



UNCLASSIFIED

April 29, 2022

**MEMO FOR CHARGE d’AFFAIRES JESSICA LONG, NAMIBIA**

**FROM:** S/GAC – Therese Wingate, S/GAC Chair  
S/GAC – Elizabeth Baldwin, PEPFAR Program Manager

**THROUGH:** S/GAC – Dr. Angeli Achrekar, Acting U.S. Global AIDS Coordinator

**SUBJECT:** PEPFAR Namibia Country Operational Plan 2022 Approval

This memo represents the successful completion of the PEPFAR Namibia Operational Plan (COP) 2022 planning, development and submission. PEPFAR Namibia, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2022 in alignment with the directives from the COP 2022 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval for the PEPFAR Namibia COP 2022 with a total approved budget of \$90,250,000, including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

	New Funding (All Accounts)	Pipeline	Total Budget FY2023 Implementation
<b>TOTAL</b>	<b>80,880,298</b>	<b>9,369,702</b>	<b>90,250,000</b>
<b>Bilateral</b>	<b>80,077,298</b>	<b>9,369,702</b>	<b>89,447,000</b>
<b>Central</b>	<b>803,000</b>		<b>803,000</b>

The total FY 2023 outlay for COP 2022 implementation shall not exceed the total approved COP 2022 budget of \$90,250,000 without additional written approval. Any prior year funds that are not included within this COP 2022 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2023 without additional written approval. The new FY 2022 funding and prior year funds approved within this memo as a part of the total COP 2022 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds, either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2023, must be submitted to and approved by S/GAC, and documented in FACTSInfo NextGen via the Operational Plan Update process.

Approved funding will be made available to agencies for allocation to country platform to implement COP 2022 programming and priorities as outlined below and in the appendix.

## **ARPA/ESF Funds**

All ARPA ESF funds from COP 2021 must be obligated by September 30, 2022. ARPA funds obligated by this date can continue to be outlayed for their approved purposes in COP 2022/FY2023 on top of the approved COP 2022 envelope.

## **Background**

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, partner government, local and global stakeholders and partners during the March 23-24, 2022 virtual planning meetings and participants in the virtual approval meeting; the final COP 2022 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

## **Program Summary**

Funding and targets for Namibia's COP 2022 will support PEPFAR Namibia, in partnership with the Government and the people of Namibia, to advance priorities for sustaining the impact of PEPFAR investments, efficiently identify people living with HIV (PLHIV) through targeted testing and screening, ensure all newly diagnosed PLHIV are immediately linked to treatment, and retain all PLHIV on treatment to achieve and maintain viral suppression. During COP 2022 implementation, PEPFAR Namibia will work to maintain epidemic control and close gaps across all ages and sexes, with the overarching goal of ensuring 211,329 PLHIV are on life-saving treatment by the end of FY 2023. Namibia will newly enroll 9,436 PLHIV on treatment and among all people on treatment, the targeted viral load testing coverage is 95%, resulting in 191,571 targeted for documented viral suppression (95%) by the end of FY 2023. While PEPFAR Namibia's program supports all 14 regions of the country, intensive efforts will continue to focus on the highest burdened regions along the Angolan border in the north and the capital region.

The PEPFAR Namibia strategy to be implemented during FY 2023 will maintain a focus on retaining PLHIV on ART and continuing to prevent new HIV infections through: (1) Continuing to provide support for orphans and vulnerable children (OVC) and linking children living with HIV (CLHIV) to OVC services; (2) Safely advancing voluntary medical male circumcision (VMMC) for males over the age of 15 to reach saturation in additional districts; (3) Linking populations at higher risk of acquiring HIV, i.e., key populations, adolescent girls young women, serodifferent couples, and pregnant and breastfeeding women, to prevention interventions, including pre-exposure prophylaxis (PrEP); (4) Continuing to advance multi-month dispensing, community based ART, and adherence groups with transition groups for youth aging in to adult treatment services; (5) Providing targeted support for sample transportation and diagnostic platforms, including point-of-care viral load testing, early infant diagnosis, improved cervical cancer screening for women living with HIV, and multiplexing with TB GeneXpert capacity; (6) Promoting integrated primary health and ART services, particularly where sites have become permanent outreach sites delivering HIV services in Khomas, Zambezi, Ohangwena, Omusati, Erongo, Kavango and Oshikoto regions; and (7) Strengthening site level services through

Ministry of Health and Social Services (MOHSS)-led quality management approach and quality improvement collaboratives, health care worker capacity building, community-led monitoring, and integrating programs such as MenStar to support treatment literacy.

In COP 2022, PEPFAR Namibia will further strengthen the Government of Namibia's capacity to make efficient use of resources to manage the HIV/TB program plus maintain and utilize timely, complete and integrated data effectively in a public health response, including HIV recent infection testing linked to index testing, and case surveillance with electronic medical record (EMR) system interoperability with other health information systems. PEPFAR Namibia will support deployment and use of the human resources information system (HRIS) to promote effective management of the workforce who serve the treatment cohort and vulnerable populations. PEPFAR Namibia will also support the MOHSS to strengthen the commodity procurement system while supporting expanded access to optimized HIV prevention, treatment, and diagnostic products in Namibia. This includes supply chain network optimization modeling and analysis and technical assistance to the central medical stores and MOHSS on commodities security and enhancing data visibility for process improvement and accountability such as with routine supply chain security assessments, and periodic data quality audits.

During COP 2022, PEPFAR Namibia program interventions will continue to focus on addressing barriers to prevention and treatment access among higher risk populations, including men who have sex with men, female sex workers, and transgender populations, and reducing mortality/morbidity through cervical cancer services and TB preventative therapy (TPT) among ART clients, while strengthening resilient systems. In COP 2022, PEPFAR Namibia's close collaboration with the MOHSS and broader Government of Namibia will advance a high level sustaining impact framework informed by the existing minimum HIV services package, plus activity-based costing and health information systems mapping planned in COP 2021, other program data and national documents to serve as the basis for a multi-year strategy that builds on Namibia's already significant local investments and responsibility. Additional highlights in COP 2022 include DREAMS program expansion to two districts in Kavango West region coordinated between existing Global Fund and DREAMS districts; technical assistance to the MOHSS on social contracting and sustaining programs serving vulnerable populations; HIV self-testing availability as part of screening to help close gaps with men and children; coordinated tracking and tracing pregnant and breastfeeding women with a response team approach to all newly diagnosed HIV-positive infants; utilizing COP21 approved Pelebox lockers to deliver TB preventative therapy in addition to ARVs; and expanding SMS text notification to clinical mentors for lab results delivery. Sustainability and efficiency will be enhanced with the VMMC program procuring re-usable kits and developing a maintenance package in districts at saturation, local partners implementing a new integrated child and youth program for OVC and HIV prevention, and expanded partnership with the Ministry of Sports, Youth and National Service to implement key services for vulnerable girls and young women.

**Funding Summary**

All COP 2022 funding summarized in the charts below is approved at the agency and account levels as indicated. The shift in overall funding levels from COP 2021 to COP 2022 primarily is a result of the additional \$4,500,000 American Rescue Plan Act support made available in COP 2021, which is not reflected in COP 2022. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in PEPFAR systems.

	Total	of which, Bilateral New Funding						Applied Pipeline
		FY 2022		GAP	FY 2021 GHP-State	FY 2020 GHP-State		
		Total	GHP-State					
TOTAL	89,447,000	80,077,298	78,589,798	1,487,500	-	-	9,369,702	
HHS Total	50,467,885	42,328,116	40,840,616	1,487,500	-	-	8,139,769	
HHS/CDC	50,367,885	42,328,116	40,840,616	1,487,500	-	-	8,039,769	
HHS/HRSA	100,000	-	-	-	-	-	100,000	
PC Total	1,216,000	555,466	555,466	-	-	-	660,534	
PC	1,216,000	555,466	555,466	-	-	-	660,534	
STATE Total	591,919	591,919	591,919	-	-	-	-	
State	162,628	162,628	162,628	-	-	-	-	
State/AF	429,291	429,291	429,291	-	-	-	-	
USAID Total	37,471,196	36,601,797	36,601,797	-	-	-	569,399	
USAID, non-WCF	34,031,196	33,461,797	33,461,797	-	-	-	569,399	
USAID/WCF	3,140,000	3,140,000	3,140,000	-	-	-	-	

1/ Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

	Total	of which, Central New Funding				Applied Pipeline
		FY 2022		GAP	FY 2021 GHP-State	
		Total	GHP-State			
TOTAL	803,000	803,000	400,000	400,000	-	-
HHS Total	-	-	-	400,000	-	-
HHS/CDC	-	-	-	-	-	-
HHS/HRSA	-	-	-	-	-	-
PC Total	-	-	-	-	-	-
PC	-	-	-	-	-	-
STATE Total	-	-	-	-	-	-
State	-	-	-	-	-	-
State/AF	-	-	-	-	-	-
USAID Total	803,000	803,000	403,000	400,000	-	-
USAID, non-WCF	403,000	403,000	403,000	-	-	-
USAID/WCF	400,000	400,000	-	400,000	-	-

1/ Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

**GHP-State Funds:** Upon the clearance of a FY 2022 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

**CDC GAP Funds:** With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

**GHP-USAID Funds:** With the receipt of this signed memo, USAID is approved to use GHP-USAID funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, GHP-USAID funding may be made available to country teams per USAID internal processes and following agency requirements.

**Applied Pipeline Funds:** With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Additional or remaining pipeline from previous year's activities that are not currently captured in the COP 2022 total budget level and documented within COP 2022 partner budgets are not to be executed or outlayed without written approval from S/GAC.

**Earmarks:** PEPFAR Namibia has planned for programming for FY 2022, FY 2021, and/or FY 2020 GHP-State funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during COP may exceed the original controls assigned to Namibia. Upon approval of this memo, the amounts below will become the new earmark controls for PEPFAR Namibia. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmarks	COP22 Funding Level			
	TOTAL	FY 2022	FY 2021	FY 2020
Care & Treatment	37,147,925	37,147,925	-	-
Orphans and Vulnerable Children	20,738,110	20,738,110	-	-
Preventing and Responding to Gender-based Violence	1,120,000	1,120,000	-	-
Water	50,000	50,000	-	-

\* Only GHP-State and GHP-USAID will count towards the Care and Treatment and OVC earmarks

\*\* Only GHP-State will count towards the GBV and Water earmarks

AB/Y Earmark	COP22 Funding Level				
	TOTAL	FY 2022	FY 2021	FY 2020	Applied Pipeline
<b>TOTAL Sexual Prevention Programming</b>	<b>7,335,567</b>	<b>7,335,567</b>	-	-	-
<b>Of which, AB/Y</b>	<b>5,434,179</b>	<b>5,434,179</b>	-	-	-
<b>% AB/Y of TOTAL Sexual Prevention Programming</b>	<b>74.1%</b>	<b>74.1%</b>	N/A	N/A	N/A

*1/Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.*

## AB/Y Earmark Budget Justification

AB/Y Requirement Met.

### Initiatives by Agency

	Total Bilateral - New Funding	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Central Applied Pipeline	Total COP22 Budget
<b>TOTAL</b>	<b>80,077,298</b>	<b>9,369,702</b>	<b>803,000</b>	-	<b>90,250,000</b>
<i>of which, Cervical Cancer</i>	<i>1,000,000</i>	-	-	-	<i>1,000,000</i>
<i>of which, Community-Led Monitoring</i>	<i>350,000</i>	-	-	-	<i>350,000</i>
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	<i>400,000</i>	-	<i>400,000</i>
<i>of which, Core Program</i>	<i>51,888,215</i>	<i>9,369,702</i>	-	-	<i>61,257,917</i>
<i>of which, DREAMS</i>	<i>20,036,483</i>	-	-	-	<i>20,036,483</i>
<i>of which, OVC (Non-DREAMS)</i>	<i>3,546,900</i>	-	-	-	<i>3,546,900</i>
<i>of which, USAID Southern Africa Regional Platform (Central)</i>	-	-	<i>403,000</i>	-	<i>403,000</i>
<i>of which, VMMC</i>	<i>3,255,700</i>	-	-	-	<i>3,255,700</i>
<b>HHS Total</b>	<b>42,328,116</b>	<b>8,139,769</b>	-	-	<b>50,467,885</b>
<i>of which, Cervical Cancer</i>	<i>1,000,000</i>	-	-	-	<i>1,000,000</i>
<i>of which, Community-Led Monitoring</i>	<i>350,000</i>	-	-	-	<i>350,000</i>
<i>of which, Core Program</i>	<i>40,978,116</i>	<i>8,139,769</i>	-	-	<i>49,117,885</i>
<b>PC Total</b>	<b>555,466</b>	<b>660,534</b>	-	-	<b>1,216,000</b>
<i>of which, Core Program</i>	<i>260,000</i>	<i>660,534</i>	-	-	<i>920,534</i>
<i>of which, DREAMS</i>	<i>295,466</i>	-	-	-	<i>295,466</i>
<b>STATE Total</b>	<b>591,919</b>	-	-	-	<b>591,919</b>
<i>of which, Core Program</i>	<i>591,919</i>	-	-	-	<i>591,919</i>
<b>USAID Total</b>	<b>36,601,797</b>	<b>569,399</b>	<b>803,000</b>	-	<b>37,974,196</b>
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	<i>400,000</i>	-	<i>400,000</i>
<i>of which, Core Program</i>	<i>10,058,180</i>	<i>569,399</i>	-	-	<i>10,627,579</i>
<i>of which, DREAMS</i>	<i>19,741,017</i>	-	-	-	<i>19,741,017</i>
<i>of which, OVC (Non-DREAMS)</i>	<i>3,546,900</i>	-	-	-	<i>3,546,900</i>
<i>of which, USAID Southern Africa Regional Platform (Central)</i>	-	-	<i>403,000</i>	-	<i>403,000</i>
<i>of which, VMMC</i>	<i>3,255,700</i>	-	-	-	<i>3,255,700</i>

UNCLASSIFIED

## FY 2023 Target Summary

COP 2022 funds are approved to achieve the following results in FY 2023.

Namibia	SNU Prioritizations		
	Attained	Total	
	<15	317	317
TX_NEW	15+	9,119	9,119
	<b>Total</b>	<b>9,436</b>	<b>9,436</b>
	<15	6,675	6,675
TX_CURR	15+	204,654	204,654
	<b>Total</b>	<b>211,329</b>	<b>211,329</b>
	<15	6,024	6,024
TX_PVLS	15+	185,547	185,547
	<b>Total</b>	<b>191,571</b>	<b>191,571</b>
	<15	-	-
HTS_SELF	15+	69,175	69,175
	<b>Total</b>	<b>69,175</b>	<b>69,175</b>
	<15	2,429	2,429
HTS_TST	15+	179,717	179,717
	<b>Total</b>	<b>182,146</b>	<b>182,146</b>
	<15	125	125
HTS_TST_POS	15+	9,213	9,213
	<b>Total</b>	<b>9,338</b>	<b>9,338</b>
HTS_RECENT	<b>Total</b>	<b>9,213</b>	<b>9,213</b>
	<15	1,166	1,166
HTS_INDEX	15+	35,546	35,546
	<b>Total</b>	<b>36,712</b>	<b>36,712</b>
	<15	72	72
PMTCT_STAT	15+	86,528	86,528
	<b>Total</b>	<b>86,600</b>	<b>86,600</b>
	<15	-	-
PMTCT_STAT_POS	15+	10,315	10,315
	<b>Total</b>	<b>10,315</b>	<b>10,315</b>
	<15	-	-
PMTCT_ART	15+	10,303	10,303
	<b>Total</b>	<b>10,303</b>	<b>10,303</b>
PMTCT_EID	<b>Total</b>	<b>10,858</b>	<b>10,858</b>
	<15	1,212	1,212
TB_STAT	15+	10,522	10,522
	<b>Total</b>	<b>11,734</b>	<b>11,734</b>
	<15	53	53
TB_ART	15+	3,343	3,343
	<b>Total</b>	<b>3,396</b>	<b>3,396</b>
	<15	323	323
TB_PREV	15+	16,884	16,884
	<b>Total</b>	<b>17,207</b>	<b>17,207</b>
	<15	7,146	7,146
TX_TB	15+	208,819	208,819
	<b>Total</b>	<b>215,965</b>	<b>215,965</b>
VMMC_CIRC	<b>Total</b>	<b>23,500</b>	<b>23,500</b>
KP_PREV	<b>Total</b>	<b>21,367</b>	<b>21,367</b>
PrEP_NEW	<b>Total</b>	<b>34,492</b>	<b>34,492</b>
PrEP_CT	<b>Total</b>	<b>9,722</b>	<b>9,722</b>
CXCA_SCRN	<b>Total</b>	<b>46,937</b>	<b>46,937</b>
	<15	37,056	37,056
PP_PREV	15+	57,569	57,569
	<b>Total</b>	<b>94,625</b>	<b>94,625</b>
	<18	51,448	51,448
OVC_SERV	18+	3,520	3,520
	<b>Total</b>	<b>54,968</b>	<b>54,968</b>
OVC_HIVSTAT	<b>Total</b>	<b>29,358</b>	<b>29,358</b>
GEND_GBV	<b>Total</b>	<b>6,353</b>	<b>6,353</b>
AGYW_PREV	<b>Total</b>	<b>28,801</b>	<b>28,801</b>

\* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

## **Partner Management and Stakeholder Engagement:**

Agreements made during COP 2022 discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15 percent of target achievement at 3 months or (2) less than 40 percent of target achievement at 6 months must have a complete review of performance data (including trends in performance) and outlays to date, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX\_CURR) performance should be between 98 percent and 100 percent of the target. This can be adjusted in country context where HIV treatment services are still scaling up and the treatment new target is greater than 10 percent of treatment current. OVC programs are also similar in that there are clients continuing services from the previous year; if the IP is less than 80 percent of their target at Q2 performance review should be initiated. These elements (i.e. review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85 percent. If the issue is retention it should be net new on treatment equal to 90 percent of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC the options the agency is implementing to address partner non-performance, including options for a shift to new partners. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout COP 2022 implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. This continued engagement will ensure all parties' understanding of Namibia's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.



COP21-COP22 Budget Shifts by Funding Agency and Program Area

Funding Agency	COP 21 Budget by Funding Agency and Program Area										SE as % of Total	SE	PREV as % of Total	PREV	PM as % of Total	PM	HTS as % of Total	HTS	C&T as % of Total	C&T	ASP as % of Total	ASP	% of TOTAL	Change in ASP	% Change in ASP	Change in ASP	% of Total	Not Specified as % of Total	Not Specified	
	HTS as % of Total	HTS	C&T as % of Total	C&T	ASP as % of Total	ASP	% of Total	Change in ASP	% Change in ASP	Change in ASP																				
<b>GRAND TOTAL</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
HHS	51%	51%	17%	53%	17%	68%	17%	17%	53%	17%	68%	17%	17%	53%	17%	68%	17%	53%	17%	68%	17%	17%	53%	17%	68%	17%	17%			
PC	2%	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%			
STATE	1%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%			
USDA	47%	47%	7%	3%	7%	3%	3%	7%	3%	3%	3%	7%	3%	3%	7%	3%	3%	7%	3%	3%	7%	3%	3%	7%	3%	3%	7%			
<b>GRAND TOTAL</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
HHS	50,467,885	50,467,885	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393		
PC	1,741,834	1,741,834	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
STATE	846,323	846,323	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
USDA	39,894,196	39,894,196	2,852,504	2,852,504	1,348,194	1,348,194	1,348,194	1,348,194	1,348,194	1,348,194	1,348,194	1,348,194	1,348,194	1,348,194	1,348,194	1,348,194	1,348,194	1,348,194	1,348,194	1,348,194	1,348,194	1,348,194	1,348,194	1,348,194	1,348,194	1,348,194	1,348,194	1,348,194		
<b>GRAND TOTAL</b>	53,916,038	53,916,038	6,580,897	6,580,897	5,076,587	5,076,587	5,076,587	5,076,587	5,076,587	5,076,587	5,076,587	5,076,587	5,076,587	5,076,587	5,076,587	5,076,587	5,076,587	5,076,587	5,076,587	5,076,587	5,076,587	5,076,587	5,076,587	5,076,587	5,076,587	5,076,587	5,076,587	5,076,587		
HHS	50,467,885	50,467,885	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	
PC	1,741,834	1,741,834	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
STATE	846,323	846,323	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
USDA	37,574,196	37,574,196	3,645,311	3,645,311	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	
<b>GRAND TOTAL</b>	53,916,038	53,916,038	7,373,704	7,373,704	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	
HHS	50,467,885	50,467,885	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393	3,728,393
PC	1,741,834	1,741,834	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
STATE	846,323	846,323	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
USDA	37,574,196	37,574,196	3,645,311	3,645,311	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509	932,509
<b>GRAND TOTAL</b>	53,916,038	53,916,038	7,373,704	7,373,704	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902	4,660,902