

**Improving Service Quality, Business Practices, and Marketing Strategies to
Ensure NABCOA's Financial Future Through a Fee-for-Service Model**

An Interactive Qualifying Project Submitted to the Faculty of
Worcester Polytechnic Institute
In Partial Fulfillment of the Requirements for the
Degree of Bachelor of Science

By:
Giles Chickering
Kristen Nich
Nicole Otto

Date:
May 3, 2012

Report Submitted to:
Mr. Peter van Wyk
Professor Svetlana Nikitina
Professor Thomas Robertson

Abstract

The World Bank's recent elevation of Namibia to an Upper Middle Income Country has resulted in an exodus of donors that fund many of the country's most important efforts. The Namibia Business Coalition on AIDS (NABCOA) is a non-government organization with a budget that relies heavily on these donations. In order to supplement its decreasing revenue generated by its struggling membership-based model, NABCOA is considering switching to a fee-for-service model. After conducting interviews with 28 key stakeholders, we recommend that NABCOA integrates a fee-for-service model after improving communication with customers, marketing abilities, and service provision.

Acknowledgements

We would like to thank everyone who has assisted us in the completion of this project. More specifically, our sponsors, Peter van Wyk, Manini Kandume, and Matthew Black in addition to the rest of the staff at NABCOA for their support and assistance. We would also like to thank Worcester Polytechnic Institute, our advisors Professor Svetlana Nikitina, Professor Thomas Robertson, and Professor Robert Hersh for their help and guidance throughout all stages of the project. We would also like to thank Ms. Christine Drew for providing technical support in our research.

Most importantly, our project would not have been possible without the following people agreeing to participate in interviews. These individuals provided us with extensive amounts of vital information.

Name	Organization	Name	Organization
Ms. Alta McNally	Polytechnic of Namibia	Dr. Lischen Haoses	University of Namibia
Ms. Tulimeyo Kaaopanda-Ausiku	Namibia Chamber of Commerce and Industry (NCCI)	Ms. Ailly Shigwedha	Langer Heinrich Uranium
Mr. Koech Rotich	UNAIDS	Mr. Ivory Uirab	Ministry of Fisheries & Marine Resources
Mr. Danny Meyer	SMEs Compete	Mr. Griffort Beukes	Agra Ltd.
Mr. Abner Axel Xoagub	Office of the Prime Minister	Mrs. Estelle Botes	Standard Bank Namibia
Ms. Aina Heita	UNESCO	Mr. Armando Passano	IGL t/a AFROX
Dr. Magda Robalo	World Health Organization	Ms. Mary-Anne Kahitu	City of Windhoek

Mr. Edward Shivute	Walvis Bay Corridor Group	Mrs. Elsabé Grötzinger	De Beers Marine Namibia
Dr. Adrienne Parrish Fuentes	U.S. President's Emergency Plan for AIDS Relief (PEPFAR)	Mr. Jaco van Zyl	Namibia Beverages
Mr. Tim Parkhouse	Namibian Employers' Federation	Mr. John Hinda	Otjiwarongo Multi-Purpose Help Centre
Mr. Cornelio Balane	ECoSIDA	Ms. Helena Nicodemus	NAMWATER
Mr. Frank Phatshwane	Botswana Business Coalition on AIDS	Mrs. Elizabeth Farmer	Navachab Gold Mine (Pty) Ltd.
Mr. Jürgen Haag	FIDES A.G.	Mr. Raymond Cloete	MTC
Mr. Berthold Mukuahima	Ohlthaver & List		
Mrs. Ella Shihepo	Ministry of Health and Social Services		

Executive Summary

In 2010, the World Bank elevated Namibia's economic classification to an Upper Middle Income Country (UMIC). This elevation suggests that Namibia is able to sustain itself financially and no longer needs external financial assistance. As a result of this elevation, many non-government organizations (NGOs) will suffer from significant decreases in donor funding. The reality for most NGOs is that these donations are critical for covering the expenses required to provide services and products at affordable costs. One NGO currently feeling the negative effects of UMIC status is the Namibia Business Coalition on AIDS (NABCOA). The coalition expects to experience significant cuts in donor funding soon and must establish a plan to cope with these losses to gain sustainability.

NABCOA must now find new sources of funding to become self-sustainable. One possibility is a fee-for-service approach, which would mean that companies soliciting NABCOA's services would pay for each service provided to them. An advantage of a fee-for-service model is the possibility of increased revenue for NABCOA coming from the private sector. This model will also allow companies to pay only for the services they wish to receive. A disadvantage to the companies, however, may be that those wishing to receive a wide variety of services will have to pay more than what they currently pay for membership.

The purpose of this project was to evaluate the feasibility and sustainability of implementing a fee-for-service model to replace NABCOA's current membership-based model. Through a series of interviews, the team worked to investigate the interest of current member companies in this new model, while also evaluating current customer satisfaction with NABCOA's services. We also gathered information from several government and non-government organizations in relation to HIV/AIDS efforts. This was done in order to expand our understanding of how decisions around the globe affect NABCOA's abilities to deliver its much needed services. Through our research, we aimed to aid NABCOA in developing a plan for financial sustainability. The objectives of our research were:

Objective 1: To acquire information on the current economic status of Namibia and its effects on the country's organizations and residents.

Objective 2: To evaluate the current services provided by NABCOA's membership-based model.

Objective 3: To evaluate member company interest in implementing a fee-for-service model.

Most data for the project was gathered through semi-structured interviews with NABCOA's key stakeholders. Interviewees were chosen based on NABCOA's recommendations and were separated into two general groups. The first group of interviewees consisted of members from various organizations that could provide us with background information about:

- Namibia's current economic status
- How this status affects NGOs and the Namibian public
- How the organization collects fees for the services it provides

These organizations included the Joint United Nations Programme on HIV/AIDS (UNAIDS), U.S. President's Emergency Plan for AIDS Relief (PEPFAR), World Health Organization (WHO), Botswana Business Coalition on AIDS (BBCA), and the Office of the Prime Minister, among others.

The second group of interviewees consisted of representatives of local companies that currently receive NABCOA's services, or that have received them in the past. The questions we asked of this group were aimed towards:

- Gathering information about his or her company's response to HIV/AIDS
- Gathering information regarding their satisfaction with NABCOA's services
- Gathering information regarding their willingness to convert to a fee-for-service payment model

We also obtained information on which of NABCOA's services were most popular, and what new services companies would like to see the coalition offer. Some questions were asked in an open-response format, while others were rated on a scale of one to five. Ratings assisted in

answering questions regarding the impact of HIV/AIDS on the workforce, or the company's level of satisfaction with NABCOA's services. These interviews followed a uniform format to allow for a comparison across a number of individual responses. This was necessary in order to perform statistical analysis and to draw objective conclusions based on quantitative data. We then used the information gathered from both groups of respondents to help us draw conclusions about the best plan for NABCOA to move forward towards financial sustainability.

Through analyzing the data from the numerous interviews, we were able to gain information about how Namibia's Upper Middle Income status has affected NABCOA and other NGOs. We found that almost every respondent believed that this elevation in status has had a negative effect on NGOs in Namibia. We also found that the outlook for many of these organizations is grim if they cannot gain more funding from donors or change their business practices to become financially sustainable. We also identified many areas for improvement in NABCOA's practices, these included:

- Better service quality
- More reliable service delivery
- Better communication and follow up with customers
- A restructuring towards wellness programs

Lastly, we determined how willing companies are to switch to a fee-for-service payment method. We found that the majority of respondents were willing to move to a fee-for-service model if the costs for the services were reasonable and NABCOA's service quality and reliability improved. Many of those interviewed shared the opinion that, if necessary, they were willing to pay more for high quality services.

From our data, we were able to draw conclusions and make recommendations for how NABCOA should proceed in order to become financially sustainable. We concluded that in order to survive the impending funding deficit, it is vital that NABCOA improves many aspects of its business practices. It is critical for NABCOA to improve the quality of its services, the reliability of its services, the quality of its distributed materials such as posters and educational pamphlets, and its marketing strategies to better demonstrate the value of services. We also stress the need for NABCOA to restructure its programs to focus on all areas of wellness, rather than

just HIV/AIDS services. If all of these improvements are made, we believe that implementing a fee-for-service model, in combination with a membership model, would be the best plan for NABCOA to ensure its financial future.

We also recommend that NABCOA makes all of the improvements previously stated before transitioning to a mixed membership and fee-for-service business model. This model would keep companies involved in NABCOA through membership, and would allow NABCOA to increase its revenue through the added fees that would be charged for services. In this mixed model, companies would pay a small annual membership fee, which would provide them with distributed materials, such as condoms, posters, educational pamphlets, newsletters, and notifications about upcoming events. This would allow the companies to see an obvious value in their membership, as they would be receiving tangible items. The fees would then be charged for the individual services that the companies choose to receive, such as training sessions, refresher courses, and consulting services. These fees would need to cover NABCOA's costs of providing the services in order to ensure that NABCOA is financially sustainable in the future.

Authorship

Giles Chickering, Kristen Nich, and Nicole Otto all contributed to the research, analysis, and authorship involved in this report. Listed below are the original authors of each section of the final draft; however, each author proofread and edited all sections of this report.

Abstract: Giles

Acknowledgements: All Group Members

Executive Summary: Kristen

Authorship: Giles

Table of Contents: Giles

Table of Figures: Giles

1. Introduction: All Group Members

2. Background:

2.1 Namibia's New Status as an Upper Middle Income Country: Nicole

2.2 Leveraging the Financial Gap: Decrease in Donor Funding: Nicole

2.3 The Namibia Business Coalition on AIDS: Nicole

2.4 NABCOA's New Focus: Nicole

3. Methodology: Giles

3.1 Objective 1: Giles

3.2 Objective 2: Giles

3.3 Objective 3: Giles

4. Findings and Analysis:

4.1 Interviews with Non-service-receiving Organizations: Kristen

4.1.1: Kristen

4.1.2: Kristen

4.1.3: Giles

4.2 Interviews with Companies that have Received Services from NABCOA: Kristen

4.2.1: Giles

4.2.2: Giles

4.2.3: Kristen

4.2.4: Giles

4.2.5: Giles

4.2.6: Giles

4.2.7: Giles

4.2.8: Giles

4.2.9: Giles

5. Conclusions and Recommendations

5.1 Recommendation 1: Improve Service Quality: Kristen

5.1.1: Giles

5.1.2: Giles

5.1.3: Giles

5.2 Recommendation 2: Improve Service Reliability: Kristen

5.2.1: Giles

5.3 Recommendation 3: Improve Marketing Strategies: Kristen

5.3.1: Giles

5.4 Recommendation 4: Improve Distributed Materials: Kristen

5.4.1: Giles

5.4.2: Giles

5.5 Recommendation 5: Restructure Program for Wellness: Kristen

5.6 Recommendation 6: Implement a Fee-for-Service Initiative: Kristen

5.7 Recommendation 7: Further Investigate Delegated Authorities: Kristen

5.7.1: Giles

5.8 Recommendation 8: Further Investigate Delegated Authorities: Kristen

6. Lessons Learned: Guideline to Data Collection and Writing Recommendations: Nicole

6.1 The Importance of Quantitative and Qualitative Data: Nicole

6.2 Writing Recommendations: Thinking About the Consequences: Nicole

References: All Group Members

Appendices

Appendix A: Wellness in Namibia: Top Four Most Prevalent Diseases: Nicole

Appendix B: O&L's Wellness Program: A Case study for NABCOA's Restructuring Initiative:
Nicole

Appendix C: Questionnaire for Member Companies, Similar NGOs, and Government
Organizations: Nicole

Appendix D: List of Interviewees: Giles

Appendix E: Membership Types, Rates, and Services Offered by the Namibia Business Coalition
on Aids: Kristen

Appendix F: Sample Checklist for Service Provision and Follow Up: Giles

Table of Contents

Abstract	ii
Acknowledgements	iii
Executive Summary	v
Authorship	ix
Table of Contents	xii
Table of Figures	xiv
List of Tables	xv
1. Introduction	1
2. Background	3
2.1 Namibia’s New Status as an Upper Middle Income Country	3
2.2 Leveraging the Financial Gap: Decrease in Donor Funding	5
2.3 The Namibia Business Coalition on AIDS	10
2.4 NABCOA’s New Focus	12
3. Methodology	16
3.1 Objective 1:	16
3.2 Objective 2:	18
3.3 Objective 3:	21
4. Findings and Analysis	23
4.1 Interviews with Non-service-receiving Organizations	23
4.2 Interviews with Companies that have Received Services from NABCOA	26
5. Conclusions and Recommendations	43
5.1 Recommendation 1: Restructure Program for Wellness	44
5.2 Recommendation 2: Improve Service Quality	46
5.3 Recommendation 3: Improve Service Reliability	48

5.4 Recommendation 4: Improve Marketing Strategies	49
5.5 Recommendation 5: Improve Communication and Follow Up Practices	50
5.6 Recommendation 6: Improve Quality of Distributed Materials such as Posters and Educational Pamphlets	51
5.7 Recommendation 7: Implement a Fee-for-Service Initiative	51
5.8 Recommendation 8: Further Investigate Delegated Authorities	53
6. Lessons Learned: Guideline to Data Collection and Writing Recommendations	55
6.1 The Importance of Quantitative and Qualitative Data.....	55
6.2 Writing Recommendations: Thinking About the Consequences	55
References.....	56
Appendices.....	61
Appendix A: Wellness in Namibia: Top Four Most Prevalent Diseases	61
Appendix B: O&L’s Wellness Program: A Case study for NABCOA’s Restructuring Initiative.....	64
Appendix C: Questionnaire for Member Companies, Similar NGOs, and Government Organizations.....	68
Appendix D: List of Interviewees	80
Appendix E: Membership Types, Rates, and Services Offered by the Namibia Business Coalition on Aids.....	84
Appendix F: Sample Checklist for Service Provision and Follow Up	86

Table of Figures

FIGURE 1: ESTIMATED AIDS EXPENDITURE AS PROVIDED BY THE SUSTAINABLE FINANCING FOR HIV/AIDS IN NAMIBIA REPORT (LIEVENS 2011).	6
FIGURE 2: RESOURCE NEEDS AND AVAILABLE RESOURCES- 2008-2020 (LIEVENS 2011).	7
FIGURE 3: SOURCES OF FUNDS FOR HIV AND AIDS EXPENDITURE PUBLISHED BY NASA IN 2010. 8	
FIGURE 4: ANNUAL BUDGET FOR NABCOA IN 2006	12
FIGURE 5: INTERVIEW RESPONSE TO SEVERITY OF HIV EFFECTS ON THE WORKFORCE.	28
FIGURE 6: HIV IS BECOMING LESS OF A PROBLEM ACCORDING TO STAKEHOLDERS.....	29
FIGURE 7: COMPARISON OF HIV'S EFFECT ON THE WORKFORCE IN GENERAL AND THE PAST 5 YEARS.....	30
FIGURE 8: SPECIFIC WORKPLACE COMPONENTS AFFECTED BY HIV	31
FIGURE 9: OVERALL IMPACT OF HIV ON ALL SPECIFIED WORKPLACE COMPONENTS	32
FIGURE 10: CUSTOMER SATISFACTION FROM NABCOA SERVICE-RECEIVERS	33
FIGURE 11: SERVICE-RECEIVING ORGANIZATIONS' FUTURE NEED FOR NABCOA'S SERVICES ...	35
FIGURE 12: SERVICE-RECEIVING ORGANIZATIONS' NEED FOR NABCOA'S SERVICES	36
FIGURE 13: POPULARITY OF SERVICES PROVIDED BY NABCOA.....	37
FIGURE 14: SERVICE-RECEIVERS' WILLINGNESS TO SWITCH TO FEE-FOR-SERVICE MODEL	40
FIGURE 15: COMPARISON OF WILLINGNESS TO CONVERT AND WILLINGNESS TO PAY FEES-FOR-SERVICES FROM NABCOA.....	41
FIGURE 16: FACTORS CONSIDERED BY SERVICE-RECEIVERS WHEN CONSIDERING FEE-FOR-SERVICE	42
FIGURE 17: FIVE YEAR PLAN FOR NABCOA TO SWITCH BUSINESS MODELS	53

List of Tables

TABLE 1: 2004 GINI COEFFICIENTS OF HOUSEHOLDS BY SOCIAL AND DEMOGRAPHIC VARIABLES
(CENTRAL BUREAU OF STATISTICS 2008)..... 4

TABLE 2:INTERVIEWS WITH NON-SERVICE-RECEIVING ORGANIZATIONS..... 17

TABLE 3: SERVICE-RECEIVING-COMPANY KEY INFORMANTS 27

TABLE 4: SUGGESTIONS FOR SERVICES NABCOA COULD PROVIDE..... 38

1. Introduction

Sub-Saharan Africa is one of the areas of the world most severely affected by the HIV/AIDS epidemic; with many countries in the region showing infection rates upwards of 33% (UNAIDS 2009). A 2009 UNICEF report estimates that between 150,000-210,000 people were living with HIV in Namibia alone, infecting roughly 15% of the country's population. HIV carries a strong negative social stigma in Namibia as it is associated with a promiscuous lifestyle. The taboo nature of disease has prevented open discussion about HIV and AIDS. Misunderstanding, poor education regarding transmission of the disease and low levels of prevention have resulted in sub-Saharan African countries having some of the highest infection rates in the world (UNICEF 2009). In addition to the personal impact the disease presents for those infected and their families, the Namibian economy also suffers as HIV tends to affect people in the prime of their working years.

The devastating symptoms of advanced HIV/AIDS cause many employees to take a greater number of sick days each year, retire early, and decrease the average life expectancy. A report published by the International Labor Organization in 2001 states that Namibia is expected to lose between 25% - 33% of its workforce by 2020 as a result of HIV/AIDS (National Planning Commission 2001). Hopefully the numerous organizations established to help prevent the spread of HIV would eventually drive the infection rates to zero. Although improvements have been made through prevention campaigns and the availability of antiretroviral treatments, the Namibian economy still suffers from high HIV infection rates.

One non-government organization (NGO) that works to counteract the spread of HIV/AIDS is the Namibia Business Coalition on AIDS (NABCOA). The coalition has been making strides in preventing the spread of HIV/AIDS by raising awareness to member companies in the private sector since its founding in 2003. NABCOA's services include promoting wellness, distribution of prophylactics, HIV/AIDS awareness seminars, training sessions, workplace program development, and other services oriented towards improving the health of Namibian employees (van Wyk 2012). The coalition's mission is to advance HIV awareness to the employees of the coalition's members. Since its founding, this mission has been financially supported through donor organizations such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria (the Global Fund) and the German Agency for Technical Cooperation (GIZ). Major donors such as

these have recently started to decrease funding and turn their focus away from Namibia, as a result of the global economic crisis, Namibia's recent elevation to Upper Middle Income Country (UMIC) status last year, and Namibia's success in providing access to antiretroviral drugs (ARVs) for residents living with HIV/AIDS (Lievens 2011).

NABCOA must now find new sources of funding. One possibility, suggested by NABCOA director Peter van Wyk, is switching from a membership-based business model to a fee-for-service model. This would mean that companies soliciting NABCOA's services would pay for each service provided as they are received. This model would also eliminate the annual membership subscriptions that member organizations currently pay, if a full switch to fee-for-service were implemented. The main advantage of a fee-for-service model is an increase in revenue coming from the private sector as opposed to donated funds. The decreased dependence on donations will help NABCOA plan for the future and will help the coalition become sustainable. This will also allow companies to pay only for the services they wish to receive. A disadvantage to the companies, however, may be that those wishing to receive a wide variety of services may end up paying more overall. NABCOA also faces the challenge of making sure that it offers services that companies are willing to pay for.

The purpose of this project was to evaluate the feasibility and sustainability of implementing a fee-for-service model to replace the membership-based model that NABCOA currently uses. Through a series of 28 interviews with key stakeholders, the team worked to investigate the interest, on the part of current member companies, in this new model while also evaluating current customer satisfaction. We also gathered background information from several government and non-government organizations related to the HIV/AIDS effort in order to expand our understanding of how economic decisions around the globe affect NABCOA's abilities to provide much needed services. Through our research, we gathered as much data as possible to use in making recommendations to aid NABCOA in developing a plan for helping the coalition become more financially sustainable in the future.

2. Background

There are several external factors that play a role in the feasibility and sustainability of a fee-for-service initiative. In order to understand the roles of these factors the following chapter will discuss them in more detail. We will also discuss the debate over Namibia's status elevation to an Upper Middle Income Country, the effects of this new classification, and its role in Namibia's response to HIV/AIDS in the private sector.

2.1 Namibia's New Status as an Upper Middle Income Country

In 2009 Namibia was elevated to Upper Middle Income Country (UMIC) status by the World Bank as a result of its estimated average income per capita, which ranged between 1800 USD and 6400 USD (Namrights 2011). The World Bank's UMIC status, however, only took into account certain macroeconomic factors of the country and did not look into the financial inequalities measured by the country's high Gini coefficient. The Gini coefficient measures the inequality of wealth distribution within a country (Namrights 2011). A country's score can range from 0, perfect equality, to 1, complete inequality. Both 0 and 1 represent implausible cases but the range in between ranks a country's distribution of wealth.

Table 1 depicts the Gini coefficients of households via social and demographic variables in 2004 (Central Bureau of Statistics 2008). Some of the highest Gini coefficients are found amongst Afrikaans 0.56, Setswana 0.50, Oshiwambo and Nama/Damara 0.52, and Otjiherero, 0.53. According to a report published by Namrights in 2011, Namibia's Gini coefficient ranged from 0.6 to 0.7; among the highest calculated for any country in the world. The Gini coefficient demonstrates a discrepancy between the World Bank's UMIC classification and the reality of Namibia's financial inequality. It sets the stage for the ongoing debate of whether this new status will have a positive or negative effect on the country.

Table 1: 2004 Gini Coefficients of Households by Social and Demographic Variables (Central Bureau of Statistics 2008).

Namibia	0.63	Female	0.58
		Male	0.64
Urban	0.58		
Rural	0.58	16-20	0.45
		21-24	0.49
Caprivi	0.47	25-29	0.59
Erongo	0.57	30-34	0.60
Hardap	0.69	35-39	0.58
Karas	0.61	40-44	0.62
Kavango	0.55	45-49	0.62
Khomas	0.57	50-54	0.68
Kunene	0.51	55-59	0.64
Ohangwena	0.45	60-64	0.70
Omaheke	0.64	65+	0.60
Omusati	0.46		
Oshana	0.56	Khoisan	0.44
Oshikoto	0.51	Caprivi languages	0.49
Otjozondjupa	0.60	Otjiherero	0.53
		Rukavango	0.51
Primary education	0.43	Nama/Damara	0.52
Secondary education	0.55	Oshiwambo	0.52
Tertiary education	0.47	Setswana	0.50
No formal education	0.39	Afrikaans	0.56
		German	0.31
Salaries/Wages	0.58	English	0.41
Subsistence Farming	0.38		
Commercial Farming	0.52		
Business	0.67		
Pensions	0.66		

Some argue that the elevation to Upper Middle Income will have a positive impact. In an interview with a key informant from the Office of the Prime Minister, Mr. Abner Axel Xoagub stated that the Ministry is ready to accept the elevation and that he “looks forward to this challenge”. Mr. Xoagub also stated that he views this as an opportunity to tap into Namibia’s own resources. In a similar interview with the Namibia Chamber of Commerce and Industry, Ms. Tulimeyo Kaapanda stated that UMIC status will “force institutions to re-look at their structuring” and will result in a “reorganizing act as a country”.

Despite the positive attitudes expressed by some, many argue that the negative effects may be detrimental to the already skewed distribution of wealth in Namibia. According to an article published in the Namibian, the 2011 Namrights report states that “the right to economic security [remains] a nightmare for most Namibians,” and that “the situation is mainly worsened by an ever-declining food security situation, a crisis-ridden education system, and a high unemployment rate”. Dr. Magda Robalo from the World Health Organization (WHO) stated in an interview that Namibia’s status elevation is representative of a self-sustaining country. However, Dr. Robalo does not see this as the case due to the country’s enormous

financial inequality; one of the greatest in the world, which results from an unemployment rate of over 50%.

Similar interviews conducted with representatives from Joint United Nations Programme on HIV/AIDS (UNAIDS), the Namibian Employers' Federation, United Nations Educational, Scientific, and Cultural Organization (UNESCO), and The United States President's Emergency Plan for AIDS Relief (PEPFAR) also supported Dr. Robalo's view of a "rich country with poor people" (Robalo 2012). In interviews with representatives from each of these organizations, the main concern surrounding this issue was the subsequent decrease in donor funding. This concern focuses on funding initiatives for non-government organizations, especially those involved in combating HIV/AIDS and working on other development projects.

2.2 Leveraging the Financial Gap: Decrease in Donor Funding

In the coming years many predict that the HIV/AIDS initiative in Namibia will suffer from dwindling donor funding that will result from the global economic downturn, Namibia's recent elevation to Upper Middle Income Country status, and the country's success in providing access to treatment for people living with HIV/AIDS (Lievens 2011). PEPFAR and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (the Global Fund) have been the main donors funding HIV prevention efforts in Namibia over the past few years; however, these two organizations are planning dramatic shifts in funding during the next several years.

PEPFAR has been one of the main contributors to Namibia's HIV & AIDS campaign since its founding in 2003. PEPFAR's program is organized into two phases. Phase one was initiated in 2003 with the start of the program under U.S. President George W. Bush and primarily focused on funding the HIV/AIDS response. Phase two was based upon the concept of a sustainable response where the country is able to fund and support its own HIV/AIDS initiatives. PEPFAR's country coordinator for Namibia, Dr. Adrienne Fuentes, noted in an interview that Namibia is currently in phase two of the program and the country's government will soon be asked to contribute up to 70% of its HIV/AIDS program funding. Dr. Fuentes also stated that as of 2015 PEPFAR will only be donating 45 million USD to the HIV/AIDS campaign in Namibia as opposed to the nearly 100 million USD that was donated at the start of the program.

The Global Fund, like PEPFAR, has been one of the largest supporters of NGOs that focus on HIV/AIDS prevention since its founding in 2002. Although the Global Fund has aided hundreds of programs around the world and has distributed over 22 billion USD in aid, the organization has decided to cancel its next round of funding for HIV/ AIDS efforts (DeCapua 2012). The Global Fund has also stated that no new grants will be issued until at least 2014, provided donor revenue increases. The low availability of financial support and the attitudes of some donors have left many non-profit and non-government organizations struggling to sustain themselves through long-term projects.

It takes a deeper understanding of the current state of donor funding to determine which strategies are optimal. In order to cope with the diminishing funds, development partners and policy makers have thereby constructed a sustainability plan titled, *Sustainable Financing for HIV/AIDS in Namibia*. The aim of this plan is to explore how the Namibian government can ensure predictable and sustainable financial resources for the fight against HIV/AIDS. This Sustainability Plan estimated that the financial resource need will be approximately N\$4.464 million, or about 565,000 USD by the year 2020 as a result of decreased donor funding (Lievens 2011). Figure 1 shows the estimated AIDS expenditure from the U.S. government (USG), other bilateral organizations, the Global Fund, UN Agencies, and other donor foundations.

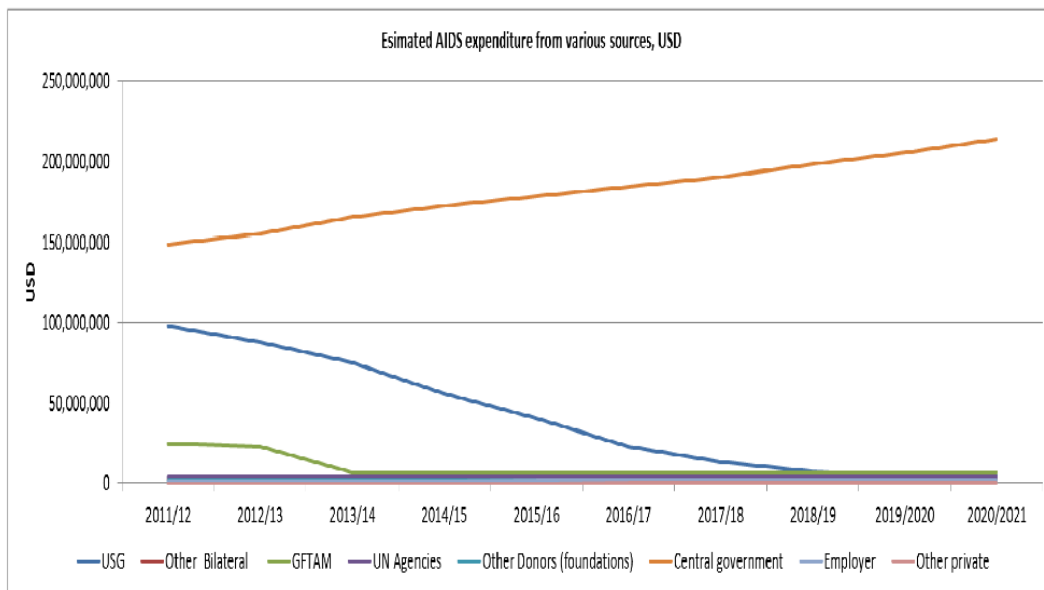


Figure 1: Estimated AIDS Expenditure as Provided by the Sustainable Financing for HIV/AIDS in Namibia Report (Lievens 2011).

Figure 1 shows that the estimated expenditure for HIV/AIDS in Namibia from outside donors will decrease significantly over the next ten years. The sustainability plan also projected a comparison of needed resources to available resources from 2008 to 2020. This comparison, as seen in Figure 2, points to a significant shortfall in funding for HIV initiatives, known as the “financing gap” (Lievens 2011).

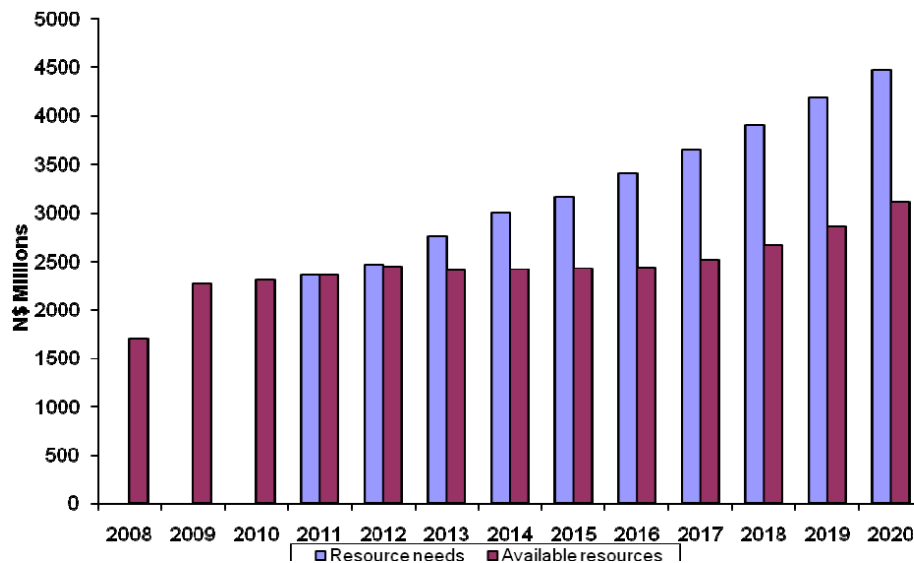


Figure 2: Resource Needs and Available Resources- 2008-2020 (Lievens 2011).

Figure 2 also illustrates the fact that the resources shortfall will surpass the available resources with “the gap [increasing] rapidly from N\$ 346 million in 2013 to N\$ 1,3603 in 2020” (Lievens 2011). The sustainability plan explored alternative funding mechanisms which included private sector mainstreaming, private sector contributors, an airline levy, social health insurance, additional borrowing, and improving efficiency of HIV programs (Lievens 2011).

Due to their role in engaging a private sector response, one key mechanism for closing the financial gap is the spread of public-private partnerships (PPPs) (Lievens 2011). In Namibia, these partnerships are based upon the collaboration of the private sector with government and other non-profit and non-government organizations in order to sustain initiatives that affect both the workforce and the general public. PPPs are based upon the idea of social-corporate responsibility; where large corporations are understood to have a responsibility to ensure the

public's well-being, which constitutes their workforce and consumer base, future and sustainability (NCPP 2000). These partnerships ideally benefit both the public sector and the private sector by allowing companies to play an important role in the lives and health of their workforce.

According to a report published by the National AIDS Spending Assessment (NASA) in 2010, private sector involvement in HIV/AIDS programs was minimal compared to funds provided by international organizations and the public sector in 2007/2008 and 2008/2009 (see Figure 3).

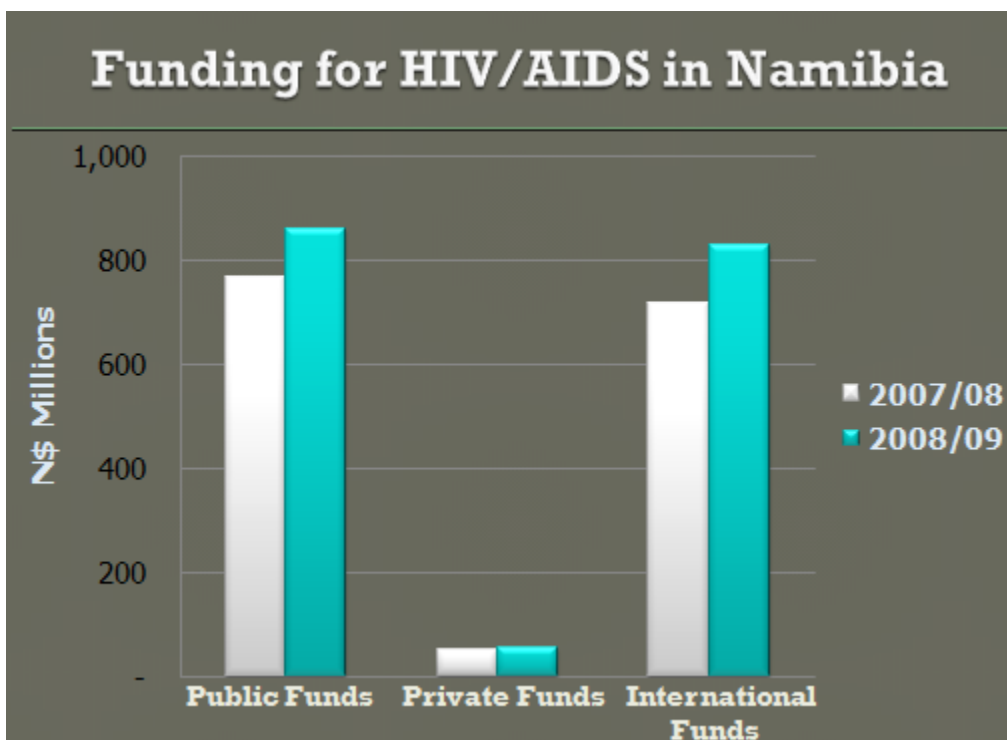


Figure 3: Sources of Funds for HIV and AIDS Expenditure published by NASA in 2010.

As a result of this discrepancy, the Global Fund demonstrated the importance of private sector involvement through its Round 10 HIV proposal. The goal of this proposal was to strengthen and sustain HIV and TB responses in Namibia through partnerships. These partnerships would in turn work together to increase the private sector's HIV response (Proposal form-Round 10: Single Country Applicant 2010).

The application to this proposal, unfortunately, was unsuccessful (NABCOA 2011). Namibia's Global Fund Round 10 proposal was classified as category 4, which defines the proposal as

“denied” (Global Fund 2012). According to the European Commission Regional HIV/AIDS Helpdesk, this categorization was a result of the 10 weaknesses perceived by the Global Fund. These included:

1. Applicant’s proposal of the scaling up of public-private partnerships was prematurely expected and little pilot data/ significant evidence were presented. There were few specified returns on investments.
2. “A significant portion of the budget (42.6% or US\$ 18.8 million) is allocated to the development and implementation of private sector programs” (Aguilera 2011).
3. Major grant-making mechanisms that the proposal plans to set up to fund new ideas were vaguely described. They also seemed to be skeptical in terms of direct returns for HIV prevention, care, and treatment.
4. Inadequate linkages with the public sector were proposed.
5. The experience of the primary recipient was questioned.
6. “There is no strategy presented for addressing multiple concurrent partnerships (MCP) even though the applicant presents this as a main driver of the epidemic” (Aguilera 2011).
7. The applicant proposed \$N 5 as a type of user fee for services to “prevent misuse of services” where there is strong evidence that user fees will reduce service utilization.
8. “There is little demonstration of value for money based on the beneficiaries expected to be reached by the program and the overall costs” (Aguilera 2011).
9. “The description of how the program will succeed in making low-cost health insurance schemes more affordable and in attracting more beneficiaries is vague and unclear” (Aguilera 2011).
10. “The targets (for example, number of people tested for HIV: 12,000) are low and are not likely to significantly contribute to overall country targets” (Aguilera 2011).

Although the European Commission Regional HIV/AIDS Helpdesk disagrees with weaknesses 2, 4, and 5, the report does support the category 4 classification. Due to decreased donor funding, the mobilization of the private sector plays a pivotal role in future HIV/AIDS funding. Thus, the rejection of this proposal was a major setback (Republic of Namibia 2010).

Policy makers and development partners have constructed a National Strategic Framework (NSF) to “strengthen the capacity of the coordinating and management structures [in order to] improve effectiveness and increase efficiency” for the national HIV/AIDS response (Republic of Namibia 2010). The NSF’s strategic intervention focuses on several main concepts, including the reduction of possible exposure to HIV through changes in sexual behavior, social norms, poverty reduction, vulnerability, and biomedical intervention to reduce transmission (Republic of Namibia 2010). It also focuses on the importance of private sector involvement. While the NSF has been endorsed by the Namibian government, there has been no follow up conference to discuss the resources needed for this plan.

Many plans like the NSF and the sustainability plan have been, and are being, constructed to target the problem of funding; however, many NGOs will inevitably be severely affected. Even with the implementation of these plans, low availability of financial support will result in NGOs needing to reconstruct their practices so that they may target the private sector more efficiently in order to gain a status of self-sustainability. One such NGO is the Namibia Business Coalition on AIDS.

2.3 The Namibia Business Coalition on AIDS

The Namibia Business Coalition on AIDS (NABCOA) was started in 2002 by a group of ten individuals including current CEO Peter van Wyk, and focuses on facilitating HIV/AIDS workplace programs in the Namibian business sector. By the time it formally launched in 2003, the coalition had grown to include a total of 50 member businesses (van Wyk 2008). Since then, it has grown to include over 140 companies at different times; however, the coalition has recently declined to a current membership of about 50-60 companies (van Wyk 2012). The mission of NABCOA is to provide services to companies that aim to increase HIV/AIDS awareness and slow the spread of the disease. NABCOA works with businesses of different sizes in Namibia (see Appendix 5). The organization bases annual membership fees on the number of employees in each member company, with a different fee structure for private sector and non-private sector companies (van Wyk 2008).

As of 2008, NABCOA had 30 core members that were consistently attending events, and over 100 more that were less engaged, attending events inconsistently (van Wyk 2008). There are

currently only about 50-60 total member companies of varying size. This membership decrease has been partially caused by the global economic recession of the past few years, as well as the development of employer-run wellness programs in Namibia (van Wyk 2012). These employer-run programs have formed as HIV has taken a toll on the Namibian workforce. They improve the health of employees while also saving employers the frustration and profit losses associated with a diseased workforce. Although the employer-operated programs are mostly self-organized, NABCOA still offers consultation services to improve their outreach and effectiveness.

NABCOA provides a variety of services to both member and non-member businesses. The coalition particularly prioritizes HIV advocacy work to high-risk industries such as the mining, construction, and transport sectors (van Wyk 2008). However, a majority of NABCOA's services focus on workplace support programs. These programs include training and informational seminars that teach companies about affordable health care, peer education, and antiretroviral treatments (van Wyk 2008). Another service provided, which can be particularly useful as an advocacy tool for affordable private health care, is the anonymous HIV workplace survey (de Beer 2009). When provided to companies, this survey was found to increase company motivation to provide health insurance to its workforce as the severity of HIV infection rates and misinformation is revealed (de Beer 2009). Additional services provided by NABCOA include:

- HIV/AIDS education
- Non-Antiretroviral Health Services (counseling, other medications)
- Preventative Mother-To-Child (PMTCT) transmission awareness
- Referral networks
- Traditional Birth attendant training and support of "Positive Living" support groups for patients (Feeley 2010)

Many of these services are now being offered to non-member companies through a fee-for-service program in fixed locations and through a recently-developed mobile wellness screening program. This allows NABCOA to reach out to rural areas of Namibia that would otherwise lack access to proper health care (NABCOA 2011).

NABCOA is no different from other NGOs when it comes to shortages in donor funding. According to a profile from 2008, over 80% of NABCOA's annual budget comes from a variety of donors (see Figure 4 below) with (van Wyk, 2008).

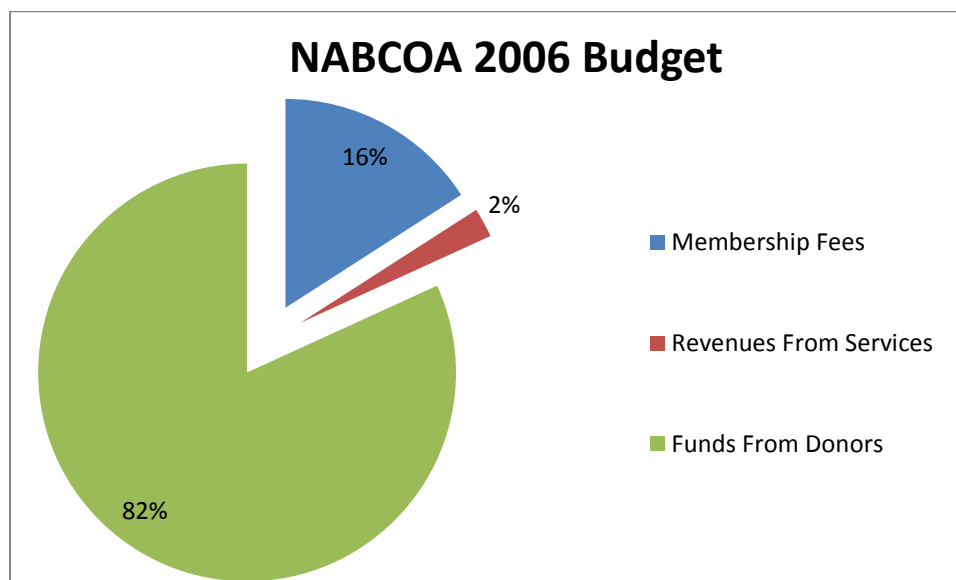


Figure 4: Annual Budget for NABCOA in 2006

The Global Fund is still the largest current donor, which presents a major financial challenge for NABCOA due to the recent cut in donations (van Wyk 2012). The major donors that have funded the coalition include the Global Fund, GIZ, and the KNCV Tuberculosis Foundation (van Wyk 2012). The coalition has also received technical support and instruction from several organizations including GIZ, the Ministry of Health and Social Services, and UNAIDS as it has continued developing (van Wyk 2008). Once these donations are received, NABCOA's 18 internal employees work to distribute the funds to provide services to the member companies and subsidize many of the costs associated with providing these services, including staffing, drugs, medical equipment, etc. (van Wyk 2012). In order to offer their services in the future, NABCOA must now begin to turn to Namibia's internal private sector revenue sources to fill the financial gap resulting from the decrease in donor funding.

2.4 NABCOA's New Focus

Due to NABCOA's need for future financial sustainability, plans must be made for a new business model. In interviews conducted with the Walvis Bay Corridor Group (WBCG) and the

Namibian Employers' Federation (NEF), two different yet similar models were discussed. These two models were based upon a mixture of a fee-for-service initiative and membership model. Although initiated within the company, both programs are funded exclusively by fees collected from associated member companies.

The WBCG was established in 2000 to “engage in business development activities, thereby increasing cargo for ports and corridors linked to it, and to engage in the facilitation of corridor and infrastructure development” in Namibia (Shivute 2012). Within its participation in the trade industry, the WBCG has established an HIV/AIDS Helpdesk to provide services to member companies with regards to HIV/AIDS prevention and awareness. Programs derived from this initiative are funded separately from all other initiatives undertaken by the WBCG (reference the interview 2012). The HIV/AIDS help desk is based upon a yearly membership fee.

This one membership is granted free for all new members. However, past the first year companies are expected to pay a membership fee which constitutes 50% of all funds. The other 50% is covered by the companies and relates to fees for services that account for transportation costs, office space, etc. (Shivute 2012). Services covered by the annual membership fee include workplace programs (peer education, awareness sessions, and condom distribution). The WBCG also offers its members corridor-based support, subsidized by the Global Fund, which include mobile wellness, and sustainability (Shivute 2012). Mr. Edward Shivute, Wellness Coordinator of the WBCG, stated that the organization is currently looking to expand its services to include all aspects of basic wellness (Shivute 2012).

In addition to Helpdesk, the Namibian Employers' Federation, like the WBCG, also facilitates access to HIV/AIDS programs through referrals offers HIV/AIDS programs to its members. These services are provided after a company pays an annual membership fee. A member can also obtain more services than those offered by the membership subscription on a fee-for-service basis. Mr. Tim Parkhouse of the NEF stated that 80% of all programs are funded directly from membership fees and additional fees for services, while the remainder of the annual budget is supplied by development partners. These programs involve training sessions, policy writing, and other services that exist to improve businesses and to aid Namibian employers. Mr. Parkhouse also stated that one of the greatest challenges with this sort of program is the

reluctance of private sector companies to join the Namibian Employers' Federation as well as their hesitancy to pay fees for the services offered by the NEF. NABCOA will likely face similar challenges as it restructures its programs.

NABCOA is looking to restructure its current model in order to generate as much of its own annual budget as possible. The organization is considering a shift from a membership and donor funded approach to a fee-for-service model, similar to those of the WBCG and NEF, as this option may provide the change necessary to keep NABCOA sustainable. This shift would mean that businesses soliciting NABCOA's services would no longer pay annual membership fees but would pay an individual fee for each of the services they receive. Fee-for-service models can range from voluntary, to requested, to membership-based models, each of which yields different levels of revenue. The specific fee-for-service model that NABCOA would likely implement is considered a mandatory type as the fees would be predetermined and charged according to the organization's specific criteria (Understanding Fee-for-Service Models 2012).

A mandatory fee-for-service plan would guarantee that NABCOA is paid for every service provided. This would also allow businesses to pay only for the services they wish to receive and not for a bundle of services that may not all be utilized. A disadvantage of this system is that businesses who wish to receive many or all of the services offered will have to pay more than the current membership fees. These current annual fees are as follows:

- Founder Membership (500+ employees): N\$30,000
- Corporate Membership (500+ employees): N\$15,000
- Large Company Membership (100-500 employees): N\$10,000
- Medium Company Membership (10-99 employees): N\$2,400
- Small Company Membership (1-9 employees): N\$1,200

Membership fees can amount to a business paying as little as N\$25 (US\$3.25) per employee, per year, for access to a variety of NABCOA's services (NABCOA 2012). Although this may have been adequate in the past, due to the losses in donor funding these membership payments are no longer substantial enough to cover the costs of materials, maintenance, and labor that are

incurred in providing the services. A new fee-for-service model is a promising option for NABCOA to investigate.

3. Methodology

The goal of this project was to help the Namibia Business Coalition on AIDS (NABCOA), a non-government organization, evaluate the feasibility and sustainability of implementing a fee-for-service model. The purpose of this assessment was to determine if this new model would be well-received by member companies, and if NABCOA could improve its sustainability and longevity by switching to this new system of generating revenue. This study came at a critical point in the life of the coalition, as it is facing dramatic decreases in donor funding. As a result of these circumstances NABCOA was in need of a new method of generating income to ensure its survival. In order to realize our goal, we identified the following research objectives:

Objective 1: To acquire information on the current economic status of Namibia and its effects on the country's organizations and residents.

Objective 2: To evaluate the current services provided by NABCOA's membership-based model.

Objective 3: To evaluate member company interest in implementing a fee-for-service model.

This chapter discusses the methods we used to approach each of our objectives as we developed our recommendations for NABCOA's steps toward financial sustainability.

3.1 Objective 1:

To acquire information on the current economic status of Namibia and its effects on the country's organizations and residents.

We have learned that Namibia has recently been elevated to Upper Middle Income Country (UMIC) status by the World Bank. However, we did not have first-hand reactions to this dramatic shift in the country's self-perception and its ability to develop and support many of its own programs. It was important to gain insight into this topic from a variety of informants so we could gain a better understanding of the country's economic state. To do so, our team interviewed individuals from several different organizations, listed in Table 2.

Table 2: Interviews with Non-service-receiving Organizations

Name	Organization
Mr. Koech Rotich	UNAIDS
Dr. Magda Robalo	World Health Organization
Mr. Tim Parkhouse	Namibian Employers' Federation
Mr. Edward Shivute	Walvis Bay Corridor Group
Dr. Adrienne Parrish Fuentes	U.S. President's Emergency Plan for AIDS Relief (PEPFAR)
Ms. Tulimeyo Kaapanda	Namibia Chamber of Commerce and Industry (NCCI)
Ms. Aina Heita	UNESCO
Mr. Danny Meyer	SMEs Compete
Mr. Abner Axel Xoagub	Office of the Prime Minister
Mr. Cornelio Balane	ECoSIDA
Mr. Frank Phatshwane	Botswana Business Coalition on AIDS
Mr. Jürgen Haag	FIDES A.G.
Mr. Berthold Mukuahima	Ohlthaver & List
Mrs. Ella Shihepo	Ministry of Health and Social Services

We used a semi-structured interview method to conduct our research. The questionnaires we used to guide the conversations were mostly uniform for every respondent, but did include a few specialized questions for some discussions as each interviewee provided different insight into the economic state of the country and NABCOA's current funding situation based on their field of expertise. Each organization interviewed for the purpose of completing this objective had

different information to offer. As such, ignoring the specific expertise of certain organizations would not do justice to our findings.

The questionnaires used for these interviews (see Appendix C) were tailored to each organization; however, there were many general overlapping questions. One question we asked in every interview was the opinion of the interviewee on the World Bank's recent elevation of Namibia's economic status. This was such a critical factor in NABCOA's future that we felt it necessary to acquire as many opinions on this complex topic as possible. The variety of answers and the depth of these opinions were taken into great consideration when developing our recommendations. This income status has a profound effect on essentially everything NABCOA and other donor-funded programs will do in the near future.

3.2 Objective 2:

To evaluate the current services provided by NABCOA's membership-based model.

The purpose of this objective was to aid NABCOA in determining which services should be provided if the coalition switches to a fee-for-service model. We gathered and analyzed information regarding services currently offered and identified those services most requested by member businesses. We also researched possible new services for NABCOA to add to their programming to fill gaps in service provision. In addition, we evaluated customer satisfaction with NABCOA's current service provision from a sample pool. This pool included a variety of current and former member companies. The feedback received from members in regards to satisfaction allowed us to suggest ways with which NABCOA should deliver its services as well as how these services could be improved in the future.

The information collected about NABCOA's current services was attained through numerous semi-structured interviews. The greatest challenge with the interview process came from our limited ability to schedule these meetings. Our sponsor exclusively arranged these interviews assuming that it would be impossible for us to schedule the interviews on our own. Most representatives we interviewed held high-level positions in human resources or directed wellness programs and as such were extremely busy and required some convincing on the part of NABCOA's director, Peter van Wyk, before agreeing to participate. Once we were in the presence of these informants, however, interviews were effectively carried out using the

questionnaire developed (see Appendix C). These discussion style interviews allowed us to obtain answers to a list of predetermined questions, and also allowed the interviewees to expand upon their answers and voice their opinions (Berg 2011).

Our questionnaire was reviewed at least three times by NABCOA employees and was also revised using comments from our project advisors as we formulated the best possible focal points for our interviews. In addition to making our document visually appealing for the interviewees as they followed along, we spent a great amount of time revising the phrasing of the questions to make them as clear as possible. Most of the informants were highly educated and were well versed in English (along with a variety of other languages). The questionnaire, which was heavily edited, was designed for the purpose of collecting both quantitative and qualitative data. Through semi-structured interviews answers would often diverge from the ordered list of questions allowing us to probe and inquire further into relevant topics.

An example of a question from these interviews (full list of questions can be found in Appendix C) is shown below:

<p>3. Do you believe that there is a continued need for NABCOA’s services in your organization’s future?</p> <p>a. One (1) indicating there is no need for NABCOA’s and Five (5) meaning there is a very strong need for the services.</p> <p>b. If not, are there other services that you believe are needed?</p>	<p>1---2---3---4---5</p>
--	--------------------------

This question was designed to elicit both quantitative and qualitative data by asking only one question and following up with additional comments. The uniform format of these interviews was used to allow comparison across individual responses. This was necessary to perform statistical analysis and to draw conclusions based on quantitative data. We began this portion of the interviews by asking the interviewee to rate level of satisfaction or interest on a numbered scale, for example. These numerical answers were used to measure respondent answers and provided us with concrete data to reinforce our conclusions and recommendations. The questions were also meant to gather the opinions of representatives from stakeholder

organizations (service-receiving companies in this case) which were used in the analysis of our data and in the construction of our recommendations.

We followed up on these numeric answers by probing with questions that would reveal more about why each respondent chose his or her specific answer. For example, if someone responded to the questions above with a “1” we would ask why he or she thought that NABCOA would not be part of the future of the company. Does the organization have a workplace wellness program in place? Is the company’s budget an issue? Does it have to do with their low level of satisfaction with NABCOA’s services that the respondent indicated earlier in the survey? Similar questions were used to spark conversation and helped us acquire more depth in our study.

In addition to the added depth of our research, this semi-structured interview method was chosen due to the time constraint we had to work with and our ability to meet with people directly. NABCOA’s office is located in Namibia’s capital city of Windhoek and a majority of the interviewees were located within only a few kilometers. This allowed the team to conduct personal interviews and minimize miscommunication in obtaining information. The short seven week period that we had to conduct these interviews meant that we had to work with a limited population size to obtain as much relevant data as possible. In order to cope with these challenges, we took advantage of a discussion-based interview method where we could expand on topics and gain the maximum amount of information in a brief period of time.

The specific list of questions used to assess current services provided by NABCOA was broken into two sections. The first was a brief investigation of the workplace response to HIV/AIDS. This consisted of three questions that were meant to gain a sense of the interviewee’s general attitude towards the disease and its effect on the workplace. This key respondent represented the organization that we were surveying which poses a risk of personal bias; however, this was the most efficient way to gain insight into a greater number of organizations. An example of a question from this section is shown below:

<p>2. Do you feel that HIV/AIDS has been becoming more of a problem or less of a problem in the past five years?</p> <p>a. One (1) meaning the situation has been improving and Five (5) indicates that the problem has been getting worse.</p>	<p>1---2---3---4---5</p>
---	--------------------------

As with the questionnaire presented in the previous section, this gave us room for both quantitative and qualitative responses. These questions were used mainly to gauge the attitude of service recipients towards HIV/AIDS in the workplace, and whether NABCOA looked like an indispensable component of the organization’s future. These questions were critical as NABCOA will be considering a shift towards wellness services as opposed to a focus on HIV/AIDS. For example, if results revealed no desire for AIDS-specific services, then NABCOA may be forced to change its mission in order to survive. Both the qualitative and quantitative data obtained were used in the creation of recommendations regarding how NABCOA should proceed in order to become more sustainable.

The second set of questions used to assess the current services provided by NABCOA dealt specifically with the services themselves and their delivery. While the first section was broader and dealt with the general response to AIDS, the second section was used to determine how NABCOA can provide the best services possible. Questions (see Appendix C) included direct inquiries about satisfaction levels, familiarity with services, requests for suggestions of new services, and discussion of the most requested and desired services. Again, both a quantitative and qualitative analysis was used to determine which services NABCOA should focus on providing and improving regardless of the model adopted by the coalition.

3.3 Objective 3:

To evaluate service-receiving-company interest in implementing a fee-for-service model.

The purpose of this objective was to evaluate whether member companies would be willing to transition to making payments on a fee-for-service basis rather than paying an annual membership fee. We used this information to make recommendations to NABCOA about

whether implementing a fee-for-service model would be feasible and sustainable. This objective was achieved by conducting semi-structured interviews as described in the previous section with representatives from member/non-member organizations. The data gathered from these interviews helped us assess the potential of this new model and was used in developing suggestions for how NABCOA should proceed in its fee-for-service-based restructuring. The use of semi-structured interviews was important in this case. This method allowed the interviewees to expand upon their responses and provided depth to our interviews through probing questions.

In order to make recommendations for NABCOA, we asked questions pertaining to the feasibility of implementing a fee-for-service model within the member companies. One question was a direct inquiry about each organization's interest in switching to a fee-for-service model. Quantitative responses were answered on a number scale and were followed by further discussion about opinions on the matter. This allowed us to gauge member interest in paying for services using this model, rather than the current membership model. Without asking these questions directly, NABCOA would not know how interested these companies are in a fee-for-service model, and we would, thereby, not be able to make any recommendations.

This team also used the research performed through interviews with other similar fee-for-service based coalitions to determine if a fee-for-service option is feasible and sustainable for NABCOA. We hypothesized that the data collected would reveal that the optimization and restructuring of NABCOA's program would include higher returns, lower costs, and would also appeal to the largest target audience.

4. Findings and Analysis

In this chapter we documented the most important results collected during the completion of our project. Conducting interviews with 28 key stakeholders allowed our team to gain insight into the current economic status of Namibia, the reasons for NABCOA's financial hardships, and what organizations have done to combat similar challenges in their business. We also gathered information about how HIV/AIDS has affected the Namibian workforce, levels of customer satisfaction with regards to NABCOA's services, and the willingness of member companies to transition to a fee-for-service model. All of this information assisted us in making recommendations towards the financial sustainability of NABCOA.

Although all the data collected came from primary sources, it is important to note the limitations and advantages to our research. One constraint was our inability to speak to all service-receiving companies. While we believe that all of our interviews provided us with a representative sample, the data collected would have been even more accurate had every service-receiving company been interviewed. A second limitation to our research was personal bias. The interviewee expressed his/her personal opinions on sensitive subjects such as HIV/AIDS in the workplace. This can be viewed as both an advantage and a disadvantage.

It may have been to our benefit to ask these types of questions, as they allowed us to better understand and clarify the reasoning behind the numerical scores provided for these questions. From these detailed answers we could better gauge why some companies may, for instance, prefer one payment method over another. We were also able to obtain explanations as to why some companies may have been dissatisfied with NABCOA in the past. A disadvantage to this opinion-based data is that the opinion of the interviewee may differ from that of the organization as a whole. The benefit of being able to assess the feelings of an entire organization by interviewing one key informant far surpasses the potential risks in terms of efficiency; a critical factor in our limited time to perform this research.

4.1 Interviews with Non-service-receiving Organizations

Throughout our research, we completed a total of 15 interviews with representatives from non-service-receiving organizations. Responses from these non-member organizations allowed the team to gain insight into the Namibian economy, possible reasons for NABCOA's financial

hardships, and what initiatives these organizations have implemented to combat similar challenges they have faced. The highlights of some of these interviews are discussed in this section. A full list of the interview questions asked can be found in Appendix C.

We gained valuable insight from these interviews and, in some cases, were presented with new ideas as to how NABCOA may be able to improve its current program or increase its revenue. A few of the main topics that recurred in the interviews appear in the following subsections.

4.1.1 NABCOA needs to improve service provision before a fee-for-service model will demonstrate significant benefits for the organization.

We asked several interviewees two critical questions. One such question was whether they believed that switching to a fee-for-service model was a good idea for NABCOA to gain more revenue. The second question was whether they had any other ideas for how NABCOA may be able to increase its income stream. From these responses we received suggestions for new sources of revenue for NABCOA.

In an interview with Mr. Danny Meyer, Director of SMEs Compete, he stated that the success of a fee-for-service model for NABCOA would depend on the value and execution of the services presented. He also suggested that NABCOA may want to expand its programming past HIV/AIDS and even general wellness to occupational safety services. These services could include health and safety audits and training sessions on topics such as the importance of wearing safety gear at work, or how to properly lift heavy objects to avoid injury. Such added services would allow NABCOA to greatly broaden its target market and may help the organization to expand the number of companies it serves.

In an interview with Mr. Tim Parkhouse of the Namibian Employers' Federation, Mr. Parkhouse suggested that NABCOA could find success in increasing revenue with a fee-for-service initiative only if the quality of its service provision improved significantly. He explained that he has worked with many of NABCOA's members in the past, and that some of them have considered withdrawing their membership due to the poor quality of the services they have received. This indicated to us that NABCOA must improve its presentation and execution of services in order to maintain its customer base and to remain viable.

4.1.2 NABCOA should further investigate becoming a delegated authority, but in order to succeed, the organization needs to better market its services.

During an interview with Mr. Abner Axel Xoagub of the Office of the Prime Minister of Namibia, we asked if he believed the Ministry might ever consider soliciting wellness services from an external provider such as NABCOA. Mr. Xoagub explained that the ministries would consider delegating this authority to an external provider in the future, but would only be willing to do so if the services were presented in a way that demonstrated their value to the ministries. This suggests to us that becoming a delegated authority for providing wellness services to government employees is an option for NABCOA to consider in the future. The greatest challenge for NABCOA in doing so will be marketing the services in a way that will convince government officials of their value. This would involve NABCOA creating a presentation that clearly demonstrates to the ministries that they would benefit from the services, and that the services would be worth the costs.

NABCOA may be able to establish partnerships with a number of Namibia's ministries. One interviewee mentioned that some ministries do not have their own workplace wellness programs and that NABCOA could assist by facilitating the establishment of these programs. In addition to aiding the ministries themselves, NABCOA could form partnerships with these ministries and be delegated tasks that the government would like NABCOA to complete. Ms. Aina Heita of UNESCO mentioned during an interview that one viable option would be NABCOA helping the Ministry of Education to improve its HIV awareness programs and to assist in screenings and workplace program development. Further investigation and discussion with various ministries may bring about more options for NABCOA to get involved with the government without merging or passing off control of the coalition's operations. Numerous respondents suggested that this process should start by meeting with the Office of the Prime Minister.

4.1.3 Fee-for-service will most likely not suffice as the sole revenue stream.

A number of interviewees made clear arguments regarding how a fee-for-service model based purely in the provision of HIV/AIDS prevention services would not prove viable for any NGO in Namibia. Many companies are seeing HIV as less of a problem in their workforce (see Figure 5) and are placing less emphasis on education and prevention. In addition to these factors, many

larger corporations, such as De Beers Marine Namibia and Standard Bank Namibia, have no problem paying for quality HIV prevention and screening services. While these organizations have the funding for these services, their highly-evolved employee wellness programs are decreasing the numbers of services they need to outsource to organizations like NABCOA.

Small and medium enterprises (SMEs), on the other hand, are in need of many of these services but cannot afford most of the lowest cost options or generally refuse to include HIV prevention services in annual budgets. Mr. Danny Meyer suggested that, “a fee-for-service model will probably have more of an impact on SMEs, as their budgets are much more limited,” but also described how these organizations will be very difficult to sell to. While a fee-for-service model may be more popular than the current membership model, it will most likely not be a simple fix that will lead to immediate financial sustainability for NABCOA.

4.2 Interviews with Companies that have Received Services from NABCOA

As a result of interviewing representatives of companies that have received NABCOA’s services, we gained information about how HIV/AIDS has affected their workforce, their level of satisfaction with the services they have received from NABCOA, and their willingness to transition to a fee-for-service model from the current membership model. Table 3 shows the individuals interviewed, company name, number of employees, and company type.

Table 3: Service-Receiving-Company Key Informants

Name	Organization	Title	Meeting Date
Dr. Lischen Haoses	University of Namibia	Dean of the Faculty of Medical and Health Sciences	March 26, 2012 @ 11:00
Ms. Ailly Shigwedha	Langer Heinrich Uranium	H.R. Practitioner	March 28, 2012 @ 15h30
Mr. Ivory Uirab	Ministry of Fisheries & Marine Resources	Inspector	March 28, 2012 @ 16:30
Mr. Griffort Beukes	Agra Ltd.	H.R. Manager	April 3, 2012 @ 09:00
Mrs. Estelle Botes	Standard Bank Namibia	Employee Well-being Coordinator	April 10, 2012 @ 14:30
Mr. Armando Passano	IGL t/a AFROX	Procurement Manager	April 11, 2012 @ 11:00
Ms. Mary-Anne Kahitu	City of Windhoek	Chief of Health Services	April 13, 2012 @ 14:30
Mrs. Elsabé Grötzing	De Beers Marine Namibia	Wellness Manager	April 16, 2012 @ 11:15
Mr. Jaco van Zyl	Namibia Beverages	Country H.R. Manager	April 17, 2012 @ 09:00
Mr. John Hinda	Otjiwarongo Multi-Purpose Help Centre	Centre Supervisor	April 18, 2012 @08:00 Telephone
Ms. Helena Nicodemus	NAMWATER	Employee Wellness Officer	April 18, 2012 @ 09:00
Mrs. Elizabeth Farmer	Navachab Gold Mine (Pty) Ltd.	Health Coordinator	April 18, 2012 @ 11:30
Mr. Raymond Cloete	MTC	HR Practitioner: Wellness/Health & Safety	April 19, 2012 @ 11:00

4.2.1 Most companies do not believe that HIV/AIDS has had a severe effect on their workforce.

The first portion of the interviews conducted with service-receiving companies involved questions regarding each company’s response to HIV/AIDS in the workplace, and the effects the epidemic has had on its workforce. Companies were asked to indicate on a scale ranging from one (not severe at all) to five (extremely severe) how the HIV/AIDS epidemic has affected their workforce/organization in the past ten years. The average score was 2.07, indicating that most companies did not view the HIV epidemic as having a severe impact on their workforce.

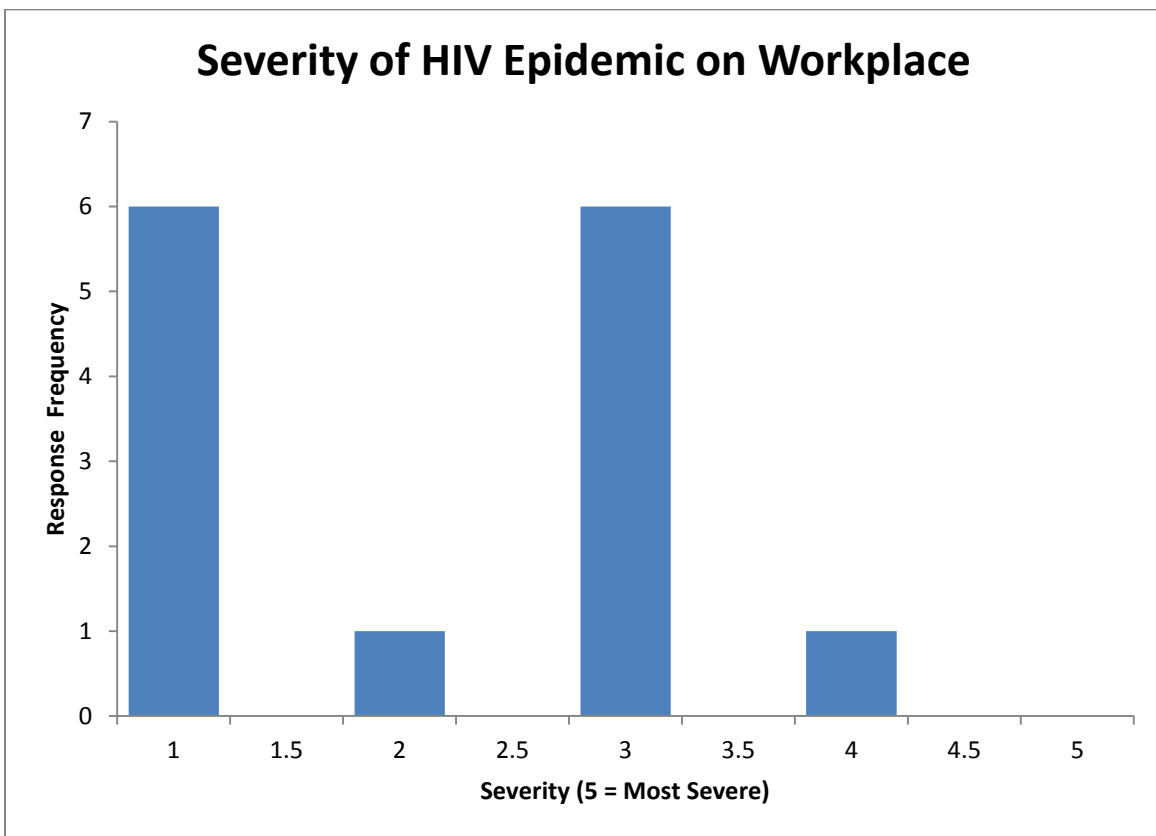


Figure 5: Interview Response to Severity of HIV Effects on the Workforce.

Although there were a limited number of responses, it is clear that these organizations tend to think that HIV does not have a very severe effect on their employees. A more normal distribution would strengthen the argument, but the fact that only one informant indicated a severity level higher than 3 told us that HIV just does not appear to be as much of an issue from the perspective of Namibian employers.

4.2.2 Most companies believe HIV/AIDS has not become more of a problem in the past five years.

When asked if HIV/AIDS has been becoming more of a problem or less of a problem in the past five years and indicating their response on a scale of one (much less of a problem) to five (much more of a problem), the average score was 2.50. This average indicates that the majority of respondents did not believe that HIV/AIDS is becoming more of a problem. This suggests that these respondents also believe that there is less need for HIV/AIDS services as a result of the improving situation.

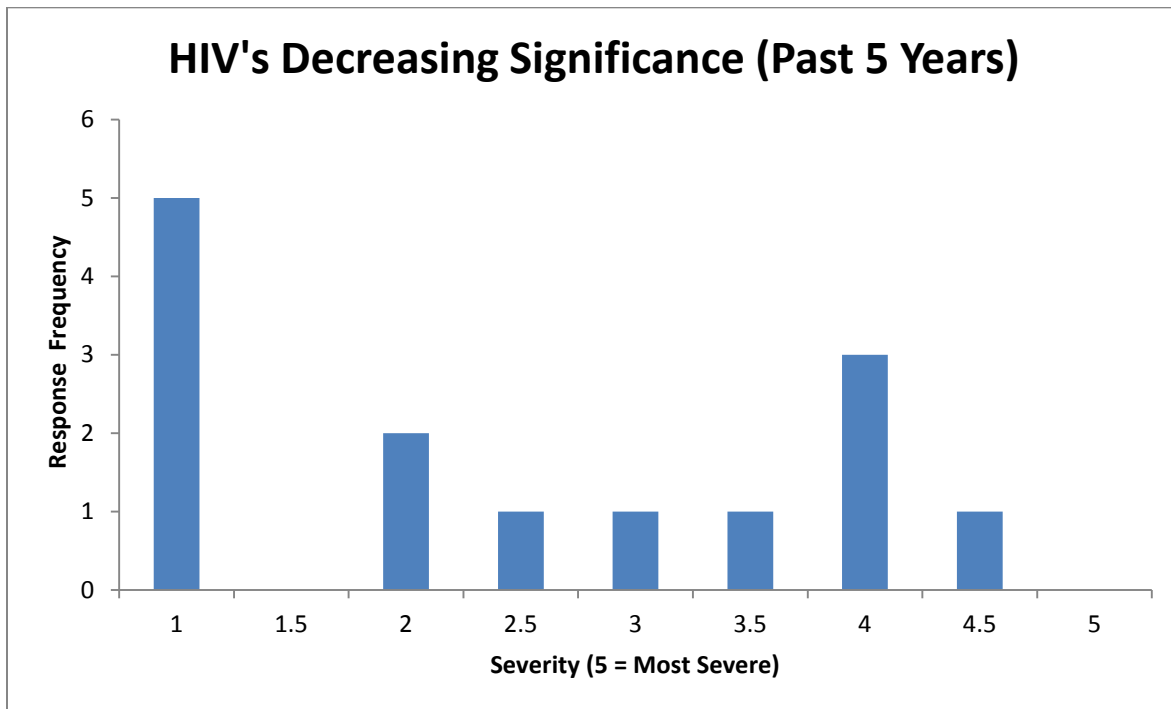


Figure 6: HIV is Becoming Less of a Problem According to Stakeholders

Figure 6 indicates that the answers and opinions on this matter varied; however, there is a noticeable skew towards the low end. We can derive from this data that HIV has been becoming less of a problem in the past 5 years, but there is not a very strong consensus. Once more, a larger number of responses would add more weight to our conclusions. The variety of companies and organizations interviewed provided as accurate a sample of the population as possible with

the number of responses obtained. Figure 7 shows a comparison between findings in sections 4.2.1 and 4.2.4.

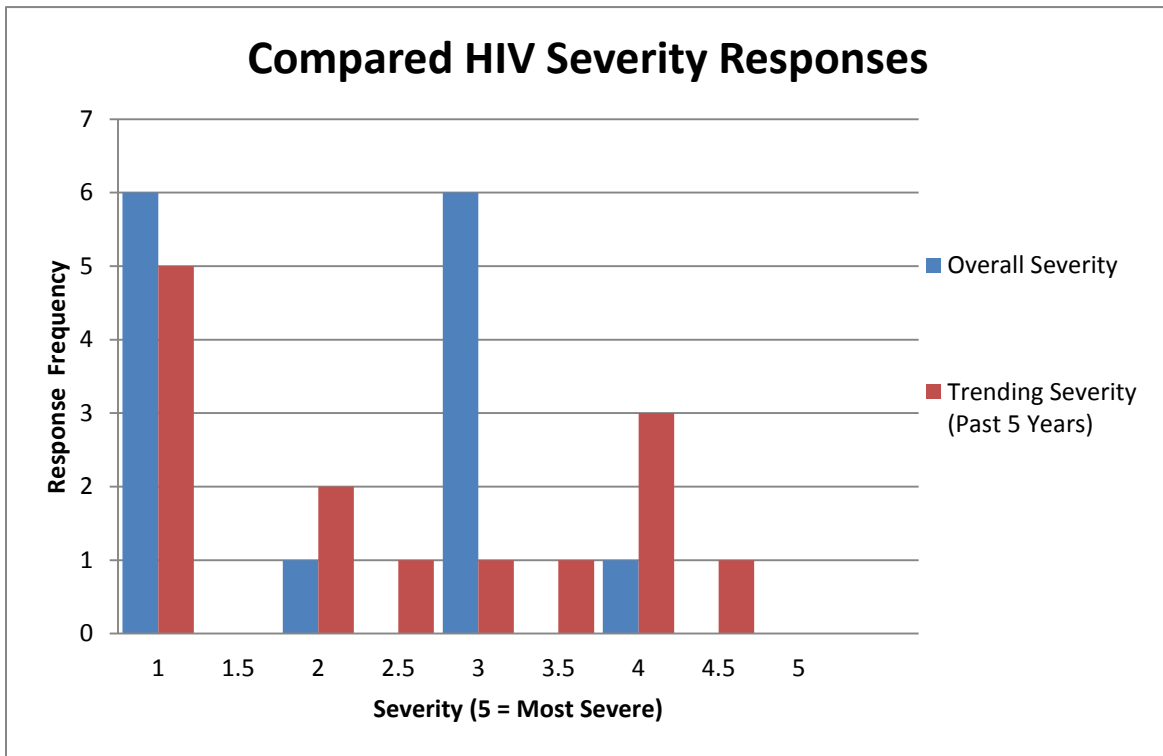


Figure 7: Comparison of HIV's Effect on the Workforce in General and the Past 5 Years

There appears to be a correlation between the feelings of stakeholders on HIV in general and the epidemic’s decreasing severity in the past 5 years. Only 5 of 13 service-receiving organizations suggested that HIV has become more of a problem in the past 5 years, and not one individual claimed that HIV has become more of a problem (answered with a score of 5). Many of the interviewees would follow up this question by informing our team about the prevalence rates that their organization has seen.

Most of these rates were in the single digit range, with the highest response at 8.19%. Some service-receiving organizations revealed HIV prevalence rates as low as 0.4%, all of which are well below Namibia’s national average. While this is promising for the state of the epidemic, these rates were calculated based on the number of employees that volunteered for screenings, and can only be given so much consideration. Figure 8 displays the responses from each company regarding the specific workplace components affected by HIV/AIDS.

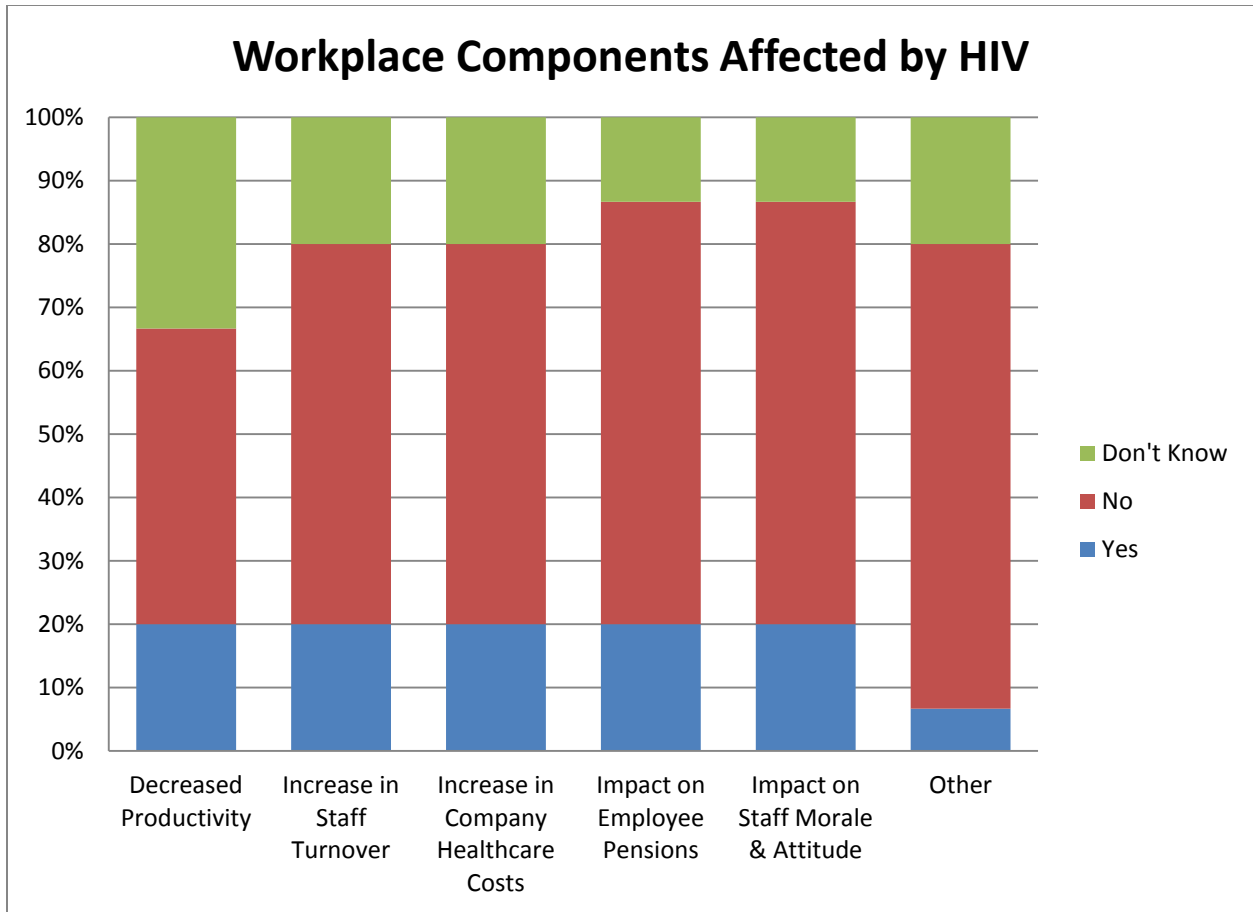


Figure 8: Specific Workplace Components Affected by HIV

A visual representation of this data appears in Figure 8, where it is clear that HIV has little effect on these workplace components as a whole. The responses indicated that most companies believe their workforce is not actually affected more in one particular area than in others, and only 20% of the respondents indicated with certainty that HIV affects any one specific aspect of the workplace. This is important to note, as it may indicate that NABCOA needs to take a more holistic approach when developing services as opposed to focusing on fixing specific symptoms in the workplace that result from HIV/AIDS incidence. Another important trend we observed was the overall effect of HIV in the workplace, as shown in Figure 9.

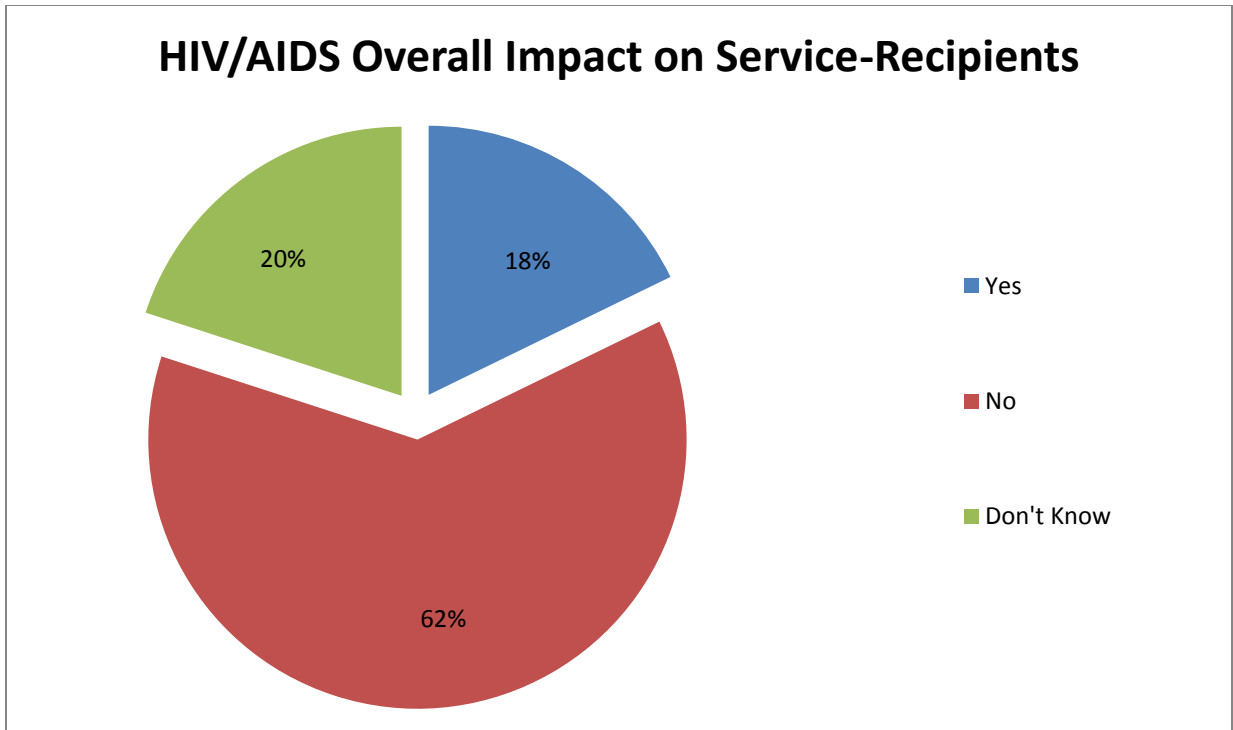


Figure 9: Overall Impact of HIV on All Specified Workplace Components

Figure 9 indicates that in general, about 62% of the respondents did not see HIV/AIDS as having a negative impact on all components of the workplace, while only 18% of the total number of respondents could directly cite the epidemic as having a noticeable influence. Respondents also stated that these influences could not be attributed solely to HIV/AIDS. Once more, this was followed up with dialogue regarding the low prevalence rates in these companies and organizations.

The next set of interview questions for service-receiving organizations inquired about customers' satisfaction with the services they have received and what new services they would like to see added to NABCOA's programming. (A full list of questions from this portion of the interviews is found in Appendix C).

4.2.3 Most companies were not fully satisfied with the quality and follow-up of NABCOA's services.

When our respondents were asked to indicate their level of satisfaction with NABCOA's services on a scale of one (not satisfied at all) to five (extremely satisfied), the average score was

3.70. This score demonstrated that NABCOA was providing adequate services and the customers were for the most part satisfied. However, verbal responses we received in follow up questions suggested otherwise. Many respondents later stated that they were dissatisfied with the quality of NABCOA’s services, and they also expected better communication and follow up than what they received.

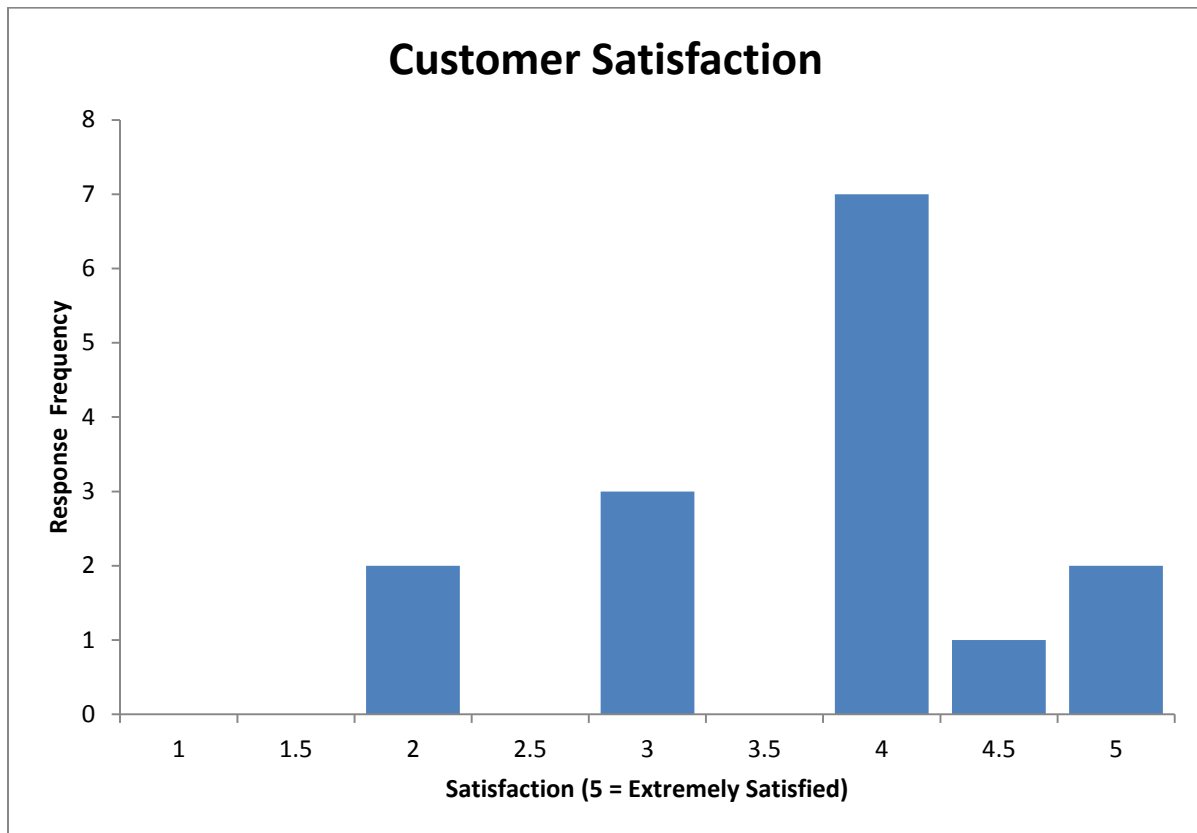


Figure 10: Customer Satisfaction from NABCOA Service-Receiver

The distribution in Figure 10 is shaped somewhat normally and the calculated mean appears to be reasonable based on the distribution. These results were not expected given the verbal responses we received to additional questions about NABCOA’s services.

A majority of both the service-receiving organizations and non-receivers informed us that there were many problems with NABCOA’s services, specifically in the follow up process and communication practices with customers. Several respondents stated that NABCOA contacted them about providing a service or that they received a service from NABCOA, but then never heard from the organization afterward. Many respondents also said that they experienced

difficulty in communicating with NABCOA. Some stated that NABCOA did not respond to emails in a timely manner, or needed to be contacted more than once about receiving services before they got a response. These communication problems turned some people off, as it made them feel that NABCOA didn't care to provide them with services. This is an area that shows great room for improvement for NABCOA and requires immediate attention.

Other areas for improvement on NABCOA's part are service quality and service reliability. The majority of those who indicated scores below three stated that poor service quality or unreliability of service provision was the reason for their dissatisfaction. For instance, Mrs. Estelle Botes of Standard Bank stated that many of NABCOA's posters and fliers meant to be distributed in the workplace are perceived as being inappropriate and sometimes offensive to employees. Mrs. Botes also stated that NABCOA employees were once so late for a training session that they were supposed to be leading that the Standard Bank employees attending the session left. This is an indication that NABCOA should improve its service quality and timeliness in order to maintain its current customer base and potentially increase the number of companies it provides services to in the future.

4.2.4 Most companies would like to receive future services from NABCOA.

Companies were asked to indicate the level of need for NABCOA's services within their workforce on a scale of one (not needed) to five (strongly needed). The average score for this response was 4.27, indicating that most organizations had a strong need for NABCOA to survive and continue providing services.

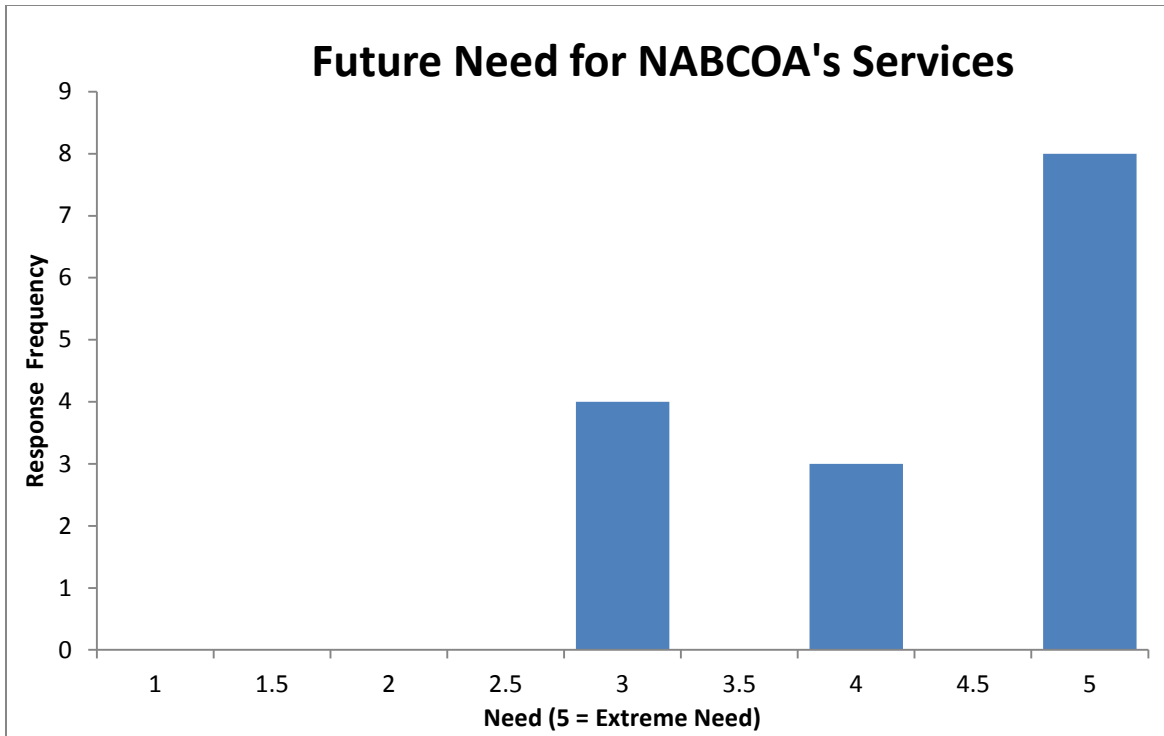


Figure 11: Service-Receiving Organizations' Future Need for NABCOA's Services

The distribution in Figure 11 shows that respondents are at the very least neutral in their need for NABCOA's services in the future. The most frequent response was a 5 (absolute need for NABCOA) which was surprising considering our discussions about the low levels of customer satisfaction. Figure 12 visually represents just how strong these responses actually were.

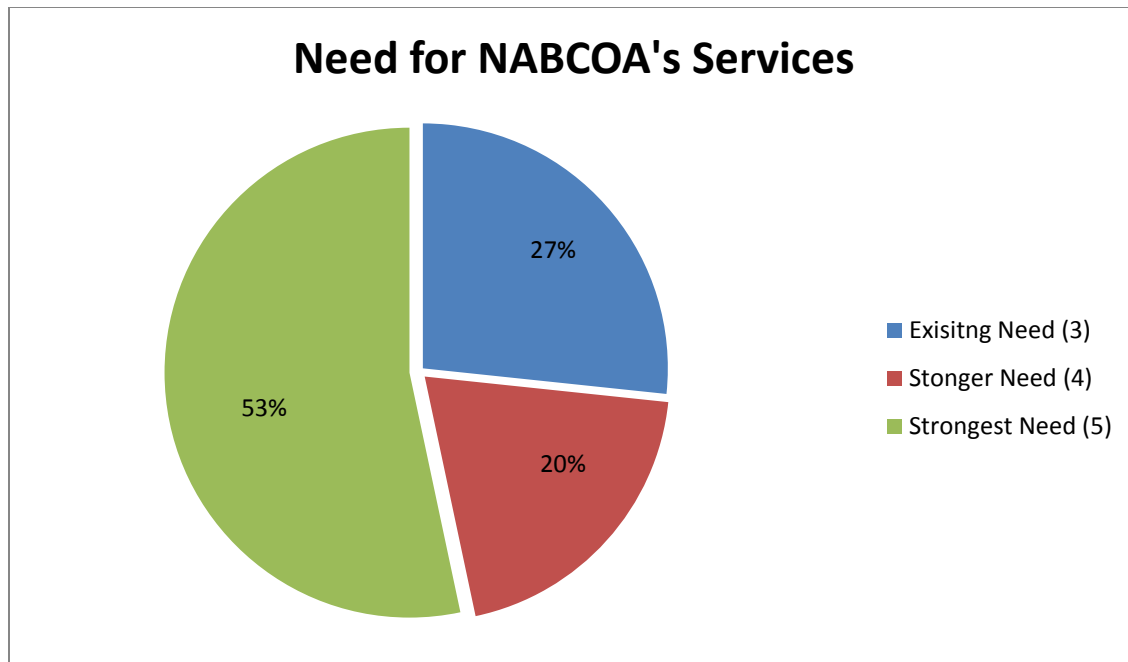


Figure 12: Service-Receiving Organizations' Need for NABCOA's Services

Many respondents answered with an assured tone, affirming the fact that HIV/AIDS prevention will be an important part of their business in the future. Figure 12 also depicts that over half of the responses we received indicated the strongest need on the scale. This also seemed to appear more frequently in larger companies with established wellness programs that wanted NABCOA to provide services for their high numbers of employees. It is possible, though not verifiable, that the high level of need described in these responses was swayed by ethics as opposed to a critical assessment of an organization's need for NABCOA. One respondent followed up to this question by stating, "People need to be educated about HIV/AIDS. NABCOA is the only [organization] in Namibia that takes the initiative to inform people in the private sector". While even the largest companies with the most well developed wellness policies and programs stated they had needs for NABCOA, few were able to list specific areas that required assistance in relation to HIV outside of screenings.

4.2.5 The most popular of NABCOA's services are peer education trainings.

Service-receiving companies were asked which services they had received and were further questioned about their experiences in order to determine which services NABCOA should focus on providing and improving. The results of this research are shown in Figure 13.

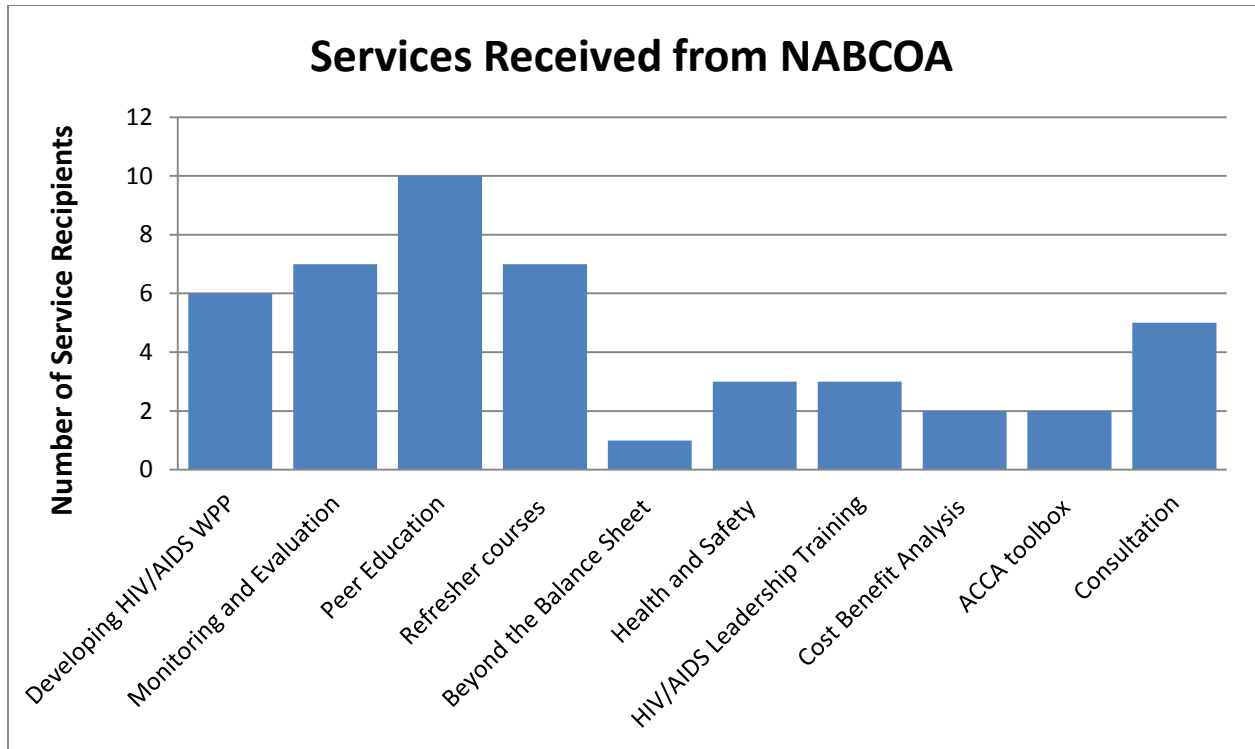


Figure 13: Popularity of Services Provided by NABCOA

We found the most popular services to be the peer education trainings and the complimenting refresher courses. The least used services included the Beyond the Balance Sheet, the cost benefit analysis, and the ACCA toolbox for workplace programs. When asked which services of those used they found to be most beneficial, the most common responses were peer education trainings and the refresher courses. There were also a numerous responses requesting the cost benefit analysis (CBA) service that has not been available for the past few years. The CBA is often vital for wellness officers to use in describing to management how NABCOA’s services can actually save companies money and it can be used to help push decisions through management.

While many companies have taken advantage of the monitoring and evaluation services, a few interviewees stated that the results of the services were somewhat over complicated, confusing, and that there is certainly room for improvement. One respondent described the monitoring and evaluation results as “over-complicated and stressful” and believed they should be improved immediately. NABCOA’s work in developing workplace programs was also found to be a popularly requested service, especially for SMEs.

4.2.6 Most companies would like to see NABCOA offer new services.

The final question that we asked of the companies regarding their satisfaction with NABCOA was which services they would like to see NABCOA add to their programming. The responses we received ranged from expanding the peer education services to switching towards a focus on occupational safety. Most of the suggestions are listed in Table 4.

Table 4: Suggestions for Services NABCOA Could Provide

Expansion of peer education training
Provision of a wellness calendar for service-recipients to follow.
Provide digital information such as presentations or peer educators.
Provide “strategic information” for dealing with HIV in the workplace.
Perform “wellness audits” to determine gaps in workplace wellness programs and to find out which services NABCOA can provide to these organizations.
Offer lifestyle modification [behavior changing] programs.
Establish more forums for members or service-receivers to congregate and discuss aspects of HIV in the workplace.
Perhaps expand more towards industrial health or occupational health programs, such as health and safety audits in the workplace.
Run programs about lifting heavy objects safely, the importance of wearing safety gear, etc.
Bring in psycho-social counselors to provide advice for managing mental health issues

(depression, stress, anxiety, etc.)
Provide counseling and advice for substance abuse, particularly alcohol.
Provide incentives for companies to develop workplace wellness programs (monetary prizes subsidized through donations or free services).
Organize awareness days at various companies and provide information in the form of handouts and discussions.

These responses helped us make recommendations to NABCOA about services that could be added to their programming to better meet customer needs. There was not a single specific service that was requested by more than one interviewee; however, a strong majority of these correspondents are looking for a move towards wellness in general and less of a focus on HIV/AIDS.

4.2.7 Most companies are willing to switch to a fee-for-service method of payment.

The third and final portion of the questions asked during interviews with companies that have received NABCOA’s services involved questions regarding NABCOA’s potential transition from a membership based model to a fee-for-service based model. We first asked companies to indicate their willingness to switch to a fee-for-service model on a scale of one (very unwilling) to five (very willing). The average score for this question was 4.14, which alone indicated to us that NABCOA should find a welcome response to this model if implemented.

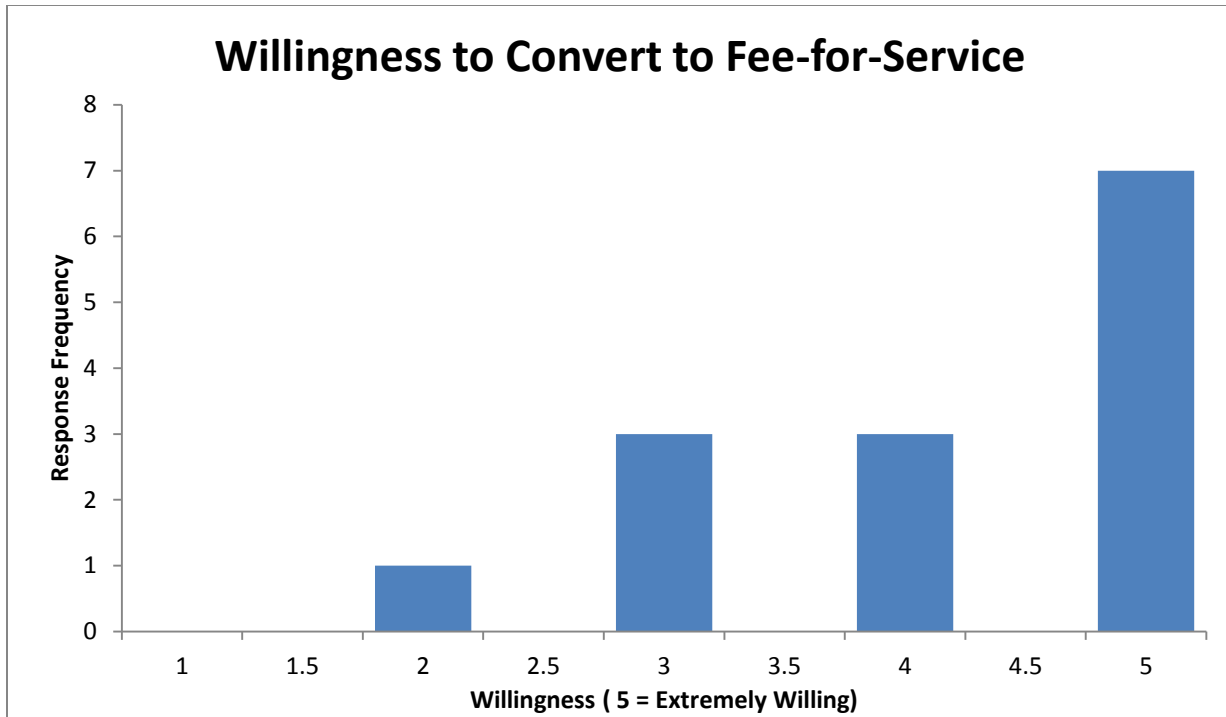


Figure 14: Service-Receiver’s Willingness to Switch to Fee-for-Service Model

The majority of companies responded that they would be willing to pay added fees for services, (see Figure 14) as long as the services were of high quality and the prices were competitive. We determined this by asking companies if they would be willing to make payments through a fee-for-service rather than through the annual membership fee that is currently used. Many companies added the stipulation that the predicted increase in cost would be a concern, and maintaining the affordability of the services is essential. If implementing a fee-for-service causes the costs of the services to rise past the value of the service to the company, most companies will no longer request to receive NABCOA’s services.

As a follow up to this question, service-receivers were asked if they would be willing to pay for these services. This question was asked because most of the services that these organizations receive are subsidized by donations from outside sources, and come at no cost outside of the annual membership subscription.

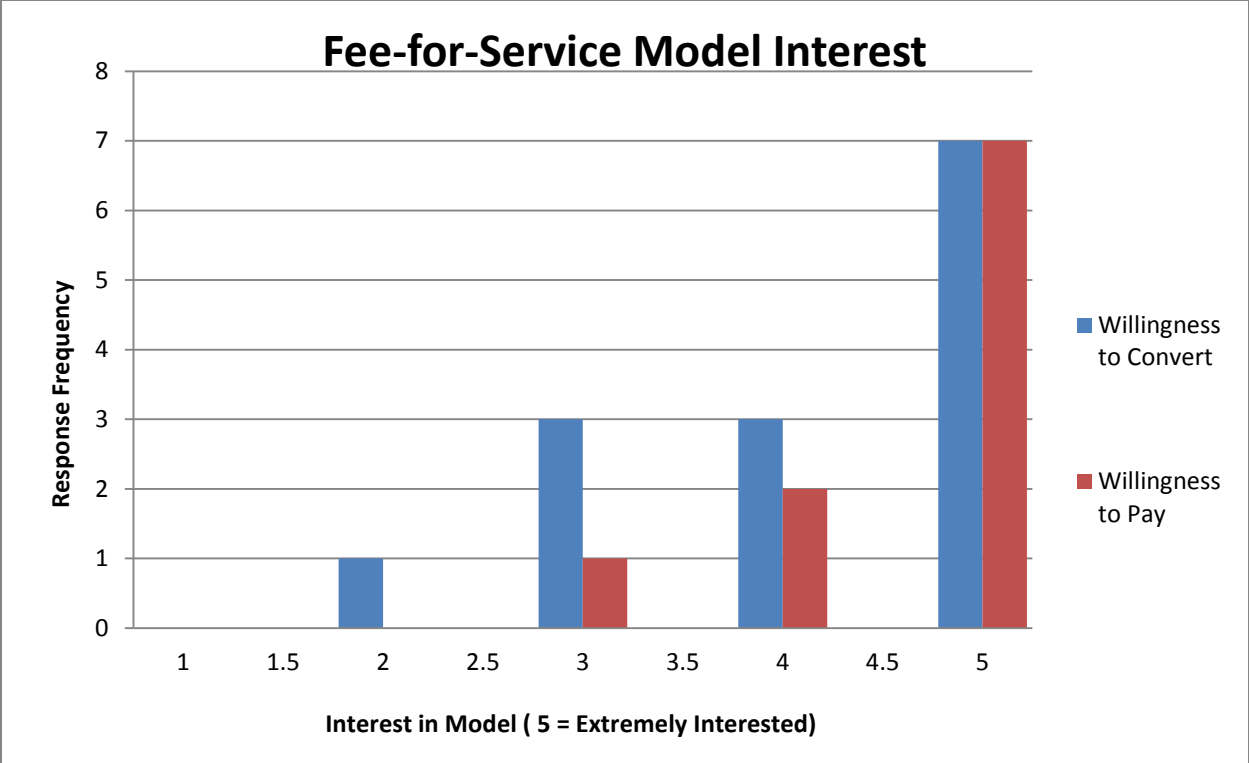


Figure 15: Comparison of Willingness to Convert and Willingness to Pay Fees-for-Services from NABCOA

There was a clear correlation between the willingness of companies to convert to the fee-for-service model and a willingness to pay for these services as seen in Figure 15. This indicated that the private sector is willing to pick up some of the costs of HIV prevention that were formally covered by donors. Most respondents replied to this question by asking how much they would be paying. This is an important question that NABCOA must answer if it decides to proceed with the fee-for-service model.

4.2.8 Most companies are willing to contribute small portions of their wellness budget to HIV/AIDS.

We asked companies how much they budget for wellness initiatives every year, and what percentage of this budget they may be willing to spend on external services such as those provided by NABCOA . The average budget for wellness initiatives was found to be N\$ 475,000.00 (approximately 60,100 USD) though this is based on a very small number of responses from companies that varied greatly in size. The average percentage of this budget also varied, with some companies willing to spend up to 10% of the total wellness budget on external

services. Significantly more information regarding how much companies are actually willing to spend should be collected before NABCOA makes a final decision about how feasible a switch to the fee-for-service model actually is implemented.

4.2.9 The most important considerations for companies when switching to a fee-for-service model varied.

Lastly, we asked companies to specify which considerations were the most important for them in switching to a fee-for-service payment method. These considerations included service costs, service quality, legal requirements, service consistency, on-site delivery, or any other specific considerations. The majority of companies stated that service quality and consistency were the most important factors (see Figure 16).

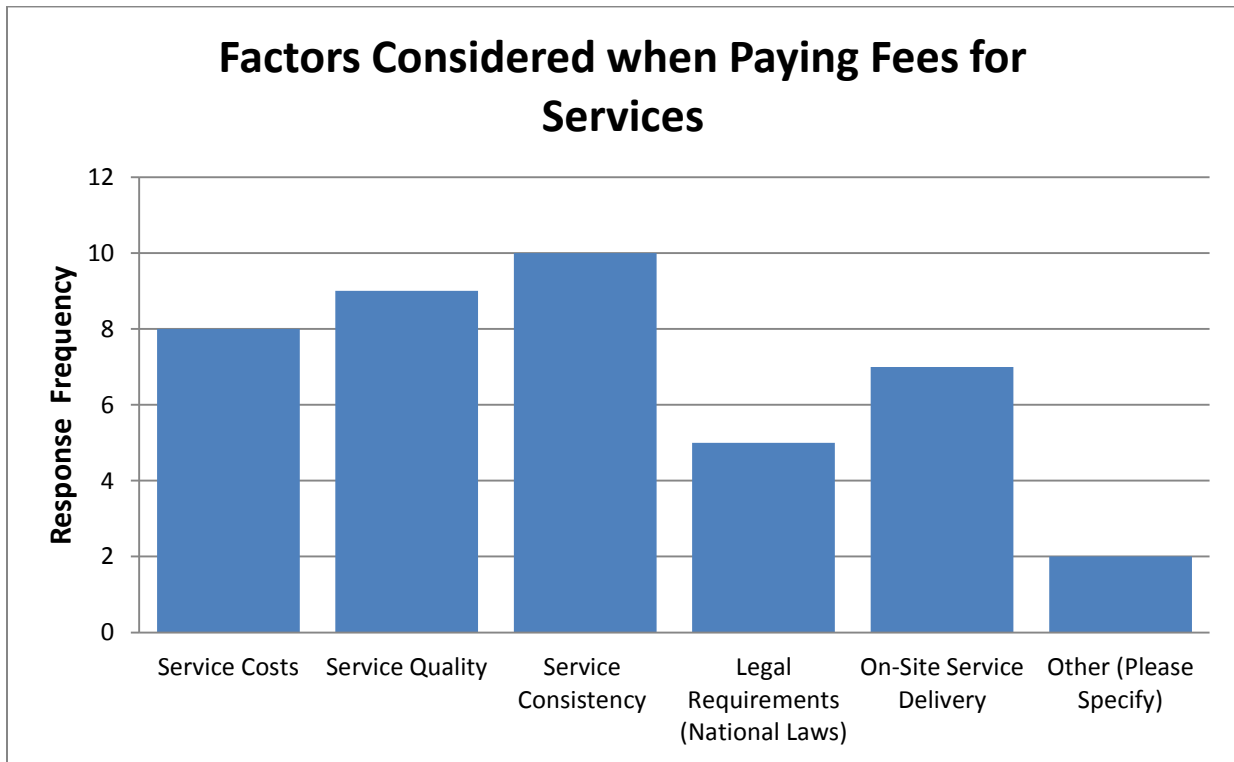


Figure 16: Factors Considered by Service-Receivers when Considering Fee-for-Service

This indicates to us that NABCOA should focus on providing the highest quality services possible while making sure that the quality remains consistent. Factors such as following legal requirements are not significant in considering this model.

5. Conclusions and Recommendations

In this chapter we present our conclusions and recommendations to aid NABCOA in determining the feasibility and sustainability of implementing a fee-for-service model, and in creating a plan for the future of the organization. We took into consideration all of the responses from the 28 stakeholders we interviewed while forming our final conclusions. We suggest that NABCOA consider each one of these recommendations as the coalition proceeds in developing and expanding its services.

Through our research we concluded that NABCOA should implement a fee-for-service model only after dramatic improvements have been made to the services offered and service provision practices. These changes are critical to NABCOA's survival and include improving service quality and reliability, marketing strategies to better present the value of the services, communication practices, distributed materials such as posters and educational pamphlets, and restructuring programs to incorporate more general wellness services, with less focus on HIV/AIDS. The implementation of a fee-for-service model will only be successful if NABCOA is able to improve these numerous aspects of its programs. Changing to a fee-for-service model will bring additional costs to recipients and will result in higher expectations for the value of the services.

We also concluded that NABCOA should consider a transition period during which the shift from the current membership model to a fee-for-service model will occur. This time period should take place immediately after the implementation of the improvements previously listed. Once these initiatives are fully functional and have yielded positive results, NABCOA should then shift towards the full implementation of a fee-for-service initiative through which they can market themselves to become a delegated authority.

The following sections will further explain our recommendations pertaining to wellness programs, service quality, service reliability, marketing strategies, communication practices, implementing a fee-for-service model, and the possibility of NABCOA becoming a delegated authority.

5.1 Recommendation 1: Restructure Program for Wellness

We recommend that NABCOA first restructure its program to focus on health and wellness services as opposed to strictly focusing on HIV/AIDS. We spoke with many companies that requested more wellness services and less focus on just HIV/AIDS. Most company representatives believe that the HIV/AIDS situation has been improving within their workforce and few see the epidemic as still having a major effect on employees. While the epidemic is still a major concern in sub-Saharan Africa, our research shows that the majority of the Namibian private sector does not believe that AIDS is a major concern.

Some respondents even stated that their workers were tired of hearing about HIV prevention, treatment, and education. Our quantitative data also indicated that most companies believed HIV/AIDS has become less of a problem for their workforce, with no companies indicating that HIV/AIDS is an extremely severe problem on a scale of one to five (see Figure 5). Although NABCOA began as a coalition for businesses looking to combat the effects of the disease on the Namibian workforce, our research reveals that the need for HIV/AIDS services has decreased in recent years. Figure 11 and Figure 12 show that while there is a decreasing need for HIV/AIDS services in the Namibian private sector, there is still a strong request for NABCOA's services in the future.

This data seems contradictory at first glance as one would wonder why NABCOA needs to exist if most service-receiving organizations do not consider AIDS a priority in their wellness initiatives. Part of the reason for these responses may be attributed to NABCOA's recent discussions of plans to focus its programs towards wellness rather than just HIV/AIDS. These companies are now wondering when the switch to wellness is going to happen. We recommend that NABCOA make an official switch to providing wellness services almost immediately. This is crucial if the coalition wishes to continue serving the private sector (see Appendix B for case study).

5.1.1 NABCOA must add new wellness services with fair market prices.

The specific wellness services that NABCOA should offer will need to be determined prior to making the switch. Multiple service-recipients and non-service receiving organizations

suggested creating a menu of services that NABCOA could offer. The prices listed should be based on the number of employees receiving the services. This will keep costs affordable for SMEs with smaller workforces and would keep the prices fair for large corporations with larger budgets for wellness initiatives.

Determining the specific list of services offered will require further investigation by NABCOA, and the pricing will have to be determined for each service if the fee-for-service model is adopted. This pricing will need to be based on the cost for NABCOA to provide these services. This cost includes staff salary, supplies, and maintenance. A number of the interviewees suggested that NABCOA continue providing services offered by Bophelo!, which include blood pressure testing, body mass index (BMI) calculations, and cholesterol testing. Many others offered ideas for the types of services NABCOA should provide which are listed in Table 4. While some of these ideas were not as feasible as others, each suggestion stands as a potential service or range of services that NABCOA could offer.

5.1.2 Wellness audits will aid in determining service needs and market analysis.

One of our favorite services suggested was a wellness audit, in which NABCOA meets with an organization to discuss its current wellness initiatives and follows up with a list of beneficial services that NABCOA could provide to the organization. These audits do not need to be as detailed as the cost-benefit analysis service that NABCOA has offered in the past, and could even be performed without receiving any financial data from the potential service-recipients.

These wellness audits must be conducted in a manner similar to that used for the gathering of data for this project. A questionnaire should first be created that asks questions about the workplace wellness programs of companies and organizations in Namibia. The responses to this questionnaire should be collected in person, using the same semi-structured interview method described in our Methodology section, as this will bring out more information and true feelings on subjects of interest than a survey that the respondent is responsible for completing alone. This method was key in researching customer satisfaction. We found that many respondents tended to rate NABCOA's services highly initially. The same respondents would then start to reveal issues in service provision as we continued the discussion. The depth of information

gained from this interview style will help NABCOA gain a better look into the market it will be targeting with a new focus on wellness.

5.1.3 NABCOA will likely need to re-brand itself.

It will be easier for NABCOA to market wellness services if the coalition is no longer called the Namibia Business Coalition on AIDS. A name like the Namibia Business Coalition on Wellness will help attract new organizations that are looking for services outside of HIV/AIDS and will help NABCOA better reach the private sector. The new name should be accompanied by a revised mission statement that describes how NABCOA will work to improve the wellness of the Namibian private sector, including the current goal to improve the country's HIV status. The re-branding will help attract new service-receiving organizations and may help former coalition members see the improved value of NABCOA's new services.

In addition to the effects that re-branding will have on the target market, revising the mission to include a wellness approach may make NABCOA more attractive to outside donors and development partners. The coalition does not want to continue to have its survival depend on donations, especially as it moves towards a self-sustained state; however, it is critical that NABCOA secures some type of funding in order to continue financially sustaining during the transition period to a fee-for-service model.

5.2 Recommendation 2: Improve Service Quality

Within the new wellness program suggested, we recommend that NABCOA improves the quality of its services regardless of whether it adopts a fee-for-service model. Our results show that the majority of the companies and organizations interviewed believe that NABCOA's service quality and provision practices need improvement. Along with this, our research shows that low service quality was the main reason for membership withdrawal in the past. Ms. Mary Anne Kahitu, HIV/AIDS Coordinator for the City of Windhoek, stated in an interview that the city's membership was withdrawn when the management did not believe that they were getting enough value in the services offered for the membership payments they had been making. The City of Windhoek is not the only organization to retract their membership for this reason. As many of the respondents mentioned, if there is not a clear value associated with a service, there is

no need to continue paying the provider. In order to improve service quality and provision, we recommend that NABCOA makes improvements in the following specific areas:

- The Abilities of Service Providers
- Follow Up and Communication with Service-Receivers

5.2.1 The abilities of NABCOA's service providers must improve.

We believe that NABCOA will benefit from changing to a general wellness approach, even though the coalition will likely have to re-brand itself and undergo heavy restructuring during this switch. A major factor to be considered in this change is the ability to actually provide the services that customers are requesting. In order to meet these needs, NABCOA has the options of training its own staff members to provide the new services or finding outside service-providers to outsource the responsibilities to. If the coalition decides to keep the service provision internal, we recommend that these staff members are trained professionally and receive certifications and recognized accreditations whenever possible. This will improve the abilities of trainers and service-providing staff and will also help NABCOA market its services.

In addition to the benefits that would come from certifications in specialized training, several current coalition members mentioned that NABCOA's service quality was low because those providing the services were not well prepared for the training sessions they were leading or the presentations they were giving. It would be beneficial for NABCOA to mandate a training session for all of its trainers and service-providers to ensure that each staff member is fully prepared before interacting with customers.

Another option is to outsource these tasks to reputable trained and certified service providers. Forming partnerships with similar business coalitions and private companies will help develop a network that NABCOA can use to provide referrals to and receive referrals from service-receiving organizations. This option will come at less of an initial cost but will likely not serve as a significant income stream for NABCOA. The coalition will ultimately benefit more from providing the services internally and receiving the fees for these services as they are provided.

5.3 Recommendation 3: Improve Service Reliability

Along with service quality, we recommend that NABCOA only offers services that can be consistently provided whenever a service-receiver requests the services. Service reliability is imperative in maintaining a satisfied customer base, and due to NABCOA's current dependence on donor funds and prevention materials, many services are provided only when these supplies are available. During our interviews, many companies informed us that NABCOA's consistency of service delivery needs improvement. Some companies have withdrawn membership to avoid the risk of paying a membership fee and not receiving services. In order to counter this issue, we recommend that when NABCOA is determining the fees for services in its new business model, the coalition makes sure that the fees cover the entire cost of each service provided. This is easy to do for physical items such as non-donated written materials and testing kits as these items generally have fixed costs that do not change rapidly. The main difficulty comes in determining the costs for the staff to deliver these services.

5.3.1 Hiring staff per diem will make costing services easier.

The easiest way to pay staff, costing wise, would be to hire them to provide these services on a per diem basis, where each staff member is contracted daily at a fixed rate that will not change without notice and agreement from both NABCOA and the employee. In addition to the ease of costing services, hiring staff on a per diem basis will help NABCOA through the transition period while it is switching to a fee-for-service model. If the coalition does not have the funding or ability to train its own staff, and does not want to hire outside organizations, it may find that hiring staff on a per diem rate will be an effective way to provide new services with qualified and specialized staff that do not require annual salaries. It may be difficult for NABCOA to find these individuals, but the coalition will benefit significantly from being able to immediately offer new forms of training and services to the private sector. If certain new services turn out to be widely requested by service-receivers, NABCOA would be wise to hire these employees on an annual salary to increase revenue and to guarantee the availability of the service-providing staff members.

5.4 Recommendation 4: Improve Marketing Strategies

Within the new recommended focus on wellness, we recommend that NABCOA also improves its marketing strategies. It is crucial that NABCOA improves the presentation of its services if the coalition plans to base its sustainability on the private sector voluntarily purchasing services. NABCOA must improve its marketing abilities to both increase the target market's interest in the coalition and to prove the value of the services to the management at companies that actually solicit services from the coalition.

5.4.1 NABCOA must build an audience to increase marketing abilities.

NABCOA currently targets the Namibian private sector which includes companies ranging from SMEs to major corporations. In order for NABCOA to remain in the minds of wellness coordinators and human resources managers, the coalition will have to establish and maintain regular contact with these individuals. The newsletters that the coalition already prints are an excellent start as these publications already contain most of the important information that these people are looking for: news on HIV, insight into the Namibian economy and its impacts on health, and news about NABCOA.

Establishing an electronic mailing list and sending out digital newsletters on a consistent basis would be an excellent way to remind people of the presence of NABCOA. Including information about new services and explaining the benefits for receiving companies would work as an effective marketing tool. Encouraging communication and feedback with each newsletter that gets sent out should also help sell these new services and improve the wellness of the Namibian private sector.

In implementing new marketing strategies, NABCOA should aim to become more of a presence in the community. Mr. John Hinda of the Otjiwarongo Multi-Purpose Help Centre stated that “NABCOA needs to make [itself] heard.” It may be more effective than mailing lists for NABCOA staff to schedule promotional sales appointments with potential clients. This would allow NABCOA to present its services to companies in a more personal manner and answer any questions they might have about the services. This would also give NABCOA more of a presence in the community by putting faces to its name. This strategy would guarantee that

companies learn about NABCOA's services and consider them, where distributing promotional items via mail or email would not do so.

5.4.2 NABCOA is marketing to multiple departments

In many cases, especially in larger corporations, it takes more than one person to contract NABCOA's services. Wellness coordinators described to us how they often have to sell services to managers and board members before outside organizations are contracted. This job is significantly more difficult when the outside organization is hired to talk about an epidemic that, our research shows, does not have a severe impact on the workforce in the opinions of most interviewees. Ms. Alta McNally, HIV Coordinator at the Polytechnic of Namibia, stated in an interview that the Polytechnic does not currently have a workplace wellness program in place for its nearly 600 employees, and may be interested in soliciting NABCOA's services in the future. She also explained that the school's management must first approve implementation of such programs, and that if the value of the services could be clearly demonstrated to the management in a well-planned presentation, they would be much more likely to use NABCOA's services.

We recommend that NABCOA develop an outline for a formal presentation to use when selling these services to larger corporations with rigid management structures. This presentation must be easily adaptable so that it can be presented to a variety of businesses, and must be professionally presented in order to prove the capabilities of NABCOA. The best type of content to include would be brief descriptions of the most popular services, a full list of the services that NABCOA can provide or refer the company to, and a few of the most significant benefits that the service-recipient can gain by taking the coalition's services.

5.5 Recommendation 5: Improve Communication and Follow Up Practices

While a few respondents were not satisfied with NABCOA, most described that they were satisfied with the actual services received. Many interviewees were, however, dissatisfied with the ability of NABCOA to follow up and communicate with the organization after the services were delivered. Several interviewees discussed how things were difficult to organize with NABCOA and how events were often planned at the last minute and poorly advertised. It is

imperative that NABCOA communicates successfully if it wishes to show customers value for the services it would provide in exchange for fees.

One way that NABCOA can improve communication is by enacting a simple checklist policy to ensure that services are provided in a timely manner and follow ups are done on a consistent basis. A draft version of this checklist is shown in Appendix F which lays out the basic guideline for how this system could work. Essentially, one person at NABCOA would be held accountable for recording details such as which specific services are requested and provided. After the services are provided, the same NABCOA employee would be responsible for following up with the receiving organization at set intervals to make sure the customer is satisfied and to see if there are any other services that NABCOA could provide in the future. Cataloging this information will help the coalition determine which services are most requested. Integrating the follow up dates into a centralized calendar to continue following up with service-receiving organizations will help NABCOA market itself and remind the service-recipients of the quality of NABCOA's customer service.

5.6 Recommendation 6: Improve Quality of Distributed Materials such as Posters and Educational Pamphlets

We recommend that NABCOA improves the quality of the promotional and educational materials that it distributes to companies. In an interview with Mrs. Estelle Botes, Employee Well-Being Coordinator of Standard Bank, we learned that many of NABCOA's posters and fliers, meant to be distributed in the workplace, can be perceived as inappropriate and sometimes offensive to employees. Mrs. Botes expressed particular concerns about the educational value of some of the posters she received from NABCOA, and the appropriateness of their content for a work environment. Distribution of such materials reflects badly upon NABCOA, and we recommend that the organization be more selective and critical of their own written materials before distributing them in the future.

5.7 Recommendation 7: Implement a Fee-for-Service Initiative

We recommend that after NABCOA makes all of the critical improvements previously stated, it begins to transition to a mixed membership and fee-for-service business model. This model

would keep companies involved in NABCOA through membership, and would allow NABCOA to increase its revenue through the added fees charged for services. After examining the payment models used by Empresários contra SIDA, Malária e Tuberculose (ECoSIDA), a coalition located in Mozambique that is similar to NABCOA, and also by the Namibian Employers' Federation, we recommend that NABCOA offers tangible materials as an incentive for membership, such as condoms, brochures, posters, and other educational materials, as well as notifications about upcoming events. This would allow companies to see a physical value in their membership, rather than feel that they are paying for services that they never actually receive or may not need.

The added fees would then be charged for the individual services that the companies choose to receive, such as training sessions, refresher courses, and consulting services. These fees would need to cover the costs to NABCOA of providing the services in order to ensure that the coalition is financially sustainable in the future. While we believe that this mixed model should be implemented soon, a transition period will be necessary, in which NABCOA will gradually phase in its new model for gaining revenue.

5.7.1 NABCOA will need a transition plan to switch business models.

NABCOA needs to slowly introduce a fee-for-service model in order to keep current members aware of how the coalition is evolving and why it is doing so. The ultimate goal is to have as much of NABCOA's revenue generated through service fees as possible. In order to accomplish this goal, the costs of services will have to slowly change from being subsidized by donor funding to being paid for by fees charged to customers. A draft transition plan is shown in Figure 17.

FIVE YEAR IMPLEMENTATION PLAN

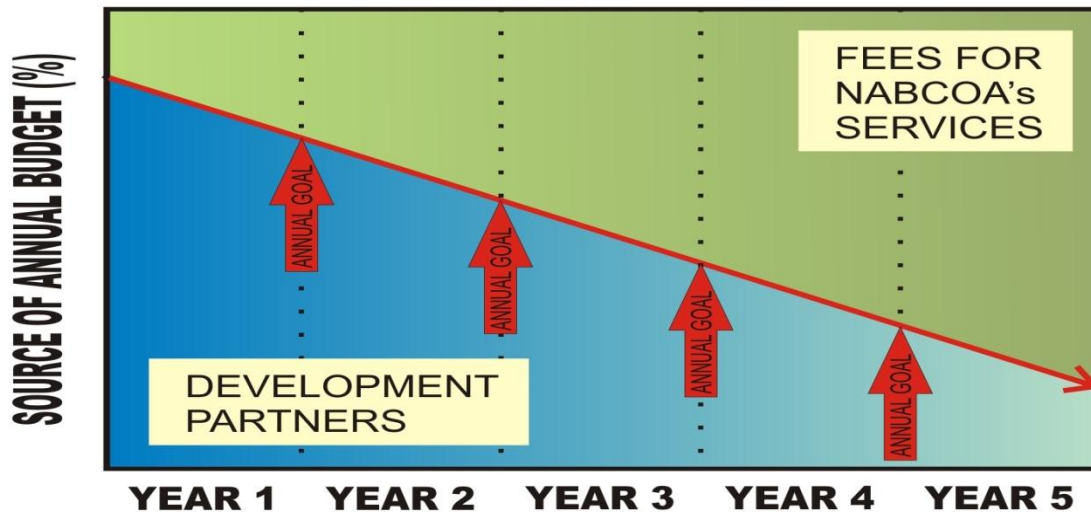


Figure 17: Five Year Plan for NABCOA to Switch Business Models

As NABCOA proceeds in its mission, it will still need to rely on funding from outside donors during the transition. In order to implement this fee-for-service model, the coalition will need to either acquire more funds from outside donors similar to the current suppliers (the Global Fund, GIZ, etc.), or the coalition will need to establish an agreement with development partners from the private sector to implement a transition period. Figure 17 shows a very basic outline of how NABCOA could switch models by starting with an initial investment from development partners and setting annual goals to lessen the dependence on donations. The ultimate goal will not necessarily be zero percent dependence on outside donations, but rather the most revenue the coalition can possibly generate through offering wellness services.

5.8 Recommendation 8: Further Investigate Delegated Authorities

Lastly, we recommend that NABCOA further investigates the possibility of becoming a delegated authority to provide wellness services to government-related organizations. This should be done after the previous goals are accomplished, as NABCOA still needs to improve on the aforementioned topics before it will find success with this market. Mr. Abner Axel Xoagub of the Office of the Prime Minister stated in an interview that if NABCOA's wellness services

were marketed in a way that allowed the Ministry to see their value, the Ministry would consider soliciting these services. This is an attractive possibility for NABCOA as it would provide the coalition with a large, new customer base. Therefore, becoming a delegated authority for providing wellness services to the Namibian government's workforce is an option for NABCOA to consider in the future.

The greatest challenge for NABCOA in doing so will be marketing the services properly in order to convince government officials of their value. The best way for NABCOA to overcome this challenge would be to interview the Ministry about the particular services it would be looking for, and then create a well-rehearsed presentation to present to Ministry officials that would display the services that NABCOA could offer in detail, and that would demonstrate the value of the services to the Ministry versus the costs of these services. This would prove to the Ministry that it was paying for services that would be truly beneficial to those who received them.

6. Lessons Learned: Guideline to Data Collection and Writing Recommendations

Through our work we learned many things with respect to data collection and data presentation. The following sections will discuss the importance of quantitative/qualitative data, and writing recommendations.

6.1 The Importance of Quantitative and Qualitative Data

Through our research we witnessed the importance of acquiring both quantitative and qualitative data. On its own, quantitative data allowed us to numerically portray our data through statistical analysis. Graphs were used to highlight important data and provide the reader with easily-understandable representations. Collecting qualitative data allowed us to expand past numerical responses and reach a greater depth in our analysis of the situation being surveyed. Qualitative data also allowed us to include a more humanistic portrayal of our research.

We have found that both styles of data acquisition can be useful tools on their own. However, we have also realized that the use of both quantitative and qualitative data allows for a more in-depth analysis, gives further validity to findings, and leads to the discovery of discrepancies in numerical analysis. In our research, the combined quantitative and qualitative data analysis allowed us to identify discrepancies with regards to customer satisfaction (Refer to section 4.2.3 of the analysis chapter).

6.2 Writing Recommendations: Thinking About the Consequences

Through our research, we learned a great deal about the importance of presenting recommendations in a manner with which they will be seen as both crucial and constructive. In order to have a positive effect, recommendations must be structured in a manner where they provide a solution to a problem. There must be an equal distribution of critique and solution. Possible consequences associated with having too much of one of these aspects, and not enough of the other include: not expressing the urgency of the situation, or sounding too critical without providing ideas for solutions. In our case, this was related to the need for NABCOA to restructure its program, improve service quality and reliability, and better train its staff, etc. (Refer to the recommendations chapter).

References

- Absalom, Johanna. "HIV/AIDS and Wellness in Workplace Strategy Get Muscles." *Namibia Economist (Windhoek, Namibia)* 25, no. 39 (2011): Accessed January 17, 2012.
http://galenet.galegroup.com.ezproxy.wpi.edu/servlet/BCRC?srchtp=adv&c=1&ste=31&bst=tsVS&tab=2&aca=nwmg&bConts=2&RNN=A269433141&docNum=A269433141&locID=mli_c_worpolyFolders;.
- A.D.A.M Medical Encyclopedia. "Malaria - PubMed Health." National Center for Biotechnology Information. Accessed February 22, 2012
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001646>
- AIDS.gov. "What is HIV/AIDS?" AIDS.gov, accessed January 29, 2012, <http://aids.gov/hiv-aids-basics/hiv-aids-101/overview/what-is-hiv-aids/>.
- Axel Xoagub, Abner. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Personal interview. Windhoek, Namibia. April 5, 2012.
- Balane, Cornelio. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Telephone interview. Windhoek, Namibia. April 13, 2012.
- BBCA. "EDUCATION AWARENESS, OUTREACH AND MOBILIZATION." Botswana Business Coalition on AIDS, Accessed February 1, 2012,
<http://www.bbca.org.bw/education%20&%20outreach.html>.
- Beukes, Griffort. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Personal interview. Windhoek, Namibia. April 3, 2012.
- Botes, Estelle. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Personal interview. Windhoek, Namibia. April 10, 2012.
- Cloete, Raymond. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Personal interview. Windhoek, Namibia. April 19, 2012.
- de Beer, I., H. Coutinho, P. J. van Wyk, E. Gaeb, T. de Wit, and M. van Vugt. "Anonymous HIV Workplace Surveys as an Advocacy Tool for Affordable Private Health Insurance in Namibia." *Journal of the International AIDS Society* 12, no. 32 (November 2009).

- DeCapua, Joe. "NGO Warns of Effects of AIDS Funding Shortfall." (2012).
- Farmer, Elizabeth. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Personal interview. Windhoek, Namibia. April 18, 2012.
- Feeley, F., Bindels, E., DeWitt, T., deBeer, I. Comparison of Key Unit Costs and Outcomes for Mobile and Fixed Site Screening / Testing Programs in Namibia: Boston University, 2010
- Grötzinger, Elsabé. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Personal interview. Windhoek, Namibia. April 16, 2012.
- HÃ–HN, Sabine. "NGOs in Namibia - Continuing Crisis Or New Beginning?" (January 26, 2007)
- Haag, Jürgen. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Personal interview. Windhoek, Namibia. April 23, 2012.
- Haoses, Lischen. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Personal interview. Windhoek, Namibia. March 26, 2012.
- Heita, Aina. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Personal interview. Windhoek, Namibia. April 5, 2012.
- Hinda, John. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Telephone interview. Windhoek, Namibia. April 18, 2012.
- Kaapanda-Ausiku, Tulimeyo. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Personal interview. Windhoek, Namibia. April 4, 2012.
- Kahitu, Mary-Anne. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Personal interview. Windhoek, Namibia. April 13, 2012.
- Keulder, Christiaan. HIV/AIDS and Stigma in Namibia: Results of a Qualitative Study among Support Group Members, November 2007.

- Lievens, Thomas, Andrew Kardan, and Ed Humphrey. Sustainable Financing for HIV/AIDS in Namibia: Managing the Transition Towards a New AIDS Financing Strategy: Oxford Policy Management, 2011.
- Mahajan, A., M. Colvin, J. Rudatsikira, and D. Ettl. "An Overview of HIV/AIDS Workplace Policies and Programmes in Southern Africa." *Official Journal of the International AIDS Society* 21, (June 2007, 2007).
- Matisonn, S. *Medical Savings Accounts in South Africa*. Dallas, Texas: National Center for Policy Analysis, 2000.
- McNally, Alta. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Personal interview. Windhoek, Namibia. March 27, 2012.
- Meyer, Danny. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Personal interview. Windhoek, Namibia. April 5, 2012.
- MoHSS. "Aide Memoire: Namibia Malaria Program Performance Review." Aide Memoire. Accessed February 22, 2012. www.rbm.who.int/countryaction/aidememoire/Namibia-The-malaria-program-performance-review-2011.pdf
- Mukuahima, Berthold. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Personal interview. Windhoek, Namibia. April 24, 2012.
- Mukuahima, Berthold. "The impact of an integrated Employee Wellness strategy towards achieving desired results." Keynote speech, Financing Local Economic Development (LED) Through Partnerships with the Private Sector from NABCOA & Giz, Windhoek Namibia, April 18, 2012.
- National Planning Commission. (2001). Future Budgetary and Aid Implications of HIV/AIDS on the Namibian Economy. *Second National Development Plan for 2001-2006*. Windhoek: Government of the Republic of Namibia.
- "Namibia." TB|CTA -- Home. <http://www.tbcta.org/Country/16/Namibia> (accessed February 22, 2012).

Nicodemus, Helena. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Personal interview. Windhoek, Namibia. April 18, 2012.

NIED. "Disease & Environment." Health and the Environment.
www.nied.edu.na/divisions/projects/SEEN/SEEN%20Publications/Environmental%20Information%20Sheets/Health%20and%20the%20Environment/2.%20Disease%20&%20the%20En (accessed February 22, 2012).

Parkhouse, Tim. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Personal interview. Windhoek, Namibia. April 12, 2012.

Parrish Fuentes, Adrienne. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Personal interview. Windhoek, Namibia. April 12, 2012.

Passano, Armando. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Personal interview. Windhoek, Namibia. April 11, 2012.

PharmAccess. "Namibian Companies Willing to Pay for Wellness Screening." *Building Sustainable Health Systems in Africa* (2011): January 2012.

Phatshwane, Frank. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Telephone interview. Windhoek, Namibia. April 20, 2012.

Republic of Namibia. *National Policy on HIV/AIDS*: Republic of Namibia, March 14, 2007.

Republic of Namibia. "National Strategic Framework for HIV and AIDS Response in Namibia": Solitaire Press (Pty) Ltd., Windhoek, 2010.

Robalo, Magda. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Personal interview. Windhoek, Namibia. April 10, 2012.

Rotich, Koech. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Personal interview. Windhoek, Namibia. April 4, 2012.

Shigwedha, Ailly. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Personal interview. Windhoek, Namibia. March 28, 2012.

- Shihepo, Ella. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Personal interview. Windhoek, Namibia. April 25, 2012.
- Sidhu, I. K. *Business Coalitions Tackling AIDS: World Economic Forum Global Health Initiative*, 2008.
- Uirab, Ivory. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Personal interview. Windhoek, Namibia. March 28, 2012.
- UNAIDS. Namibia: Country Situation, 2009.
- "Understanding Fee-for-Service Models." SrengtheningNonProfits.org, Accessed March 15, 2012, <http://www.strengtheningnonprofits.org/resources/e-learning/online/feeforservice/default.aspx?chp=1>.
- "UNICEF - Namibia - Statistics." UNICEF - UNICEF Home. Accessed February 21, 2012 http://www.unicef.org/infobycountry/namibia_statistics.html
- van Wyk, P. J. *Namibia Business Coalition on Hiv/Aids Profile.*: NABCOA, 2008. <https://members.weforum.org/pdf/GHI/Namibia.pdf>.
- van Wyk, Peter, Muteyo, Godfrey and Kandume, Manini. Interview by Kristen Nich, Nicole Otto, & Giles Chickering. Phone interview. Worcester, MA, USA & Windhoek, Namibia, February 3, 2012.
- Van Zyl, Jaco. Interview by Giles Chickering, Kristen Nich, and Nicole Otto. Personal interview. Windhoek, Namibia. April 17, 2012.
- Viravaidya, M. and J. Hayssen. *Strategies to Strengthen NGO Capacity in Resource Mobilization through Business Activities: PDA and UNAIDS*, 2001.
- WHO. "Namibia." WHO. Accessed February 22, 2012. www.who.int/malaria/publications/country-profiles/profile_nam_en.pdf ().
- WHO. "The African Summit on Roll Back Malaria." The Abuja Declaration. Accessed February 22, 2012. www.rbm.who.int/docs/abuja_declaration.pdf (accessed February 22, 2012).

Appendices

Appendix A: Wellness in Namibia: Top Four Most Prevalent Diseases

About one in every three deaths worldwide today is caused by infectious or communicable diseases (UC Atlas 2000). Studies have shown that these diseases are most prevalent in regions of high poverty rates as a result of inaccessible medical care, safe drinking water, and poor sanitation (NIED). Environmental diseases, some of which include malaria, diarrhea, tuberculosis, cholera, and HIV/AIDS, are seen to have had the most profound effects on urban and rural poor populations, especially those under the age of 5, who live in the slums/ informal settlements of developing countries (NIED). Namibia, as a developing country, has experienced the effects of such diseases. According to NIED, Namibia is most affected by four major diseases: Malaria, Diarrhea, Tuberculosis and Acute Respiratory Infection (ARI), and HIV/AIDS.

Malaria is caused by plasmodium parasites that are transmitted to humans via the bite of the *Anopheles* mosquito (A.D.A.M. Medical Encyclopedia 2012). Symptoms include anemia, jaundice, chills, bloody stool, and coma. If left untreated the disease can be fatal (A.D.A.M. Medical Encyclopedia 2012). According to a report published by Namibia's Ministry of Health and Social Services (MOHSS) in 2005, approximately 300-500 million people are affected by malaria worldwide with the epidemic affecting African countries the most. The report also claims that malaria was the leading cause of death in Namibia from 1999 to 2002 with more than 600,000 cases reported each year. While malaria is mostly confined to northern region of Namibia (due to the area's humid climate, see Figure 1 below). The disease still affects nearly 65% of Namibia's total population and has thereby sparked the need for prevention and treatment programs.

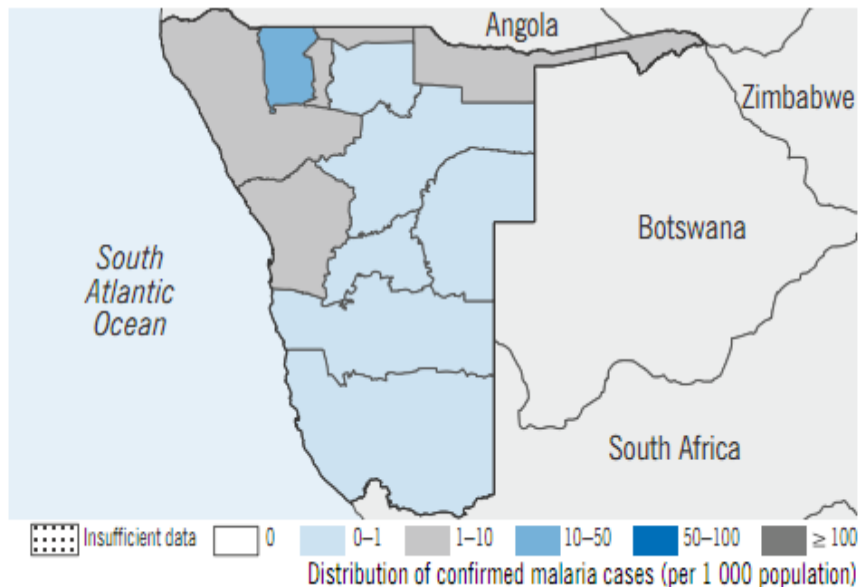


Figure 1: Malaria Distribution in Namibia (WHO 2010).

In March of 2005 the Namibia MOHSS revised malarial policies in order to ensure early diagnosis as well as to prompt early/effective treatment in all levels of health care. In a 2010 country progress report published by UNICEF, it was cited that there has been a dramatic decrease in hospital admissions and malarial death rates in Namibia. This is in part due to private and public sector initiatives which include the distribution of insecticide-treated nets (ITNs), long-lasting insecticide nets (LLINs), and anti-malarial drugs. While the situation does seem to be improving, the actual number of those affected by the disease is difficult to determine as many cannot afford or access the necessary health care.

Diarrhoea describes a collection of symptoms that are a result of bacterial, viral, or other parasitic infections that are caused by unclean drinking water or the contamination of eating utensils and/or food (NIED). There are two kinds of diarrhoea: dysentery and gastroenteritis. The main cause of death from this condition is dehydration. In Namibia, much like malaria, diarrhoea cases are primarily concentrated in the northernmost region of the country as a result of poor sanitation. During recent years incidence rates have decreased slightly, especially in children less than 5 years of age (NIED). While water quality and sanitation is improving, there is still plenty of work required to reduce the rate of these occurrences.

Acute Respiratory Infections (ARI): Pulmonary Tuberculosis is caused by a contagious bacterial infection that is present in the lungs and can be transferred by breathing air droplets from the cough or sneeze of an infected individual. This disease is prevalent in numerous regions of the world but has proven to be most detrimental in African countries, including Namibia. Namibia has the 4th highest tuberculosis incidence rate in Africa with approximately 767 cases per 100,000 people (USAID 2007). This is approximately ten times the global average. In Namibia, about 67% of TB patients are also HIV positive and therefore endure the same social stigma associated with being HIV positive (more on this stigma in the next section). This social stigma has made it difficult to treat individuals, as few are willing to admit to being infected. Along with these social pressures, several drug-resistant strains of TB have been found in Namibia, making treatment even more challenging. It is estimated that this drug-resistant strain is found in 1.6 % of new cases (USAID 2007). In recent years, new programs have been implemented to provide treatment.

Appendix B: O&L's Wellness Program: A Case study for NABCOA's Restructuring Initiative

The purpose of this case study is to briefly look at the mechanisms used within the Ohlthaver & List (O&L) Wellness Program in order to assist NABCOA in restructuring its programs towards general wellness. O&L was selected as a case study as a result of its successful wellness programs which contributed to the company being awarded 2nd place in the 2011 Deloitte Best Company to Work For survey in the Southern Africa Region, 1st place as the Best Company to Work For in Namibia, and the Seal of Excellence Award. As stated in the analysis section of our paper, many of NABCOA's members saw a greater need for wellness initiatives instead of just HIV/AIDS. All the information collected for this case study was kindly provided by Mr. Berthold Mukuahima, O&L's Human Capital Director, during a presentation at the Financing Local Economic Development (LED) Conference as well as a follow up interview.

Introduction

O&L was established by Carl List and Hermann Ohlthaver in Windhoek, Namibia on May 13, 1923. In 2002, the grandson of Mr. List, Sven Thieme, became the Chairman of the company and made it into one of the largest and most diversified companies in Namibia. With a work force of approximately 4 800, O&L's purpose is "to be the most progressive and inspiring company." O&L has developed an efficient and successful workplace program that focuses on the general wellness of all its employees.

O&L Employee Wellness Programs

In order to meet the needs of its workforce, Ohlthaver and List's health program transitioned from an HIV/AIDS initiative to that of general wellness. This comprehensive wellness program focuses on three main areas: physical wellness, psycho-social wellness, and organizational wellness.

O & L's physical wellness programs target general physiological health issues. Such issues include fitness and exercise, high blood pressure, cholesterol, cancer, and healthy eating. According to Mr. Mukuahima, O&L targeted these issues through the implementation of several initiatives that include:

- Psycho-social support, referrals for employees with life-threatening (Cancer, HIV/AIDS etc.) and/or life style illnesses (high blood pressure, high cholesterol, etc.) including hospital and home visits.
- VCT (Voluntary Counseling & Testing) and wellness screenings
- Vitality program which provides 100% coverage for treatment of HIV/AIDS
- Healthy living campaigns which include health risk assessments, educational sessions on healthy eating, and referrals of 'high risk' individuals to dietitians
- Informational updates on fatal disease outbreaks with regards to prevention and/or treatment (e.g swine flu, meningitis)
- Peer education programs that trains employees in wellness issues
- Provide health information resources through awareness/educational seminars, newsletters, intranet articles, posters, pamphlets etc.

O & L's psycho-social wellness program, like the physical wellness program, focuses on an employee's health and wellness. However, it more specifically covers the mental and emotional health issues employees say disrupt their home and work life. More specifically, this program offers confidential case management or referrals to target issues such as:

- Depression
- Stress (stress management trainings)
- Trauma (employees involved in robberies, accidents, violence)
- Loss issues (grief counseling)
- Relationship issues (marital problems, divorce)
- Abuse/domestic violence
- Suicide
- Addictions/Substance abuse

- Personal financial management

This program also offers a network of psychologists, social workers, rehabilitation centers, NGOs, and government institutions in order to further assist employees.

Finally, O &L provides its management and employees with organizational wellness programs. These programs cover issues that negatively affect the business such as absenteeism and team dynamics. More specifically this program offers:

- Absenteeism management trainings for line managers & supervisors
- Return-to-work counseling for employees who were absent for long periods of time due to illness
- Re-integration of employees into the workplace after illness

Philosophies and Strategies for a Successful Wellness Program

O &L's successful wellness initiatives are based upon 3 crucial philosophies and strategies. These are:

- Employee management and communication
- Reward leadership and management style
- Growth and development

The importance of employee management and communication is relayed has been relayed [TR11] through various means within the company. This concept is based upon providing all employees with a purpose, vision, value, and cultural drive to perform. According to Mr. Mukuahima, incentives are used propel the workforce to be the best that they can be through an annual fun day, employee engagement and feedback sessions, communication plans and initiatives, group induction programs, and wellness initiatives. O&L has noted that a healthy, proactive, and driven workforce will be more productive and efficient, improving in the overall success of the company.

Along with employee management and communication, O&L has stressed the importance of leadership and management style. Mr. Mukuahima states that “the biggest secret to a successful workplace program,” Mr. Mukuahima states, “is the commitment of leadership.” He also states that leaders must be “proactive” in the participation/implementation of initiatives. O&L has based its leadership strategy upon their “Breakthrough Leadership Competency Model.”



Through this model, O&L has several programs that highlight the importance of leadership. These programs include a Leadership Team Letter of signed letter of Commitment, leadership development training, performance management system and training.

Along with leadership, management, and communication, O&L also stresses growth and development. This strategy highlights initiatives such as introductions to the O&L way of thinking, talent attraction programs, adult literacy education, generic training, study assistance & student loans for employees. O&L strongly believes that helping an employee advance intellectually will result in both a happier workforce and a more successful company.

From these strategies, O&L constructed and successfully implemented an Employee Wellness Program.

Appendix C: Questionnaire for Member Companies, Similar NGOs, and Government Organizations

To whom it may concern,

April 2012

The Namibia Business Coalition on AIDS (NABCOA) has been working to decrease the spread of HIV/AIDS and increase awareness in the private sector since its founding in 2003. NABCOA provides services which include promoting wellness, HIV/AIDS awareness seminars for employees, training member company employees for their own wellness programs, and other services oriented around improving the health of Namibian employees. NABCOA's mission has been financially supported through donor organizations such as The Global Fund to Fight Aids; the GIZ; and USAID, which has allowed many of the costs of services to member companies to be subsidized. A combination of the global economic downturn, Namibia's recent elevation to Upper Middle Income (UMIC) last year, and Namibia's success in providing access to treatment for people living with HIV/AIDS, however, has resulted in these major donors shifting focus to other areas. NABCOA must now begin to turn to Namibia's internal private sector revenue sources to fill the financial gap resulting from the decrease in donor funding.

To resolve this problem, NABCOA, with the assistance of a team from the Worcester Polytechnic Institute (WPI) is looking to evaluate the feasibility and sustainability of implementing a fee-for-service model. The team is working to evaluate the possibility and interest in restructuring the current membership-based program to a fee-for-service model. In short, this would mean that member companies would no longer pay annual fees for access to all of NABCOA's services, but would alternatively pay for each service the company requested. In order to realize this goal, the team will first evaluate the current services provided by NABCOA's membership model and then assess the interest in implementing a fee-for-service model. NABCOA's WPI team will evaluate gaps and feasibility by conducting interviews with development partners, local officials, other non-government organizations, and member/non-member businesses.

We thank you for taking the time to correspond and meet with us and would like to remind you this is simply a measure of interest, not a declaration of restructuring. Your interview will greatly assist NABCOA in improving their services and analyzing the feasibility/sustainability of restructuring the current program. It will provide this team with valuable information that will allow NABCOA to continue to make strides to promote wellness and expand the services it offers to Namibia's workforce.

Sincerely,

WPI Team

Giles Chickering

Kristen Nich

Nicole Otto

Key Informant Interview for Member Organizations
Determining the Feasibility of a Fee-for-Service Initiative

Information	Contact Details
1. Title (Mr., Mrs., Ms., Dr., etc.)	
2. First Name	
3. Surname	
4. Position	
5. Town Where Office is Located	
6. Branch or Head Quarters Location	
7. Name of Company/Organization	
8. Estimated Number of Employees	
9. Business Sector (Please Check Box)	<input type="checkbox"/> Agriculture Water and Forestry <input type="checkbox"/> Education <input type="checkbox"/> Environment and Tourism <input type="checkbox"/> Finance <input type="checkbox"/> Fisheries and Marine Resources <input type="checkbox"/> Governance and Leadership <input type="checkbox"/> Health <input type="checkbox"/> Information and communication <input type="checkbox"/> Labor <input type="checkbox"/> Mining and Energy <input type="checkbox"/> Social Protection and Gender <input type="checkbox"/> Trade and Commerce <input type="checkbox"/> Transport and Works <input type="checkbox"/> Uniform Services
10. Telephone	
11. Fax	
12. E-Mail	

13. Date and Time of Interview	Date: _____ Start Time: _____ Finish Time: _____ Total Time: _____
14. Type of Interview: [Phone, Face to Face, etc.]	
Interviewer(s) Name(s)	
15. Interviewer(s) Check: [Initials and Date]	
16. Person and Date Compiled	

The WPI Team is currently researching the feasibility and sustainability of implementing a fee-for-service model. The Worcester Polytechnic Institute is working with NABCOA on this study and is gathering data for analysis of member interest in this new model. Your organization has been identified as a key partner to NABCOA. The information that you will provide in this interview will be used in order to help NABCOA determine the feasibility of transitioning to a fee-for-service model. This interview will take approximately 30-45 minutes.

HIV/AIDS Workplace Responses

Question	Answer
<p>1. Please indicate on the scale how severely the HIV/AIDS epidemic has affected your workforce/organization practices in the past ten years.</p> <p style="margin-left: 40px;">a. One (1) being no visible effect, and Five (5) indicating a severe effect.</p>	<p>1---2---3---4---5</p>
<p>2. Do you feel that HIV/AIDS has been becoming more of a problem or less of a problem in the past five years?</p> <p style="margin-left: 40px;">a. One (1) means the situation has been improving and Five (5) indicates that the problem has been getting worse.</p>	<p>1---2---3---4---5</p>

3. Do you believe that HIV/AIDS has affected your company/organization in the following areas?

Impact	Yes	No	Don't Know	Please explain the reasons for your choice if possible
Decreased Productivity				
Increase in Staff Turnover				
Increase in Company Healthcare Costs				
Impact on Employee Pensions				
Impact on Staff Morale & Attitude				
Other (Please Explain)				

**NABCOA Current Service and Customer Satisfaction
(Member/Organizations Companies)**

Question	Answer
<p>1. Please indicate on the scale how familiar you are with the services NABCOA provides.</p> <p>a. One (1) being not familiar at all and Five (5) being extremely familiar.</p> <p>b. For Non-member organizations: Are you receiving services from other companies/ NGOs?</p>	<p align="center">1---2---3---4---5</p>
<p>2. Please indicate on the scale how satisfied you are with the services NABCOA has provided your organization with.</p> <p>a. One (1) being not satisfied at all and Five (5) being extremely satisfied.</p>	<p align="center">1---2---3---4---5</p>
<p>3. Do you believe that there is a continued need for NABCOA's services in your organization's future?</p> <p>a. One (1) indicating there is no need for NABCOA's and Five (5) meaning there is a very strong need for the services.</p> <p>b. If not, are there other services that you believe are needed?</p>	<p align="center">1---2---3---4---5</p>
<p>4. What types of services have you received from NABCOA?</p> <p>(a) How to develop an HIV/AIDS Workplace Program</p> <p>(b) Monitoring and Evaluation</p> <p>(c) Peer Education</p> <p>(d) Refresher courses (Peer Educators)</p> <p>(e) Beyond the Balance Sheet (Work Place Programs for SMEs)</p> <p>(f) Health and Safety in the Workplace</p> <p>(g) HIV/AIDS and Leadership Training</p>	<p align="center"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p>

<ul style="list-style-type: none"> (h) Cost Benefit Analysis (CBA) (i) ACCA toolbox (WPP Software) (j) Consultation on Health management & HIV/AIDS (k) None of the above (l) Other 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>5. Please list which of NABCOA’s services (listed above) you find to be most beneficial. Which services has your organization used the most?</p>	
<p>6. Are there any services that NABCOA does not currently provide that your business has a need for? Other HIV/AIDS services that may have been received</p> <p>a. Other services you may have received:</p> <ul style="list-style-type: none"> i. Workforce Training ii. Company Survey (Prevalence) iii. Prophylactic Provision iv. Provision of Info., Education, and Communication (IEC) materials v. Other support <p>b. If so, what new services do you believe would be most needed/most beneficial to your business?</p>	

A large part of the purpose of this interview is to gauge the interest from member organizations in the implementation of a fee-for-service model that could replace NABCOA's current membership system. The fee-for-service model would eliminate annual membership fees while companies will be asked to pay for individual services as they are received.

Feasibility for a Fee-For-Service Model

Question	Answer
<p>1. How willing would you be to convert from a membership-based model to a fee-for-service model?</p> <p style="padding-left: 20px;">a. One (1) being very unwilling and Five (5) being very willing to make a switch.</p> <p style="padding-left: 20px;">b. Please explain the reasoning for your choice.</p>	1---2---3---4---5
<p>2. How willing would you be to pay for services provided with a fee-for-service model?</p> <p style="padding-left: 20px;">a. One (1) being very unwilling and Five (5) being very willing to pay for services.</p>	1---2---3---4---5
<p>3. About how much are you currently spending on wellness initiatives?</p> <p style="padding-left: 20px;">a. How much specifically on HIV/AIDS?</p>	
<p>4. About what proportion of this would you be willing to spend on external services such as those offered by NABCOA?</p>	
<p>5. Would you be interested in receiving other types of health and wellness interventions from NABCOA on a Fee-for-Service basis?</p> <p style="padding-left: 20px;">a. Please specify if interested in receiving wellness services such as blood pressure, cholesterol, TB screening, other tests.</p>	

6. What do you believe are the most important factors when considering a fee-for-service:

- Service Costs
- Service Quality
- Service Consistency
- Legal Requirements (National Laws)
- On-Site Service Delivery
- Other (Please Specify)

For Other NGOs that Deal with AIDS in the Private Sector

Question	Answer
<p>1. What services do you currently offer?</p> <p style="padding-left: 20px;">a. Can we possibly receive some literature about the services you provide?</p>	
<p>2. Which of your services are most popular/most requested by customers?</p>	
<p>3. What is your current method of collecting payments/fees for services provided?</p> <p style="padding-left: 20px;">a. Example: Up front, Deposit, Order form system, Invoice after the services are provided</p>	
<p>4. How long have you been using this method?</p>	
<p>5. Why did you choose this method?</p>	
<p>6. Do you believe this method has been working well?</p> <p style="padding-left: 20px;">a. Why/ why not?</p> <p style="padding-left: 20px;">b. Any challenges in switching/ implementing/ sustaining this model?</p>	
<p>7. What percentage of your overall revenue comes from these payments/fees?</p>	
<p>8. What are your other sources of revenue besides these payments/fees?</p> <p style="padding-left: 20px;">a. Donations? Fundraising? Other?</p>	

**For MOHSS (Namibia)
& Office of the Prime Minister**

Question	Answer
<p>1. How are wellness services currently provided to government employees?</p>	
<p>2. Does this method work well? a. In terms of efficiency and consistency?</p>	
<p>3. Would you consider delegating the task of providing these wellness services to a third party organization/contractor?</p>	
<p>4. If YES a. What outsourcing programs are currently in place and for which services if any? b. Please explain.</p>	
<p>5. If NOT a. Are there any other programs you would be interested in outsourcing regarding wellness, HIV/AIDS, or health-related consultation?</p>	
<p>6. If not, can you please refer us to someone else in the Ministry we should contact that may be able to speak more about these topics?</p>	

Namibian Chamber of Commerce and Industry

Question	Answer
1. What effects do you think the World Bank's elevation of Namibia's status to upper middle income has already had on local businesses and organizations?	
2. What issues do you foresee resulting from decreased funding?	
3. What initiatives have local organizations taken to compensate for decreases in donor funding?	
4. What services do you currently offer? b. Can we possibly receive some literature about the services you provide?	
5. Which of your services are most popular/most requested by customers?	
6. What is your current method of collecting payments/fees for services provided? a. Example: Up front, Deposit, Order form system, Invoice after the services are provided	
7. How long have you been using this method?	
8. Why did you choose this method?	
9. Do you believe this method has been working	

<p>well?</p> <p>b. Why/ why not?</p> <p>c. Any challenges in switching/ implementing/ sustaining this model?</p>	
<p>10. What percentage of your overall revenue comes from these payments/fees?</p>	
<p>11. What are your other sources of revenue besides these payments/fees?</p> <p>d. Donations? Fundraising? Other?</p>	
<p>12. What services do you currently offer?</p> <p>e. Can we possibly receive some literature about the services you provide?</p>	

Appendix D: List of Interviewees

Non-Service-Receiving Organization Interviewees

Name	Organization	Title	Meeting Date
Ms. Alta McNally	Polytechnic of Namibia	Student Councillor	March 27, 2012 @ 11:00
Ms. Tulimeyo Kaapanda-Ausiku	Namibia Chamber of Commerce and Industry (NCCI)	Manager: Marketing and Business Development	April 4, 2012 @ 08:30
Mr. Koech Rotich	UNAIDS	Public Private Partnership Coordinator	April 4, 2012 @ 16:00
Mr. Danny Meyer	SMEs Compete	Director	April 5, 2012 @ 10:00
Mr. Abner Axel Xoagub	Office of the Prime Minister	Head Division: Employee Wellness, HIV and AIDS Public Sector Program	April 5, 2012 @ 11:00
Ms. Aina Heita	UNESCO	HIV/AIDS-Education Sector	April 5, 2012 @ 15:00
Dr. Magda Robalo	World Health Organization	WHO Representative	April 10, 2012 @ 10:00
Mr. Edward Shivute	Walvis Bay Corridor Group	Program Manager: Wellness Service	April 11, 2012 @ 08:30
Dr. Adrienne Parrish Fuentes	U.S. President's Emergency Plan for AIDS Relief (PEPFAR)	Namibia Country Coordinator	April 12, 2012 @ 11:00

Mr. Tim Parkhouse	Namibian Employers' Federation	Secretary General	April 13, 2012 @ 08:30
Mr. Cornelio Balane	ECoSIDA	Chief Executive Officer	April 13, 2012 @ 10:00
Mr. Frank Phatshwane	Botswana Business Coalition on AIDS	Program Manager	April 20, 2012 @ 08:00
Mr. Jürgen Haag	FIDES A.G.	Director	April 23, 2012 @ 11:00
Mr. Berthold Mukuahima	Ohlthaver & List	Human Capital Director / Chairman: NABCOA Board of Directors	April 24, 2012 @ 11:00
Mrs. Ella Shihepo	Ministry of Health and Social Services	Directorate of Special Programmes (DSP)	April 25, 2012 @ 14:30

Service-Receiving Organizations

Name	Organization	Title	Meeting Date
Dr. Lischen Haoses	University of Namibia	Dean of the Faculty of Medical and Health Sciences	March 26, 2012 @ 11:00
Ms. Ailly Shigwedha	Langer Henrich Uranium	H.R. Practitioner	March 28, 2012 @ 15h30
Mr. Ivory Uirab	Ministry of Fisheries & Marine Resources	Inspector	March 28, 2012 @ 16:30
Mr. Griffort Beukes	Agra ltd.	H.R. Manager	April 3, 2012 @ 09:00
Mrs. Estelle Botes	Standard Bank Namibia	Employee Well-being Coordinator	April 10, 2012 @ 14:30
Mr. Armando Passano	IGL t/a AFROX	Procurement Manager	April 11, 2012 @ 11:00
Ms. Mary-Anne Kahitu	City of Windhoek	Chief of Health Services	April 13, 2012 @ 14:30
Mrs. Elsabé Grötzing	De Beers Marine Namibia	Wellness Manager	April 16, 2012 @ 11:15
Mr. Jaco van Zyl	Namibia Beverages	Country H.R. Manager	April 17, 2012 @ 09:00
Mr. John Hinda	Otjiwarongo Multi-Purpose Help Centre	Centre Supervisor	April 18, 2012 @08:00

Ms. Helena Nicodemus	NAMWATER	Employee Wellness Officer	April 18, 2012 @ 09:00
Mrs. Elizabeth Farmer	Navachab Gold Mine (Pty) Ltd.	Health Coordinator	April 18, 2012 @ 11:30
Mr. Raymond Cloete	MTC	HR Practitioner: Wellness/Health & Safety	April 19, 2012 @ 11:00

Appendix E: Membership Types, Rates, and Services Offered by the Namibia Business Coalition on Aids

Membership Type	Number of Employees	Cost for Membership	Services Included
Founder	500 +	N\$30,000	Quarterly Progress reports, issue updates, subsidized WPP, Subsidy for VCT Programs, brainstorming sessions, advisory consultations, free condoms, attendance/contribution to board meetings and AGM etc., ACCA toolbox.
Corporate	500 +	N\$15,000	Services & incentives, attendance/contribution to board meetings and AGM etc, free publications and condoms, IEC materials, ACCA Toolbox, advisory services, inclusion in CBA training, subsidy for VCT programs, subsidized WPP, issue updates, quarterly progress reports
Large Company	100-500	N\$ 10,000	Services & incentives, attendance/contribution to board meetings and AGM etc, free publications and condoms, IEC materials, ACCA Toolbox, advisory services, research projects, sponsored training, subsidized for VCT program in-house training, report/consultation on WPP, training material, trainer support/accommodation, issues updates, quarterly progress reports (member WPP)
Medium Company	10-99	N\$2,400	Services & incentives, attendance/contribution to board meetings and AGM etc, free publications and condoms, IEC materials, ACCA Toolbox, advisory services, research projects, sponsored training,

			subsidized for VCT program in-house training, report/consultation on WPP, training material, trainer support/accommodation, issues updates, quarterly progress reports (member WPP)
Small Company	1-9	N\$1,200	Services & incentives, a voting right at board, AGM etc. meetings, HIV/AIDS Linkages Programme with Corporate business, free publications, IEC materials and condoms, ACCA Toolbox, report/consultation on development of WPP, inclusion in sponsored trainings, per-head subsidy for VCT campaigns, training material, trainer support/accommodation, issues updates, quarterly reports, support supply chain programmes

Appendix F: Sample Checklist for Service Provision and Follow Up

NABCOA Service Delivery and Follow Up Checklist

Name of Organization:	Contact:	Date of Request:
Services Requested:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Date Scheduled for Service Delivery: _____		
Date of Actual Service Delivery: _____		
Services Delivered:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Service Delivery Staff/ Outside Organizations Contracted:	NAME	NAME
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Follow Up Services	
Required:	_____

Follow Up Checklist

1 Week Follow Up	Signature	Date
	_____	_____
6 Month Follow Up	Signature	Date
(Request for Future Service Needs)	_____	_____
1 Year Follow Up	Signature	Date
(Request for Future Service Needs)	_____	_____