to plan, monitor and evaluate SBC components of public health activities include: Engage the GRN to strengthen national and regional SBC strategies, policies, structures and efforts through technical assistance and training. Recipients will include: 1) The Ministry of Health and Social Services/Directorate of Special Programs through the National Prevention Technical Advisory Committee and its Technical Working Groups; 2) The Ministry of Health and Social Services/Directorate of Primary Care; and 3) The Ministry of Regional and Local Government, Housing and Rural Development (MRLGHRD) and subnational coordination structures such as Regional AIDS Coordinating Committees (RACCOC) which fall under MRLGHRD mandate in the National Strategic Framework.

Activities to provide technical assistance to the MOHSS Primary Health Care Directorate on the design and implementation of the Health Extension Program include: Engage the GRN in a technical assistance model to ensure quality design and implementation of the MOHSS Health Extension Worker (HEW) program including integration of HIV, TB and malaria-related preventive and promotive services into community level primary health care implementation.

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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

Anglican Medical Services	Catholic Health Services	Lutheran Medical Services
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Overview Narrative

The Capacity Project (CP) has been supporting the Government of the Republic of Namibia and civil society to reduce the spread and impact of HIV/AIDS by providing technical assistance to local organizations in governance and systems, prevention, treatment and care, which in turn builds organizational and institutional capacity. Specifically, CP strengthens financial and grant management, human resources, compliance and other health management systems so that these institutions are ready for transition to non-USG funding. The program operates in all regions in Namibia. IntraHealth and partners will contribute to the goals of the USG Partnership Framework and GHI by: 1) Positioning HIV/AIDS services within health systems, with an emphasis on service integration and maternal, neonatal and child health; 2) Transferring direct implementation, leadership and accountability of project deliverables/functions to Namibian partners to ensure ownership and sustainability; 3) Ensuring clinical excellence through evidence-based service delivery, performance improvement approaches, mentoring and supportive supervision; 4) Expanding access through technical assistance to increase community referrals and service integration; and 5) Promoting leadership and management through human resources strengthening and forming partnerships with the private sector and financial accountability. These efforts will help improve cost efficiencies over time. Furthermore, they are in line the GHI strategic focus of increased access and transition. A performance monitoring plan with measurable indicators, based on next generation indicators and custom indicators, has been developed to track results under this IM. A summative evaluation is expected at the end of the project. No vehicle purchases envisaged.



Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

- Implement activities to change harmful gender norms & promote positive gender norms
- Increase gender equity in HIV prevention, care, treatment and support
- Child Survival Activities
- Safe Motherhood
- TB
- Family Planning

Budget Code Information

Mechanism ID: 10386			
Mechanism Name: The Capacity Project			
Prime Partner Name: IntraHealth International, Inc			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0
Narrative:			
<p><i>Under this budget code in COP12, The Capacity Project, through IntraHealth International, Inc. (IH) will continue to support roll-out of the the Ministry of Health and Social Services (MOHSS) bi-directional referral network developed in COP10 and 11 to ensure a continuum of care to and from the community and health facilities for people living with HIV/AIDS (PLWHA). Support includes on-job training and mentorship and will be monitored through review of referral registers and slips.</i></p>			

IH will ensure that local FBO sub-partners provide all adult PLWHA with high quality care and treatment to reduce morbidity and mortality.

IH will support the implementation of a chronic disease model for HIV care encompassing enrollment into care and treatment, screening, treatment and prophylaxis for opportunistic infections (OIs), psychosocial and adherence support, routine bio and clinical monitoring and follow up to ensure early initiation of ART according to national guidelines, nutritional assessment counseling and support (NACS) and positive health dignity and prevention (PHDP). To complement clinical care, IH will continue to support the implementation of spiritual counseling. Healthcare workers were trained to identify and refer patients requiring spiritual counseling and care to clergy who were also trained on the basic facts of HIV/AIDS and on providing non-discriminative support to PLWHA. PLWHA will be able to express their feelings and their spirituality in order to alleviate the psychological burden and, ultimately, to improve coping capabilities.

IH will continue to collaborate with the MoHSS, USG partners and the HIV Clinicians Society in facilitating palliative care management training for staff by covering travel and per diem expenses. Palliative care training will be integrated in the training curriculum of the National Health Training Center (NHTC).

NACS will continue to be strengthened through training, clinical mentorship, supportive supervision and kitchen corner initiatives. Assessments include weights, heights and MUAC (for pregnant women). Onandjokwe and Oshikuku district hospitals are amongst the supported pilot sites for the NACS. The kitchen corner is implemented in three FBOs and IH will extend it to three remaining sites, including equipment and training.

IH will support the integration of all its programs into existing facilities, through training and support, capacity building of the MoHSS/Regional Medical Team (RMT) through joint quarterly support visits and also support the integration of programs into the NHTC and Regional Health Training Centers. Facilities across the country implement policies and guidelines differently. IH will support the operationalization of care through training and dissemination of standards of practice (SOP).

Sustainability of all services and quality of care will be supported through technical assistance and mentoring of supervisors at national, RMT, and FBO to provide supportive supervision and monitoring and evaluation, ensuring national guidelines are followed and local SOPs are developed.

IH will collaborate with the MoHSS to ensure partners implement the mother-to-mother activities to ensure mothers living with HIV are effectively linked to HIV care and treatment services.

Activities will be implemented in Rundu, Omusati, Oshikoto and Ohangwena Regions and at the national level.



Activities are linked to activities funded in MTCT, HVCT, CIRC, HTXS, PDX, PDCS, HVSI and OHSS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	0	0

Narrative:

Under this budget code in COP12, The Capacity Project, through IntraHealth International, Inc. (IH) will work with its sub-partners to ensure continuation of routine pediatric care for HIV infected and affected children. Areas of focus will be strengthening early infant diagnosis for HIV exposed infants by DNA-PCR testing available in all faith-based hospitals; registration of HIV positive children into care; strengthening the follow up of pre-ART children; strengthening nutritional assessments counseling and support (NACS) screening for opportunistic infections (OI); provision of OI prophylaxis for eligible patients; and provision of psychological and spiritual support to children and their caregivers.

The close follow up of pre-ART patients will ensure the children will be initiated on ART as soon as they are eligible for treatment. IH will continue to promote and monitor integration of services that will support prompt management of co-morbidities, management of diarrheal diseases, tuberculosis (TB) and malaria. Integration of the services will be strengthened including primary health care for under-fives, maternity wards, maternal and child health, and inpatient and outpatient services.

Spiritual support will be strengthened through faith-based hospital (FBH) clergy services. IH will work with its sub-partners to strengthen adolescent prevention messages for those who visit the hospital for different services, as well as for positive health dignity and prevention and support groups through the prevention officers available in the sites. IH sub-partners will continue regular evaluation of HIV positive children through TB, malaria, CD4 and other tests. Linkages to community activities through the bi-directional referral system will be strengthened after being piloted during COP11.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

Under this budget code, The Capacity Project, through IntraHealth International, Inc. (IH)) will continue to support the national research, monitoring and evaluation (RM&E) partners to improve and strengthen their monitoring and evaluation (M&E) systems. IH will ensure that processes promote national ownership and national capacity development.

IH will support RM&E to improve the electronic patient management system (ePMS) in faith-based and



non-faith-based facilities in the country. To expand the knowledge in ePMS, IH will assist the Ministry of Health and Social Services (MoHSS) to train all national RM&E staff, and senior data clerks at the regional level on the system as facilitators. The MoHSS will update user and training manuals.

During COP12, the MoHSS, with support from an IH consultant, will continue developing the national ePMS system based on the new uptake forms. As ART guidelines change from time to time, the electronic system and paper tools will also be revised. In collaboration with the MoHSS and the USG CDC, IH will support the updating of monthly reporting tools and systems for prevention of mother to child transmission and ART programs.

IH will continue to support the development of the national M&E system by: attending quarterly MOHSS M&E committee meetings; contributing to the effectiveness and efficiency of the national internal review board; training sub-partner organizations on data quality, use and dissemination, and specific M&E skills; and aligning and integrating sub-partners data reporting requirement with MOHSS reporting systems (tools, channels).

IH will assist the MoHSS to integrate sub-partners reporting for the National System for Program Monitoring (SPM) and continue strengthening collaboration between sub-partner organizations, the Regional Councils and the National M&E Office.

IH will conduct an end-of-project evaluation to identify lessons for each of the program areas/key results areas. The evaluation will include document review and selected interviews with key informants and a field mission to relevant regions.

Activities will be implemented in Rundu, Omusati, Oshikoto and Ohangwena Regions and at the national level.

Activities are linked to activities funded in MTCT, HVCT, CIRC, HTXS, PDCS, HBHC, PDTX and OHSS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

Under this budget code, The Capacity Project, through IntraHealth International, Inc. (IH) will continue to support faith-based sub-partners and the HIV Clinician’s Society to address identified capacity challenges and to conduct final Organizational Capacity Assessments (OCA) to assess progress and phase-out activities.

During COP11, IH conducted OCAs to identify gaps and the priority capacity areas for the three sub-partner FBOs and the HIV Clinician’s Society. These organizations need to be strengthened to enable them to operate independent of USG support. The tool assessed the following organizational capacity areas: 1) Purpose and planning; 2) Programs and services; 3) Governance and program management; 4) Organizational sustainability and integration planning; 5) Financial and operational management; 6) Human resources; 7) Monitoring, evaluation and reporting; and 8) Advocacy and networking. A comprehensive institutional strengthening plan (CISP) was developed after the OCA for each institution.

IH will continue to be an active participant in the Ministry of Health and Social Services (MOHSS) Human



Resource for Health (HRH) Technical Working Group (TWG) to identify solutions to absorb donor supported staff into the GRN. This will involve estimating workloads and finding innovative solutions to integrate HIV services into primary health care activities to increase the efficiency of service delivery while ensuring quality of care without losing critical data. The transition will be monitored by setting benchmarks and advocating for integrated data collection tools. Beginning in COP11 and continuing in COP12, IH is collaborating with the MoHSS and faith-based organizations to ensure the availability of data for HRH planning and management at the central, regional and facility level, while ensuring data security. IH will support the MoHSS to ensure that the Human Resource Information Management System (HRIMS) data are cleaned before uploading into the Oracle-based system at the Office of the Prime Minister. IH will build the needed capacity for the MOHSS at the national regional levels to ensure they are receiving and using HR reports to improve HR management and planning. The National Health Training Center and Health Professional Council through will continue to receive IH support to have quality data available for tracking training (pre-service and in-service) of student health professionals and registration/licensing of health professionals after training completion. IH will support building capacity of faith-based organizations and national partners systems to function independent of IH.

IH, together with the MoHSS, faith-based partners and other stakeholder will continue conducting several operational studies/evaluations during the financial year. These will assist the various faith-based facilities, regional management teams, and the MoHSS to use evidence based approaches to assess and test different ways to deliver patient care, manage their staff and their facilities and gain critical information about the actual or potential results using qualitative and quantitative data credibly.

Activities will be implemented in Rundu, Omusati, Oshikoto and Ohangwena Regions and at the national level.

Activities are linked to activities funded in MTCT, HVCT, CIRC, HTXS, PDCS, HBHC, HVSI and PDTX.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	0	0

Narrative:

Activities under this budget code, through IntraHealth International, Inc. (IH), will support the MOHSS to operationalize the MC strategy, including provision of MC through approved mixed service delivery models.

The National Strategic Framework (NSF) has set ambitious targets for MC by 2015/16 - to circumcise 450,000 men and 167,000 male newborns. To meet these goals IH supported the Ministry of Health and Social Services (MOHSS) to develop a five year MC strategy and implementation plan during COP10. IH will continue to support the MOHSS to operationalize the MC strategy through the following activities: 1) Training of healthcare workers; 2) Quality assurance and support and supervisory visits; 3) MC campaigns; and 4) support of in-country (through implementation of a roster of MC providers on clinical consultant basis) and international volunteer programs



and task shifting activities. IH will advocate for more sustainable training approaches including incorporation of MC in the University of Namibia and the National Health Training Center's curricula.

IH will, in conjunction with MOHSS and other USG partners, continue to build the capacity of its partners to offer medical MC as an element of the national prevention strategy and ensure provision of a full package which includes sexually transmitted infection screening and management, behavioral counseling, provider-initiated counseling and testing and condom promotion and distribution.

Traditional circumcisers conduct a significant number of circumcisions particularly in communities known to circumcise their male children. To ensure safe MC by traditional circumcisers, IH, in collaboration with the MOHSS and stakeholders, will support advocacy, communication, information and training of traditional circumcisers in areas such as infection control, biohazard waste disposal, messaging and monitoring and evaluation of these activities.

IH will continue to support local partners to use counseling and testing services as an entry point for medical MC services (information and education), with counselors referring clients as appropriate. All counselors will be trained to provide medical MC counseling as well as ensure referrals of male clients testing HIV negative for medical MC services. In addition, the clients seeking medical MC services who test HIV positive will be referred to care and treatment in the same facility. Partners will be supported to ensure availability of Information Education and Communication (IEC) materials in HCT centers which provide information on MC.

IH will support its partners to create MC demand in their localities through community mobilization activities, use of local radios, involvement of community leaders, councilors and church leaders, and campaigns to increase the number of men demanding medical MC services. The number of people reached with MC messaging will be monitored routinely.

IH will support revision and implementation of the MC M&E systems, including training for the users. During the COP11, IH supported the partner organizations to integrate reporting for MC into the overall MOHSS system. During COP12, IH will continue supporting the training of staff in the data collection tools and electronic system.

Activities will be implemented in Rundu, Omusati, Oshikoto and Ohangwena Regions and at the national level.

Activities are linked to activities funded in MTCT, HVCT, CIRC, HTXS, PDTX, HBHC, HVSI and OHSS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:



In COP11, IntraHealth International Inc. (IH) transitioned HIV counseling and testing (HCT) Quality Assurance (QA) to local partners as well as to the Ministry of Health and Social Services (MOHSS). During COP12, IH will continue providing limited technical assistance (TA) for HCT. Partner organizations and MOHSS Regional Management Team (RMT) staff will continue providing support for monitoring and evaluation (M&E) and QA to all the sites.

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.

IH will support partners to increase access to testing and encourage uptake of HCT while advocating for integration of New Start stand-alone centers into government funding. This includes scaling up outreach and mobile testing services to hard-to-reach communities (with focus on men and couples). Emphasis will be on positive yield and linking clients testing HIV positive to care and treatment services using a bi-directional referral system. This includes referral for sexually transmitted infections, tuberculosis, male circumcision and alcohol.

IH, in collaboration with the MOHSS, will continue to support its partners to roll-out provider-initiated HCT (PICT) activities. During FY2010, only 30% of HCT clients in faith-based organizations (FBO) sites were reported as PICT.

Since the average out-patient visits per person in FBO districts are 0.5 to 1.0 there is a huge opportunity to ensure cost-effectiveness of PICT. The following activities will be undertaken to ensure success: District Coordinating Committees to sensitize, advocate, promote and coordinate PICT activities in their facilities; community awareness and demand creation for communities and out- and in-patients; provision of in-room testing; support whole team approach training of staff on PICT; ensure proper inventory control systems for rapid test kits and timely ordering from central medical stores; and quality assurance by the partners and supported by RMTs.

IH will continue supporting partners to implement couples HCT. During FY2010, only 12% of individuals counseled and tested in New Start Centers were tested as couples with variation between 10-25%.

IH will continue to support partners to develop and utilize strategies to increase uptake of counseling and testing services (e.g. promotional activities, special opening times for couples). Partners will conduct "male only" testing days to try and increase the uptake of HCT services by men.

During COP11, IH collaborated with the MOHSS to integrate M&E into the MOHSS' existing system in order to standardize the information for reporting purposes. The standalone New Start centers will move away from anonymous HIV testing to shared HIV testing and clients seeking HCT services will be handled the same way as in public health facilities. In addition, New Start centers will use the MOHSS HCT registers and report directly to the



MOHSS on a monthly basis.

IH will continue supporting the MoHSS to ensure that data quality is not compromised and that partners continue to report on the MOHSS HCT data collection tools. IH will also continue supporting the training of staff in HCT paper tools and electronic systems.

Activities will be implemented in Rundu, Omusati, Oshikoto and Ohangwena Regions and at the national level.

Activities are linked to activities funded in MTCT, PDCS, CIRC, HTXS, PDTX, HB.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

Activities under this budget code, through IntraHealth International, Inc. (IH), will support the virtual elimination of mother to child transmission (eMTCT) by working through the Ministry of Health and Social Services (MOHSS) PMTCT Technical Working Group (TWG) to ensure implementation of the National eMTCT action plan. The plan focuses on strengthening prevention of HIV among women of reproductive age (prong one) and prevention of unintended pregnancies in women living with HIV (prong two) in addition to keeping mothers and their children alive. IH will collaborate with the MOHSS to strengthen synergies with existing programs for HIV, maternal, newborn and child health (MNCH) and family planning FP). Using the performance improvement approach, IH will support its partners to identify existing gaps in the eMTCT, including poor partner testing, and develop interventions to close these gaps. IH will contribute to the revision and finalization of PMTCT guidelines, possibly adopting option B+.

IH will support community systems strengthening to achieve virtual eMTCT. This includes leveraging funding from other donors to increase geographic coverage of the mother-to-mother (M2M) project. IH will collaborate closely with the MOHSS Directorate of Primary Health Care for this activity. In addition to providing peer support, M2M will ensure HIV positive mothers are more informed about a number of pertinent issues including MTCT, infant feeding, and the importance of adhering to treatment/prophylaxis in order to eliminate MTCT.

Activities will support the national eMTCT plan by focusing on gaps identified in prong one and two. IH will support partners to make sure that all pregnant women who tested negative receive HIV prevention packages and strengthen the HIV retest in the last trimester including male involvement.

IH, in collaboration with the MOHSS and the University of Namibia will facilitate a short course on the training of midwives on emergency obstetric care (EMOC) and neonatal resuscitation. IH will build on the training of trainers



<p>conducted by the MOHSS and WHO in COP10 and make sure all midwives at the clinic and health center level are trained.</p> <p><i>Integrating FP, PMTCT, HCT, ART and MNCH:</i> The majority of clients accessing PMTCT, HCT and ART services in all the faith based hospitals are women. This creates a huge opportunity to reach these clients with FP messaging and commodities on site. FP messaging that is sensitive to the teachings of the Catholic Church will be developed and implemented.</p> <p>IH will support partners to strengthen the tracking system for HIV exposed babies using a unique identifier. Tracking of these babies and testing them at six weeks or soon after would enable early identification of HIV+ babies and early treatment to improve their survival.</p> <p>PMTCT data is currently being collected through the health information system and reported through the district and regions. At the district level PMTCT data is entered into a computerized database and forwarded to the regional and national levels.</p> <p>In COP11, IH supported the MOHSS to integrate data collection for EMOC into the overall MoHSS system. During COP12, IH will continue supporting the training of staff in the revised data collection tools and system.</p> <p>Activities will be implemented in Rundu, Omusati, Oshikoto and Ohangwena Regions and at the national level.</p> <p>Activities are linked to activities funded in HVCT, PDCS, CIRC, HTXS, PDTX, HBHC, HVSI and OHSS.</p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	0
<p>Narrative:</p> <p><i>Under this budget code in COP12, The Capacity Project, through IntraHealth International, Inc. (IH) will improve quality of life for people living with HIV/AIDS by continuing support of integrated and comprehensive HIV care and treatment services for adults in hospitals, health centers and outreach services. The strategy will focus on capacity building of sub-partner organizations to implement and sustain quality HIV treatment services for adult patients. Through mentorship, in-service and on-the-job training, IH will ensure adherence to the national ART guidelines and maintain high quality of care for patients on ART. By the end of COP 12, IH expects the program will be under the leadership of the Ministry of Health and Social Services (MOHSS).</i></p> <p><i>IH will support the expansion of outlets offering ARV services, through outreach and integrated management of adult & adolescent illnesses (IMAI). Under MOHSS support, faith-based hospitals (FBH) will continue expanding</i></p>			



outreach services and support staff at these facilities. A total of 20-25 registered nurses (RN) will be trained in IMAI in COP12. Training for health professionals on IMAI is already integrated into the MOHSS system.

IH will work with sub-partners to ensure family-centered approaches for same-day-visits for all family members. This approach will reduce the cost and inconvenience of multiple trips as well as facilitate disclosure and family support.

IH will support training cadres in collaboration with the HIV Clinicians Society, MoHSS and I-TECH. The HIV Clinicians Society will be supported to train through both didactic courses as well as quarterly continuing professional development meetings. Training for doctors, nurses and other health staff on ART, which is already integrated into the MoHSS system, will continue under the leadership and support from the MOHSS.

IH will participate on technical advisory committees, contributing to the development and updates of national guidelines and support development of standards of practice to improve implementation consistency. IH will conduct joint mentoring and supportive supervisory visits with MOHSS staff.

IH will continue providing technical assistance to support the MOHSS and partners in the implementation of the electronic patient management system (ePMS) throughout the country. During COP11, IH focused on building the key competencies of the MOHSS Research, Monitoring and Evaluation (RM&E) sub-division to use, modify and manage the ePMS and support the training for the revised monitoring tools for ART. Support was also provided to developing the user manual and other program specification documents. IH will continue support to the MOHSS in ePMS implementation, especially monitoring the transition of monitoring and evaluation (M&E) staff and integration of sub-partners M&E into the MOHSS. Support will also be provided to train the RM&E staff, senior data clerks, data clerks, doctors and nurses on the updated ePMS version and ART tools and to ensure that the training material is available for future use. To ensure country ownership, IH will also continue to train IT staff from the RM&E division on ePMS program skills to enable the RM&E division to make any future system changes required by the program.

Activities will be implemented in Rundu, Omusati, Oshikoto and Ohangwena Regions and at the national level.

Activities are linked to MTCT, HVCT, CIRC, HTXS, PDTX, HBHC, HVSI and OHSS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	0	0
Narrative:			
<i>Under this budget code, The Capacity Project, through IntraHealth International, Inc. (IH) will continue to support</i>			



the Ministry of Health and Social Services (MOHSS) through membership on the Technical Advisory Committee (TAC) for national pediatric care and treatment updates. IH participates in national trainings offered by the National Health Training Center (NHTC) and serves as facilitators with I-TECH trainers. IH also provides in-service training for staff on updated guidelines during the supervisory and mentorship visits. Additionally, IH sits on the Maternal and Child Health Task Force in the Directorate of Primary Health care to ensure that pediatric HIV services are fully integrated into all child survival programming.

It is important to strengthen linkages of pediatric ART in-patient and out-patient services, primary health clinics and prevention of mother to child transmission (PMTCT) clinics and support efforts to integrate dried blood spot and maternal child health (MCH) services. Integration of these services will promote opportunities for pediatric treatment, minimize defaulting and decrease missed follow-up visits for infants.

IH will support and facilitate training of nurses, doctors and counselors in child and adolescent counseling skills for the faith-based hospitals, as many HIV positive children enrolled into care and treatment since the beginning of the ART program are now adolescents. Health workers need to be empowered to handle disclosure issues for children and adolescence as some of them will start asking questions about their status and may become sexually active, necessitating the importance to disclose their HIV status.

Facilities across the country implement policies and guidelines differently. IH will support the operationalization of treatment in partner faith-based facilities through training and dissemination of standards of practice. Analysis of cohort studies and electronic patient management system (ePMS) reports will enhance the quality of clinical services and in-time referral for laboratory investigation to detect treatment failure and its causes (adherence, drug resistance). IH will strengthen the sub-partners' staff at their facilities and community-based activities with the bi-directional referral system, piloted during COP11.

IH will continue to mentor and build the capacity of staff to independently conduct supportive supervision using a structured tool. This will improve the probability of sustainability while ensuring adherence to national guidelines. As the program is transitioned to the leadership of the MOHSS, IH will participate in support visit with the MOHSS (National and Regional Management Teams) and provide them with feed-back for smooth transition. Local management teams will conduct in-service training for the staff in these departments.

Activities will be implemented in Rundu, Omusati, Oshikoto and Ohangwena regions and at the national level.

Activities are linked to activities funded in MTCT, HVCT, CIRC, HTXS, PDCS, HBHC, HVSI and OHSS.

Implementing Mechanism Details

Approved



Mechanism ID: 10388	Mechanism Name: MEASURE DHS
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: ICF Macro	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:
Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)



Budget Code Information

Mechanism ID: 10388			
Mechanism Name: MEASURE DHS			
Prime Partner Name: ICF Macro			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0
Narrative:			

Implementing Mechanism Details

Mechanism ID: 10389	Mechanism Name: Systems to Improve Access to Pharmaceuticals and Services
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	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:
Total Funding: 984,669	
Funding Source	Funding Amount
GHP-State	984,669

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Systems for Improved Access to Pharmaceuticals and Services (SIAPS) is a follow-on project to Strengthening Pharmaceutical Systems. The project is implemented by Management Sciences for Health (MSH) in Namibia. SIAPS builds the capacity of the Ministry of Health and Social Services (MOHSS) of the Government of Namibia (GRN) and other local institutions to manage pharmaceutical systems and service delivery of HIV/AIDS commodities in all



regions of Namibia. The project contributes to three strategic areas of the Partnership Framework (PF) in all regions of the country: governance, systems strengthening and care and treatment, specifically addressing antimicrobial resistance, access to medicines, and the appropriate use of medicines.

SIAPS advocates for the absorption of technical staff seconded to MOHSS to reduce costs. In addition the project shares operational costs, leverages synergies of other mechanisms managed by MSH in Namibia and encourages MOHSS to co-fund selected interventions to be more cost-effective. SIAPS will focus on institutional leadership to strengthen local ownership and mentor relevant staff. These steps will be strategies for transition. In this regard, SIAPS is in line with USAID GHI strategic focus on transition as well as improving access.

In order to strengthen monitoring and evaluation systems SIAPS has developed measurable indicators which have been used to track the progress of the project. SIAPS will monitor data quality assurance and outcomes and document case studies and success stories which will be disseminated. An end-of-project evaluation will also be conducted.

No vehicle purchases envisaged.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	10389
Mechanism Name:	Systems to Improve Access to Pharmaceuticals and Services
Prime Partner Name:	Management Sciences for Health



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	74,694	0

Narrative:

This is a continuing activity of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) project, implemented by Management Sciences for Health (MSH) aimed at supporting program monitoring and data quality through improved an electronic dispensing tool (EDT), Pharmacy Management Information System (PMIS), and the data quality of the information from these systems. This intervention will strengthen pharmaceutical care services by supporting evidence-based decision making, and therefore cost effective and sustainable ART delivery.

With COP12 funding, SIAPS will also continue to promote operational research that will advance and sustain best practices and successful pharmaceutical management interventions deployed during the life of the predecessor project in Namibia, as well as support the dissemination of results and the adoption of best practices.

SIAPS will continue to support the integration and harmonization of the EDT data into the planned integrated health management system of the Ministry of Health and Social Services (MOHSS) as well as strengthen linkages between the EDT and ePMS data systems for ART monitoring. In addition, SIAPS will strengthen the capacity of the MoHSS to use and disseminate data and operational research activities to enhance evidence-based decision making and strategic planning in pharmaceutical management. SIAPS will support the Pharmacy Management Information System (PMIS) through review, upgrades, staff training, analysis and utilization of PMIS data for policy and management decisions.

The geographic coverage of this activity is national including all the 13 regions of Namibia.

This activity is linked to activities under HTXS, PDTX, and OHSS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	186,575	0

Narrative:

This continuing activity of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) project, implemented by Management Sciences for Health (MSH) will continue providing technical assistance to the Namibia Medicines Regulatory Council (NMRC) and the Pharmacy Council to be effective as well as cost efficient in monitoring the quality, safety and effectiveness of medicines and ensure competent personnel to provide pharmaceutical services.



A strengthened NMRC and Pharmacy Council will contribute towards enhanced quality and availability of ART, tuberculosis and other essential medicines and services in Namibia. SIAPS will also support the Ministry of Health and Social Services (MOHSS) Division of Pharmaceutical services in monitoring and evaluating implementation of the National Pharmaceutical Master Plan (NPMP) in order to ensure sustainability of ART and other essential public health programs.

Support will be provided for the monitoring of the implementation of the NPMP through technical assistance, advocacy and supportive supervision visit. In addition, SIAPS will support the NMRC and HIV and tuberculosis treatment programs to utilize evidence generated from the Therapeutic Information Pharmaco-Vigilance Center (TIPC) and post marketing surveillance in the implementation of quality assurance and risk management strategies that mitigate sub-optimal patient adherence and poor treatment outcomes through technical assistance and training.

SIAPS will strengthen governance through support to the Pharmacy Council of the Health Professions Councils of Namibia to develop and implement standards for professional licensure, pharmacy practice and accreditation of pharmaceutical service providers in Namibia.

The geographic coverage of this activity is national including all the 13 regions of Namibia.

This activity is linked to activities under HVSI, PDTX and OHSS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	529,084	0

Narrative:

This is a continuing activity of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) project, implemented by Management Sciences for Health (MSH) to support initiatives for increasing ART coverage in both the public and private sectors and facilitate engagement of the private sector in ART service delivery.

Using COP12 funding, SIAPS will work with the Ministry of Health and Social Services (MOHSS) to build on previous achievements and consolidate and hand-over mature activities to the MOHSS.

SIAPS will support the revision and roll-out of adherence interventions (treatment literacy materials, routine adherence monitoring tools) and implementation and monitoring of the essential medicines list (NEMlist) that was fully transitioned over to the MOHSS in 2010, standard treatment guidelines that were handed over to MOHSS in 2011, and the guideline technical committees. The transition of these activities has been accomplished, and in COP12 SIAPS will focus on ensuring the long term sustainability of the transitioned activities and develop/strengthen sustainability indicators (metrics) to monitor performance of the pharmaceutical services (development, dissemination, implementation, compliance monitoring and systems for revisions).

Support will also be provided to the monitoring of Antimicrobial Resistance (AMR) and strengthening the monitoring of interventions for HIV drug resistance (HIVDR) including analysis and use of early warning indicators (EWI). This includes strengthening the MOHSS Response, Monitoring and Evaluation Unit (RM&E) to improve the quality of data to ensure better monitoring of patient outcomes.



SIAPS will strengthen human resource capacity and systems for the delivery of sustainable pharmaceutical services that support ART service delivery (focusing on in-service and pre-service training of staff on new pharmaceutical management guidelines).

Activities will support public-private partnerships for better pharmaceutical service delivery by enhancing availability of Standard Treatment Guidelines and continuing professional development in the private sector through the Health Professions Council and The University of Namibia and by strengthening data collection of adverse events to medicines. The capacity of the University of Namibia, School of Medicine/Pharmacy Department and the MOHSS to conduct pharmaceutical related operational research through INRUD/Namibia Chapter will be strengthened. This activity will be transitioned to the University of Namibia and the Health Professions Council. The geographic coverage of this activity is national including all the 13 regions of Namibia.

This activity is linked to activities under HVSI, PDTX and OHSS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	194,316	0

Narrative:

This continuing activity of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) project, implemented by Management Sciences for Health (MSH) will focus on ensuring adherence to ART in pediatrics, which 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 and dosing schedules. With COP12 funding, SIAPS will continue to provide support for information, education and communication material to promote pediatric adherence. SIAPS will continue supporting 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 among children. SIAPS will leverage the use of the electronic dispensing tool (EDT), to collect and analyze pediatric ART data that will inform improvement of treatment services for HIV infected children.

Support will be provided to sites in reviewing gender disaggregated pediatric ART data to identify hard-to-reach pediatrics with increased focus on adolescents in need of and on ART in their catchment areas to ensure optimum health outcomes through technical assistance, training, equipment and EDT support.

In addition, SIAPS will support implementation of adherence interventions in children and strengthen national capacity for delivery and monitoring of pediatric ART services through technical assistance, training and data analysis.

The geographic coverage of this activity is national including all the 13 regions of Namibia and will focus on the district hospitals which cover more than 90% of the pediatric clients on ART.

This activity is linked to activities under HVSI, PDTX and OHSS.



Implementing Mechanism Details

Mechanism ID: 10393	Mechanism Name: Community REACH Namibia
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Pact, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

Caprivi Hope for Life	Legal Assistance Centre	Ministry of Gender Equality and Child Welfare
PEACE Centre		

Overview Narrative

COP 2010 Overview Narrative

>>UPDATED NARRATIVE FOR Oct. 2011 Reprogramming: This award was modified to be in alignment with GHI and the second phase of PEPFAR. Specifically the new name of the mechanism is now "Strengthening the Capacity of Country Ownership (SCCO)". The goals of the program have been reduced from its previous six objectives (focused on scale up of service delivery) to the following two objectives: 1) To strengthen capacity of MGECW to effectively coordinate activities relating to gender equality and orphans and vulnerable children 2) To strengthen 6 civil society organizations to be eligible for US direct funding while maintaining high standards of existing services. Through its work with the MGECW and its sub-partners, SCCO supports services in impact mitigation for orphans and vulnerable children, community and home based health care (CBHC), systems strengthening, and prevention of sexual transmission.

In support of the Partnership Framework Agreement, the second phase of PEPFAR, GHI, SCCO supports the strengthening of the MGECW to meet its institutional mandate with respect to child welfare and gender equality.



Specifically, SCCO is increasing capacity throughout MGECW (not just Child Welfare directorate) for management, planning, budgeting, and monitoring. Technical support is given to both the national, regional, and constituency level. This includes support to improve the Permanent Task Force's management of OVC coordination bodies, the National Plan of Action, improving the efficiency of grant application processes, strengthening the constituency and regional levels of the MGECW to deliver prioritized services. Through its CSO subpartners, SCCO is working to increase social and behavior change to prevent the sexual transmission, and pro

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support

Budget Code Information

Mechanism ID: 10393			
Mechanism Name: Community REACH Namibia			
Prime Partner Name: Pact, Inc.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	0
Narrative:			
<p>>>UPDATED NARRATIVE FOR October 2011 Reprogramming: \$109,256 was removed so that the mechanism does not exceed its ceiling as specified in the agreement. These funds will be allocated for the follow-on award. TA and training to MGECW to strengthen management, planning, budgeting skills in the Ministry of Gender Equality and Child Welfare;</p>			



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 establi

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

>>UPDATED Narrative for October 2011 Reprogramming: \$13,620 was removed so that the mechanism does not exceed its ceiling as specified in the agreement. These funds will be allocated for the follow-on award. 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

>>Updated Narrative for Oct. 2011 Reprogramming: \$7,109 was removed so that the mechanism does not exceed its ceiling as specified in the agreement. These funds will be allocated for the follow-on award.

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



<i>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.</i>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	0	0
Narrative:			
<p><i>Support to sub-grantees working in prevention (grants)</i></p> <p><i>Continuing Activity</i> <i>Estimated Budget = \$107,480</i></p> <p><i>Organizational capacity building support (TA)</i></p> <p><i>Continuing Activity</i> <i>Estimated Budget = \$42,992</i></p> <p><i>Adaptation, production and dissemination of prevention materials (other)</i></p> <p><i>Continuing Activity</i> <i>Estimated Budget = \$18,425</i></p> <p><i>Technical assistance to MGECW to strengthen their response to gender, HIV prevention and OCV/child welfare issues</i></p> <p><i>Continuing Activity</i> <i>Estimated Budget = \$31,103</i></p> <p>ADDITIONAL DETAIL:</p> <p><i>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.</i></p> <p><i>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</i></p>			



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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

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 Details

Mechanism ID: 10397	Mechanism Name: Tuberculosis Assistance Control Program (TB Care)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: KNCV Tuberculosis Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

Total Funding: 243,010	
Funding Source	Funding Amount
GHP-State	243,010

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Through the Royal Netherland Tuberculosis Association (KNCV), TB Care I provides technical support to the National TB and Leprosy Control Program (NTLP) to strengthen its capacity to address the TB/HIV burden in Namibia. The project goals are to accelerate early TB case detection and treatment success rates to achieve national targets of 70% and 87% respectively. The implementing mechanism (IM) supports the expansion of community TB care; prevention and treatment of drug-resistant TB; scale-up of TB/HIV collaborative activities and health system strengthening.

KNCV promotes sustainability and builds capacity of local staff in order to phase out external technical advisors.



The IM improves cost-efficiency by using a TA model rather than service delivery. The IM co-locates project staff with the MOHSS; provides supervision and mentoring; and supports existing government structures for TB/HIV care.

KNCV collaborates closely with the Global Fund to ensure technical and financial assistance to NTLP is optimally organized. The IM is also engaged in the quarterly TB National Steering Committee meetings at which key stakeholders map national TA needs.

In addition to being in line with the NTLP strategic plan, the IM supports USAID Namibia's GHI strategy to: 1) Increase access to services; and 2) Help transition inherent government responsibilities, including funding for the community activities.

TB CARE I has an extensive monitoring and evaluation system to track the implementation of activities. KNCV does not operate separate M&E systems, but contributes towards strengthening the existing system. As a result, NTLP has been able to produce comprehensive annual reports for the past four years reflecting all its achievements.

No vehicle purchases are envisaged.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support

Child Survival Activities

Military Population

Mobile Population

TB

Workplace Programs



Budget Code Information

Mechanism ID: 10397			
Mechanism Name: Tuberculosis Assistance Control Program (TB Care)			
Prime Partner Name: KNCV Tuberculosis Foundation			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	243,010	0

Narrative:

USG support will continue through KNCV TB Foundation using a TA model of knowledge and capacity transfer. KNCV support to the MOHSS and CSO is coordinated by the MOHSS National TB and Leprosy Program. Identifications of priority areas for support are aligned with the national strategic plans for TB and HIV. In line with the GHI strategy, KNCV does not support human resources for service-delivery to conduct TB activities. The NTLP is being prepared for gradual transition of current resident technical advisors.

TB/HIV care and treatment: In FY13, KNCV will continue to strengthen the implementation of TB/HIV collaborative activities with particular focus on the 3 I's. KNCV will support the MOHSS and its partners to improve early identification of TB in HIV infected individuals using the five question screening tool. TB screening will be expanded to ante-natal clinics (ANC) in addition to the pre-ART clinics to eliminate missed opportunities. The USG HIVQUAL program will be critical to this intervention. Intensified case-finding strategies will include the community to address gender inequalities for children and women in particular.

Provider-initiated counseling and testing (PICT) for HIV in TB patients remains a focus area and KNCV will increase HIV testing in TB patients currently at 76%. Given the low coverage of ART in TB patients early initiation of ART in line with the revised national guidelines will be key focus area under this component. KNCV will engage local care providers to develop the best modalities for the implementation of IPT given the high Isoniazid resistance rate. KNCV will also provide support to operational research on aspects related to TB/HIV.

Programmatic management of drug resistant TB (PMDT): KNCV will continue to strengthen the implementation of the PMDT in the designated treatment centers. Early TB diagnosis using the standard diagnostic tools as well as rapid molecular diagnosis for drug resistant (DR) TB will be promoted and implemented in high burden areas for both HIV and Multi Drug resistant TB. KNCV will continue to support the MOHSS with its efforts to reduce Extreme Drug Resistant TB. KNCV will continue to support quarterly review meetings to strengthen surveillance of DR TB and to update the monitoring tools.



Health system strengthening: Health care workers will be trained on the revised TB guidelines. KNCV will also support the MOHSS to strengthen TB/HIV coordination in poor performing regions through tailor-made support. KNCV will continue its mentoring activities to MOHSS officials coordinating TB/HIV activities at the national and regional level to strengthen their capacity to support the implementation level. Limited support will be provided to national and regional level NTCP staff to enhance their program management capacity and skills.

TB Care and Treatment: KNCV will continue its support to community TB care in the Erongo and Karas regions respectively. Support will also contribute towards activities for the commemoration of the World TB day. Under this component USG support will contribute towards the lifestyle ambassadors' quarterly meetings for the TB Communication for Behavior Change Intervention (COMBI). Training of field promoters will also be supported under this activity. KNCV will support surveillance and monitoring activities related to TB care and treatment, including CSO.

Implementing Mechanism Details

Mechanism ID: 10780	Mechanism Name: Cooperative Agreement 1U58PS001452
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Washington	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 217,000	
Funding Source	Funding Amount
GHP-State	217,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism has four objectives: Strengthen professional development and support; strengthen content and delivery of the MPH program; improve research capacity and output of lecturers and students, and; strengthen



sustainable institutional capacity and infrastructure for teaching public health. Strengthening UNAM's capacity to train students in public health science, leadership and program management will contribute to GHI country ownership goals, and allow USG programs to increasingly hand-off program management and M&E responsibilities to local partners. UNAM trains students from all 13 regions. Most graduates serve in the public healthcare sector nationwide. I-TECH and UNAM have developed a transition plan and are establishing a Transition Technical Working Group to implement and monitor transition activities. Several staff positions previously funded through I-TECH have been absorbed by UNAM. Supporting public health education at UNAM will reduce the financial burden on MOHSS to fund bursaries for students to study abroad. Investment in the public education sector will also support the career ladder for faculty and staff, and contribute to the retention of Namibian instructors. This mechanism promotes cost-effective approaches including e-learning technologies, guest-lecturing, mentorship, and twinning with regional universities. The use of electronic journals has reduced costs for importing text books. ITECH submits an annual work plan aligned with national M&E indicators and targets.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Increasing women's access to income and productive resources

Increasing women's legal rights and protection

Malaria (PMI)

Child Survival Activities

Safe Motherhood

TB

Family Planning



Budget Code Information

Mechanism ID:	10780		
Mechanism Name:	Cooperative Agreement 1U58PS001452		
Prime Partner Name:	University of Washington		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	217,000	0
Narrative:			
<p><i>COP12 funds will support activities to strengthen five areas of graduate-level public health education in Namibia. These activities have been developed with the University of Namibia (UNAM) Faculty of Nursing and Public Health, and are guided by the UNAM Public Health Working Group (PHWG), consisting of the Dean, public health lecturers, and ITECH staff.</i></p> <p><i>Promote sustainability and transfer of knowledge and financial assets by the end of five years. The PHWG will continue to ensure grant deliverables are met and implement a multi-phase, multi-year strategic plan for MPH program expansion and specialization. A key component is ongoing planning for the transition process which involves the absorption of programming staff and the creation of an operational plan for implementing strategic plan priorities.</i></p> <p><i>Strengthen Professional Development and Support: COP12 activities will strengthen the professional development and support for lecturers' teaching and student supervision capacity. The PHWG will establish a taskforce to identify, plan, and implement relevant activities, including financial absorption by UNAM of Faculty Development Workshops and twinning and exchange opportunities with other universities.</i></p> <p><i>Strengthen content and delivery of the MPH program: Activities will strengthen and build content in nutrition, strategic information, health service planning and management, environmental health, primary health care and other key content needs identified during strategic planning. Additionally, the PHWG will lead efforts to begin a formal curriculum review process to review potential specialized tracks for the future. Technical assistance will be provided to assist lectures in adopting new teaching methodologies such as problem based teaching and distance learning.</i></p> <p><i>Improve research capacity and output of lecturers and students: COP12 funds will support activities to promote a research culture within UNAM and to facilitate on-going research and publication activities. A TOT for lecturers on research and thesis development will increase lecturers' capacity to teach research skills and reinforce existing skills. A Thesis Workshop will be institutionalized and taught to incoming students. ITECH will also support UNAM to lead, plan, and evaluate students' thesis progress activities and develop supportive research materials as</i></p>			



required. Lastly, ITECH will support the PHGW to establish an Ethics Review Committee and to plan for subscriptions to external medical libraries.

Strengthen institutional capacity and infrastructure for teaching public health: Activities will support improvement of structures, processes, policies, procedures and resources that are required to ensure the effective running of the MPH program. This includes planning for the development of a Quality Assurance Plan; relevant skills-building; and support for administrative functions for students and the procurement of training materials and equipment.

Implementing Mechanism Details

Mechanism ID: 12721	Mechanism Name: Strengthening HIV/AIDS Responses in Prevention and Protection (SHARPP)
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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 941,082	
Funding Source	Funding Amount
GHP-State	941,082

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Through quality programs and services LifeLine/ChildLine (LLCL) seeks to improve the safety, health and resilience of children, youth, families and communities in Namibia. LLCL focuses on HIV counseling and testing (HCT) programs; and trainings which address behavior change, efficacy and gender equity related to HIV prevention, care and support. It more broadly addresses child health, safety, rights and resilience. LLCL advocates for zero tolerance of abuse against children and gender-based violence. The program is aligned with the GHI Strategy and Partnership Framework's focus on social behavior change in HIV prevention, legal rights and protection for vulnerable persons, specifically children and women. LLCL targets communities in Kavango, Khomas, Hardap, Oshana and Ohangwena Regions. For HCT, LLCL targets vulnerable youth (16-30) and most at risk populations in



Windhoek, Rundu and Oshikango. The latter will be reached through partnership with the SFH MARPs project. Sustainability efforts will target the diversification of donor funding, development of partnerships with private sector, designing public fundraising plans and responding to GRN and other tenders. Also, LLCL will pursue integration with GRN, where possible, for programs and staff to be absorbed into GRN structures. This strengthens program sustainability, and contributes to the achievement of USG GHI strategy goal of transition. LLCL will rationalize its own premises, human resources and programs as well as building consortia with civil society organizations for the sharing of premises, human resources and programs, increasing cost-efficiency gains. Outcome and output indicators are used to monitor the program. A baseline and endline assessment will be conducted.

No vehicle purchases are envisaged.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Increasing women's access to income and productive resources

Increasing women's legal rights and protection

End-of-Program Evaluation

Budget Code Information

Mechanism ID:	12721
Mechanism Name:	Strengthening HIV/AIDS Responses in Prevention and Protection
Prime Partner Name:	(SHARPP)
	Lifeline/Childline Namibia



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	124,314	0

Narrative:

This is a new budget code which supports transition. Under this budget code, LifeLineChildLine (LLCL), a locally owned partner, will utilize COPI3 funding to complete the following objectives: (1) Strengthen linkages to care and support for people living with HIV/AIDS (PLWHA) who are experiencing gender-based violence (GBV); and (2) Strengthen HIV care, treatment and support for GBV survivors.

This activity fits within the country strategy to both strengthen linkages and referral systems, and improve care services among adults, specifically women, who are experiencing GBV. These services are critical as they address gender inequality, a key driver in the HIV epidemic, as well as develop integrated strategies to change harmful gender norms.

This activity will implement programming at the facility and community level, covering two regions. This activity will engage both men and women, and promote GBV prevention and response as an avenue to increasing linkages and referral systems—as GBV serves as a barrier to accessing necessary care and treatment services.

More specifically, LLCL will provide outreach counseling services; address client referrals to clinical and community care following testing and Antiretroviral therapy initiation; ensure retention and follow-up; link clients to nutritional, income-generating, legal and spiritual services.

Additionally, to improve approaches and results aimed at integrating GBV into HIV prevention, care and treatment, LLCL will regularly monitor the quality of care and support services, through data collection and evaluation of activities. LLCL strategy to transition will occur over time by shifting their role toward government clinical facilities and PLWHA support groups by June 30, 2015.

In collaboration with other USG partners, including Project Hope, KAYEC and Positive Vibes, LLCL will address the needs of PLWHA subjected to GBV.

This narrative is linked to activities under HVCT, HVTB, HTXS and HVSI. Cross-cutting activities include: Gender and GBV and estimated funding is \$270,000. No construction, renovation, or motor vehicle envisaged.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	468,344	0

Narrative:



The goal of the HKID work under the Strengthening HIV/AIDS Responses in Prevention and Protection (SHARPP) IM through Lifeline/ChildLine (LLCL) is to complement the government's child protection efforts to prevent/mitigate violence against children and build sustainable and cohesive systems that uphold the right to a safe and secure childhood. The program targets children under the age of 18 through the 116 HelpLine and Uitani Radio activities, primarily focusing on HIV education. In addition, community activities will take place in Kavango, Hardap and Khomas Regions. LLCL will continue to build on the Child Protection Program with the Ministry of Gender Equality and Child Welfare (MGECW). The Mission of LLCL is the social protection of orphans and vulnerable children.

Community Parenting Training will continue to be conducted for OVC caregivers, government and civil society to promote the identification of OVC, improved implementation of children's rights, and provide referrals to health services.

SHARPP will implement an evidence-based child protection program in schools complementing the Ministry of Education's (MOE) life-skills curricula, targeting children at risk, and LLCL combination prevention targets vulnerable/at risk children, as well as, learners with leadership potential to act as agents of change. The intervention comprises small group sessions led by OVC to build self-efficacy and coping skills, prevent gender-based violence and transactional sex, and increase awareness of HIV prevention. Drop-in counseling and referrals into the safety net system is offered to children in need/at risk. SHARPP will also offer structured interventions at schools to respond to abuse and build capacity of teachers to use intervention tools.

The 116 ChildLine is a national free number to report/prevent child abuse and offers crisis counseling by phone and face-to-face as part of the national safety net targeting OVC. Referrals and case tracking from 116 calls are done with service providers. Online counseling and SMS counseling will continue, together with a generic counseling line for adults. Provision of counseling services to children and adolescents living with HIV will be pursued and LLCL will provide counseling services to Women and Child Protection Units (WACPU). Survivors of rape are provided counseling support and referrals to post-exposure prophylaxis.

Discussions with MGECW and/or telecoms providers to fund the radio programs will take place, in line with the National Agenda for Children. A memorandum of understanding to recruit University of Namibia (UNAM) social work and psychology student interns to provide services for sustainability and to reduce counselor salary burden will be sought and group/family counseling will promote systemic approaches and increase efficient use of human resources.

The national child operated radio program (Uitani), covers protection topics and will continue to be produced and presented by children 8-14 years of age, including those children in the regions who participate in school programs.



<i>Advocacy and government collaboration: LLCL will continue to participate in and support GRN agencies and national/regional fora to implement a national safety net and referral flow chart that incorporates service agreements and standard operating procedures.</i>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0
Narrative:			
<p><i>The activities under this budget code are all aimed at sustainability and are part of a broader sustainability plan for Lifeline/Childline (LLCL).</i></p> <p><i>Aligning with the transition and sustainability objectives of the GHI, organizational systems strengthening will be conducted to enable LLCL to be a sustainable indigenous civil society organization (CSO). Utilizing cost-share principles resources will be provided to strengthen the viability of the corporate wing of LLCL. This will support the GHI and Partnership Framework goal of building local capacity to sustain the HIV/AIDS response.</i></p> <p><i>LLCL will offer training, technical assistance (TA) and other marketable services to CSO, government and the private sector at market prices. LLCL will also respond to the Government of Namibia (GRN) and private sector tenders, working on a consultancy basis within their scope of expertise.</i></p> <p><i>Self-enhancement of LLCL in terms of capacity to strengthen its response to the market will be supported.</i></p> <p><i>Ongoing market research and marketing will be carried out to inform this process. LLCL will continue to provide capacity development opportunities to LLCL staff to enable them to fulfill their program activities at the highest quality.</i></p> <p><i>The Training Team of LLCL follows a system to ensure continued quality. In addition to annual performance appraisals for the trainers, trainers are regularly monitored and supervised by the Training Manager and the Curriculum Specialist to ensure that training is of a consistently high quality. Planned and unplanned visits to workshops take place for this purpose. Written feedback is captured on a LLCL training standards sheet and a narrative report is also given to each trainer. One- on-one supervision is also provided. Regular monthly meetings conducted by the Training Manager and Curriculum Specialist encourage discussion of challenges faced in training each course and regarding necessary curriculum changes.</i></p> <p><i>Monitoring and evaluation will be implemented based on the approved performance-monitoring plan that captures critical training indicators such as ability of trainers to transfer skills as well as transferability of developed training materials. Other training outcomes will be assessed using pre-post assessments as well as trainee evaluations.</i></p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	0	0

**Narrative:**

The Strengthening HIV/AIDS Responses in Prevention and Protection (SHARPP) through Lifeline/Childline (LLCL) will carry out integrated and multi-level interventions under this budget code to: 1) Build skills and knowledge for young adolescents on age appropriate comprehensive/combination HIV/AIDS prevention; 2) Lay foundations for HIV risk perception, self-efficacy for HIV prevention and optimal uptake of biomedical prevention including medical male circumcision (MMC); and 3) Provide age-appropriate dosage of information relating to national campaigns on drivers of the HIV epidemic.

Complementary activities will be carried out with school children selected together with the Ministry of Education (MOE). Emphasis is on reaching vulnerable children and on obtaining a critical mass for behavior change for HIV prevention and gender-based violence (GBV).

Skilled counselors will offer small group interventions using drama, games, discussions and interpersonal communication tools. The program is evidence-based and complements MOE life skills curriculum. Sessions cover: 1) Building self-esteem and self-efficacy; 2) Reasons for and ways to delay sexual debut; 3) Gender inequality, GBV and child protection; 4) Exploring social and family norms; and 5) MMC and HIV testing and counseling awareness (with children, parents and teachers).

Immediate one-on-one counseling will be offered to children from the small groups who are experiencing difficulties. Such children may also be referred for Government of Namibia (GRN) and LLCL protection services described under HKID.

SHARPP will mobilize in-school youth to recognize and respond to GBV. This will be integrated in to HIV prevention social and behavior change communication (SBCC) activities.

The combination nature of the program is provided through access to national services offered under HKID and HVOP, including 116 helpline, HER (sexual and reproductive health information SMS service) and Uitani Radio. SHARPP will work closely with MOE to build teacher capacity on combination prevention approaches to complement the life skills programs for sustainability. SHARPP will employ a catchment area approach, working in schools and in the surrounding community with parents, teachers and opinion leaders for effective saturation of messaging.

Through strong working relationships with HAART clinics, SHARPP will pilot specifically-tailored SBCC and adherence counseling packages to child and adolescent patients as well as their parents.

SHARPP will work through regional and constituency level coordinating groups to promote coordination in community based activities.

In order to ensure quality, small group sessions will be in line with minimum standards and curriculum developed by the C-Change IM. Regular supervisory support will be offered to facilitators using a supervisory checklist and through observation and spot checks of sessions. Debriefing sessions will be scheduled using activity, counseling and supervisory reports to inform coaching, mentoring and capacity building.

To reduce costs, improve integration and sustainability, youth groups and teachers will be identified and trained to gradually take over the program.



In order to strengthen evidence and inform programming SHARPP will conduct baseline and end-line assessments. Monitoring of activities using agreed-upon performance indicators will be carried out. Target regions: Hardap, Kavango, Khomas, Oshana, and Ohangwena.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	92,084	0

Narrative:

Under this budget code, HIV Counseling and Testing (HCT) services are provided through the Strengthening HIV/AIDS Responses in Prevention and Protection (SHARPP) from stand-alone sites in Rundu, Oshikango and Windhoek as part of the mixed model. The sites are non-clinical settings and use a client-initiated approach through voluntary counseling and testing, mobile and outreach services. Targets are geographically hard-to-reach populations, adolescents and youth 16 -30 years of age, men, couples and key populations in collaboration with the Strengthening HIV Prevention for MARP.

Targeted HCT community mobilization and promotion activities will continue to increase awareness on availability and benefits of HCT and linkages to other services. SHARPP will partner with the Strengthening HIV Prevention for MARP IM to complement their activities. Partnerships with Ministry of Education (MOE) and other specific non-governmental organizations (NGO) will also be formed to reach youth and adolescents in the education system. Collaboration will be sought with Ministry of Youth and several NGO to reach out-of-school youth in different settings. For couples and men, campaigns and testing days will be used, including making sites more male friendly. Outreach and mobile testing services will be provided to geographically hard-to-reach populations in line with MOHSS guidelines.

HCT is a critical gateway to combination prevention, treatment, care and support. Screening and referrals of HCT clients for STI, TB, alcohol abuse, voluntary medical male circumcision will continue. For HCT positive clients, bi-directional referrals to treatment and care services, existing post-test support clubs, family counseling to facilitate disclosure to children and partners will continue. The new MOHSS bi-directional referral strategy will be implemented to provide individual and group adherence counseling for clients referred from MOHSS and others. Partnerships will be formed with the African Palliative Care Association and Positive Vibes to complement the Positive Health Dignity and Prevention intervention for HIV positive clients and individuals in sero-discordant partnerships. For clients with negative results, risk reduction plans will be developed together with them. Generic counseling and support around barriers to prevention will be offered especially to repeat testers and GBV survivors. In line with combination prevention, HCT clients will be referred to SHARPP social behavior change communication (SBCC) sessions, where appropriate, while SBCC participants will be offered HCT services. Female and male condoms will be offered as part of HCT services. All referrals at the sites will be monitored, tracked and reported periodically.



Routine monitoring comprises a site-level client/patient register to record client information and a laboratory log to record test kit information and HIV test results for every test performed. Sites have standardized data collection and collation tools, reporting formats and electronic data bases. Retesting of 5% samples is done by the National Institute of Pathology. For counseling quality assurance, weekly sit-in supervision and debriefing sessions are done, a counseling of counselor safety net program is supported and client satisfaction questionnaires are used.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	256,340	0

Narrative:

In line with the GHI strategy to increase access to evidence-based combination prevention intervention the Strengthening HIV/AIDS Responses in Prevention and Protection (SHARPP) will carry out integrated social behavior change communication (SBCC) interventions to: 1) Address HIV risk perception and social/behavioural barriers to HIV prevention; 2) Promote uptake and adherence to biomedical prevention especially voluntary medical male circumcision (VMMC); 3) Provide Positive Health Dignity and Prevention (PHDP) links and information for people living with HIV (PLHIV); and Provide dosage relating to national campaigns on epidemic drivers

Beneficiaries will be segregated in to two groups: 1) The 15-24 year old; and 2) Adults 25-49 years old.

The 15-24 year old group will target vulnerable youth, including PLHIV, identified through schools, Ministry of Health and Social Service (MOHSS), youth programs, Ministry of Gender Equality and Child Welfare (MGECW) and Ministry of Youth. Beneficiaries are specifically vulnerable to alcohol/drug abuse, multiple concurrent partnerships, domestic violence and poor adherence in case of PLHIV. The program will provide information and skills to engage in safer and healthier sexual activity where appropriate. SHARPP will work with civil society organizations offering economic empowerment programmes (e.g. Junior Achievers, KAYEC, Project HOPE) and refer beneficiaries between programs. As a member of the Task Force on Teenage Pregnancy in the Kavango Region, Lifeline/ChildLine (LLCL) will design activities to address study recommendations.

The adults 25-49 years old group will comprise two sub-groups: 1) Those referred from LLCL HIV counseling and testing (HCT) programs, MOHSS, MGECW, where high HIV risk is identified and behavior change/counseling is advised; and 2) Those referred by parents, teachers and community members that interact with the learners reached through the HVAB budget code program. Working with the latter group reinforces messages given to the children in the AB program. SHARPP will offer a program for parents and teachers, based on sessions from our positive parenting and social behavior change communication curricula to address discipline, child abuse, gender norms and rights and effective communication for HIV and sexual and reproductive health.

SHARPP will use small group sessions in line with minimum standards developed by MOHSS with C-Change support. Participants will be given access to accurate sexual and reproductive health information through SMS services and calls to 116 ChildLine to prevent and report abuse.



Community sensitization and mobilization to recognize and respond to GBV and its relationship to HIV infection will underscore the SBCC work implemented under SHARPP in Hardap and Kavango Regions. Adequate and effective supervision for facilitators will be conducted via observations and spot checks of sessions and applying a supervisory checklist. Debriefing sessions will use activity, counseling and supervisory reports to inform coaching and capacity building. To reduce costs, improve integration and sustainability, teachers, youth and community leaders will be identified and trained to gradually take over the program with continued support from LLCL.

Implementing Mechanism Details

Mechanism ID: 12997	Mechanism Name: Scaling up Palliative care for People Living with HIV/AIDS
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: African Palliative Care Association	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

Positive Vibes		
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Overview Narrative

The African Palliative Care Association (APCA) provides technical assistance and works with providers of palliative and other health care services to expand palliative care (PC). APCA builds capacity, strengthens health systems and supports PC integration at all levels, creating linkages and retention in care and improving the quality of life of PLWHA. APCA Namibia is scaling up PC provision through a public health approach, balancing quality with coverage.

APCA will address the Partnership Framework objective of strengthening PC services and is aligned to USG



Namibia's GHI strategy to strengthen health systems to ensure transition and sustainability and improve access to women, children and vulnerable populations.

APCA has a national coverage and works cost-effectively by integrating PC into the Government of Namibia's care and support program and existing community home-based care organizations. APCA works with the National PC Task Force which consists of in-country stakeholders who guide the strategic direction of PC development. APCA is committed to moving forward PC policy, standards and guidelines.

APCA will work to transition its activities to a strengthened National PC task Force. APCA is working with various educational institutions to integrate PC into pre-service and in-service trainings to ensure that more healthcare workers gain exposure to PC. At the community level, APCA works closely with Catholic AIDS Action and other community based organizations to implement a community-based palliative care program.

APCA has measurable indicators to monitor its activities and a performance monitoring plan. APCA will work with its partners to collect quality data and implement the monitoring and evaluation plan.

No vehicle purchases are envisaged.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support

Budget Code Information

Mechanism ID:	12997
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Mechanism Name:	Scaling up Palliative care for People Living with HIV/AIDS		
Prime Partner Name:	African Palliative Care Association		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0

Narrative:

Scaling up Palliative Care for People Living with HIV/AIDS (PLWHA), implemented by the African Palliative Care Association (APCA) will continue to support the Ministry of Health and Social Services (MOHSS) to integrate palliative care (PC) into the health system by building capacity of health professionals and providing on-going support and mentorship to health facilities and community home-based care (CHBC) organizations.

APCA will work with four learning institutions to ensure continuous pre- and in-service training of professionals. In COP 11 APCA commenced negotiations with Polytechnic of Namibia to establish a PC course. Efforts to formalize this will be supported in COP 12 with actual course delivery projected to start in 2013. APCA will support curriculum development and twinning of the institution with others in the Southern African region. APCA will also support the MOHSS to integrate PC into the curricula of the University of Namibia Medical School. Sensitization has already commenced with COP 11 resources.

APCA will support COHENA, Hope Hospice, TKMOAMS and Aids Care Trust by training their coordinators and providing re-fresher trainings for their staff and volunteers in PC.

APCA will strengthen Tonata's capacity as a network for PLWHA through supporting annual general meetings, reinforcing networking opportunities with regional and constituency AIDS coordinating committees as well as increasing linkages between constituent PLWHA support groups and service providers.

APCA will provide technical assistance to MOHSS and CHBC organizations to implement the bi-directional referral system established by the GRN to improve linkages between communities and health services.

In COP11, APCA supported the MOHSS' directorate of Primary Health Care to integrate PC into the CHBC Standards. In COP 12, APCA will continue to facilitate the roll-out the standards for providing quality palliative care and support the MOHSS to monitor the implementation of these standards within CHBC organizations. An audit of the CHBC Standards will be conducted with the six main CHBC organizations providing integrated HBC.

APCA will continue to support Positive Vibes to implement PHDP messages through monitoring and supervision. In COP12, APCA will work with the group to integrate specific PC messages around identification and assessment of pain for community based providers into the existing PHDP tool kit.



APCA will support Catholic AIDS Action (CAA) to become a center of excellence (CEE) for PC. In COP11, APCA worked with the MOHSS's Oncology units in Windhoek and Oshakati to become centers of excellence. These centers support students studying towards qualifications in PC. Staff will participate in exchange visits in the region and will be supported through relevant courses and to attend the APCA conference in Uganda.

APCA will continue to support the establishment of a national association for sustainability of PC work in Namibia that was started in COP11.

Specific target populations include HIV/AIDS care providers at all levels in government, pre- and in-service training institutions, FBOs, CBOs and policy makers throughout the entire country.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	0

Narrative:

This is a new budget code which supports transition. Under the HKID budget code, the African Palliative Care Association (APCA), a regional/ locally owner partner, will utilize COP13 funds to reposition palliative care by strengthening linkages between Orphans and Vulnerable Children (OVC), families, caregivers and clinical services.

In COP13, APCA focus is improving the quality of life of patients and their families facing HIV related illnesses, through early identification of pain and other problems, including psychosocial and spiritual care needs. APCA will continue effort to address access of HIV positive patients with clinical services, including access to essential medicines and services will be strengthened.

APCA will provide technical assistance (TA) to strengthen linkages to improve health outcomes for and OVC and their caretakers. APCA objectives for COP13 are to: (1) Identify and build a consensus on the needs and priorities of palliative care services at multiple levels of the health system in Namibia; (2) Enhance participation in policy dialogue and advocacy for key identified palliative care priorities by the Namibia task force; (3) Provide TA to increase the capacity of key stakeholders in the implementation of palliative care (specifically among OVC, families, and caregivers); (4) Support the development of a functional palliative care country task force or national association; and (5) Conduct a palliative care public health/program evaluation in Namibia.

Key challenges to addressing palliative care within Namibia involve moving beyond end-of-life care and into more integrative models. APCA strengths include their regional capacity and expertise, which can equip local partners to redefine and expand palliative care resources in Namibia. In collaboration with the Ministry of Health and Social



Services (MOHSS), APCA will continue its work integrating child-specific issues into trainings for health care professionals, staff, and volunteers. Trainings supported by APCA will ensure that service providers are equipped to work with children; especially OVC, caregivers, and families. APCA will build capacity among health care and community based workers to understand and address the palliative care (holistic psychological emotional and spiritual needs of children and adolescents living with HIV). This will be done through curriculum revision both for pre- and in-service training, which will be integrated into academia. Special attention will also be paid during mentorship activities to check how children clients are handled by providers.

APCA will continue to provide TA to MOHSS for the integration of pediatric care, specifically for OVC, caregivers, and families to address the existing home-based care (HBC) program needs. APCA will focus on HBC programs which are implementing a family-centered approach in line with the GHI strategy. This narrative is linked to other TA provided by APCA under PDCS and HBHC.

Cross-cutting attributions for HRH, \$50,000. No funds are allocated for construction, renovation, motor vehicles in 2013.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	0	0

Narrative:

Under this budget code, the Scaling up Palliative Care for People Living with HIV/AIDS (PLWHA) project, through APCA, will continue to work with MOHSS to integrate specific issues relevant to children in the trainings for health care professionals and staff and volunteers of the community home based care (CHBC) organizations that they support. The trainings will ensure that service providers are equipped to work with children. APCA will continue to provide on-going support and mentorship to health facilities and CHBC organizations. Additionally, special attention will also be paid during mentorship activities to check how children clients are handled by providers.

Meeting the care and support needs of adolescents and children living with HIV requires a comprehensive and integrative approach from a skilled multi-disciplinary team at the different levels of care provision. Integrating palliative care (PC) into care and support provides comprehensive and quality care including appropriate pain management, psycho-social, spiritual and end-of-life care for beneficiaries.

APCA will build capacity and mentor CHBC organizations such as COHENA, Hope Hospice, TKMOAMS and Aids Care Trust, in integrated community home-based palliative care including addressing specific child and adolescent issues such as sexual and reproductive health. Four coordinators from the above CHBC organizations will undertake specialised training in PC which includes pediatric care.

APCA will strengthen Tonata's capacity as a network for PLWHA by supporting the organization's information



sharing program on topical issues for PLWHA, especially awareness on addressing the needs of children and adolescents living with HIV (ALHIV). Through support provided to Positive Vibes for updating and disseminating the community PHDP toolkit, APCA will facilitate scale-up of the work Positive Vibes is piloting in Katutura Hospital focusing on psycho-social support for ALHIV.

APCA will continue to provide technical assistance to the MOHSS for integration of pediatric care needs into existing HBC programs implementing a family-centred approach in line with the GHI strategy. Findings from an assessment conducted with COP 11 resources will guide the implementation of integrated home-based palliative care for children and adolescents living with HIV. APCA will continue to monitor its activities based on a performance plan to ensure its meets its targets for human resources for health. A mid-term evaluation is planned in FY 2012.

Strong referral networks are needed between health facilities and community services at all levels of care to ensure comprehensiveness of services across the continuum of care, from diagnosis through to death and bereavement. APCA will continue to work with MOHSS and CHBC organizations to create important linkages between communities and health services thereby improving access to services.

In line with the transition objective of GHI APCA's work will build local capacity in the public sector and civil society to continue to provide quality and comprehensive services for vulnerable and affected populations. This will be achieved through the strengthening of a National Palliative Care Association birthed with COP 11 resources. Specific target populations include HIV/AIDS care providers at all levels in government, pre- and in-service training institutions, FBOs, CBOs and policy makers throughout the entire country.

Implementing Mechanism Details

Mechanism ID: 13042	Mechanism Name: Central Bureau of Statistics, National Planning Commission, Office of the President
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Central Bureau of Statistics	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: USAID



Total Funding: 975,000	
Funding Source	Funding Amount
GHP-State	975,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Quality population survey data is the foundation for evidence-based program design, policy-making, monitoring and evaluation. Historically, however, development decisions in the region have not been sufficiently guided by this data.

Under the draft Statistics Bill of 2009, the Central Statistics Bureau (CSB), under the National Planning Commission (NPC)/Office of the President of Namibia, must collect, compile, manage, analyze, publish, and disseminate official statistics for Namibia. While the CBS is gaining more experience, a recent assessment identified its need for technical assistance and training.

Under this mechanism CBS/NPC/Office of the President have two main goals: 1) To provide direct technical support to CBS to manage and administer USG-funded surveys; and 2) Build local research capacity so CBS can coordinate major research in Namibia.

This mechanism will increase country ownership of research activities and surveys in Namibia. It equips local decision-makers with data better quality data to support the development of better services and programs and the transition to locally-driven development decision-making. It is therefore in line with the goals for the Partnership Framework and Global Health Initiative Strategy. In 2011, USG strengthened the capacity of CBS to coordinate, plan and implement the 2011-12 Census. In 2012, the capacity-building to support the Demographic and Health Survey will be initiated.

This award will have national-level impact. The target population is the staff of the CBS and research collaborators from other ministries, such as the Ministry of Health and Social Services.

The effectiveness of all the trainings will be evaluated.

No vehicles purchases are envisaged.

Cross-Cutting Budget Attribution(s)

(No data provided.)



TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13042		
Mechanism Name:	Central Bureau of Statistics, National Planning Commission, Office of the President		
Prime Partner Name:	Central Bureau of Statistics		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	975,000	0

Narrative:

This continuing activity with the Central Bureau of Statistics (CBS) has two main goals: 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.

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. The functions of CBS include conducting statistical studies, either alone or in collaboration with government bodies or private sector entities; publishing and disseminating official statistical data throughout the country; 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.

In 2011, CBS received support by the U.S. Bureau of Statistics to train staff in the analysis of the 2011 Namibian Census. The analysis is intended to assist the government to make appropriate funding decisions, including decisions in health allocations. Efforts will continue to build local research capacity and increase country ownership of research activities and surveys in Namibia, and, as such, is in line with the transition principles of the



Partnership Framework and the GHI. The long-term goal of these activities is that the CBS will be able to coordinate, plan and implement, on its own, major studies such as the Demographic Health Survey (DHS+), the National Health Facility Census (also referred to as a Service Provision Assessment (SPA)), and the AIDS Indicator Survey.

Although targeted at the main CBS office in Windhoek, this award will have national-level impact, since all regions will benefit from increased research capacity at CBS. The target population of the award is the staff of the CBS and research collaborators from other ministries, such as the Ministry of Health and Social Services.

This award strengthens Namibia's health system by strengthening local research capacity among the main governmental research body in Namibia, the Central Bureau of Statistics. Since health programs and policies depend upon accurate data on the health of the population, increasing Namibian research capacity will improve the quality of the health data produced by surveys and over time it will reduce the costs of collecting such data.

This award will strengthen health information systems (broadly defined to include surveys and other studies) in Namibia and thus improve Namibia's ability to plan and monitor its HIV/AIDS response and to coordinate, plan and prioritize future surveys. Long-term benefits will enable the public sector to budget and target its resources more efficiently.

Effective implementation of this award will decrease the costs of conducting surveys and other studies in that the CBS will be less reliant on external technical assistance, which can be the most expensive component of large-scale studies like the DHS.

Implementing Mechanism Details

Mechanism ID: 13083	Mechanism Name: Sesame Workshop
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Sesame Street Workshop	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)



Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13083			
Mechanism Name: Sesame Workshop			
Prime Partner Name: Sesame Street Workshop			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	0

Narrative:

Expansion of the educational initiative Takalani Sesame to Namibia:

- *Adaptation, printing and distributional 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 Details

Mechanism ID: 13090	Mechanism Name: OVC and Tuberculosis Services in Namibia
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Project HOPE	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: PR/SR	
G2G: No	Managing Agency:

Total Funding: 510,108	
Funding Source	Funding Amount
GHP-State	510,108

Sub Partner Name(s)

(No data provided.)

Overview Narrative



This IM will be implemented by Project Hope. It focuses on mitigating the impact of HIV/AIDS on OVC and OVC caregivers, addressing economic needs and health aspects of HIV and tuberculosis (TB). It has three strategic results: 1) improved economic status of communities and households caring for OVC and TB patients; 2) Strengthened community and household capacity to provide health services including TB services and psycho-social services for OVC and TB patients; and 3) Strengthened linkages and referrals of communities and households to services. The mechanism is in line with USG commitments of the Partnership Framework. It supports the GHI strategic area of transition and access in that it addresses structural barriers and builds capacity to ensure program sustainability and improves access by strengthening linkages and referrals.

The geographic coverage includes six political regions: Oshana, Omusati, Ohangwena, Oshikoto, Kavango, and Caprivi. The target populations are: a) caregivers of OVC b) OVC in their care and c) TB patients and patients co-infected by TB and HIV.

The IM will become more efficient over time by delivering services in partnerships with the private sector. The IM trains local CBO to promote technical sustainability of program objectives. The monitoring and evaluation (M&E) plan will measure outcomes at the household and child levels. M&E for the community-based directly observed therapy activities uses the government's reporting system and reports to the health system.

This project has not purchased any vehicles. In COP12 the purchase of one vehicle is planned. It will replace two older vehicles due to cost of repairs and time lost to maintenance. It is the only vehicle purchase planned for the life of the mechanism.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support



Increasing women's access to income and productive resources

Child Survival Activities

Safe Motherhood

TB

Budget Code Information

Mechanism ID: 13090			
Mechanism Name: OVC and Tuberculosis Services in Namibia			
Prime Partner Name: Project HOPE			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	165,889	0
Narrative:			
<p><i>This is a continuing activity implemented by Project HOPE. The OVC and TB Services in Namibia project goal is to strengthen the capacity of families to care for orphans and vulnerable children (OVC). It targets guardians and parents of OVC in six regions (Omusati, Ohangwena, Oshana, Oshikoto, Kavango, and Caprivi), providing them with community based comprehensive health education combined with economic strengthening interventions. Given that the majority of OVC caregivers are female, the project will target women with the aim of increasing access to income and productive resources.</i></p> <p><i>Activities include establishment of village savings and loans groups amongst OVC caregivers combined with health education focusing on young child health, hygiene, nutrition and psycho-social aspects of parental care.</i></p> <p><i>Program strategies were adjusted based on findings from an external evaluation completed in 2010 and program data collected from 2007-2010. Key changes include: 1) implementing economic strengthening through partnership with a local micro-lender; and 2) increased focus on caregiver savings. Outcomes are measured through baseline and recollection of data using tools that measure changes in the economic status of a household and changes in the status of children in the home. Caregivers are supported to access the health and social welfare systems, including child welfare grants, through referrals. Further, vulnerable youth are assisted to complete applications to vocational training institutions. Project HOPE collaborates with the relevant government providers of bursaries to support inclusion of vulnerability criteria as part of selection procedures.</i></p> <p><i>Project HOPE's work in economic strengthening and OVC is a recognized strength, therefore the partner trains community based organizations to deliver care using their combination approach.</i></p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	344,219	0



Narrative:

Project HOPE works through the National TB and Leprosy Program (NTLP) to support the NTLP's community-based directly observed therapy strategy (CB-DOTS) in three regions: Oshana, Oshikoto and Kavango. Project HOPE is a member of the Ministry of Health and Social Services' (MOHSS) TB National Steering Committee. The CB-DOTS under this IM engages field promoters, in line with the national approach, who form the link between communities and patients and health facilities.

Project HOPE's contribution is evident in the high TB treatment success rates of 84% in Oshana and Oshikoto as well as 74% in Kavango Region. Effective coordination exists with USG partner Development AID for People from People (DAPP). Project HOPE has a statement on collaboration with DAPP which defines priorities for collaboration in areas of geographic overlap.

HR capacity and sustainability: The program trains community based health care workers on a continuous basis and through refresher trainings with technical support from the Ministry of Health and Social Services (MOHSS). Funding through the Global Fund for the program will support sustainability of USG investments.

The primary source of TB data used is the MOHSS's Electronic TB Register (ETR) fed by the paper-based registers which capture information about all confirmed TB patients supported by the NTLP. Project HOPE's data contributes to results and reporting by the NTLP. Revised TB/HIV indicators are reported through the NTLP. Additionally, field promoters conduct household visits and outreach sessions to verify data collection and improve recording and reporting of TB and TB/HIV collaborative activities captured in the ETR.

Low coverage for Isoniazid Preventive Therapy (IPT) is an identified weakness. Project HOPE has responded by promoting demand-driven service delivery, and TB patients and their contacts are educated on IPT and when it is appropriate for use, during household visits. Additionally, TB services have been integrated into OVC activities to improve case detection.

Implementing Mechanism Details

Mechanism ID: 13120	Mechanism Name: Self-Development and Skills for Vulnerable Youth
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Kayec Trust	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: PR/SR	
G2G: No	Managing Agency:
Total Funding: 766,480	



Funding Source	Funding Amount
GHP-State	766,480

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The implementing mechanism (IM) is a three year cooperative agreement with KAYEC Trust, a local NGO. Goals of this IM are economic strengthening of vulnerable out-of-school youth and OVC caregivers through vocational training, as well as psycho-social and educational support to in-school OVC. HIV prevention forms an integral part for the program. The IM is in line with the Partnership Framework and National Strategic Framework by employing evidence-based approaches to improve livelihoods for vulnerable populations.

The vocational training is conducted in two regions: Khomas and Oshana. The in-school component, for 12–18 year olds, is carried out in seven regions.

Cost efficiency strategies include utilization of volunteers for the in-school component and close relationship with industry for job placements.

The transition and sustainability plans include leveraging resources under the National Training Authority which regulates vocational training. An outsourcing agreement to KAYEC for specific courses is in place for FY12 and is expected to continue. The implementing partner also expects to become eligible for a national training fund to be established by government. In addition, the implementer receives funds from the private sector.

These various strategies complement the objectives of the GHI in Namibia in that they focus on transition.

The monitoring and evaluation plan for this IM includes a tracker study for graduates of vocational training, as well as a mid-term evaluation.

No vehicle purchases are envisaged under this agreement.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)



Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Increasing women's access to income and productive resources

End-of-Program Evaluation

Budget Code Information

Mechanism ID: 13120			
Mechanism Name: Self-Development and Skills for Vulnerable Youth			
Prime Partner Name: Kayec Trust			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	596,709	0

Narrative:

The project focuses on two goals: 1) to improve livelihoods of older OVC and junior heads of households by providing appropriate market-driven vocational education and training; and 2) to provide vulnerable 12-18 year olds with self-esteem and leadership skills to ensure they complete their schooling and exercise their rights. For economic strengthening, KAYEC has developed its Artisan Training for Self Employment (ATSE) program, under which it provides market-driven competency-based skills training in construction related trades through short courses (six to twelve weeks) to vulnerable youth who have dropped out of school and do not meet the academic requirements of the government vocational training centers. The training in vocational skills is complemented by basic business training tailored to small enterprises, as well as by facilitating job placements with formal industry. A tracer study has shown that 73% of graduates earn an income derived from their new skills (average US\$ 138 monthly), often through small enterprises, and with which they support children in their households. A key contributor to success has been shown to be the toolkits tailored to the different trades which the best students receive upon graduation from their training.

The KAYEC Youth Development Program (KYDP) is conducted as an after-school activity for over 1,000 children and adolescents aged 12 –18 and addresses the educational, psycho-social and HIV prevention need of vulnerable youth. Evaluation has shown that KYDP participants had higher school pass rates and lower drop-out rates. The KYDP model was used to develop minimum quality standards for after-school care programs in the MGECW



Service Standards for OVC.
Key partner successes include the securing of outsourcing agreements with government (Ministry of Education) and the National Training Authority, as well its close collaboration with industry in designing market related vocational training. A best practice is also the integration of behavior change /HIV communication with OVC programming for both components of this program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	33,954	0

Narrative:

New Budget Code for activities that will be implemented by the Monitoring and Evaluation (M&E) Officer and for a final evaluation.
Activities include: 1) plan to assess KAYEC's current M&E system against donor compliance criteria and recommend amendments and changes; 2) implementation of KAYEC's M&E systems and requirements, including M&E training programs for program staff and supervisory visits to program staff to periodically assess their M&E systems (verify data and identify areas for continued strengthening); 3) collection of quality data from the KAYEC Youth Development (KYD) and Artisan Training for Self-Employment (ATSE) programs including managing the client service database and analysis and aggregate monitoring of evaluation data; and 4) conducting tracer studies and other strategic information analysis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	135,817	0

Narrative:

Prevention interventions will target all beneficiaries of both of KAYEC's programs, namely 1,300 vulnerable out-of-school youth and OVC caregivers in Khomas and Oshana Regions and 1,090 in-school OVC in Khomas, Otjozondjupa, Kunene, Oshana, Ohangwena and Hardap regions.
The in-school OVC intervention will integrate age-appropriate HIV awareness and behavior formation with educational and psycho-social support, aiming to build resilience and life skills covering value education and gender norms for healthy low-risk relationships.
For the out-of-school program, which provides market-related vocational skills in construction trades to school drop-outs, a Social and Behavior Change Communication (SBCC) strategy will be developed focusing on HIV prevention and gender norms including drivers of the epidemic such as alcohol abuse, and include evidence-based promotion of voluntary counseling and testing and voluntary medical male circumcision. Referrals for counseling in alcohol abuse cases will be made.
For both, the in- and out-of-school programs, technical assistance is being provided by C-Change to review current SBCC practices and models and develop targeted sessions for KAYEC's beneficiaries.



KAYEC will collaborate with other USG partners for referrals to services for medical male circumcision, male engagement interaction and counseling for alcohol abuse, as well as MOHSS for STI referrals and HIV related peer education.

Implementing Mechanism Details

Mechanism ID: 13166	Mechanism Name: Strengthening Health Outcomes through the Private Sector (SHOPS)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 936,364	
Funding Source	Funding Amount
GHP-State	936,364

Sub Partner Name(s)

Banyan Global	JHPIEGO	Marie Stopes International
O'Hanlon Health Consulting	PharmAccess	The Monitor Group

Overview Narrative

SHOPS/Namibia aims to catalyze private sector investment to increase sustainability for the HIV/AIDS response and health care system. This addresses the GHI principles of systems strengthening, transition and improving access. The project will work nationally to strengthen the capacity of the Government of Namibia and civil society to develop public private partnerships (PPP), to motivate private employers to provide health benefits for the formal sector and to support private health providers to deliver quality services to help achieve national health goals. SHOPS will work on: 1) Health Financing: Work with the Ministry of Health and Social Services (MOHSS) and medical aids to expand access to low-cost insurance for the formally employed; 2) NGO sustainability: Strengthen the ability of local NGO to market their competencies and other assets to private firms and providers; 3) Quality improvement: Work with local institutions and other USG partners to provide training opportunities, incentives and modalities tailored for private health providers; and 4) Enabling policy environment and innovative partnerships:



Support the MOHSS to partner with the private sector through a new MOHSS PPP unit. Additionally, SHOPS will assess and complete a pilot to develop a sustainable PPP mechanism for primary health care mobile clinics and continue to identify and facilitate new PPP. SHOPS will add to the evidence-base to show how private sector involvement can lead to greater cost-efficiencies, cost-saving and accessibility of health care. The project will work with a number of local partners, including the MOHSS, PharmAccess and the Namibian Medical Aid Fund. Monitoring and evaluation will entail data collection from the private sector, NGO and MOHSS. No vehicle purchase envisaged.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Workplace Programs

Budget Code Information

Mechanism ID:	13166		
Mechanism Name:	Strengthening Health Outcomes through the Private Sector (SHOPS)		
Prime Partner Name:	Abt Associates		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	596,140	0
Narrative:			
<i>This continuing activity, implemented by the Strengthening Health Outcomes through the Private Sector (SHOPS) project will continue activities to 1) Promote non-governmental organization (NGO) sustainability; 2) Facilitate</i>			



public-private partnerships (PPP) and help support an enabling policy environment for the provision of private health services; 3) Expand access to low-cost health insurance and promote the financing of ART through the private sector; 4) Expand access to training opportunities and promote quality improvement for private providers; and 5) Strengthen private sector reporting to the Ministry of Health and Social Services (MoHSS) on health information, including that related to HIV/AIDS services.

In COP11, SHOPS developed a sustainability strategy for NGO providing HIV/AIDS services after conducting market research about possible demand and willingness to pay for NGO services by corporations and public institutions. In COP12, SHOPS will focus on training a selected number of NGO in developing and implementing individualized sustainability strategies, and will help to establish a network of potentially sustainable NGO that can help train other NGO reliant on donor funding on how to improve prospects for financial sustainability. Additionally, SHOPS will conduct a cost benefit analysis of potential private sector support to the Social Security Development Fund (SS DF) to support both civil society organizations and bursaries for human resources for health.

SHOPS will continue to identify and facilitate promising public-private partnerships (PPP) and will provide technical assistance to the MoHSS in contracting and partnering with the private sector. SHOPS will help guide private sector involvement in the upcoming National Health Insurance effort to promote universal health coverage. As the new PPP unit comes on board in the MOHSS, SHOPS will support the unit (jointly with GIZ) with developing needed justifications, legal landscape analyses, and the development of a private sector policy.

Increasing private contributions to fund HIV treatment will reduce the public burden to pay for ART. SHOPS will build on the analytical work conducted in COP11 for a basic package for low cost insurance as well as lessons learnt from primary health care mobile clinics to work with the medical aid industry to develop and market low cost insurance products to employers and employees.

SHOPS will continue to provide technical assistance (TA) to local training institutions on adapting curricula for private providers to expand access and will work to link Continuing Professional Development credits for private providers with the uptake of these training courses. This includes demand creation for preventive services among insurance and private provider stakeholders.

In COP12, SHOPS will work to support the MOHSS to routinely link in private sector information. They will work closely with both the public and private sector to determine the parameters of data needs, raise private sector awareness, allay fears, promote understanding of why the data submission is needed and how it will be used and the scheduling and format of data submissions to the MOHSS. SHOPS will work with Namibian Medical Aid Fund and medical aid schemes to develop a health sector database and provide TA to support private sector. SHOPS will also continue to provide to support reporting to MoHSS on workplace HIV programs.

This activity is linked to HVCT, CIRC and HTXS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	0	0

Narrative:



Using COP12 funding, this continuing activity, implemented by the Strengthening Health Outcomes through the Private Sector (SHOPS) project will focus on three medical male circumcision (MMC) activities as they relate to the private sector. Firstly, funds will be used for the Mister Sister initiative (described in the HVCT budget code narrative) to provide technical assistance to public-private primary health care (PHC) mobile clinics to promote the understanding of and access to MMC services in the communities serviced by the mobile clinics. This will include communities in remote rural areas. While the clinics themselves will not conduct MMC, they will create demand and link males requiring MMC to facilities and support follow-up of referrals. Additionally, SHOPS Namibia will continue to work with the Workplace Wellness Network to facilitate MMC demand creation through the workplaces. Finally, SHOPS will continue to work with medical insurance schemes to make sure that MMC as an explicit benefit is sustained and work with schemes that did not include it in COP11 to include it in COP12. Moreover, SHOPS will work with Namibian Medical Aid Fund (NAMAF) to collect information on MMC performed in the private sector; such that this information becomes routinely shared with the Ministry of Health and Social Services. This activity is linked to HTXS and OHSS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	286,087	0

Narrative:

Using COP12 funding, this continuing activity will complete the ‘proof of concept’ stage of a mobile primary health care (PHC) clinic to remote and farm areas of two more regions in Namibia. Mobile clinic initiatives in Namibia have traditionally offered singular interventions such as for immunization or HIV/AIDS counseling and testing (HCT). Preliminary results are showing that doing so reduces stigma and reluctance to receive services associated with mobile clinics that offer only HCT. Part of the services provided by the mobile clinic is HCT. However, through a new public-private ‘Mister Sister’ initiative, a broader package of primary health care services will be offered in a mobile clinic setting. This activity aims to increase access to PHC to underserved populations. The premise of the public-private partnership is as follows: 1) A private corporate entity procures the mobile clinic vehicle; 2) Employers in remote locations (such as farms) pay for the clinic to offer health care services to their employees and dependents (these payments pay for the transport and operational costs); and 3) On route to these locations, the mobile clinic offers services to communities based on an agreement with the Government of Namibia, in which all commodities are provided by the Ministry of Health and Social Services and the National Institute of Pathology covers related services. The mobile clinic visits each point along its route once a month and provides basic PHC services through a registered nurse, including follow-up, referrals, and even picking up chronic medication for patients who would have to otherwise travel long distances to the clinic. In this COP, Strengthening Health Outcomes through the Private Sector (SHOPS) will continue to support the Mister Sister initiative to promote awareness for HCT through education as well as providing HCT services in the farms and neighboring rural communities. Through support from SHOPS, Mister Sister will also continue to



<i>improve linkages and referrals between testing and treatment.</i>			
<i>This activity is linked to work under OHSS, CIRC and PDTX.</i>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	54,137	0
Narrative:			
<p><i>Using COPI2 funding, this continuing activity, implemented by the Strengthening Health Outcomes through the Private Sector (SHOPS) project, will continue to work with private distributors as well as the MOHSS to establish mechanisms to improve efficiencies and lower ARV prices for all ART patients in the private sector in order to realize sustainable ARV funding.</i></p> <p><i>Findings from a SHOPS study have shown that the private sector pays twice as much for ARV as the public sector; this is largely due to the private sector providers ordering small volumes from a number of distributors.</i></p> <p><i>Interestingly enough, the principle payer of these higher-priced ARV is the GRN which runs the heavily subsidized civil servants insurance scheme (PSEMAS) that entitles beneficiaries to receive out-patient care (including ARV) in the private sector. Depending on the direction chosen by stakeholders in COP11, SHOPS support may include support to the GRN to procure ARV for the private sector, establishing mechanisms to charge the private sector for these ARV, supporting the procurement mechanism to meet private sector client volume requests, and conducting additional analyses on possible cost savings of procuring other public health related medicines through cheaper mechanisms.</i></p> <p><i>SHOPS/Namibia will also continue to work with Workplace Wellness Network, to work on standards for workplace programs (WPP) that will ensure quality of care and services provided through the WPP.</i></p> <p><i>This activity is linked to CIRC and OHSS.</i></p>			

Implementing Mechanism Details

Mechanism ID: 13207	Mechanism Name: Cooperative Agreement 1U2GPS002902
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Polytechnic of Namibia	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency:



Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism supports curriculum development and instruction in the laboratory technologist training program at PON; renovation and equipping PON academic laboratories and classrooms, and; practical internships for students and continuing education for faculty. This mechanism strengthens institutional capacity to train laboratory scientists in Namibia. Direct support to Namibian universities contributes to country ownership and increased research capacity; PON graduates will contribute to expanding access to laboratory services. The PON educates students from all 13 regions of Namibia. Most graduates will work in the public sector nationwide. Support to PON is based on a cost-sharing model to extend existing PON investments to scale-up the medical laboratory degree program. Examples include: PEPFAR support to equip a new six-floor lab building constructed with PON funds; CDC staff TA to the PON curriculum advisory board; PON faculty must secure partial PON funding for professional development before accessing PEPFAR funds. As the program matures, funding will transition to support PON's involvement in the FELTP program managed by MOHSS. Supporting PON will reduce MOHSS costs for expensive bursaries to students attending schools abroad. Investments in PON also support the career ladder for faculty and staff, and contribute to the retention of Namibian instructors. This mechanism promotes cost-effective approaches including e-learning technologies, guest-lecturing, mentorship, and twinning with regional universities. Electronic journals and texts reduce shipping costs for hardcopy textbooks. PON submits an annual work plan aligned with national M&E indicators and targets.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)



Key Issues

Malaria (PMI)
 Child Survival Activities
 TB

Budget Code Information

Mechanism ID: 13207			
Mechanism Name: Cooperative Agreement 1U2GPS002902			
Prime Partner Name: Polytechnic of Namibia			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0
Narrative:			
<p><i>Technical support from University of Arkansas (UAMS) and other international partners will enable research linkages to be made to enhance the development of post-graduate training (Masters) and develop extended exchanges for meritorious students to receive specialized training at UAMS as well as complete honors research projects. Through CDC and UAMS assistance, outreach will be made to other key Namibian stakeholders seeking to upgrade local service laboratories to 'training' status thus improving placement options for biomedical science students. Through the assistance of the CDC Laboratory Advisor, the priority of further training for faculty will be assisted through short-term contracts for experts to teach courses during the upgrading period.</i></p> <p><i>The CDC Laboratory Advisor supports the linkage with the CDC Field Epidemiology and Laboratory Training Program (FELTP) by monitoring and assisting in the renovation of laboratory training facilities and equipping the labs for training exercises.</i></p> <p><i>The other core activity will be to expand diagnostic and service provision capacity of the Polytechnic in specialty public health areas such as mycology, cytology, and specific zoonotic diseases. Through the guidance of the CDC technical team, the aim of this activity is to assist Polytechnic to meet current needs to monitor and report on specific infectious diseases in Namibia, thereby becoming an active participant in the planned public health laboratory network.</i></p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Governance and Systems	OHSS	0	0
Narrative:			
<p><i>Technical support from University of Arkansas (UAMS) and other international partners will enable research linkages to be made to enhance the development of post-graduate training (Masters) and develop extended exchanges for meritorious students to receive specialized training at UAMS as well as complete honors research projects. Through CDC and UAMS assistance, outreach will be made to other key Namibian stakeholders seeking to upgrade local service laboratories to 'training' status thus improving placement options for biomedical science students. Through the assistance of the CDC Laboratory Advisor, the priority of further training for faculty will be assisted through short-term contracts for experts to teach courses during the upgrading period.</i></p> <p><i>The CDC Laboratory Advisor supports the linkage with the CDC Field Epidemiology and Laboratory Training Program (FELTP) by monitoring and assisting in the renovation of laboratory training facilities and equipping the labs for training exercises.</i></p> <p><i>The other core activity will be to expand diagnostic and service provision capacity of the Polytechnic in specialty public health areas such as mycology, cytology, and specific zoonotic diseases. Through the guidance of the CDC technical team, the aim of this activity is to assist Polytechnic to meet current needs to monitor and report on specific infectious diseases in Namibia, thereby becoming an active participant in the planned public health laboratory network.</i></p>			

Implementing Mechanism Details

Mechanism ID: 13209	Mechanism Name: Community Action for OVC
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Church Alliance for Orphans	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 374,006	
Funding Source	Funding Amount
GHP-State	374,006



Sub Partner Name(s)

(No data provided.)

Overview Narrative

This implementing mechanism (IM) is a cooperative agreement with the Church Alliance for Orphans (CAFO) in its third year of implementation. The award's objective is to mobilize and sustain community-based responses to the needs of OVC, in line with envisaged impact mitigation results under the Partnership Framework. The IM targets OVC and their caregivers in 12 regions in Namibia. CAFO is an indigenous CSO, formed as an interdenominational umbrella organizations devoted to promote local action by church congregations and communities to mitigate the impact of HIV on children. CAFO has over 500 member congregations across the country.

To be cost-efficient, the IM works through existing community and church projects organized under ecumenical committees. CAFO provides capacity building for these projects to ensure quality service delivery, and technical assistance for leveraging of local level resources.

In line with the GHI strategic focus area of transition and increasing access to services, the IM is facilitating access to government child welfare grants for eligible children as well as to education and health services. All projects will develop graduation plans.

Routine monitoring activities will take place at project and regional levels via regional committees and regional support officers, and will feed into the IM national data base. The national monitoring and evaluation team will be responsible for data quality assessments. Implementation will be guided by the IM mid-term evaluation scheduled for the end of FY12.

No vehicles are scheduled to be purchased under this IM.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)



Key Issues

Increase gender equity in HIV prevention, care, treatment and support

Child Survival Activities

End-of-Program Evaluation

Budget Code Information

Mechanism ID: 13209			
Mechanism Name: Community Action for OVC			
Prime Partner Name: Church Alliance for Orphans			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	374,006	0

Narrative:

The partner Church Alliance for Orphans (CAFO) is an indigenous faith-based organization (FBO) constituted as an umbrella body to advocate for rights and services for OVC. CAFO has over 500 member congregations across the country, and technical and financial support is channeled through member congregations.

The project combines capacity building for service delivery through community grants and training with advocacy and referrals to service providers. Service delivery at community level focuses on psychosocial support, nutrition and behavior change communication for HIV prevention for OVC. Training for community projects also focuses on engaging OVC caregivers. Capacity building targets community projects as well as regional committees and focuses on basic organizational development to ensure projects have transparent structures, as well as strategies and skills to become sustainable. The project will reach approximately 10,000 OVC in nine regions.

CAFO provides small grants to community projects which are selected based on proposals evaluated against technical criteria. Sub-granting for service delivery is supplemented with facilitation of linkages of community projects with key government officials (schools, social workers), NGO and business entities, and with technical assistance for measures promoting service sustainability including economic strengthening/income generating activities and leveraging private and public sector resources. An additional component is the development of tools for church congregations (sermon sketches) to galvanize church communities into action to support OVC. The implementing mechanism's (IM) approach has been shaped by an evaluation of the IM preceding the current cooperative agreement with CAFO.



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	0	0
Narrative:			
<p><i>The partner Church Alliance for Orphans (CAFO) is an indigenous faith-based organization (FBO) constituted as an umbrella body to advocate for rights and services for OVC. CAFO has over 500 member congregations across the country, and technical and financial support is channeled through member congregations.</i></p> <p><i>Prevention interventions target vulnerable and orphaned adolescents aged 10 to 18, who are at risk of early sexual debut and unsafe sex due to transient or instable family situation and resultant lack of parental and adult support, as well as due to poverty. Sexual prevention for female and male adolescents (OVC) will be implemented with evidence-based social and behavior change communication (SBCC) methodology through 12-18 interactive group sessions focusing on delay of sexual activity and for caregivers of OVC to improve parental communication with children on drivers of early sexual initiation and related social norms.</i></p> <p><i>HIV prevention activities will be integrated with OVC support interventions, especially psychosocial and educational support, and referrals to protection and health services, including HCT. Intervention sites will be select community projects run under the auspices of church congregations in four regions.</i></p> <p><i>Quality assurance will be promoted through the use of standardized materials developed by C-Change, and through supportive supervision by CAFO's Regional Support Officers and by local ecumenical committees.</i></p> <p><i>Monitoring tools will be developed to be administered in conjunction with mechanisms to monitor other OVC services.</i></p>			

Implementing Mechanism Details

Mechanism ID: 13227	Mechanism Name: I-TECH: Support to MOHSS National Health Training Center (NHTC)
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: ITECH	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:
Total Funding: 5,805,000	



Funding Source	Funding Amount
GHP-State	5,805,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism supports the NHTC to train health care workers in the public and private sectors. Current training courses focus on PMTCT, Early Infant Diagnosis, HIV prevention, male circumcision, nutrition, HIV treatment, TB diagnosis and care, HIV counseling and testing, and nursing. Strengthening NHTC's capacity to provide in-service training and continuing medical education to healthcare workers in the public and private sectors contributes to GHI country ownership and access to quality health services goals. The NHTC trains healthcare workers nationwide. In-service trainings are provided through the NHTC headquarters and four regional training centers, as well as via Digital Video Conferences. Training schedules have been adapted to attract more private providers nationwide. I-TECH has successfully transitioned several project staff to the NHTC payroll, and has formed a joint Transition Technical Working Group with MOHSS (NHTC) and UNAM. In COP11, PEPFAR shifted a portion of funds from I-TECH to directly support the NHTC. Activities supported under this mechanism are integrated with CDC's direct technical assistance to the MOHSS. Supporting training activities through NHTC avoids duplicative training efforts and reduces costs associated with training abroad. Hiring of trainers, tutors, and other key staff is coordinated with MOHSS and CDC through Potentia. I-TECH maintains a robust M&E system to measure progress towards national targets. A detailed work plan and M&E plan is developed each year and is reported to CDC and HRSA on a quarterly basis. I-TECH is committed to transferring operational control over these systems to its Namibian counterparts.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)



Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13227			
Mechanism Name: I-TECH: Support to MOHSS National Health Training Center (NHTC)			
Prime Partner Name: ITECH			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	460,000	0

Narrative:

Activities supported through I-Tech in this budget code include;

Training of HCWs in HIV/AIDS related Nutrition, OIs and STIs: Support for revision of the curriculum on HIV/Nutrition Management and will conduct two regional trainings, of 25 participants each. I-TECH will conduct regional trainings on Nutrition Assessment and Counseling and Support (NACS), STI surveillance and management of opportunistic infections. I-TECH will also support the procurement of supplies and equipment for training.

Capacity Building of MOHSS/Nutrition unit: Capacity development for staff in the MOHSS nutrition unit with the aim of transitioning the work of the I-TECH Nutrition Advisor to MOHSS staff. To transition these functions to MOHSS staff, I-TECH will support capacity building activities including but not limited to short courses of 3-4 weeks for nurses in the nutrition unit. The courses will include topics such as: Infant/breast feeding, nutrition and HIV, HIV and non-communicable diseases, growth monitoring, nutrition surveillance, M&E and basic nutrition.

Printing of Materials: I-TECH will print copies of guidelines and the strategic plan developed in 2011. I-TECH will also print IEC materials in an effort to address the information gap identified in a 2011 landscape analysis among clients accessing nutrition services.

Clinical Mentoring for Nurses: Tutors from the Regional Health Training Centers will conduct quarterly clinical support visits to facilities providing nutrition services in the regions to ensure transfer of learning and to provide on-site mentorship. During these visits, 2-3 tutors will assess the facility, supplies, and quality of service provision in nutrition. The Nutrition Advisor will also join the tutors from NHTC during these visits.

Distance Learning Training: To complement the training and mentoring, I-TECH will provide distance learning opportunities for health care workers to enhance their knowledge about all aspects of treatment of patients with



HIV including cervical cancer screening and provision of ARV services. This will include digital video conferences as well as internet-based distance learning opportunities.

I-TECH continues to work with NHTC to implement an HR and programmatic transition plan. Support for human capacity development in Namibia will contribute to the integration of support activities, such as nutrition, into HIV/AIDS and primary healthcare services. The expansion of access to integrated services is a primary objective of the Namibia GHI Strategy. CDC and I-TECH will continue to coordinate with USAID-funded nutrition programs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	540,000	0

Narrative:

Curriculum review/development: In response to Namibia’s growing number of patients with MDR and XDR TB, the National TB and Leprosy Program (NTP) developed Drug Resistant TB management guidelines in COP11. ITECH, with its partners, will develop a Programmatic Management of DR-TB training curriculum. In addition, ITECH will revise a basic TB curriculum for public sector nurses.

Pilot testing and training in Programmatic Management of DR-TB: The MDR-TB curriculum will be piloted tested in COP12 with 25 participants; one course will be conducted.

Training of public and private sector nurses in TB: In collaboration with the Global Fund, ITECH will continue to train public and private nurses in TB/HIV and will conduct one training for 20 private nurses. This training will focus on the new TB guidelines. ITECH will support four trainings for 100 public sector nurses.

TB training materials: ITECH will continue to provide training materials for HIV/TB training courses offered to public sector nurses. This includes trainer and participant manuals, and relevant handouts and teaching aides. Training for public sector nurses is funded by the Global Fund; ITECH will continue to collaborate with Global Fund to provide training materials for 250 nurses.

Training of doctors, and pharmacists on TB/HIV co-infection: ITECH will strengthen the abilities of public and private sector clinicians to prevent, diagnose, and manage TB, including DRTB. In COP12, ITECH will conduct four basic TB courses using the updated curriculum, with 30 participants each. A course called “Updates in TB management” will be provided to 50 public sector doctors and pharmacists in two trainings.

Training in Clinical HIV Care and OIs: ITECH will enhance doctors’ and pharmacists’ capacity to appropriately diagnose and manage OIs, assess and manage pain and provide other appropriate care. ITECH, with MOHSS, revised the curriculum for “Clinical Care of HIV, AIDS and Opportunistic Infections” to correspond to guidance given in the Namibia Standard Treatment Guidelines launched in 2011. ITECH will conduct two training courses with 25 government doctors and pharmacists each.

Clinical Mentoring: Clinical mentors provide daily in-service training for healthcare staff and will provide mentoring support to clinicians following the training in TB/HIV and OI management. Tutors from the Training



Networks will conduct quarterly visits to the facilities for skills transfer, on-site mentorship and to identify gaps and make recommendations for improvement.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	100,000	0

Narrative:

Activities supported in this budget code include;

Training of HCWs in pediatric HIV treatment: ITECH will train HCWs in comprehensive pediatric HIV care using a curriculum that includes clinical pre-ART and ART care, management of common clinical conditions, opportunistic infections, nutrition and growth monitoring, psychosocial challenges, and other palliative care issues. In COP12, part of the curriculum will be updated to align with the new “Essential Services for Adolescents Living with HIV (ALHIV)” Strategy.

ITECH will conduct two training courses on comprehensive pediatric HIV care, each with 25 people, for public sector doctors and pharmacists.

An advanced ART curriculum addressing the use of ARVs in adults and children, as well as the management of TB/HIV co-infection will be regularly revised and updated, and used to conduct training for doctors and pharmacists already trained in the basic courses (See HTXS).

HIV Clinical Mentoring: Four HIV physician clinical mentors will provide mentoring support on the management of pediatric HIV care and treatment primarily to doctors in 8 of the 13 regions of Namibia, reaching 94 clinicians in 36 sites (NB: see links to HTXS and PDTX). Clinical mentors provide on-site support to health workers in health facilities in managing OIs, malnutrition and providing ART, and work with the sites to assess quality of HIV care provided (link to HIVQUAL).

Clinical mentors will also assess training needs and routinely provide didactic and hands-on training as well as regular DVC case discussions co-hosted with mentees from the field, thus promoting sustainability. They will also promote a multi-disciplinary approach to HIV care, and strengthen mechanisms to address site specific patient retention and referral issues including the use of outreach, bi-directional referral systems and defaulter tracing.

Support of Community Based Child Growth Monitoring and Promotion: ITECH will support the initiation of Community Based Growth Monitoring and Promotion (CBGMP), which will assist in early identification of children with poor growth as a result of HIV infection and related illness. This will coincide with support and promotion of exclusive breastfeeding with appropriate complimentary feeding for up to two years and beyond. Five courses on Nutrition assessment counseling and Support will be conducted with 25 participants each, for a total of



125 people trained

Distance Learning Training: To complement training and mentoring, ITECH will provide digital video conferences and internet-based distance learning.

Investments in human capacity development through ITECH and, increasingly, through its local partners, the NHTC and the University of Namibia, contribute to the USG Namibia team's transition objectives. Increasing the availability of trained healthcare workers in the field also contributes to the access objectives described in the Namibia GHI strategy.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVS1	1,050,000	0

Narrative:

Funding in this budget code includes the following activities:

Training workshops in various health sector tools: Continuing capacity building for the MOHSS Response Monitoring and Evaluation (RM&E) unit to implement monitoring, data collection, and analysis, and reporting of health sector data. The RM&E unit will train its regional staff, including data clerks, to improve data collection, entry, data cleaning, analysis, and use.

System for Program Monitoring training: Support for the System for Program Monitoring (SPM), the system through which all non-health sector HIV/AIDS related activities are reported by the Ministry of Regional and Local Government to the National AIDS Commission. This activity will support one M&E training for the 13 Regional M&E officers; two SPM trainings for regional implementers; one report-writing training and TOT for regional M&E officers and community liaison officers.

Support for Health Information Systems capacity building and training support: Support to the MOHSS HIS through capacity building for regional HIS officers in data entry, analysis, use, and quality. One training on DHIS for new recruits will be held, along with two Data Review and Analysis workshops.

Evaluation of HIV Disclosure to Children Program: ITECH will conduct an evaluation to 1) assess the implementation fidelity of the MOHSS child disclosure intervention at nine high patient volume sites; 2) determine benefits of the program to HCWs in increasing their knowledge, confidence and stress reduction with disclosure; 3) determine the benefits of the program to caregivers in improving their ability to care for children living with HIV; and 4) compare patient outcomes for children in the disclosure program with those who are not in the program.

Evaluation of MOHSS/ITECH Distance Learning Program: MOHSS and ITECH implement the Distance Learning (DL) and Digital Video Conferencing program. In COP12, ITECH will conduct an evaluation of the program to simultaneously assess the impact that the program has made to HCWs throughout the country and to inform the transition plan to the MOHSS moving forward.



M&E of transition to the National Health Training Center (NHTC): ITECH collaborates with NHTC and has been transitioning activities and staff to this MOHSS unit. As part of the transitioning activities, ITECH will promote and monitor processes and outcomes associated with this transition.

Conducting a national research dissemination workshop: ITECH and the MOHSS will organize a national research dissemination conference in 2013 focusing on program data, surveillance data, and operational research across multiple program areas. No such dissemination activity exists in Namibia; this workshop responds to a mandate in the National HIV Research Agenda.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	475,000	0

Narrative:

Assist MOHSS to develop its capacity to assume management and use of the Digital Video Conferencing (DVC) system: An assessment was conducted with COP11 funds to evaluate MOHSS's capacity to take on responsibility of DVC. In COP12, comprehensive plans will be developed to transition operation of DVC to MOHSS. In COP12 ITECH will continue to work with MOHSS, UNAM, and partners to expand the use of DVC. ITECH will intensify training of MOHSS and UNAM staff to operate and maintain equipment, and to organize and manage DVC sessions and programs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	0	0

Narrative:

Curricula review/development of community counselor training in MC: Community counselors (CC) play a key role in recruitment, health education and providing HIV counseling services to men enrolled in Namibia's national MC program. I-TECH will continue to ensure that training curricula and other materials are updated regularly to ensure standardization and continuity in the CC cadre.

Training of regional and district managers on the Namibian MC policy and its implementation: In this activity, regional and district managers will be oriented on the Namibian Policy for MC and its implementation. In COP12, I-TECH, in collaboration with the MOHSS, will conduct two training courses for 40 regional and district managers.

Training of Trainers: Roll-out of MC requires provision of services by clinicians who are highly trained on the theory and practice of the MC procedure. Skilled clinical trainers will form a crucial part of the MOHSS MC Strategy and Implementation plan. I-TECH will identify clinicians who have demonstrated competence in performing MC and who show potential as future MC training facilitators. In COP12, I-TECH will revise its TOT



program and conduct two MC TOT training courses.

Training of Service Providers: Training of doctors, nurses, and community counselors will continue to support the national MC program's efforts to scale-up to meet the National Strategic Framework (NSF) goal of circumcising 450,000 men by March 2016. The MC training curriculum covers technical skills and infection control.

Non-consumable surgical equipment and consumable commodities will be procured to support these training courses. Five training courses will be conducted for doctors, nurses and CC, targeting 150 staff.

MC Quality Assurance and Certification: Several months following the training for MC providers, I-TECH MC trainers (a physician and a nurse) will track the progress made by clinical trainees and will conduct 1-2 day visits to the sites where clinicians, who have received MC training, are operating. The WHO Quality Assessment toolkit will be used to evaluate each clinical provider's proficiency in the MC operative procedure and to assist in additional skills transfer where necessary. A "certificate of MC proficiency" will be issued to individual providers meeting all the set requirements. It is anticipated that 60 providers in 30 sites will be assessed for proficiency.

Neonatal Circumcision: The NSF sets a goal of circumcising 167,900 newborn males by March 2016. In COP12, I-TECH will collaborate with the MOHSS to: 1) Develop a neonatal MC providers' curriculum; 2) Support one neonatal MC TOT training for 16 people; 3) Conduct one pilot training for 16 participants; and 4) Conduct one "roll-out" training for 16 participants.

Distance Learning Training: To complement the didactic and practical training, as well as the mentoring support described above, I-TECH will continue to provide distance learning opportunities for HCW to enhance their knowledge about MC. DVC will be used for continuing education and refresher courses on the Namibian MC Policy, neonatal MC and other relevant topics.

Support for training and expert supervision will support expanded access to MC services in high-need areas of Namibia. A successful rapid roll-out of MC services will also accelerate the transition of the MC program from a time-limited program focused on adult males to an MOHSS-led routine program focused on neonatal MC.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	870,000	0

Narrative:

Training in HIV Counseling and Testing: HCT is the entry point for Prevention and for PLHIV to access care and treatment. Accordingly, there is a great need to train nurses and community counselors (CC) throughout the country in order to increase service coverage through different service delivery methods. Health Care Workers (HCW) will be trained in HCT. The counseling component involves training in HIV individual counseling, couples



HIV counseling and testing (CHCT) using either the client-initiated or provider-initiated testing and counseling (PICT) approaches. In 2009 MOHSS integrated PICT into the HCT course in an effort to increase PICT coverage. With COP11 funds ITECH reviewed the HCT curriculum in line with the revised HCT guidelines. In COP12, a total of 120 HCW will be trained in HCT (VCT and PICT). In addition, ITECH will conduct PICT courses via the digital video conferencing (DVC) for nurses in out- and various in-patient departments. This is in line with the MOHSS's goal of increasing the number of persons receiving HCT, and to rapidly refer a greater number of infected persons to ART services for treatment. Five additional trainings in CHCT will be conducted to train a total of 120 health workers. Overall, a total of 240 HCW will be trained in HCT.

Distance Learning (DL) Training: To complement the didactic training, ITECH will continue to provide distance learning opportunities for health care workers to enhance their knowledge about management to provide effective and quality HCT. This will include digital video conferences as well as internet-based distance learning opportunities. In addition, in line with the ITECH transition plan, with FY12 funds, ITECH will begin training NTN resource persons to operate, manage and operationalize the DL component of the training including DVC equipment.

ITECH continues to implement a transition plan with the NHTC. ITECH activities to build human capacity in the healthcare field will contribute to MOHSS efforts to expand access to HIV and primary healthcare services throughout the public health care network. The increased focus on PICT is designed to improve uptake of services by populations (e.g., men) who have historically not accessed HCT or benefitted from rapid referral to treatment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

ITECH will support the national roll out of the training of Prevention for PLHIV curriculum. The core framework of this course is based on CDC's Prevention with PLHIV evaluation intervention and includes: Prevention messaging (e.g., disclosure, partner testing, condom use, and an intervention on alcohol use); syndromic screening for STIs as well as the provision of family planning counseling. The prevention course will also include a brief overview of TB and nutrition screening. Four trainings will be conducted, with 40 participants each, for a total of 160 health workers trained.

To complement the didactic training and information dissemination support, ITECH 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. In addition, in line with the ITECH transition plan, ITECH will begin training GRN staff to operate and manage the distance learning component, including the DVC system.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
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Prevention	MTCT	705,000	0
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Narrative:

Curriculum review/development and training of nurses in the provision of PMTCT and EID services: In 2010, the Ministry of Health and Social Services (MOHSS) revised the Prevention of Mother to Child Transmission (PMTCT) regimen to align with the World Health Organization (WHO) recommendations. In 2009, the Early Infant Diagnosis (EID) course was integrated into the PMTCT course in order to harmonize training, reduce vertical training, and to ensure that Health Care Workers (HCW) were trained in all components of PMTCT. In addition, in COP12 the MOHSS plans to embark on a strategy to eliminate MTCT. In FY 2012, ITECH, in partnership with technical experts from the MOHSS, will revise the training curriculum in accordance with the new guidelines. In line with ITECH's transition plan with COP12 funds, ITECH will begin supporting and providing technical assistance for National Training Network to establish the Curricula Unit within the National Training Center. ITECH will use the funds to train a total of 225 HCW. Funds will also be used to procure training materials and supplies.

Clinical mentoring for doctors and nurses: To support the national efforts to eliminate MTCT through effective and quality PMTCT services, ITECH will use the current structured clinical support visit assessment tools and tutors from the Regional Health Training Centers to conduct quarterly clinical support visits to facilities providing PMTCT/EID services in the regions in order to ensure transfer of learning and to provide on-site mentorship. During these visits, two to three tutors will work as a team to assess the facility, supplies, and quality of service provision in PMTCT/EID. In COP12, through this support, the National Training Network (NTN) tutors will visit 50 sites mentoring a total of 200 HCW. To ensure sustainability and transfer of activities, ITECH will train regional tutors as Nurse Mentors. In addition, four HIV expert physician clinical mentors will continue to provide mentoring support primarily to doctors in 8 of 13 regions of Namibia in their management of pregnancy and delivery of HIV-infected pregnant women and their HIV-exposed infants. Clinical mentors will also assess training needs and routinely provide didactic and hands-on training and mentorship as needed in the PMTCT.

Distance Learning Training: To complement the didactic training and information dissemination support, ITECH will continue to provide distance learning (DL) 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. In addition, in line with ITECH transition plan, it will begin training NTN resource persons to operate, manage and operationalize the DL component of the training including Digital Video Conferencing equipment.

Investments in human capacity development through ITECH and, increasingly, through its local partners, the NHTC and the University of Namibia, contribute to the USG Namibia team's transition objectives. Increasing the availability of trained healthcare workers in the field also contributes to the access objectives described in the Namibia GHI strategy.



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,160,000	0

Narrative:

Doctors ART Training: ITECH will conduct three basic ART courses and advanced ART and TB management trainings for the public and private sector for doctors and pharmacists.

Clinical Mentoring for Doctors: Clinical mentors will provide on-site support to Health Care Workers (HCW) in ART facilities, using MOHSS and HIVQUAL tools and work with the sites every 6 months to assess the quality of HIV care provided by mentees.

In COP12, ITECH task-shifting courses for nurses and doctors will support MOHSS' plans to implement findings of the task-shifting study.

Training of Trainers will provide training skills to clinicians already proficient in delivering ART care. This will encourage sustainable training for HCW.

ITECH will support the Integrated Management of Adult Illnesses (IMAI) training program targeting 60 nurses and community counselors. 10 ART trainings for nurses will be conducted.

Curriculum review/development: Revise three curricula: 1) Task Shifting; 2) IMAI; and 3) Training of Trainers. ITECH will support and provide technical assistance for National Training Network to establish a Curricula Unit. Clinical mentoring and training of 34 nurses in ART clinics will be focused on in COP12. Nurses will provide mentoring and will work closely with IMAI facilities.

Training of Nurses in Medicine Adherence Counseling (MAC): Train nurses in MAC, print training materials, and procure training supplies and equipment. In COP12, ITECH will conduct 5 regional trainings targeting 125 HCW.

Distance Learning Training: Provide HIV-related distance learning (DL) to HCWs through digital video conferences (DVC) as well as internet-based DL. ITECH will train NTN resource persons to manage the DVC equipment.

Strengthen National Health Training Network (TN): Trainings in Leadership and Management, Curriculum Development, Training Delivery, Distance Learning, and M&E and Research. ITECH will support the revision of nursing curricula, skill and competency development, and integration of the Leaders in Health (LIH) course.

UNAM's School of Nursing (SoN): Support professional development for UNAM SoN faculty and initiate "twinning" relationships of UNAM with nursing schools in South Africa. The curricula and Lecturer's Resource Guide will also be revised.

School of Medicine (SoM): Support to the SoM to review curricula to address the content gaps relating to HIV within the medical student curriculum.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	445,000	0

**Narrative:**

Training of Health Care Workers (HCW) in pediatric HIV treatment: ITECH will train HCW in comprehensive pediatric HIV care using a curriculum that includes clinical pre-ART and ART care, management of common clinical conditions, opportunistic infections, nutrition and growth monitoring, psychosocial challenges, and other palliative care issues. In COP12, parts of the curriculum will be updated to reflect the new “Essential Services for Adolescents Living with HIV (ALHIV)” strategy. ITECH will conduct two training courses on pediatric HIV care, each with 25 people, for public sector doctors and pharmacists.

Training in HIV Disclosure to Children: ITECH and the MOHSS developed a course focusing on psychosocial and practical aspects of HIV disclosure to children in COP11. Practical tools were also developed and provided as “starter packs” to sites trained for implementation. This interactive and practical course was piloted and conducted in COP11. In COP12, ITECH will conduct six training courses with 27 participants (at least 3 participants from each ART site). The “Why I take my medicines” book will be translated into three additional local languages.

Supporting the dissemination of Essential Services for Adolescents Living with HIV (ALHIV) Strategy: A new MOHSS strategy for ALHIV is expected in 2012. To facilitate timely dissemination and implementation of the new strategy, ITECH will incorporate information from the strategy into module-relevant curricula such as: Comprehensive Pediatric HIV Care, ART guidelines courses for doctors, pharmacists and nurses, IMAI, HCT and PMTCT.

Clinical Mentoring for Doctors: Clinical Mentors will continue to assist facilities to focus on increasing access to early infant diagnosis and enrolment of HIV-infected patients into HIV care and treatment. Clinical mentors will also assist facilities to address psychosocial issues such as HIV disclosure for children, and addressing the needs of adolescents living with HIV.

Supportive Supervision and quality improvement: Using structured clinical support visit assessment tools, tutors will conduct quarterly clinical support visits to facilities providing pediatric care and treatment. During these visits, two to three tutors will assess the facility, supplies, and quality of service provision. To promote sustainability, ITECH will also train regional tutors as Nurse Mentors.

Investments in human capacity development through ITECH and, increasingly, through the University of Namibia, contribute to the USG Namibia team's transition objectives. Increasing the availability of trained healthcare workers in the field also contributes to the access objectives described in the Namibia GHI strategy.

Implementing Mechanism Details



Mechanism ID: 13253	Mechanism Name: Whole Child Initiative (Global Development Alliance)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: New Partner	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 285,018	
Funding Source	Funding Amount
GHP-State	285,018

Sub Partner Name(s)

Containers to Clinics		
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Overview Narrative

The Synergos Global Development Alliance (GDA) is a USG/Ministry of Health and Social Services (MOHSS)-private sector partnership that aims to strengthen leadership and performance within the MOHSS to achieve its maternal and child health and nutrition targets. This partnership, envisioned over three years, entails a total USG contribution of \$1,000,000 and a private sector contribution of at least \$1,215,000 from various entities. This GDA works towards the national policy of decentralization as well as the GHI principles of systems strengthening, resource mobilization and transition.

In COP12, the Synergos GDA will focus on: 1) National level: capacity building to support most senior leaders of the MOHSS to performance-manage progress on Ministry’s plans and goals; and 2) Regional level: Expand regional delivery units (RDU) to the remaining ten regions over three years. RDU are high-performance units that drive policy implementation and coordinate service delivery. In the past, these units have led to reduced waiting times in ANC clinics and decreased congestion at referral hospitals.

Cost-efficiencies will be realized through the use of MOHSS structures and in-kind contributions of direct costs (such as staff time, workshops and data). Sustainability and transition is rooted in the project’s use of RDU, conceived as permanent structures institutionalized within the Ministry, and efforts to engage senior leadership to

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create the enabling environment for more rapid progress on health indicators. A joint MOHSS monitoring and evaluation plan will be developed that focuses on developing and refining systems for utilizing data effectively and efficiently to enable informed data-driven decisions.

No vehicle purchases envisaged.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Child Survival Activities

Safe Motherhood

Budget Code Information

Mechanism ID:	13253		
Mechanism Name:	Whole Child Initiative (Global Development Alliance)		
Prime Partner Name:	New Partner		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	0	0

Narrative:

This is a continuing activity that leverages domestic and international resources to the amount of \$1,343,499 over three years. USAID funding is expected to reach \$1,000,000 over three years, pending the availability of funds. This initiative brings new contributory partners to the health sector in Namibia; it includes the Synergos Institute, Ministry of Health and Social Services (MOHSS), Containers to Clinics (C2C), the Global Alliance for Improved



Nutrition (GAIN) and the First National Bank (FNB) Foundation.

Activities will focus on both the national and regional level as described below. They will also facilitate better targeting of health services to pediatric health needs and nutrition related goals. The activities will also link to and support the Namibian Alliance for Improved Nutrition (NAFIN), Regional Councils, and Regional AIDS Coordination Committees of which Synergos is a founding member and serves as the secretariat for NAFIN.

Support will be provided to MOHSS senior leaders to implement strategy and establish a clear direction for the Namibian public health system to more effectively achieve national maternal and child health and nutrition goals. This will be achieved by working with, and building the capacity of, senior MOHSS officials, national political leaders, coordinating bodies, and others, to provide the leadership 'push', management support, policy and budget adjustments, and political will required for improved maternal and child health outcomes.

Activities will also work to strengthen Regional Delivery Units (RDU) within the public health system that will coordinate actions and performance management toward achieving national maternal and child health and nutrition goals. At present, regional health departments are not organized effectively to deliver results on key performance targets. This activity involves establishing high-performance units at the regional level, RDU, to drive policy implementation and coordinate effective service delivery. RDU would centralize regional accountability for improving maternal child health into a single, authorized entity within the MOHSS. A prototype of this structure has already been tested with success in the Khomas Region and known to have reduced waiting times for ANC visits and alleviated the patient flow at hospitals through better streamlining and referral processes. The RDU will help to lay the foundation for replicable systems change, on issues such as malnutrition in teen pregnancies, low birth weight babies, the role of traditional birth attendants and redeploying existing health facilities for maternal and child health service delivery.

To build regional capacity to design and implement innovative, frontline projects for addressing maternal and child health and nutrition, the Alliance will address key drivers and critical blockages of maternal and child health and nutrition. Current innovations include a research initiative managed by the Mother, Infant and Young Child Nutrition (MIYCN) working group in the MoHSS to test the application of micro-nutrients (sprinkles) to improve the nutritional value of supplementary feeding practices for mothers and infants.

This activity is linked to MTCT.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	167,658	0

Narrative:



This is a new budget code which supports transition. Under this the OHSS budget code, this public private partnership (PPP) through Synergos will utilize COP13 funding to continue to complete the following objectives: (1) Strengthen Ministry of Health and Social Services (MOHSS) senior leadership ability to implement strategy and establish a clear direction for the Namibian public health system to more effectively achieve national maternal and child health (MCH) and nutrition goals; (2) Establish at least ten Regional Delivery Units (RDU) within the public health system that will coordinate actions and manage performance towards achieving MCH and nutrition goals; and (3) Build regional capacity to design and implement innovative, frontline projects for addressing MCH and nutrition. As a Global Development Alliance (GDA), Synergos leverages a 1:1 financial match between PEPFAR and private sector funds.

The overall aim of this activity is to strengthen the Namibian public health system and its capacities for achieving its MCH and nutrition targets. In an effort to overcome barriers to accessing MCH and nutrition services, Synergos is investing in establishing RDU that will improve access, quality, and strengthen the MOHSS service delivery systems. This activity will implement programming at the national and regional levels.

For COP13, Synergos will establish at least three new RDU (they have already established seven) and launch regional innovations based on data-driven analyses and locally-identified priorities. Synergos, in collaboration with MOHSS and stakeholders, will designed and implemented by the existing seven RDUs (already established); there will be three new innovations associated with the new RDU. Innovations will follow the methodology of identifying key clinical challenges in each new region, doing a diagnostic (informed by data) and designing an intervention. Support to each RDU to convene at least one meeting a month to manage the performance of the respective innovations.

Synergos will also build the capacity of senior and emerging leaders with the MOHSS and Namibian public health system. Synergos will design and convene two Leadership Forum sessions to engage a mix of current senior leaders and identified emerging leaders.

This narrative is linked to activities under MTCT. No cross-cutting attribution. No motor vehicle, construction, or renovation envisaged.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	117,360	0

Narrative:

This is a continuing activity that leverages domestic and international resources to the amount of \$1,343,499 over three years. USAID funding is expected to reach \$1,000,000 over three years pending the availability of funds. This initiative brings new contributory partners to the health sector in Namibia; it includes the Synergos Institute, Ministry of Health and Social Services (MoHSS), Containers to Clinics (C2C), the Global Alliance for Improved Nutrition (GAIN) and the First National Bank (FNB) Foundation.

Activities under this budget code will focus on both the national and regional level; in doing so, they will build the capacity of health managers to deliver and sustain effective and efficient maternal health care, inclusive of PMTCT



and post-natal care services, in the public sector.

Support will be provided to strengthen the ability of Ministry of Health and Social Services (MOHSS) senior leaders to implement strategy and establish a clear direction for the Namibian public health system to more effectively achieve national maternal and child health and nutrition goals, including PMTCT. This will be achieved by working with, and building the capacity of, senior MoHSS officials, national political leaders, coordinating bodies, and others, to provide the leadership 'push', management support, policy and budget adjustments, and political will required for improved maternal and child health outcomes.

Activities will also work to strengthen Regional Delivery Units (RDU) within the public health system that will coordinate actions and performance management toward achieving national maternal and child health and nutrition goals. At present, regional health departments are not organized effectively to deliver results on key performance targets. This activity involves establishing high-performance units at the regional level, RDU, to drive policy implementation and coordinate effective service delivery. RDU will centralize regional accountability for improving maternal child health into a single, authorized entity within the MOHSS. A prototype of this structure has already been tested with success in the Khomas Region and is known to have reduced waiting times for ANC visits and alleviated the patient flow at hospitals through better streamlining and referral processes. The RDU will help to lay the foundation for replicable systems change, on issues such as malnutrition in teen pregnancies, low birth weight babies, PMTCT, the role of traditional birth attendants and redeploying existing health facilities for maternal and child health service delivery.

To build regional capacity, to design and implement innovative, frontline projects for addressing maternal and child health and nutrition, the Alliance will address key drivers and critical blockages of maternal and child health and nutrition. With respect to maternal health, a number of regions are designing innovations around improved access to services in un/under-serviced areas. For example the Ohangwena and Oshana RDU are busy translating key health messages in Oshiwambo to be broadcast on Ohangwena Radio. The messages vary, but amongst these are messages to educate expectant mothers about the benefits of early and regular ANC visits that will greatly benefit the mothers with regard to PMTCT. The past deployment of a container clinic in Erongo Region deals with a similar issue of improved access to services, inclusive of PMTCT and nutrition.

This activity is linked to PDC

Implementing Mechanism Details

Mechanism ID: 13448	Mechanism Name: Prevention Alliance Namibia
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Nawa Life Trust	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	



G2G: No	Managing Agency:
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Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

Catholic AIDS Action, Namibia	Lifeline/Childline Namibia	PharmAccess
Positive Vibes	Society for Family Health	

Overview Narrative

This is a cooperative agreement with local partner NawaLife Trust and is in its second year of implementation. Annual funding was reduced in COP12 due to delay in award and subsequent pipeline. Future annual COP allocations are estimated to be \$2.5M. The award’s objective is to strengthen social mobilization for the general population including HIV sero-positive individuals to increase adoption of safer sexual behaviors and demand for biomedical interventions through multi-channel health communications. This includes stigma reduction; utilization of HIV counseling and testing (HCT) and medical male circumcision; hazardous drinking; and multiple concurrent partnerships. Past investments of a successful predecessor mechanism of the same design. Community-based efforts will complement existing PEPFAR investments.

The monitoring and evaluation plan will measure: Improved coverage of social and behavioral change interventions focused on drivers of the HIV epidemic and access to core biomedical HIV prevention interventions; improved demand by and retention of Namibians engaged in evidence-based public health interventions; Improved quality of evidence-based public health interventions and improved enabling environment for evidence-based public health interventions

Each media campaign will be conducted over three and a half years. A legacy plan will be incorporated into design to ensure sustainability and transition to the Government of Namibia. This is in line with the GHI strategic focus on transition. Media organizations will contribute substantial non-federal cost share. Implementation will focus on selected regions to saturate community-level coverage.

Motor vehicles remain the title of USG and were transferred from the predecessor project.



Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
 Increase gender equity in HIV prevention, care, treatment and support

Budget Code Information

Mechanism ID:	13448		
Mechanism Name:	Prevention Alliance Namibia		
Prime Partner Name:	Nawa Life Trust		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

The Prevention Alliance Namibia project will continue activities under this budget code to work extensively with local organizations, people living with HIV, and the Government of Namibia (GRN) to employ a results-based “mixed-model approach” to target populations in seven diverse Namibian regions with an evidence-based focus on the drivers of the epidemic to achieve the following results: 1) Improved coverage and dosage of high quality and evidenced based social and behavioral change interventions focused on drivers of the HIV epidemic and access to core biomedical HIV prevention interventions; 2) Improve the demand by and retention of Namibians engaged in evidence-based public health interventions; 3) Improved quality of evidence-based public health interventions; and 4) Improved enabling environment for evidence-based public health interventions.

The program will implement multi-level programming that supports national level health communications used by USG and non-USG funded civil society partners. In addition the activity will implement sustained community-level activities in the seven regions.



This activity represents a minimal HVSI funding allocation for project M&E supporting the implementation of combination HIV prevention program. This activity allocates funds for an M&E Advisor to support operations and provide limited technical assistance support to local organizations and GRN. Any additional technical assistance will support community and regional-level M&E implementation including planning, operationalizing 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.

Sustainability components will include capacity building of local civil society and regional administrations to better coordinate and implement evidence-based HIV prevention strategies.

This activity is linked to activities funded in CIRC and HVOP.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	0	0

Narrative:

The Prevention Alliance Namibia project will continue activities under this budget code to working extensively with local organizations, people living with HIV, and the Government of Namibia (GRN) to employ a results-based “mixed-model approach” to target populations in seven diverse Namibian regions with an evidence-based focus on the drivers of the epidemic to achieve the following results: 1) Improved coverage and dosage of high quality and evidenced-based social and behavioral change interventions focused on drivers of the HIV epidemic and access to core biomedical HIV prevention interventions; 2) Improve the demand by and retention of Namibians engaged in evidence-based public health interventions; 3) Improved quality of evidence-based public health interventions; and 4) Improved enabling environment for evidence-based public health interventions.

The program will implement multi-level programming that supports national level health communications used by USG and non-USG funded civil society partners. In addition the activity will implement sustained community-level activities in seven regions.

Demand creation for MC and implementation of National 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 existing materials supported by PEPFAR/Namibia, the recipient will partner with other national and



regional 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.

Sustainability components will include capacity building of local civil society and regional administrations to better coordinate and implement evidence-based HIV prevention strategies.

This activity is linked to activities funded in HVCT.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

The Prevention Alliance Namibia project will continue activities under this budget code to working extensively with local organizations, people living with HIV, and the Government of Namibia (GRN) to employ a results-based “mixed-model approach” to target populations in seven diverse Namibian regions with an evidence-based focus on the drivers of the epidemic to achieve the following results: 1) Improved coverage and dosage of high quality and evidenced-based social and behavioral change interventions focused on drivers of the HIV epidemic; and access to core biomedical HIV prevention interventions; 2) Improve the demand by and retention of Namibians engaged in evidence-based public health interventions; 3) Improved quality of evidence-based public health interventions; and 4) Improved enabling environment for evidence-based public health interventions.

The program will implement multi-level programming that supports national-level health communications used by USG and non-USG funded civil society partners. In addition the activity will implement sustained community-level activities in seven regions.

The activity will 1) mainstream health communication messages on the utilization of HIV counseling and testing, either voluntary or provider-initiated, with the intent of promoting greater acceptability among males and couples in addition to the adoption of safer sexual behaviors; and 2) provide technical assistance to the Ministry of Health and Social Services, Regional AIDS Coordination Committees and District Health Teams to plan, implement and review communication activities.

Media efforts will leverage domestic and GFATM resources used by the Ministry of Health and Social Services and the Ministry of Information and Communication Technology for multi-level communications to support implementation of partners. 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.



Sustainability components will include capacity building of local civil society and regional administrations to better coordinate and implement evidence-based HIV prevention strategies.

This activity is linked to activities funded in CIRC and HVOP.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

The Prevention Alliance Namibia project will continue activities under this budget code to working extensively with local organizations, people living with HIV, and the Government of Namibia (GRN) to employ a results-based “mixed-model approach” to target populations in seven diverse Namibian regions with an evidence-based focus on the drivers of the epidemic to achieve the following results: 1) Improved coverage and dosage of high quality and evidenced based social and behavioral change interventions focused on drivers of the HIV epidemic and access to core biomedical HIV prevention interventions; 2) Improve the demand by and retention of Namibians engaged in evidence-based public health interventions; 3) Improved quality of evidence-based public health interventions; and 4) Improved enabling environment for evidence-based public health interventions.

The program will implement multi-level programming that supports national-level health communications used by USG and non-USG funded civil society partners. In addition, the activity will implement sustained community-level activities in the seven regions.

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 utilize 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, increasing perceptions of risk regarding multiple concurrent partnerships, increasing correct and consistent condom use, increasing risk perceptions of hazardous drinking, 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.

This activity is linked to activities funded in CIRC and HVCT.

Implementing Mechanism Details

Mechanism ID: 13479	Mechanism Name: Leadership Management and Sustainability (LMS)
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	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:
Total Funding: 766,702	
Funding Source	Funding Amount
GHP-State	766,702

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Building Local Capacity (BLC) aims to strengthen leadership, governance, coordination and management in the public and civil society sectors. BLC will target activities to senior and mid-level managers at national, regional and facility levels in select line ministries and civil society organizations (CSO). BLC will: 1) Build the Namibian Institute of Public Administration and Management’s capacity to institutionalize leadership trainings to support career progression to higher management levels; 2) Strengthen leadership at select ministries by strengthening



communication and management practices within the Ministry of Gender Equality and Child Welfare and the Ministry of Regional and Local Government and Rural Housing. It will support the Ministry of Health and Social Services to strengthen hospital management practices; and 3) Strengthen the Network of AIDS Service Organizations to fulfill its GFATM principal recipient responsibilities while meeting its mandate to represent and advocate for member CSO. In addition, BLC is supporting the centrally funded USG-GFATM collaboration and coordination initiative to support Namibian recipients of both donor mechanisms to maximize resources as funding levels decrease. In addition, BLC will build local capacity and institutionalize activities. For example, rather than conducting leadership and management trainings itself, BLC will support the Government of Namibia entity responsible for public service management to incorporate such trainings as requirements for civil servant promotions to management positions. These activities support the GHI principles of systems strengthening, transition and country ownership. BLC has developed clear, measurable indicators to track the progress of its activities. No vehicle purchase envisaged

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support
Workplace Programs

Budget Code Information

Mechanism ID:	13479		
Mechanism Name:	Leadership Management and Sustainability (LMS)		
Prime Partner Name:	Management Sciences for Health		
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Governance and Systems	OHSS	766,702	0
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Narrative:

This is a continuing activity through which Building Local Capacity (BLC), through Management Sciences for Health, will continue its leadership and management activities to address the governance and service delivery building blocks of systems strengthening. Specifically, activities will target systems barriers identified in a number of Ministerial and civil society organization (CSO) assessments with respect to organizational weaknesses, leadership and planning, along with constraints in the provision of effective and efficient facility-based health care services. This will yield gains across functional areas, as ‘intentional spillover’ and ‘targeted leveraging’ activities.

BLC will provide organizational strengthening of the Namibia Network of Aids Service Organizations (NANASO) to fulfill its GFATM and networking responsibilities. BLC will provide targeted technical assistance, coaching and mentoring to NANASO to ensure that they operate efficiently and effectively as a GFATM principle recipient. This entails trainings for NANASO and its sub-recipients in grant implementation, management, finance, monitoring and evaluation. This activity leverages GFATM support for CSO and dovetails the USG-GFATM coordination initiative in Namibia. Based on a mapping exercise of NANASO’s members done in COP11, BLC will also work with NANASO to realign its strategic focus to address members’ needs and to develop an approach for ensuring financially sustainable of the organization.

BLC will support institutionalizing leadership and management training within the Government of Namibia (GRN). BLC will continue to work with the Namibian Institute of Public Administration and Management, which is the legal body for training civil servants, to develop and institutionalize a leadership and management training program that will be required for all GRN officials, including those from HIV/AIDS response line ministries considering promotions to management level functions.

BLC will also select health facilities to achieve accreditation status along with continued improvement in quality and leadership management. As requested by the GRN, the MOHSS would like to roll-out an accreditation program for facilities, such that their weaknesses are clearly defined and addressed to achieve international accreditation status. BLC, with support from the Council on Health Standards Accreditation of South Africa will launch a quality improvement and leadership (QIL) accreditation process in select public facilities that include at a minimum Katutura Hospital and may be extended to include Windhoek Central Hospital and Katutura Health Center depending on the programmatic focus area of the QIL effort. This process will enable healthcare professionals to measure themselves against internationally acceptable standards of patient safety and quality of care (including for HIV/AIDS services) and monitor improvements to reach international standards. The process will also incorporate basic practices of facility management and leadership so that managers are capable of leading their workgroups to face the challenges of achieving the requisite accreditation scores on all facility service elements. Initiated with COP11 funding, COP12 funds will be focused on completing the accreditation process and also institutionalizing continued quality improvement processes and practices.



Implementing Mechanism Details

Mechanism ID: 13601	Mechanism Name: Strengthening HIV Prevention for MARPS
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Society for Family Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: PR/SR	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

Institute for Capacity Development	King's Daughters	Legal Assistance Center, Namibia
LGBTI Namibia	Namibian Planned Parenthood Association	Outright Namibia
Population Services International	The Red Umbrella	Walvis Bay Corridor Group
Walvis Bay Multi Purpose Center, Namiba		

Overview Narrative

Implemented by a consortium of local organizations led by the Society for Family Health (SFH) with three key results: to deliver a set of interventions to reduce HIV transmission; to strengthen MARP-led organizations to advocate and implement public health interventions; and to support an enabling environment for MARP-led advocacy, networking and partnership with the Government of Namibia.

The program targets sex workers (SW), clients of SW and men who have sex with men (MSM). The program is implemented in ten urban areas across the country with a high density of MARP and high HIV prevalence rates. Under-served populations are linked with MARP-led community systems. MARP face barriers to care including punitive laws, stigma and discrimination. Namibia's five-year National Strategic Framework includes priorities for

**MARP.**

A core set of interventions for SW, clients of SW and MSM will be delivered. Capacity-building of MARP-led civil society organizations to plan, implement and monitor the delivery of a core set of interventions will occur. Strengthening the enabling environment for MARP programming, through collaboration with the Ministry of Health and Social Services, Members of Parliament, and local CSO, will facilitate domestic scale-up and sustain of HIV prevention, care and treatment services and other legal and social services. Interventions are costed annually and serve as a benchmark.

The program supports the GHI by promoting access to services by under-served populations; supporting domestic institutions to advocate and recognize health needs of MARP communities; and establishing networks to transition and sustain investments. Core costs for MARP-led advocacy and service delivery will not be supported by GRN. No procurement of motor vehicles is expected.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support

Mobile Population

Budget Code Information

Mechanism ID: 13601			
Mechanism Name: Strengthening HIV Prevention for MARPS			
Prime Partner Name: Society for Family Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0



Narrative:			
<p><i>This is a new budget code which supports transition. Under the HBHC budget code, Society for Family Health (SFH) will utilize COP13 funding to complete the following objective: Improve access for key populations (KP) to the continuum of care and treatment for timely ART initiation and maintenance on ART. KP targeted by this program includes commercial sex workers (CSW), clients of CSW and men who have sex with men (MSM).</i></p> <p><i>SFH will conduct programming in operational sites noted in the implementation mechanism narrative through local KP-led organizations and sexual and reproductive health (including HIV) service providers the Namibian Planned Parenthood Association and the Ministry of Health and Social Services (MOHSS).</i></p> <p><i>This activity's strategy to transition over time is to support a mix of KP-led local organizations and MOHSS (where possible) over the course of the next five (5) years. Transition of KP-related activities presents a significant challenge to the USG due to criminalization of CSW and MSM-related practices in Namibia. KP continues to experience discrimination and stigmatization resulting in barriers to health and social services. Advocacy activities are underway in activities linked to HVOP to strengthen the enabling environment for KP programming in Namibia.</i></p> <p><i>SFH will provide technical assistance (TA) and limited grant resources to local KP-led organizations to reduce barriers to care and treatment faced by KP. This activity will support post-HIV counseling and testing (HCT) activities where HIV sero-positive KP are identified. Activities will include the following: 1) Provide TA to clinical service providers to improve accessibility by KP to HIV care and treatment services; 2) Strengthen linkages between HIV risk reduction interventions and HCT services to HIV care and treatment services; 3) Provide TA to community-based KP-participatory groups to incorporate evidence-based outreach services and client retention interventions; and 4) Support quality monitoring and evaluation (M&E) to advance program approaches and fill gaps in knowledge on priority KP-related care and treatment issues.</i></p> <p><i>SFH collaborates and jointly delivers this activity with the MOHSS. This narrative is linked to activities under HVOP, HVCT, and HVSI. Cross-cutting activities include Human Resources for Health/In-service Training and estimated funding is estimated at \$35,000. No vehicle procurement, construction or renovation is planned for COP13.</i></p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0
Narrative:			
<p><i>Under this budget code support to the M&E Advisor will continue to provide technical assistance for the capacity</i></p>			



development of M&E of MARP-led organizations and networks to operationalize standard M&E systems (with emphasis on HIV prevention) and increase the use of data analysis for HIV prevention program in ten geographic areas of operation by the program.

Core components include:

Increased organizational capacity of local stakeholders to develop, implement and evaluate effective HIV prevention and health interventions. The transfer of knowledge and skills required to operate efficient, cost-effective, accountable and transparent organizations managing the implementation of the integrated interventions for MSM, SW and their clients is a core component of the program.

Strengthening the enabling environment for the provision of health services to MARP: This will be accomplished by developing, strengthening, and supporting MSM and SW advocates and networks to assume leadership in the policy process; working with stakeholders, including uniformed services and the government; and collecting data for evidence-based decision-making and advocacy.

M&E activities are aligned with GRN and international standards and systems. Costs represent an M&E Advisor based at SFH and associated operational costs to provide routine project support and engagement with the relevant GRN offices.

This activity links with activities funded under HVOP and HVCT.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

Strengthening HIV Prevention for MARP will continue activities under this budget code to establish and strengthen innovative and tailored models for delivering HIV counseling and testing (HCT) in “MARP-friendly” settings to sex workers (SW), their clients and men who have sex with men (MSM). The program prioritizes mobile and outreach HCT approaches to ensure that MARP overcome stigma and discrimination. Referral approaches for MARP, including STI suspects in selected high-volume facilities, to both voluntary and provider-initiated HCT sites is underway and will continue to be strengthened. The project is providing enhanced risk reduction counseling for MARP groups with linkages for referrals for medical male circumcision, substance abuse treatment, PMTCT (including family planning), and post-exposure prophylaxis, tailored to the needs of each target group.

The bulk of current HCT programming represents general population approaches through integrated service delivery sites in health facilities and outreach based on primary health care service packages. This activity will work with national, regional and district stakeholders to utilize alternative models which have been demonstrated to access clandestine and hard-to-reach populations with HIV testing. This may include extended hour HCT services



in specific NGO clinics, mobile, moonlight and targeted testing for focus populations in areas of operation. Activities will be coordinated with stakeholders to leverage their expertise and utilization of available HCT personnel and commodities where available.

Sensitization of health care providers to provide MARP-friendly services will continue to be part of the intervention package. The program will continue to explore opportunities to bring mobile HIV testing services to locations that are convenient to MARP.

The program will continue to scale-up delivery of the intervention package to MARP in the ten priority program areas through collaboration with local organizations, including MARP-led organizations and the commercial sector. The program will continue to use information derived from program monitoring to strengthen service delivery and will propose additional innovative approaches to reaching MARP with prevention services.

The Strengthening HIV Prevention for MARP IM has established M&E systems to track referrals to HCT from interpersonal communication activities. Qualitative and quantitative reviews of where MARP access HCT services will continue to be conducted to better focus technical assistance.

This narrative links to other activities in HVOP and HVSI.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

Strengthening HIV Prevention for MARP will continue activities under this budget code to support linkages to “MARP-friendly” health services, especially a package of HIV prevention services and referrals to HIV care and treatment, given high HIV prevalence among these populations.

A core set of interventions will be delivered, either directly or through referrals, including risk reduction counseling, peer education and outreach/referral and condom/lubricant promotion and distribution. Linkages to services include referrals to male circumcision, substance abuse treatment, HIV care and treatment such as PMTCT (including family planning), and post-exposure prophylaxis tailored to the needs of different MARP. Routine STI assessment, treatment (by partner country health services), and referral to risk reduction remains an integral part of the package of services. Sensitization of health care providers will remain a key component of the program. Activities will train current health care workers interacting with MARP and STI suspects and, in parallel, provide a basis for national level training to be transitioned to the Ministry of Health and Social Services to promote long term capacity. The program will continue to work through collaboration with local organizations, including MARP-led organizations and use information derived from program monitoring to strengthen service



delivery and propose additional innovative approaches to reaching MARP with prevention services.

Increased attention to enrolling STI suspects appearing in high volume public health facilities in risk reduction counseling will occur with the intent of receiving HCT and post-test services for both sero-negative and sero-positive individuals.

This narrative links to other narratives in HVCT and HVSI.

Organizational Capacity Building: Given the variable capacity among MSM and SW-led organizations, the program will continue focusing on meeting the particular organizational development needs of specific target organizations. Capacity-building covers a broad range of substantive areas, ranging from advocacy to administration and finance, governance, leadership, management, networking and strategic planning. Particular attention will continue to be given to M&E, supportive supervision and quality assurance, given the importance of the quality of interventions to achieving successful behavior change.

Policy and Advocacy: 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 prevention and treatment programs must enlist the explicit cooperation of law enforcement, health authorities and the political and religious communities to reduce fear of arrest and stigmatization that cause MARP to avoid health seeking behaviors.

The program will continue to partner with MSM and SW-led organizations such as the Legal Assistance Centre and MARP-led networks in spearheading advocacy for policies to reduce barriers to delivery of services. A range of local, national and regional stakeholders such as traditional leaders, Regional Governors and Members of Parliament will continue to be capacitated to assume leadership of advocacy efforts, to sustain policy work beyond the life of the project.

Implementing Mechanism Details

Mechanism ID: 13605	Mechanism Name: Livelihoods and Food Security Technical Assistance Project (LIFT)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No



Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:
Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Livelihoods and Food Security Technical Assistance Project (LIFT) is managed by FHI 360 with support from Save the Children and Care International. LIFT will provide technical assistance (TA) to PEPFAR and its partners; the Government of Namibia (GRN); and civil society to improve access for nutrition assessment counselling and support (NACS) beneficiaries to livelihoods and economic strengthening (ES) programs that promote positive health outcomes and program sustainability. This supports the GHI, National Strategic Framework and Partnership Framework's efforts of access to comprehensive care and support to improve the quality of life of people living with HIV/AIDS (PLWHA). LIFT works in a cost- efficient manner by strengthening networks and referrals and facilitating integration. LIFT will engage stakeholders to identify ES and community-based services for PLWHA and vulnerable groups by providing TA for the design and standardization of the referral system piloted by Ministry of Health and Social Services. LIFT will provide program design and implementation TA to partners with the highest potential to improve the health and nutrition of NACS patients, OVC and caregivers, and build their capacity to address their immediate economic needs, identify viable livelihoods and develop appropriate skills. Over time, LIFT efforts will be transitioned to the GRN and civil society organizations to ensure sustained foods security for NACS beneficiaries. This is in line with the GHI strategy of transition. LIFT will work with MOHSS to track bi-directional referrals from NACS and ART sites and implement an M&E plan. LIFT will work in: Khomas, Caprivi, Oshana, Oshikoto, Hardap, Ohangwena, Omusati, Kavango, Otjozondupa, Hardap and Karas Regions. No vehicle purchases are envisaged

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)



Key Issues

Increase gender equity in HIV prevention, care, treatment and support
 Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID:	13605		
Mechanism Name:	Livelihoods and Food Security Technical Assistance Project (LIFT)		
Prime Partner Name:	FHI 360		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0

Narrative:

Under this budget code in COP12, Livelihoods and Food security Technical Assistance (LIFT), through FHI 360 will provide TA to PEPFAR, its partners, the Government of Namibia (GRN) and commercial and civil society entities to improve access for nutrition assessment counseling and support (NACS) patients and graduates to livelihoods and economic strengthening (ES) programs that promote positive health and nutrition outcomes and enhance the long-term sustainability of PEPFAR's investments in Namibia.

In 2012, LIFT and Namibian Alliance for Improved Nutrition (NAFIN) will develop an action plan building on objectives developed during the 2011 Livelihoods, Nutrition and Health Conference. These objectives are to: 1) determine how to promote an enabling environment for improved health and nutrition; 2) identify opportunities to address the social, economic and environmental causes of under nutrition; and 3) identify and link appropriate stakeholders to implement recommended actions and manage specific functions within a clinic to community ES service delivery network. LIFT working closely with NAFIN responds to both the Partnership Framework and GHI principle and objectives of country ownership and sustainability.

LIFT will strengthen networks and referral systems through which NACS patients and graduates are linked with livelihoods and ES programs by providing technical input into the design and standardization of the referral system piloted by Ministry of Health and Social Services (MOHSS). In each of the nine regions where NACS is implemented, LIFT will engage stakeholders to identify livelihoods options and map ES and community-based services for PLHIV and vulnerable groups. LIFT will provide program design and implementation TA to partners



with the highest potential to improve the health and nutrition of NACS patients, OVC and caregivers, and build their capacity to address their immediate economic needs, identify viable livelihoods and develop appropriate skills. LIFT will collaborate with Namibia's directorate of Disaster Risk Management in the Office of the Prime Minister to strengthen links with ES and livelihoods program staff to improve access to and use of livelihoods and early warning information.

LIFT activities are also supported from central funds, as Namibia is a one of two LIFT priority countries. LIFT will work with MOHSS, NAFIN and other stakeholders to establish and implement an effective mentoring and supervisory system for referral linkages for NACS beneficiaries.

Activities will be conducted at the national level and in Khomas, Hardap, Otjozondjupa, Oshana, Oshikoto, Caprivi, Rundu, Omusati and Ohangwena Regions.

Activities are linked to activities funded in HKID.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	0

Narrative:

Under this budget code in COP12, Livelihoods and Food security Technical Assistance (LIFT), through FHI 360 will provide the USG OVC partners with technical assistance in strengthening their livelihoods and food security interventions as sustainable options for graduates of Nutrition Assessment Counseling and Support (NACS) and other vulnerable households, particularly child headed and OVC households.

Many OVC and their households in Namibia experience food insecurity caused or exacerbated by the impacts of HIV. Improved access to food is a critical need for many OVC and is often cited as the highest priority among groups served by PEPFAR programs. As the USG is supporting the NACS program, which integrates nutrition interventions into clinical care and treatment services, it will be critical to establish sustainable strategies to help clients obtain adequate nutrition after graduating from NACS.

HIV contributes to food insecurity by reducing food production, income and availability of labor, eroding savings, and increasing health care expenses. In many households supporting OVC much of the additional income earned is used to buy alcohol or pay for other leisure activities rather than to purchase nutritious food or pay for health services for vulnerable household members. For most households, agriculture is a supplementary but essential source of income.

In 2011, LIFT worked to develop strong linkages between NACS sites and livelihood and economic strengthening opportunities in the surrounding communities. Building on work done in FY 11, LIFT will facilitate the targeting of HIV-affected households with OVC (especially child-headed households), bearing in mind HIV-related stigma at the community level. LIFT will consider the gender issues that adversely affect OVC around nutrition, food security and economic strengthening and ensure that these are comprehensively addressed. LIFT will also contribute to the development of monitoring and evaluation tools for tracking the bi-directional referrals between OVC partners NACS sites and other community-based interventions



This activity is related to LIFT's activity in HBHC and will specifically support implementation of a livelihood strategy developed with COP11 resources and strengthen existing livelihood interventions implemented by supported HKID partners.

Cost efficiency is a critical consideration in this activity, as these resources will leverage more than three times the resources from central sources. Namibia is one of two priority countries for the LIFT project.

Activities will be conducted at the national level and in Khomas, Hardap, Otjozondjupa, Oshana, Oshikoto, Caprivi, Rundu, Omusati and Ohangwena Regions.

Implementing Mechanism Details

Mechanism ID: 13665	Mechanism Name: HS 20/20 Associate Award
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

Aga Khan Foundation	Bitrán y Asociados	BRAC University
Broad Branch Associates	Deloitte Consulting Limited	Forum 1 mmunications
Forum One Communications	Research Triangle International	Training Resources Group
Tulane University's School of Public Health		

Overview Narrative

>>New Narrative for Oct 2011 Reprogramming: This Associate Award allows continuation of critical activities initiated under Health Systems 20/20 Leader award (due to end in September 2012 with activities winding down in July 2012).



In Namibia, the Associate Award will be focused to improve health system performance largely in four key areas (1) health financing, (2) Human Resources for health, (3) Health information systems (largely organizational development aspects) and (4) governance and (5) operations. The project team brings together an exceptional pool of professionals with depth and experience in capacity building, governance, finance and operations.

Health system strengthening is a key element of the Global Health Initiative and Partnership Framework. This associate award is committed to country ownership, institutionalization, and the development of local capacity to ensure sustainability of activities initiated under the agreement. Furthermore, the Award will continue its ongoing efforts in Namibia to strengthen human resources for health (HRH) planning, governance, and financial management of the health system including HIV/AIDS, three important components of the Partnership Framework. By the nature of these activities, they directly contribute to GHI focus areas of transition, increasing domestic financing, equitable resource allocation, and sustainability.

The Associate Award will work at the national level with government officials (MOHSS, Social Security Commission) and civil society stakeholders. By supporting the GRN in developing its staffing norms, HRH planning capabilities, the Associate Award will also target the cross-cutting issue of HRH strengthening.

The Associate Award's work aligns with PEPFAR's cost-efficiency principles by str

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information



Mechanism ID:	13665		
Mechanism Name:	HS 20/20 Associate Award		
Prime Partner Name:	Abt Associates		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

>>New Narrative for Oct 2011 Reprogramming: The following represent continuing activities from the HS 20/20 award:

1. Technical support in the area of health care financing, specifically a) to the MOHSS to develop and implement an equitable resource allocation formula, b) to the Social Security Commission regarding its intention to roll out national Health insurance, c) to the MOHSS to develop a health care financing strategy, d) 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. In addition, the Associate Award will continue to provide technical support on NHA specifically to the MOHSS regarding recent methodological revisions to the International Classification of Health Accounts (ICHA), priority area subaccounts, and institutionalization 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.
2. Organizational development 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.
3. Technical support to the MoHSS on HRH planning, restructuring, workload assessment and staffing norms.

Implementing Mechanism Details

Mechanism ID: 13676	Mechanism Name: Food and Nutrition Technical Assistance III (FANTA)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No



Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:
Total Funding: 400,000	
Funding Source	Funding Amount
GHP-State	400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This IM is implemented by FHI 360 and will contribute to the GHI and Partnership Framework goals and objectives through cross-cutting programs on food and nutrition policy; tools and service delivery; integrating nutrition assessment counseling and support (NACS) into the HIV and TB programs; and human resources for health.

Through the predecessor project, FANTA II, the MOHSS and I-TECH/Namibia have trained health managers and providers in NACS in 62 ART sites and antenatal, postnatal, and primary health care clinics. FANTA II also trained community health care providers in NACS to strengthen home-based care and link clinic and community HIV services. FANTA III will build on this work to: achieve cost efficiencies by improving client outcomes through capacity building of health care workers and the Health and Nutrition Working Group of the OVC Permanent Task Force; build upon UNICEF support for the Integrated Management of Acute Malnutrition program; and support World Food Program efforts to improve food security of people living with HIV/AIDS (PLWHA).

Activities will enhance the sustainability of NACS services in Namibia and improve the quality and access of USG-supported services. Activities will be transitioned to GRN training institutions and program staff, contributing to GHI strategies of increased access.

Target populations are malnourished PLWHA, pregnant and post-partum women and OVC throughout Namibia. The project will support integration of nutrition indicators into the patient care booklet and child health passports. Activities will be monitored and reported in collaboration with MOHSS.

No vehicle purchases envisaged.

Cross-Cutting Budget Attribution(s)

Approved



(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Child Survival Activities
Safe Motherhood

Budget Code Information

Mechanism ID:	13676		
Mechanism Name:	Food and Nutrition Technical Assistance III (FANTA)		
Prime Partner Name:	FHI 360		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	300,000	0

Narrative:

The Food and Nutrition Technical Assistance III (FANTA III) project will continue to work with the Ministry of Health and Social Services (MOHSS) under this budget code to implement nutrition assessment counseling and support (NACS) in five additional health districts. Focus will be on building technical capacity within public sector health facilities to integrate nutrition into HIV/ AIDS care. This includes assessing human resource and logistical capacity, the need for anthropometric equipments and NACS training. Based on assessment results, FANTA III will provide technical assistance to improve the sites' capacity to implement NACS, co-facilitate NACS training of at least two health care providers from each site and provide job aids and client materials.

FANTA III will support the MOHSS to conduct supportive supervisory visits to NACS sites to monitor the quality of services, identify challenges and provide technical assistance. The IM will support regular meetings between facility staff and community-based health care providers (CBHCP) to strengthen clinic-community linkages to



ensure access to services within the continuum of care. FANTA III will continue to train CBHCP to follow-up NACS clients, screen for malnutrition and provide mid-upper arm circumference tapes and job aids to enhance community screening and referral of PLHIV and TB clients for treatment of malnutrition. The IM will work with MOHSS to ensure that nutrition and HIV is integrated into the training of the new cadre of health extension workers.

FANTA III will collaborate with the Livelihood and Food Security Technical Assistance (LIFT) IM to ensure that NACS beneficiaries are linked to community-based livelihood strengthening programs to improve household income and prevent relapse.

With established NACS policy guidance and consolidation of procurement, storage and distribution of specialized food products, and supply of anthropometric equipment to the initial NACS sites, support is needed in COP12 to scale up and improve the quality of services and health care provider monitoring and supervision. FANTA III will work with the MOHSS and I-TECH/Namibia to institutionalize systems for continuous quality improvement (QI) of NACS services to allow the MOHSS to better define health care provider roles and responsibilities, task shift effectively, improve time allocation and create performance standards. TA will include dissemination of job aids to improve, client management, record keeping, reporting, mentoring and supervision.

FANTA III will disseminate the results of a COP 11 review of NACS processes, efficiencies, challenges, participant perceptions, acceptability of food products and initial outcomes. Quantitative and qualitative information on utilization, efficiency and impact of NACS services including sustainability and system performance will inform refinement and improvement of NACS in Namibia.

The predecessor IM, FANTA II, supported the MOHSS to integrate nutrition and HIV indicators into the national HIV patient management booklet. FANTA III will work with the MOHSS and other UGS IM to refine reporting mechanisms and provide support for data collection and analysis. The IM will continue to work with the MOHSS to strengthen M&E.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	100,000	0

Narrative:

The Food and Technical Assistance III (FANTA III) IM will work under this budget code with the Ministry of Health and Social Services (MOHSS) to train health care providers in antenatal care (ANC) and maternal and child health (MCH) clinics in nutrition assessment and counseling and support (NACS), including infant and young child feeding (IYCF) counseling in the context of HIV. FANTA III and the MOHSS will provide supportive supervision at these sites to monitor the quality of services and provide technical support as needed, including nutrition and HIV data collection on HIV-exposed children.

Approximately 285 ANC and MCH clinics offer counseling on PMTCT and infant feeding during antenatal visits, but post-natal follow-up of PMTCT clients and their infants is limited and arbitrary.

The MOHSS has adopted the policy of promoting exclusive breastfeeding for all infants for the first six months with anti-retroviral coverage for eligible infants or HIV positive mothers during breastfeeding. With support from UNICEF/Namibia, the MOHSS has developed infant and young child feeding (IYCF) counseling cards to address inconsistent counseling messages particularly on replacement feeding and complementary foods.

FANTA III will continue to build the capacity of community-based health care providers (CBHCP) in nutrition management and support for HIV-affected families, especially infants and young children. The CBHCP will be trained to strengthen screening referral and follow-up of child and adolescent clients in the community. The IM will provide mid-upper arm circumference tapes and job aids to enhance community screening and referral of malnourished children, adolescents and pregnant and post-partum women for treatment of malnutrition. FANTA III will also support the MOHSS to disseminate take-home client materials on IYCF in the context of HIV.

FANTA III will continue to support the MOHSS and other USG partners working with home-based care and other community services for PLHIV and orphans and vulnerable children (OVC) in strengthening referral links between clinical nutrition services for pediatric HIV clients and community-based nutrition, food security and livelihood services for caregivers. This IM will leverage the activities of the Livelihood and Food Security Technical assistance IM. The linkages will also include systems for sharing client information between facility and community services adapted from existing management information systems.

Technical support at the community level will include developing materials and training care workers in early childhood development centers supporting OVC. This capacity building effort will be coordinated through the Health and Nutrition Working Group of the Ministry of Gender Equality and Child Welfare lead by the Permanent Task Force for OVC

FANTA III will work with the MOHSS and other USG IM to refine reporting mechanisms and provide support for data collection and analysis. The IM will continue to work with the MOHSS to strengthen monitoring and evaluation (M&E) to ensure it meets PEPFAR reporting requirements and feeds into the national M&E system.

Target populations are pregnant and post partum women, HIV exposed infants and OVC (particularly those enrolled in ECD centers).

Implementing Mechanism Details



Mechanism ID: 13749	Mechanism Name: AIDSTAR II
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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

Cardno	The International HIV/AIDS Alliance	
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Overview Narrative

>>Narrative for OCt 2011 Reprogramming: *The AIDSTAR Sector II: Capacity Building Indefinite Quantity Contract (IQC) is a flexible mechanism that provides support across a broad range of HIV/AIDS-related technical areas, particularly as they relate to building personnel and institution capacity to further sustainable implementation. AIDSTAR contractors for Sector II have demonstrated capacity to enhance management capacity skills and leadership of national and sub-national institutions to deliver integrated, sustainable HIV/AIDS services at scale.*

In 2010, the Office of HIV/AIDS, in collaboration with USAID/Namibia and the MOHSS, began a pilot to explore sustainable mechanisms for community-based health information systems. Called "centerships", the activity is largely financed by Headquarter funding. These funds are anticipated to be depleted by June-July 2012. However, the pilot will not be complete by this time; due to initial start-up delays. To complete the pilot, USAID/Namibia is contributing \$150,000. Lessons learned from this activity will inform the MOHSS' efforts to strengthen community based health information systems, particularly relevant given the upcoming new cadre of health extension workers. Centerships are community based initiatives that provide sustainable support to the community based information systems-- in terms of data collection and use by the community. The Centership is characterized by strengthening HIV and health information and referral links within the community as well as between the community and public and private facilities (as appropriate). In the development of a Centership, the community e



Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13749		
Mechanism Name:	AIDSTAR II		
Prime Partner Name:	Management Sciences for Health		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

>>Narrative for Oct 2011 Reprogramming: HIV and Health information flow from communities to the GRN is weak and inconsistent. As a result, morbidity and mortality-related events occurring in the community are not necessarily documented at health care facilities. Such information is critical for making programming decisions, identifying service delivery gaps, and setting goals and targets. 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 address this issue, Namibia is piloting the 'centerships' concept. Centerships are community based initiatives that provide sustainable support to the community based information systems-- in terms of data collection and use by the community. The Centership is characterized by strengthening HIV and health information and referral links within the community as well as between the community and public and private facilities (as appropriate). In the



development of a Centership, the community establishes business model processes and procedures (including revenue generating activities) to ensure sustainability of the hub (e.g incentives for community volunteers to contribute data routinely). In so doing, this activity also attempts to explore ways in which communities can 'incentivize' volunteers as opposed to relying purely on NGO/donor support (which is declining considerably in the country). The centerships activity is supported by many partners. Of particular note is the Namibia Ministry of Health and Social service, who is playing a substantial role in training the CHWs from both communities, and the Peace Corps, who have provided volunteers to support the project in both communities. The two communities selected are: Rosh Pinah, specifically the informal settlement of Tutungeni and Onderombapa, in Omaheke. This activity is a continuation of a HQ funded pilot on the development of a sustainable community based information system model. HQ funds are anticipated to be depleted by June-July 2012. However, the pilot itself will not be complete by this time; due to initial start-up delays. To complete the pilot, this activity will contribute \$150,000. Lessons learned from this activity will inform the MOHSS' efforts to strengthen community based health information systems, particularly relevant given the upcoming new cadre of health extension workers. Specific tasks include: Supporting the MOHSS at the regional level to train and strengthen information flow from Community (Centerships) Health Volunteers, explore ways in which this mechanism could possibly link to the health extension cadre, provide business planning training and support to the Centership Committees so that they are able to 'incentivize' the community health volunteers, and disseminate final report based on the experiences of the two pilots.

Implementing Mechanism Details

Mechanism ID: 13752	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14296	Mechanism Name: Capacity Plus
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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:
Total Funding: 1,582,800	



Funding Source	Funding Amount
GHP-State	1,582,800

Sub Partner Name(s)

Abt Associates	Anglican Medical Services	Catholic Health Services of Namibia
IMA World Health	Liverpool Associates in Tropical Health	Lutheran Medical Services, Namibia
Training Resources Group		

Overview Narrative

This new IM Capacity Plus, led by IntraHealth International Inc., is a global flagship project uniquely focused on the health workforce needed to achieve the Millennium Development Goals. In Namibia, the project will work with the Government of the Republic of Namibia (GRN) to: 1) Enhance human resources for health (HRH) policy and planning, including human resource management and information; 2) Generate and disseminate knowledge and analyses to promote use of evidence-based HRH approaches; 3) Support the donor HRH transition process; and 4) Support the GRN to improve health worker recruitment and retention. This support is critical to achieving the GHI intermediate results and principles of transition, sustainability, country ownership and strengthened HRH. By supporting the GRN to strengthen its capacity to better plan, budget and make informed decisions about its staffing complement needs and projections, this activity will help the GRN sustain and improve upon the gains made to deliver needed HIV/AIDS services to Namibians. The project targets the national and regional levels. The monitoring and evaluation plan will entail joint-developed indicators and targets with the Ministry of Health and Social Services; regular joint assessments will be conducted to measure progress towards benchmarks and targets.

No vehicle purchases envisaged.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)



Key Issues

Increase gender equity in HIV prevention, care, treatment and support
 Safe Motherhood
 Family Planning

Budget Code Information

Mechanism ID:	14296		
Mechanism Name:	Capacity Plus		
Prime Partner Name:	IntraHealth International, Inc		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	534,393	0

Narrative:

This is a new budget code which supports transition. Within the OHSS budget code, IntraHealth International, Inc. (IH) will utilize COP13 funding to support the Office of the Prime Minister in developing a workforce plan for the health sector. In the first phase, IH has supported the MOHSS to: (1) Conduct the Workload Indicators of Staffing Need (WISN) assessment for all regions; (2) Migrate all Health Resource Information Management Systems (HRIMS) from the civil service HRIMS to the Oracle-based Human Capital Management System (HCMS); and (3) Initiate the gradual delegation of mentoring and supervision responsibilities to partner organizations. These activities support USG efforts to strengthen the GRN and transition staffing and health information systems (HIS).

The MOHSS WISN workload assessments for all 13 regions will build on the COP12 WISN pilot in the Kavango region. In COP13, IH will continue its support to the MOHSS to finalize the national workload assessment by focusing on establishing workload estimates for supervising the clinical rotations of student doctors and nurses. Support will include modeling different staffing mix approaches, using the workload estimates, staffing projections, and costs for clinical and non-clinical staff. The outcome of the assessments will then be used to inform and justify the request by MOHSS to the Public Service Commission for new staffing ratios. The assessment supported by IH, will streamline MOHSS human resources for health (HRH) recruitment and hiring processes that are often delayed.

As recommended by the Human Resources for Health (HRH) Technical Working Group (TWG), IH will support the



MOHSS to conduct a review of its HRH recruitment and hiring processes to identify bottlenecks in the recruitment and hiring processes; as well as areas that could be strengthened/streamlined. IH will support the design of costed health worker retention strategies geared to retain staff trained in the HIV/AIDS program after transition to the GRN payroll.

Currently, the Health Professional Council of Namibia (HPCN) is entirely reliant on an external consultant to extract data from their system in cases where standard reports are not available. IH will support HPCN and the MOHSS in the migration, integration, and linkages of parallel systems. In particular, IH will support migration of all HRIMS to the Oracle-based HCMS also ensuring linkage of key information to the national HRIS.

IH will provide technical assistance to the National Health Training Network for in-service training to customize IH open source iHRIS; an electronic database of health professional students, which can then be linked to the National HRIS to provide health workforce pipeline data. As part of transition, IH will initiate the gradual delegation of mentoring and supervision responsibilities to partner organizations. To transfer skills IH staff will support partner organization staff to participate in these visits to observe, coach, and provide feedback to the mentors in order to ensure the complete transfer of the skills and processes for supportive supervision and QA.

This narrative is linked to activities, HVCT, HBHC, PDTX, HVSI. No funds are allocated for construction, renovation and vehicles in 2013 under this budget code.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	348,887	0

Narrative:

This is a new budget code which supports transition. Within the HVCT budget code, Intrahealth (IH) will utilize COPI3 funding to support the provision of HIV counseling and testing (HCT), as it remains a key program area in ensuring access to HIV prevention, care and treatment services in Namibia where there is a national prevalence of 13.2%.

IH will work in collaboration with the MOHSS, faith-based integrated HIV testing facilities, and mobile HIV testing units. IH activities focus on strengthening HCT services and developing a mixed model approach to HCT in Namibia in five (5) regions: Hardap, Oshikuku, Oshana, Kavango, and Ohangwena.

IH will support the following interventions: (1) Expansion of Provider Initiated Testing and Counseling (PITC); (2) Roll out of HIV rapid testing; (3) Strengthen referrals from HCT to essential HIV related services, e.g. care and treatment, PMTCT, MC ; (4) Support MOHSS with the smooth closure of the standalone VCT sites; and (5) Support GRN in expanding HCT using mix models and ensure quality assurance. With the MOHSS, IH will improve access



to HCT services by continuing to provide technical assistance (TA) towards the institutionalization of a mix model approach; including: VCT, PITC/ point of care (POC), and mobile and outreach. IH support will focus on faith-based institutions and coverage of hard-to-reach and high risk populations including couples. Couples HCT (CHCT) is low (14%) in Namibia. To increase uptake of CHCT, IH will provide TA to facilitate partner disclosure, and provide counseling for HIV negative and discordant couples. IH will provide TA the MOHSS to strengthen bi-directional referrals and; prioritize linkage of HCT to MC. Focus will be on supporting an increase in HCT update through PMTCT services during antenatal clinic (ANC) visits and male involvement.

IH will support MOHSS efforts to ensure a staggered phase out of stand-alone VCT, in favor of integrated and mobile and faith-based HCT. Throughout the transition, IH will provide quality assurance (QA) to the integrated and standalone VCT sites. IH will strategically make efforts to transition HCT QA to respective hospital management teams and regional MOHSS chief/ senior health program administrators.

This narrative is linked to activities, PDCS, OHSS, and HVSI. No funds are allocated for construction, renovation and vehicles in 2013 under this budget code.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	312,085	0

Narrative:

This is a new budget code which supports transition. Under the MTCT budget code, IntraHealth International, Inc. (IH) will utilize COP13 funding to support the provision of quality Maternal and Child Health Care (MCH) in faith-based health care facilities and communities.

IH will provide technical assistance (TA) to faith-based facilities and the surrounding communities in five regions of Namibia. Within this activity IH will focus on: capacity building, quality assurance (QA), performance improvement, supportive supervision, and the established reliable M&E systems to use data for program within MCH and the virtual elimination of mother to child transmission (eMTCT).

IH will support the eMTCT plan, comprised of two prongs: (1) Strengthening prevention of HIV among women of reproductive age, and (2) Prevention of unintended pregnancies in women living with HIV. In collaboration with the MOHSS, IH will strengthen synergies with existing programs for HIV, maternal, newborn and child health (MNCH) and family planning (FP). Using the Performance Improvement Approach (PIA), IH will support its partners to identify existing gaps in eMTCT, and develop interventions to close these gaps. IH will contribute to the revision and finalization of PMTCT guidelines aimed at implementation Option B+; as well as strengthening referral and patient follow-up through supporting the dual protection tool pilot conducted in eight sites.



In collaboration with the MOSS Directorate Primary Health Care, IH will strengthen community systems by supporting mother-to-mother (M2M), and aiming at ensuring HIV positive mothers are informed about issues such as infant feeding and the importance of adhering to treatment/prophylaxis to eliminate MTCT. IH will also support access to quality MCH care by procuring a prefabricated structure, which will serve as maternity waiting home for women with limited access to MCH facilities.

With the Regional Management Team (RMT), IH will support strengthening of maternal death review committees at partner health facilities, at the regional/ zonal, and national level as a QA approach, and then implement recommendations, using PIA. To accelerate the reduction of maternal and neonatal morbidity and mortality, IH will support the MOHSS to conduct a study on the contributing factors to maternal and neonatal mortality in five regions. IH will support eMTCT program evaluation utilizing innovative tools and the bi-directional referral system.

In collaboration with the MOHSS and the University of Namibia, IH will support in-service training short courses and trainings for medical doctors and nurses in neonatology, emergency obstetric care (EMOC) and neonatal resuscitation. IH will provide TA to incorporate EMOC into pre-service training and other sustainable training methodologies. Within the Global Health Initiative (GHI) framework, IH will develop Family Planning (FP) messaging, which is integrated with HIV and eMTCT, which is sensitive to the teachings of the Catholic Church. Once FP messaging is developed, messaging will be implemented in selected IH supported sites.

This narrative is linked to activities in the following budget codes: PDCS, HVCT, OHSS, and HVSI. Cross-cutting activities include HRH/In-service training, and performance quality improvement with an estimated funding of \$100,000. No funds are allocated for construction, renovation and vehicles.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	227,117	0

Narrative:

Through the new Capacity Plus implementing mechanism, IntraHealth International, Inc. will draw upon its international expertise and experience as one of the leading HRH TA providers to focus on strengthening the underlying human resources for health (HRH) building block of systems strengthening for the Government of Namibia (GRN) so it is better able to budget, plan, and deploy needed health care workers to meet the needs of the epidemic. This work is particularly important as the USG transitions to a stronger TA model, whereas in the past, one of the major efforts of the USG to support treatment scale-up was to finance the salaries of health care workers to deliver needed treatment.

As defined in the Ministry of Health and Social Services (MOHSS) systems review, there are major systems barriers associated with HRH, notably, the Ministry experiences high vacancy rates, high levels of attrition, and outdated



staffing norms that do not accommodate the current and emerging health system needs. Also, in the HIV/AIDS program (including those in the public and faith-based facilities), health care worker salaries are heavily dependent on financing from donors, namely the USG and the GF. Given the impending declines in external resources, donor supported health workers, who are deemed critical beyond donor-related projects, will need to be transitioned to the GRN payroll (including those in the faith-based facilities which are otherwise largely financed by the public sector). This process began in COP 10 and COP 11 with the establishment of a joint GRN/donor HRH transition technical working group and taskforce. In line with the GHI strategy's transition objective and to support the GRN to make informed decisions about who should be transitioned and how they will fit into a new MOHSS structure that is being defined, a number of data estimates, analyses, and staffing projection numbers are needed. Capacity Plus will support the following "targeted leveraging" activities – some of which are complemented by HRH activities supported by WHO: 1) Determining the regional staffing complement: Support regions to conduct workload estimates and develop staffing projections to inform and justify their proposed staffing complement request as part of the MOHSS restructuring process; 2) HRH implications of strategic integration: Support the MOHSS with scenario modeling to describe the workload burden on cadres if different elements of the HIV/AIDS program were integrated within other health system services, such as primary health care. This modeling can inform the development of staffing norms to meet the needs of the newly revised minimum district service package. This activity will work closely in collaboration with the Health System Strengthening IM to develop cost estimates for various scenarios of integration; and 3) Developing better retention approaches: Through an analysis of the market and other tools such as 'discrete choice experiments', this mechanism will support the MOHSS to implement better recruitment and retention practices to reduce HRH turnover in the public sector.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	160,318	0

Narrative:

This is a new budget code which supports transition. Within the PDTX budget code, IntraHealth International, Inc (IH), under the implementing mechanism Capacity Plus, will utilize COPI3 funding to support technical assistance (TA) for the Government of Namibia (GRN) to provide integrated and comprehensive HIV/AIDS care and treatment program for children (0-15 years of age) who are current, newly and/or ever enrolled on treatment in six (6) mission facilities, comprised of five (5) district hospitals and one (1) health center. This activity extends to IH satellite facilities through outreach services and Integrated Management of Adulthood Illnesses (IMAI) and will support improving access, quality, and retention to treatment among children. This activity is designed to ensure mission facilities maintain high quality services as the GRN increases subsidies to their operations and as the USG reduces its financial support.

This activity is strategically aimed at building the capacity of health care providers and facilities to treat children (0-15 years of age). In particular, IH will build capacity at national and regional levels, with the District



Coordinating Committee (DCC) and Regional Management Teams (RMT), by developing and implementing pediatric Standard Operating Procedures (SOP) and national guidelines.

IH will continue to strengthen and develop new, cost-effective strategies in order to reduce lost-to-follow-up (LFTU). Along with its partners, IH will ensure facilities collaborate with existing community based organizations, and volunteers, to follow up and trace patients who miss appointments and/ or are LFTU. Retention strategies already being used include: radios, telephoning, and liaising with Primary Health Care (PHC) outreach teams. IH will work with its partners to assess the effectiveness of these strategies.

Within PDTX, IH will mentor and support partners to increase outreach points and IMAI sites in their catchment areas using performance improvement assessment (PIA) to increase opportunities for all HIV positive children (0-15 years old) to receive care close to home. IH will monitor the existing outreach and IMAI sites during Supportive Supervision Visits (SSV) to ensure efficiency and effectiveness and ensure that partners' skills are developed to conduct independent SSV.

This narrative is linked to activities, OHSS, HVSI, and MTCT. No funds are allocated for construction, renovation and vehicles in COP13.

Implementing Mechanism Details

Mechanism ID: 14304	Mechanism Name: Evaluation Support Services
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Survey Warehouse	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 357,940	
Funding Source	Funding Amount
GHP-State	357,940

Sub Partner Name(s)

(No data provided.)



Overview Narrative

Redacted. It will provide USAID/Namibia with access to high quality external technical expertise to design, support, and evaluate programs within the USG portfolio. Implementation of performance evaluations and, when feasible, impact evaluations will inform ongoing and future USG investments. This grant and contract managing activity will include mid-term and end-of-project evaluations to improve metrics, monitoring and evaluation in line with the GHI principles. In addition, activities within this mechanism will be guided by the Namibia GHI Strategy to use M&E activities to inform progress made against the GHI immediate results and to use evaluations as part of the GHI learning agenda. Qualified local consultants with relevant expertise will be given priority which will help with building local capacity and contribute to the overall transition as described in the GHI Strategy. No vehicle purchases or leases are envisaged.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 14304			
Mechanism Name: Evaluation Support Services			
Prime Partner Name: Survey Warehouse			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	174,819	0
Narrative:			
<i>Redacted. This activity is a follow-on which supports transition through capacity building, technical assistance</i>			



(TA), and generation of evidence based on national trends, surveys and program best practices and evidence. Under the HKID budget code, this activity will utilize COP13 funding to complete the following objectives: (1) Support the Government of Namibia (GRN), National Statistics Agency (NSA), and the Ministry of Health and Social Services (MOHSS) in the development and implementation of secondary analysis for the 2013 Namibian Demographic and Health Survey (NDHS); and (2) Implement the follow-up/end-line evaluation of the Health Extension Worker (HEW) program in the Kunene region.

This activity will be implemented at both national and regional levels. The NDHS, which is a nationally representative survey, will cover all 13 regions in Namibia; as well as the NDHS secondary analysis. Additionally, this activity will support the HEW evaluation, which will be focused on evaluating the HEW program currently being implemented in Kunene.

The strategy of the NDHS secondary analysis will be to provide key stakeholders and GRN policy and decision makers with information around key demographic and health trends. These specific trends will provide data and evidence for future program planning and decision making. In particular, the HEW evaluation will provide evidence around the effectiveness and impact of the HEW program in Kunene and enable MOHSS policy and technical staff to determine the possibility of implementing the HEW in additional regions.

This activity will support the secondary analysis from the 2013 NDHS. Under the HKID budget code, secondary analysis will focus on analyzing demographic and health trends related to Orphans and Vulnerable Children (OVC). Some examples of additional secondary analysis around OVC from the NDHS will include: anemia and malnutrition rates for OVC by stratified demographic and health characteristics; access to clinical services and health expenditures for households with OVC; and multivariate analyses around OVC and households with HIV positive caregivers. The follow-up/end-line evaluation of the HEW program in the Kunene region is critical to providing information around mother-and-child health seeking behaviors and morbidity; including households with identified OVC, and health attitudes and practices of the caregivers.

Support of this activity will provide key information around best practices, program evidence, and key demographic and health trends in Namibia. These activities will ensure collaboration with other USG partners. For NDHS secondary analysis, the partner will ensure collaboration with ICF International. The HEW evaluation will collaborate with C-Change, MCHIP and the MOHSS.

This narrative is linked to activities under HVSI. No motor vehicle, construction, or renovation envisaged.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	183,121	0



Narrative:
Redacted. Under this activity, USAID plans to implement approximately five evaluations (mid-term and end-of-project). Midterm evaluations will enable USAID/Namibia and the larger USG team to take actions aimed at improving program performance and/or achieving higher efficiency and effectiveness. End-of-project evaluations will be used to inform future programs and future USG investments as well as host country programs to improve performance and achieving greater impact.

Implementing Mechanism Details

Mechanism ID: 14305	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14307	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14371	Mechanism Name: Maternal and Child Health Integrated Program (MCHIP)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,146,453	
Funding Source	Funding Amount
GHP-State	1,146,453

Sub Partner Name(s)



Broad Branch Associates	ICF Macro	John Snow, Inc.
Population Services International	Program for Appropriate Technology in Health	Survey Warehouse

Overview Narrative

The Maternal and Child Health Integrated Program (MCHIP) IM aims to provide technical assistance on the institutionalization of the new health extension worker cadre and the strategic integration of HIV/AIDS into the broader health care system. These goals directly link to the GHI intermediate results and principles of transition, sustainability, and access.

The IM will address the governance, operational, and capacity issues associated with formalizing the health extension worker cadre and HIV/AIDS integration into primary health care and other relevant fields as appropriate. This IM will build upon other COP12 activities relating to task shifting and integration. MCHIP activities will support the National Health Extension Worker (HEW) Steering Committee to develop needed policies, protocols, budget estimates and plans for approval of a new cadre by the Government of Namibia (GRN) (including the Public Service Commission and the Ministry of Finance). MCHIP will also support the Ministry of Health and Social Services to operationalize its new structure for service delivery, including HIV/AIDS, in accordance with its revised minimum district service package, integration goals and GRN decentralization principles.

This approach will strengthen the GRN capacity to access underserved populations and sustain service delivery, including those relating to HIV/AIDS. A monitoring and evaluation plan will be developed jointly with the GRN in alignment with its own performance management system targets for the health sector.

No vehicle purchases envisaged.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)



Key Issues

Malaria (PMI)
 Child Survival Activities
 Safe Motherhood
 TB
 Family Planning

Budget Code Information

Mechanism ID: 14371			
Mechanism Name: Maternal and Child Health Integrated Program (MCHIP)			
Prime Partner Name: JHPIEGO			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	163,027	0

Narrative:

This is a new budget code supports transition. Under the HKID budget code, JHPIEGO, an international partner, under the Maternal and Child Health Integrated Program (MCHIP) field support mechanism, will build the capacity of the Kavango Teenage Pregnancy Task Force (KTPTF). The KTPTF is chaired by the Ministries of Health and Education and includes two co-secretariats, which are the Ministry of Gender Equality and Child Welfare and Lifeline/Childline. The overall objective is for stakeholders to implement a comprehensive, multi-partner strategic plan to reduce teen pregnancy in the region.

COP13 resources the KTPTF has identified following key areas to be addressed with COP13 resources: 1) Gender-based violence prevention; 2) and operational plan to institutionalize bidirectional referral between schools, clinics and CSOs; 3) mobilization plan to leverage technical and financial support for adolescent friendly services. JHPIEGO will provide direct technical assistance (TA) to KTPTF in developing a multi-partner and multi-faceted strategic plan for the prevention of teen pregnancy, including increase efforts to engage men in sexual and reproductive health services. This activity will provide TA to programming in Kunene and Kavango regions.

JHPIEGO role is to provide direct TA to the KTPTF to develop local ownership and build the capacity of the KTPTF members to meet its objectives. MCHIP will work closely with the Teen Pregnancy Task Force members, the MOHSS, Ministry of Youth and Education, NGOs such as NAPPA and Life Line/ Child Line, schools, and other relevant stakeholders in the region. Given the high number of Peace Corps volunteers in Kavango, coordination with the volunteers and their participation in KTPTF will be important to explore.



A 2011 US International Development (USAID) funded an assessment that examined the high teen pregnancy rate (36.7%) in the region; which was three times the national average. Despite the promising progress in HIV prevention efforts in the area, teenage pregnancy rates remain high; demonstrating the need for an integrated and comprehensive approach that addressed both HIV and pregnancy prevention among young people. Additionally, the survey results reported key drivers of the high teenage pregnancy rate were related to poverty, traditional cultural beliefs and behaviors, and lack of access to services.

More specifically, under the HKID budget code, JHPIEGO will support the KTPTF to target specific groups or sectors, e.g., teens in schools, teachers and parents, health provider, community leaders and local authorities, and regional health authorities to encourage their discussion about the severity of the teen pregnancy problem in the region, its causes and consequences, and the possible solutions. JHPIEGO will work with the KTPTF to develop an organizational structure and Terms of Reference and to affiliate with one of the line ministries that are present in the region. Currently, there are 30 members on the KTPTF. Membership will be updated periodically in consultation with CSOs, Ministry of Health, Youth and Education offices in the region. JHPIEGO will contribute to an integrated package of adolescent care services, including TA to healthcare providers in selected Kavango facilities in providing adolescent friendly reproductive health service delivery (counseling and testing, family planning, screening for STIs, etc.). This activity builds on ongoing work by JHPIEGO in t

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	54,342	0

Narrative:

This is a new budget code which supports transition. Under the HVTB budget code, JHPIEGO, an international partner, will utilize COP13 resources to achieve the following objectives: (1) Provide TA to the MOHSS to transition from an emergency/ vertical program mode to an integrated approach is appropriate at this moment in time; (2) Support GRN to establish national guidelines and procedures to implement a coordinated response for HIV integration in MNCH, including integration with TB; and (3) Pilot an integrated HIV/PHC service delivery approach in at least two hospitals in one region.

This activity was developed based in coordination with Directorates within the Ministry of Health and Social Services (MOHSS) around technical capacity and assistance needs. These activities fit within the Partnership Framework (PF), the Global Health Initiative (GHI), and the principles of transition outlined in both matrixes. As described above, JHPIEGO will utilize COP13 funds to support HVTB activities which support GRN National Health Policy Framework (NHPF) and the National Development Plans. The NHPF describes a strategy to expand and promote the delivery of accessible, sustainable, and equitable quality healthcare through an integrated, multi-sectoral, primary healthcare (PHC) model including HIV/AIDS and TB.

TB is a major contributor to HIV-related mortality. Namibia has a TB notification rate of 598 cases per 100,000



population (of which 50% are co-infected with HIV), and is one of the largest national TB epidemics in the world. Given the great need for strengthening both HIV and TB services, under the HVTB budget code, JHPIEGO will expand access to HIV testing and counseling (HCT) and TB detection through the HEP strategy. JHPIEGO will strengthen the implementation of the HEP under the current pilot. The HEP has at its core, the HEW (Health Extension Worker) as a key cadre at the community level, linking the community to the broader health systems. The HEW will provide integrated prevention education (including HTC promotion), illness detection (including TB screening) and referral services and facilitate better linkages between health facilities and the communities. In addition to implementation support, JHPIEGO will also provide policy and operational support for the HEP to include HEP stewardship and management under the Human Resource Development Plans, and updating the key policies, strategies and guidelines for HEP expansion. JHPIEGO support related to integration of HIV and TB into the PHC will also include activities in this budget code. As the MOHSS supports the Option B+ roll out, HCT will be integrated at different levels across within the PHC.

This activity will develop a comprehensive program which complements other activities under both MTCT and HKID. No motor vehicle, construction, or renovation envisaged.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	217,369	0

Narrative:

This is a new budget code which was developed based on assessments and meeting with Directorates within the Ministry of Health and Social Services (MOHSS) around technical capacity and assistance needs. These activities fit within the Partnership Framework (PF), the Global Health Initiative (GHI), and the principles of transition outlined in both matrixes.

MCHIP will sub-contract with Survey Warehouse, a local Namibian company, to support the MOHSS to implement program evaluations around the Health Extension Worker (HEW) program as it expands to additional regions. MCHIP will also provide focused support to MOHSS to strengthen and institutionalize a number of M&E related skills in the following areas: (1) Geographic Information Systems (GIS) mapping and training of staff for future needs; (2) Support development of essential standardized set of hospital indicators. These activities will contribute to expanding MOHSS capacity to utilize data for decision making, GIS mapping for resource allocation decision making and data standardization.

PEPFAR M&E support in Namibia has been utilized to strengthen routine M&E systems; enabling these systems to meet the needs of the national HIV/AIDS response, including designing data reporting and monitoring systems for such program areas, e.g. HIV care and treatment, Antiretroviral pharmacy dispensing systems, Human Resources and District Health Information Systems. However, there is still a gap in the capacity of MOHSS staff to interpret,



disseminate and utilize data for decision making. In addition, there is also a gap within the MOHSS to generate evidence around program effectiveness, identify best practices and optimal program models, and evaluate the impact of programs on key health outcomes. These activities are designed to begin to bridge this gap and create internal MOHSS capacity to meet these needs. The HEW program is viewed as a critical platform by both the GRN and stakeholders as an effective approach for bridging the gap between health facilities and hard-to-reach communities. It is essential that rigorous evaluations to better understand and identify best practices for the design and scale-up of the program are identified and use data to demonstrate the impact of the HEW program on health outcomes at the community level.

Within HVSI, JHPIEGO will provide TA to the MOHSS with oversight and support from USAID that are based on the principles of transition. Additionally, JHPIEGO will ensure activities align with standards, policies and guidelines dictated by MOHSS research activities, data standards and norms. JHPIEGO will utilize COP13 funding to complete the following objectives: 1) Work with Survey Warehouse around the design of operations and program evaluations for the expansion of the HEW program; 2) Implement a GIS library and produce GIS library based on a number of national data sources and; (3) support the development and standardization of an essential hospital indicator set. Activities will be implemented and coordinated with existing and other US Government supported efforts including Health Systems 20/20 and activities under the Office of the Global AIDS Coordinator, Strategic Information Proposal fund.

Activities are also linked to MTCT, OHSS, HKID, HVCT, and HTVB. Cross-cutting attribution for HRH is estimated at the amount of \$300,000. No motor vehicle, construction, or renovation envisaged.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	298,883	0

Narrative:

This is a new activity, implemented by the Maternal Child Health Integrated Program (MCHIP), that will provide technical assistance on the institutionalization of the new health extension worker (HEW) cadre and the strategic integration of HIV/AIDS into the broader health care system.

As defined in the Ministry of Health and Social Services (MOHSS) systems review, there are major systems barriers associated with providing needed health care services in the community; the public health care system is largely facility based with no existing government health care cadre based in the community. To address this issue, the MOHSS plans to introduce a new cadre of HEW, which in addition to increasing access, will support task shifting and increased efficiencies in the delivery of care. In addition to this service delivery issue, the Minister of Health has stated that HIV/AIDS services need to be integrated within the broader health care system. This is in keeping with the Health Systems Review recommendation to streamline fragmented and parallel systems. Strategic



integration of this magnitude has not been done before so it is important that this process be informed to minimize disruption during transition.

This mechanism will draw upon its international expertise as one of the leading technical assistance providers on integrated maternal child health care, to support the following “targeted leveraging” activities—some of which are complemented by human resources for health activities supported by UNICEF.

Support the institutionalization of the HEW Cadre: MCHIP will support the development of needed policies and plans for approval of the new cadre by the Government of Namibia (GRN), such as a HEW policy, capacity building strategies for HEW (both to become a HEW and to be promoted within HEW cadre), management plans, employment plans and health professional licensing. In addition, the mechanism will support the development of viable recruitment and retention strategies, including an appropriate benefit package. Finally, support will be provided to define and formalize the relationship of HEWs with non-governmental organizations’ (NGO) volunteers (particularly, in face of declining NGO resources). MCHIP’s activities will complement other COP12 activities relating to HEWs that are focused on defining the scope of practice for the cadre (e.g. developing the training curriculum).

Support the MOHSS with its strategic integration of HIV/AIDS into primary health care and other related fields as appropriate: MCHIP will support the MOHSS to determine how the new minimum district package will be delivered. In addition, MCHIP will support the MOHSS to operationalize its new organizational structure, including its goal of strategic HIV/AIDS integration, at the facility and community level (e.g. the health care facility patient flow and arrangement of rooms may need to be altered). Strategic integration of an HIV/AIDS program has not been done before to this extent and it will be important to determine what services should and perhaps should not be integrated; this decision process should be well-informed to minimize disruption during transition. The MCHIP activity will build upon other COP12 activities that will support implementation relating to integration and some human resource and costing analyses to inform the path chosen for integration.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	81,513	0

Narrative:

This is a new budget code that supports transition. Under the HVCT budget code, JHPIEGO, an international partner, will utilize COP13 resources to achieve the following objectives: 1) Institutionalize the Health Extension Worker (HEW) cadre and Health Extension Worker Program (HEP); 2) Develop strategic models for integrating HIV/AIDS into Namibia’s broader health care system and primary health care (PHC) system (specifically within MNCH); and 3) Develop a teenage pregnancy prevention program in the Kavango Region.

Namibia has high coverage of care and treatment, but is also classified as a generalized HIV epidemic, and an estimated national prevalence of 13.2%. Activities will specifically focus on HEW pilot regions; in particular, the high HIV prevalence and teenage pregnancy in the Kavango region. This activity will focus on integrating family planning (FP) and HIV counseling and testing (HCT) efforts, which are critical for women in girls in the Kavango



region. COP13 funding for this HCT activity will utilize a capacity building approach in line with the within the Namibia Global Health Initiative (GHI) and Partnership Framework (PF). JHPIEGO will provide technical assistance (TA) to existing services, building Health Extension Worker (HEW) capacities, increasing access to HCT, but not the provision of direct service delivery.

Support for this activity is related to the routinization of HCT through integrating HIV care into PHC services. As the Ministry of Health and Social Services (MOHSS) supports the Option B+ roll out, JHPIEGO will support the integration of HCT at different levels within the primary health care system. JHPIEGO will provide TA in the integration of services to increase HCT opportunities and overall uptake.

Under the HVCT budget code, access to HCT will be expanded through the Health Extension Program (HEP) strategy. In particular, JHPIEGO will focus on the implementation of the HEP pilot. Within the HEP, the HEW cadre operates at the community level, linking the community to the broader health system. The HEW package of functions will include HCT, at the community level, as part of prevention and health promotion goals. This activity will enhance coordination and linkages to existing HCT services through the HEW cadre; and increase the uptake of HCT services. JHPIEGO will build the capacity of HEW to provide active referrals and linkages to improve linkage-to-HIV care, retention to care, and adherence to care and treatment. HEW will follow-up with PLWHA who have not enrolled in care to reduce loss-to-follow-up.

In addition to implementation support, JHPIEGO will also provide policy and operational support for the HEP to include stewardship and management under the Human Resource Development Plans, and updating the key policies, strategies and guidelines for HEP expansion.

This activity will be monitored and evaluated. In particular, HCT will be monitored and evaluated, including essential/ not reported and recommended PEPFAR indicators and linkages from HCT to care, treatment, and other prevention services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	93,843	0

Narrative:

This is a new budget code that supports transition. Under the HVOP budget code, JHPIEGO, an international partner, will utilize COP13 resources to achieve the following objectives: 1) Integrate HIV prevention services into primary health care (PHC) ; and 2) Support the scale-up of voluntary medical male circumcision (VMMC) in health facilities and outreach service delivery models in selected regions.

Namibia has high coverage of care and treatment, but is also classified as a generalized HIV epidemic, and an estimated national prevalence of 13.2%. Activities will specifically focus on HEW pilot regions, in particular, the high HIV prevalence and teenage pregnancy in the Kavango region. This activity will focus on integrating HIV prevention into primary health care and support VMMC in health facilities. COP13 funding for these HVOP activities will utilize capacity building approaches in line with the within the Namibia Global Health Initiative (GHI) and Partnership Framework (PF).



Under the HVOP budget code, access to HIV prevention services including VMMC will be expanded in selected regions. In particular, JHPIEGO will focus on supporting the scale up of VMMC services and to strengthen linkages between HIV prevention-related biomedical interventions and social and behavioral change services. JHPIEGO will promote quality assurance and provide supportive supervision in the form of TA to HEW in the scale-up of VMMC integration of services.

This activity will be monitored and evaluated including essential/ not reported and recommended PEPFAR indicators and linkages from social and behavioral change activities, VMMC and HIV counseling and testing (HCT) activities.

This activity narrative is linked with other activities under HVCT, MTCT and HKID. Cross-cutting attributions in HRH for \$50,000. No vehicle for this activity envisaged.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	237,476	0

Narrative:

This is a new budget code which supports transition. Under the MTCT budget code, JHPIEGO, an international partner, will continue its technical assistance (TA) on national policy and governance processes that support the integration of HIV programs and activities, including prevention-of-mother-to-child-HIV-transmission (PMTCT) and operational roll out of Option B+ within the broader context of primary health care (PHC). This activity is aligned with the Government of Namibia (GRN) elimination of mother-to-child transmission plan.

Under the MTCT budget code, JHPIEGO will support the MOHSS health reform agenda by addressing issues of staffing, capacity building and improved coverage of basic health services. Core objectives linked to PMTCT include defining the national policy and operational framework for the Health Extension Worker Program (HEP). The HEP will contribute to expanding access and coverage of PMTCT services along the facility to community continuum of care. JHPIEGO will provide TA to scale up evidence-based, high impact and integrated maternal, newborn, child health (MNCH) and PMTCT, interventions.

This activity will enhance PMTCT and HIV integration by developing integrated PMTCT standard operating procedures (SOP), along the different levels of care; from the primary health care (PHC) clinics to district hospitals. JHPIEGO efforts will complement the national efforts as part of the Option B+ roll out to increase healthcare providers' offerings of HIV counseling and testing (HCT) to pregnant women, in order to improve uptake of PMTCT services. JHPIEGO will provide TA in integrating HIV service components into PHC service delivery to reflect the National Policy and Guidelines on integration. JHPIEGO will work closely with providers, supervisors, and managers to reorganize client flow to maximize provision of integrated services in line with the SOP and operations guidelines developed under this activity. This activity will be evaluated on a quarterly basis, and a detailed monitoring and evaluation plan will be developed with JHPIEGO.



JHPIEGO will also coordinate with existing USG supported efforts including community-based PMTCT efforts in collaboration with the IntraHealth supported M2M (Mother to Mothers) Initiative, and LifeLineChildLine youth prevention efforts. Additionally, the activity's Senior Technical Advisor will serve as an active member of the HIV Integration Technical Working Group, providing support to the PHC and DSP directorates.

Cross-cutting attributions in HRH for \$150,000. No motor vehicle envisaged.

Implementing Mechanism Details

Mechanism ID: 14385	Mechanism Name: Cooperative Agreement 5U2GPS001285
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The International Laboratory Branch Consortium (ILBC) is a centrally-managed cooperative agreement with multiple sub-recipients (Association of Public Health Laboratories (APHL), the American Society for Microbiology (ASM), the American Society for Clinical Pathology (ASCP), the Clinical Laboratory Standards Institute (CLSI), and redacted). In Namibia, TA is focused on the national public health lab system, lab quality systems, TB diagnostics, and training for bio-clinical monitoring testing, lab workforce strategies, research capacity, and mentoring. Strengthening lab capacity contributes to accessible, equitable, effective, affordable, and quality services



for all. Lab strategic planning has been identified as a priority for the MOHSS in the NSF, which informs the PF and GHI Strategy. This mechanism's coverage is national. The training of trainers as instructors and mentors will, over time, reduce ILBC's role in Namibia. This mechanism provides short-term technical trainings or consultancy services. MOHSS and NIP manage the logistics of the trainings and consultancies, and, increasingly, provides trainers from its own staff to conduct follow-up mentoring and monitoring. MOHSS and NIP are also responsible for procuring equipment and reagents for the trainings. The grantee must submit a detailed work plan with its annual continuation application, as well as bi-annual status reports to CDC. Routine monthly meetings are also held with the CDC Namibia project management team.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

- Safe Motherhood
- TB
- Family Planning

Budget Code Information

Mechanism ID:	14385		
Mechanism Name:	Cooperative Agreement 5U2GPS001285		
Prime Partner Name:	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	0	0
Narrative:			



Technical assistance from the American Society of Microbiologists (ASM) is a sub-grantee under 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 Namibia 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0

Narrative:

These partners are all sub-grantees under a cooperative agreement managed by the CDC Global AIDS Program International Laboratory Branch (ILB) in Atlanta.

1) American Society for Clinical Pathology (ASCP) support to Namibia Institute of Pathology (NIP) will include training on basic lab operations for district level labs and phlebotomy training for Ministry of Health and Social Services (MOHSS) and NIP staffs. After COP12, local and regional lab partners will be able to provide the TA currently being provided by ASCP.

2) Clinical Laboratory Standards Institute (CLSI) technical assistance to NIP will include support for quality management systems as NIP prepares for laboratory accreditation through Regional accreditation bodies (SADCAS & SANAS). CLSI will support a thorough assessment of NIP's quality management system and practices; conduct an active gap analysis; asses overall program effectiveness, and; provide mentorship. Based on these assessments and reviews, CLSI will help NIP develop improved standard operating procedures and other policy level and training improvements.

3) Association of Public Health Laboratories (APHL) will support:

- Finalization of National Lab Policy (NLP) and strategic plan, technical assistance for leadership management and strategic planning*
- Develop a master plan for the phased implementation of the NLP and strategic plan*
- Establish a governance structure and organizational plan for the National Public Health Lab*



- *Provide institutional capacity building through coaching, mentoring and training to strengthen the capacity of NIP and MOHSS leadership to develop and implement sustainable management and financing structures for the NPHL.*
- *Assist MOHSS and NIP to cost lab services.*

4) *PEPFAR Namibia will support a regional partner through a cooperative agreement managed by the CDC Global AIDS Program International Laboratory Branch (ILB) in Atlanta. This partner will be drawn from eligible applicants within sub-Saharan Africa (i.e., not an international partner).*

Additional supervision and mentoring will be provided by lab 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, and increasingly provides trainers from its own staff for follow-up mentoring and monitoring. NIP is also responsible for procurement for the trainings. Procurements, stock management and delivery are done through NIP's ordering system. Training of trainer (TOT) methods will reduce ILB's role in Namibia. USG seeks to develop NIP's administrative capacity to allow NIP to contract and fund its own TA

Implementing Mechanism Details

Mechanism ID: 14390	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14391	Mechanism Name: University of California-San Francisco
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of California at San Francisco	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:



Total Funding: 0	
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This partner's main goal is to provide technical assistance to strengthen the information base for public health planning and decision-making, with focused efforts on epidemiology, surveillance, monitoring and evaluation of high-burden infectious disease.

This partner directly builds capacity for epidemiology, surveillance, and monitoring and evaluation. Under GHI principles, this partner contributes to the areas of M&E and research and innovation. The MOHSS, NHTC and UNAM activities supported by this partner are national in scope. This partner's focus on capacity development will emphasize the transfer of specific skills (e.g., research and scientific writing) to national counterparts. Following each training, UCSF and will play an advisory role to encourage utilization and institutionalization of these skills. This mechanism will work with national counterparts to institutionalize epidemiology, surveillance and M&E activities and reduce Namibia's need for external technical assistance. This partner will submit a work plan and annual progress reports in addition to contributing to national reports on the outcomes of activities.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Increasing women's access to income and productive resources



Increasing women's legal rights and protection

Malaria (PMI)

Child Survival Activities

Mobile Population

Safe Motherhood

TB

End-of-Program Evaluation

Family Planning

Budget Code Information

Mechanism ID:	14391		
Mechanism Name:	University of California-San Francisco		
Prime Partner Name:	University of California at San Francisco		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

This centrally-managed mechanism will support the following activities:

Surveillance, M&E, Epidemiology Technical Assistance: In COP12, UCSF will provide support to conclude the behavioral survey with MSM and FSW by conducting analysis and scientific writing workshops. Work with data triangulation will continue through 2012 with a final stakeholder workshop. M&E support activities will continue including training regional M&E staff to work with ART cohort data; supporting TCE to conduct an evaluation and upgrade the current M&E reporting methods; and finalizing the second volume of the national M&E plan with indicator definitions and annual plan.

Short- and Long-Courses in epidemiology, M&E and surveillance: Courses will be conducted to complement existing academic programs and may include: 1) Targeted short courses, ideally with a training-of-the-trainer model and with a goal of incorporating material from the short courses into the education curriculum of the institution(s). The courses offered fall under the categories of research methods, ethics in research, scientific writing, surveillance, monitoring and evaluation, biostatistics, data management and analysis, and geographic information systems; 2) UCSF-based longer-term training programs in research methods and scientific writing, with hands-on mentoring and technical assistance by UCSF faculty. The research methods course results in a pilot



research protocol that the scholar will implement in their home country; and the scientific writing course results in a manuscript to be submitted to a peer-reviewed journal; and 3) A tailored course or series of courses using a combination of in-country workshops and distance-learning modules.

Implementing Mechanism Details

Mechanism ID: 16756	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16771	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16780	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16829	Mechanism Name: Health Financing and Governance (HFG)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 861,301	
Funding Source	Funding Amount
GHP-State	861,301

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a new implementing mechanism (IM) which supports transition. The Health Financing and Governance project (HFG), is a continuation of the work conducted under Health Systems 20/20. The IM will continue to support the GRN and other national stakeholders support of country-led processes. The purpose of the HFG is to increase the use of priority health care services in Namibia through improved financing systems and governance in the health sector. HFGP will support innovative and catalytic activities to advance health systems priorities in finance and governance. Under USG Namibia guiding principles of transition, HFG is a central to the success of Namibia's Global Health Initiative (GHI) and Partnership Framework (PF).

For COP13, HFG activities will focus on: 1) Financing for priority health services; 2) Health governance capacity of Namibia's country systems; 3) Namibia's public health management and operations; and 4) Measurement of Namibia's health systems progress through increased use of evidence-based tools and innovative measurement techniques.

This field support mechanism is expected to be in place for the life of the PF and GHI Strategy, and will transition overtime to the GRN and MOHSS as opportunities for public private partnership (PPP), greater domestic financing for health, stronger governance, and more cost-efficient systems are in place. Activities will be monitored on a quarterly basis and gains in domestic financing, PPP, cost efficiency, and sustainability will all be taken into consideration. A detailed monitoring and evaluation plan is in the process of being developed jointly with the GRN in alignment with its own performance management system targets for the health sector.

No vehicle purchases, construction, or renovations envisaged.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues



(No data provided.)

Budget Code Information

Mechanism ID: 16829			
Mechanism Name: Health Financing and Governance (HFG)			
Prime Partner Name: Abt Associates			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	861,301	0
Narrative:			
<p>This activity supports transition. Under the OHSS budget code, Abt Associates will improve healthcare financing in Namibia and support effective governance of health services. This activity is designed to address system barriers, specific to transition as USG agencies move toward becoming a technical collaborative model. With COP13 funds, Abt will achieve the following objectives: 1) Improve financing for priority health services; 2) Strengthen health governance capacity; 3) Improve country-owned systems in public health management and operations; and 4) Improve measurement through increased use of evidence-based tools and innovative measurement techniques.</p> <p>Increasing domestic financing for health is a key area of interest in roll out of transition in Namibia. Abt will support the Ministry of Health and Social Services (MOHSS) and Social Security Commission (SSC) to develop a cohesive strengthening health financing strategy. Abt support to the SSC, which will be rolling out a national health insurance scheme, is a focus of this activity. Activities for the SCC include: development of a national health care financing strategy to achieve Universal Health Coverage, design and operationalization of a national health insurance scheme, and modeling of various financing options to pay for health care, as guided by the National Health Insurance Finance Technical Advisory Committee.</p> <p>Since 2009, Abt Associates, under HS 20/20 project, has supported the collection of routine financial information to inform the Government of Namibia (GRN) budgeting and planning decisions. Efforts to institutionalize the collection of expenditure data and to update costing estimates for various financial analyses that in turn inform budgeting and planning decisions is ongoing. Abt will also support costing scenarios to inform the Office of the Prime Minister, Ministries of Finance and the MOHSS on the potential budgetary needs of integrating different elements of the HIV/AIDS program into other health services. Abt will provide technical assistance to build capacity of government staff to conduct, analyze and interpret costing data– along with instituting quality assurance.</p> <p>Abt will engage GRN, MOHSS, and private sector of Namibia to build on governance. Strong governance</p>			



supports the improvement of health outcomes by: increasing accountability and transparency; reducing corruption; empowering individuals to take more responsibility; enhancing public policy debate; and increasing the number of public-private partnerships. Abt will support the MOHSS to address the following systems barriers: 1) MOHSS budgeting, is historically-based and not necessarily linked to priorities and needs, thus weakening the effectiveness and efficiency of budget disbursements; 2) Inequities in accessing health care inhibit progress towards universal health coverage; 3) Paucity of routine costing and expenditure data for planning/ monitoring purposes; and 4) MOHSS organizational set-up is outdated, fragmented (such as for health information systems) and duplicative. Addressing these systems barriers will facilitate transition and ownership of key donor funded HIV/AIDS activities to the GRN. Abt will provide organizational development support to the MOHSS in its restructuring efforts as requested by the MOHSS (e.g. to support the finalization of job function descriptions, change management, decentralization). No construction, renovation, or motor-vehicle is envisaged.

Approved



USG Management and Operations

Assessment of Current and Future Staffing.

Redacted

Interagency M&O Strategy Narrative.

Redacted

USG Office Space and Housing Renovation.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Redacted