The President's Emergency Plan for AIDS Relief

FY 2011

# COUNTRY OPERATIONAL PLAN GUIDANCE APPENDICES

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## Appendix 1: Acronyms

**A –** Bureau of Administration (State Department Bureau)

**A&A** – Acquisition and Assistance

**AB** – abstinence and be faithful

**ABC** – abstain, be faithful, and, as appropriate, correct, and consistent use of condoms

**AF –** African Affairs (State Department Bureau)

**AIDS** – Acquired Immune Deficiency Syndrome

**ANC** – antenatal clinic

**APR** – Annual Program Result

**APS** – Annual Program Statement

**ART** – antiretroviral treatment

**ARV** – antiretroviral

**CBO** – community-based organization

**CBJ** – congressional budget justification

**CCM** – country coordinating mechanism

**CDC** – Centers for Disease Control and Prevention (part of HHS)

**CST** - Country Support Team

**CSTL** - Country Support Team Lead

**CN** – Congressional Notification

**CODB** – Costs of Doing the USG's PEPFAR Business

**COP** – Country Operational Plan

**CSH** – Child Survival & Health (USAID funding account; replaced by GHCS-USAID)

**DfID** – Department for International Development (UK)

**DoD** – U.S. Department of Defense

**DoL** – U.S. Department of Labor

**EAP** – East Asian and Pacific Affairs (State Department Bureau)

**EUR** – European and Eurasian Affairs (State Department Bureau)

**F -** Office of the Director of Foreign Assistance

**FAQs** – frequently asked questions

**FBO** – faith-based organization

**FDA** – Food and Drug Administration (part of HHS)

**FSA** – Freedom Support Act (funding account)

**FSN** – foreign service national

**FTE** – full-time equivalent

**FY** – fiscal year

**GAP** – Global AIDS Program (CDC)

**GFATM** – The Global Fund to Fight AIDS, Tuberculosis, and Malaria (also "Global Fund")

**GHAI** – Global HIV/AIDS Initiative (funding account; replaced by GHCS-State)

**GHCS** – Global Health Child Survival funds (funding account)
**GHI** – Global Health Initiative

**HCW** – Health Care Workers

**HHS** – U.S. Department of Health and Human Services

**HIV** – Human Immunodeficiency Virus

**HMIS** – Health Management Information System

**HQ** - headquarters

**HRSA** – Health Resources and Services Administration (part of HHS)

**HRH** – Human Resources for Health

**ICASS** – International Cooperative Administrative Support Services
**ID** – identification

**INR –** Intelligence and Research (State Department Bureau)

**IRM** – information resources management

**LES** – Locally Employed Staff

**M&E** – monitoring and evaluation

**M&O** – Management and Operations

**MAARD** – Mini Acquisition and Assistance Request Document (USAID term)

**MFI** – Microfinance Institution

**MICS** – Multiple Indicator Cluster Survey (UNICEF)

**MIPRS** – Military Interdepartmental Purchase Request (DOD)

**MOA** – Memorandum of Agreement

**MOU** – Memorandum of Understanding

**N/A** – not applicable

**NEA –** Near Eastern Affairs (State Department Bureau)

**NGO** – nongovernmental organization

**NPI** – New Partners Initiative (now Local Capacity Initiative)

**NIH** – National Institutes of Health (part of HHS)

**OE** – operating expense

**OGAC** – Office of the U.S. Global AIDS Coordinator (part of State)

**OGHA** – Office of Global Health Affairs (part of HHS)

**OMB** – Office of Management and Budget

**OS** – Office of the Secretary (part of HHS)

**OVCs** – orphans and vulnerable children

**PASA** – Participating Agency Service Agreement

**PAWG** – Procurement and Assistance Working Group

**PEPFAR** – President's Emergency Plan for AIDS Relief

**PLACE** – Priorities for Local AIDS Control Efforts

**PLWHA/PLWA** – People Living with HIV/AIDS or People Living with AIDS

**PM –** Political-Military Affairs (State Department Bureau)

**PMTCT** – prevention of mother-to-child HIV transmission

**PPP –** Public-Private Partnership

**PR** – Principal Recipient

**PRH** – Population and Reproductive Health

**PRM –** Population, Refugees, and Migration (State Department Bureau)

**PSC** – Personal Services Contract

**QA** – quality assurance

**RSSA** – Resource Support Services Agreement

**RFA** – Request for Application

**RFC** – Request for Contracts

**RFP** – Request for Proposal

**S/APR** – Semi-Annual Program Result

**SAM** – Service Availability Mapping (UNAIDS)

**SAMHSA** – Substance Abuse and Mental Health Services Administration (part of HHS)

**SCA -** South and Central Asian Affairs (State Department Bureau)

**SCMS –** Partnership for Supply Chain Management

**SI** – Strategic Information

**SPA** – Service Provision Assessment

**TAD** – Temporary Additional Duty (DoD/Navy)

**TB** –Tuberculosis

**UNAIDS** – Joint United Nations Program on HIV/AIDS

**UNICEF** – United Nations Children's Fund

**USAID** – U.S. Agency for International Development

**USDA** – U.S. Department of Agriculture

**USDH** – U.S. direct hire

**USG** – United States Government

**UTAP** – University Technical Assistance Project

**VCT** – voluntary counseling and testing

**WHA -** Western Hemisphere Affairs (State Department Bureau)

**WHO** – World Health Organization

## Appendix 2: FY 2011 Program Priorities

Under PEPFAR, the U.S. Government has already committed more than $25 billion to the fight against global HIV/AIDS. During the first authorization, PEPFAR had supported life-saving antiretroviral treatment for more than 2.4 million men, women and children living with HIV/AIDS, compassionate care for nearly 11 million people affected by HIV/AIDS, including 3.6 million orphans and vulnerable children, and prevention of mother-to-child transmission programs that allowed nearly 335,000 babies to be born HIV-free.

In its second phase, PEPFAR will continue its focus on life-saving interventions with a greater eye toward gaining efficiencies, increasing program quality, and greater country ownership. These goals should be achieved by integrating HIV/AIDS services within other health programs and across USG non-HIV programs and most importantly, PEPFAR-supported programs should be highly integrated with other country programs. There will also continue to be a strong focus on increased transition to local partners including our Partner governments, increased local leadership and management of programs, and attention to evaluation and direct observation of programs. As we transition to 2-year COPs, it is hoped and anticipated that PEPFAR teams will have more time to work with Partner governments and local partners to implement Partnership Frameworks, oversee programs, and ensure these efficiencies, country ownership, and transitions to local partners move forward.

## Global Health Initiative

The Global Health Initiative aims to maximize the sustainable health impact the United States achieves for every dollar invested. PEPFAR is the cornerstone of the GHI, and through this Initiative, PEPFAR will take its achievements to the next level by further accelerating progress and investing in sustainable health delivery systems for the future. The GHI will be implemented in the approximately 80 countries where the USG delivers development-related health assistance, including over 30 PEPFAR countries and regions that develop COPs/ROPs. While GHI Plus countries were announced on June 18, 2010, all PEPFAR countries are expected to work to incorporate the GHI Principles and model into their planning processes.

Draft GHI guidance will be released to the field in July 2010. Operating Unit teams looking for more immediate information about the way in which PEPFAR programs can implement the GHI can consult PEPFAR's Five-Year Strategy (http://www.pepfar.gov/strategy/ghi/index.htm) or the draft GHI consultation document (http://www.pepfar.gov/ghi/index.htm).

In particular, OU teams should focus on the ways in which PEPFAR programs can reflect and incorporate the GHI principles into their programming, as summarized below.

## Implement a Woman- and Girl-Centered Approach

Recent initiatives announced by PEPFAR – such as the Gender Challenge Grants and the increased emphasis on PMTCT – can help to achieve a woman- and girl-centered approach in programming. PEPFAR's gender team can help to identify opportunities to support activities that improve access to prevention, care, and treatment as well as address the structural barriers to achieving gender equity.

## Increase Impact through Strategic Coordination and Integration

In several PEPFAR programs, clinics have linked services for persons living with HIV to broader primary and specialty-care mechanisms to create "one-stop shopping" for clients and increase efficiency by pooling resources and capitalizing on existing infrastructure. Where possible, OU teams are encouraged to pursue "smart integration" – looking for opportunities where PEPFAR can leverage other U.S. government investments to improve overall health outcomes for communities affected by HIV.

## Strengthen and Leverage Key Multilateral Organizations, Global Health Partnerships and Private Sector Engagement

The success of PEPFAR programs on the ground is reliant upon the success of other partners in the sector, including the Global Fund, other donors, private foundations, and public-private partnerships. Operating Unit teams should work closely with OGAC's multilateral and public-private partnership offices to identify new ways to increase engagement with these sectors in country.

Operating Unit teams are strongly encouraged to work with the Global Fund's Country Coordinating Mechanisms (CCMs) and Principal Recipients (PRs) to identify areas of technical or management support needed to improve grant functioning and performance and, where feasible and appropriate, to provide such support. Operating Unit teams can consult with OGAC's multilateral diplomacy office to determine the most appropriate mechanism for providing TA. These activities should be captured in the Health Systems Strengthening Budget Code.

## Encourage Country Ownership and Invest in Country-Led Plans

PEPFAR's Partnership Frameworks (PFs) and Partnership Framework Implementation Plans (PFIPs) represent a new emphasis for the U.S. government in operationalizing the principles of country ownership. Over the next few years, PEPFAR will engage in additional work to support OU teams in developing the skills and tools necessary to assist countries in achieving greater management and responsibility over their HIV/AIDS response. For more information about country ownership refer to the next major

section which discusses this topic more directly in the context of PEPFAR or contact your CSTL.

## Build Sustainability through Health Systems Strengthening

Throughout PEPFAR's history, investments in HIV have helped to contribute to strengthening the overall health system. However, such investments have not always been coordinated with country governments or existing health systems. Through the GHI, OU teams are encouraged to examine how PEPFAR investments, as part of a total USG portfolio, may support achievement of the priorities of local and national health systems, as defined in existing strategic plans.

Given the importance of country ownership to PEPFAR and the GHI moving forward, increased focus on the public financial management capabilities of partner governments will be crucial, especially as our collaboration with the Global Fund expands. Treasury's Office of Technical Assistance (OTA), which provides advisors with expertise in public financial management to government ministries, was included in PEPFAR's most recent authorization for this purpose, and depending on country context, Operating Units may wish to incorporate this element into their broader health systems strengthening portfolio.

## Improve Metrics, Monitoring and Evaluation

In FY 2010, the Next Generation Indicators (NGI) were introduced to reflect PEPFAR's strategy to improve metrics and monitoring and evaluation (M&E), increase country ownership of HIV/AIDS efforts and ensure that host countries are at the center of decision-making, leadership, and management of their HIV/AIDS programs. Strong program monitoring at the country-level requires a broad range of indicators, which can measure quality, coverage, and other aspects of programs. For this reason, a clear intent of the NGI has been to strengthen sustainable national-level monitoring and evaluation systems by supporting better alignment of the NGI indicators and PEPFAR reporting requirements within the context of the partner country's national HIV/AIDS M&E plan.

## Promote Research and Innovation

Research and innovation are critical to PEPFAR's success. Together with monitoring and evaluation, operations/ implementation/ health services research and innovation through the PEPFAR Public Health Evaluation (PHE) program help identify sustainable, cost-effective service delivery interventions; obstacles to rapid system scale-up and approaches to reduce such obstacles; and strategies to help improve health service delivery models. In 2011, the PHE program will shift towards an implementation science framework to guide health-program implementation and scale-up that focuses on effectiveness, efficiency, and cost-effectiveness. This approach will build the

evidence base necessary to inform the best approaches to achieve sustainable prevention, care and treatment programs. By directly addressing important questions that are immediately relevant to both PEPFAR and partner country goals and objectives, the PHE program has and will continue to guide policy and program development, inform the global community, and identify areas where further evaluation and research may be needed.

### GHI Planning and Coordination

The GHI planning process is expected to draw heavily upon the collaborative interagency process established by PEPFAR. However, this GHI process will not replace the role of the PEPFAR Coordinator in country, who will remain responsible for coordinating all USG resources available within country to address the HIV/AIDS response. Coordinators and Operating Unit teams are encouraged to use the planning and discussion opportunities available through GHI to determine additional efficiencies and joint collaboration opportunities available. The goal of GHI is to ensure maximal use of USG investments to save lives and achieve health outcomes, and the COP should reflect that goal in its programming and budget allocations.

For more information about the GHI, please contact your Country Support Team Lead, who will pass along questions to the GHI Team at S/GAC as well as the larger GHI interagency effort.

## Country Ownership

Country ownership represents an important concept in supporting the growing commitment of the donor community and partner countries to promote and operationalize a country-directed response to their HIV/AIDS epidemic. Supporting country ownership is a key principle of the Global Health Initiative, of which PEPFAR is a major part. This purposeful shift in the USG approach to engagement with partner country governments represents an opportunity to engage in transparent dialogues on long-standing issues, including the prioritization of health and HIV issues, management and leadership capacity, budget negotiations and financial management, and approaches to technical assistance that leave real and lasting capacity within a country.

PEPFAR's work with Partnership Frameworks has provided an opportunity for partner country governments to engage with the USG on a number of topics essential to sustaining and expanding quality HIV/AIDS programming. Partner countries and USG Operating Unit teams which have completed a PF have found that the process allowed for important discussions on program prioritization, costing, alignment of PEPFAR support with national HIV/AIDS plans and identification of parts of the health system requiring strengthening. Inherent in these discussions is the overlay of country ownership: building lasting capacity – technical, managerial and fiscal – in countries to allow for an appropriate and supportable response to HIV and related health conditions.

## Treatment Scale Up

Operating Units should thoroughly review the Cable on "Guidance to Posts on Treatment Scale-up" (contact your CSTL if you do not have a copy) before initiating internal or external discussion on treatment targets and resource allocations for the 2011 COP. Highlights from the cable include the following:

- All headquarters agencies recognize that significant unmet treatment need exists in many of the countries. These are countries in which PEPFAR partners and the Obama Administration is fully committed to the ambitious global treatment targets of more than four million individuals on USG-supported treatment. This must be pursued with full recognition that each country or regional program is unique, and targets must carefully take into account the level (and potential for) partner government direct support, contributions of the Global Fund and other funders, and other variables.

- Due to the high levels of concern on the part of many stakeholders about the future trajectory of treatment scale-up, OGAC will directly engage with Operating Unit teams in applying state-of-the-art costing and modeling to ensure accuracy in target setting as well as optimum return on investment in treatment.

- Recent SAPR submissions indicate that the Field requires greater clarity on the definitions of "direct support" and "national support" for treatment. OGAC will work rapidly with Headquarters and Field Strategic Information and Program personnel to provide this clarity.

In addition to information contained in the Cable, OGAC advises that Operating Units are expected to rapidly and aggressively take all appropriate steps to achieve maximum efficiency in treatment programs. Procurement of ARVs must be consolidated. For example, teams may expect to see allocation of HTXD funds to multiple implementing partners/mechanisms yellow-lighted in the review process, unless extraordinary justification is provided in a supporting document. Additionally, given the very high number of USFDA conditionally approved generic formulations of ARVs, teams should achieve a *minimum of 85% (by dollar value) threshold* for procurement of ARVs for first-line regimens in 2011. Any in-country regulatory or policy impediments to rapid use of all approved generic formulations should be highlighted in the treatment section of the Executive Summary, as well as the explicit plans the USG team will take to resolve them.

As previously noted, a number of approved 2010 COPs reflected major shifts in funding from treatment (HTXS / PDTX), laboratory infrastructure (HLAB) and other budget codes to health systems strengthening (OHSS). This is believed to reflect Operating Units' appreciation of the increased emphasis in the reauthorized legislation on systems strengthening and/or the new PEPFAR strategy's focus on sustainability and country

ownership, but has been interpreted by some external stakeholders as a "decrease in support for treatment." For these and other reasons, OGAC discourages any reductions in HTXS, PDTX, HLAB, or HTXD funding from 2010 to 2011 into OHSS. Reductions due to strategic shifts or increases in secure funding from partner governments, the Global Fund, or other sources should be documented in the Executive Summary.

## Prevention Programming

Prevention is a crucial component of all PEPFAR programs, and PEPFAR teams should maximize opportunities to prevent new infections by directing the appropriate level of resources to prevention activities. Preventing new HIV infections remains a critical global and PEPFAR priority and this effort must be intensified to prevent people from becoming infected in the first place and ultimately reduce the global burden of lifelong treatment.

PEPFAR legislation calls for "balanced funding for prevention activities for sexual transmission of HIV/AIDS" and reliance on "objective epidemiologic evidence as to the source of infections in consultation with the government of each host country involved in HIV/AIDS prevention activities." The budgetary requirement for AB programs was eliminated in the 2008 reauthorization. There is, however, a reporting requirement for countries with generalized epidemics in cases where the USG-funded sexual transmission prevention strategy provides less than 50% of prevention funding for activities promoting abstinence, delay of sexual debut, monogamy, fidelity, and partner reduction. Operating Unit teams must submit a justification that explains the rationale given the epidemiologic context, contributions of other donors, and other relevant factors. The U.S. Global AIDS Coordinator is required to report to the appropriate Congressional committees on the justification for these decisions.

Recently, experts at UNAIDS and other organizations have agreed that to be effective, HIV prevention programs need to combine different types of interventions. Combination prevention uses biomedical, behavioral, and structural prevention approaches adapted and prioritized to specific contexts (UNAIDS, 2004). While many PEPFAR prevention approaches have focused on activities whose primary goal is to change behavior, it is also important to support biological interventions (e.g. medical male circumcision) that block infection or decrease infectiousness, and structural interventions (e.g. supportive policies) that change the context that contributes to vulnerability and risk.

Furthermore, given the priority placed upon a women and girls-centered approach in the PEPFAR 5 Year Strategy and GHI, prevention programming should include interventions that empower women and address gender inequities in accordance with the epidemiology in each context. Tools like the female condom, which give women more options for practicing safer sex, are important options.

USG prevention programs should be closely aligned with the local epidemic. Operating Unit teams should ensure that, at the portfolio level, the combination of prevention activities supported provides comprehensive coverage of the most affected populations and localities, program content explicitly addresses the key drivers of the epidemic, and, to the extent possible, programs are based on clear evidence of efficacy. While developing a combination prevention approach, the cost-effectiveness of each intervention must be considered to ensure that resources are dedicated to those interventions which will avert the most new infections. Prevention resources will go further by maximizing efficiencies, such as adaptation of existing materials, communication resources and evaluation, and monitoring protocols.

## PMTCT and Linkages with Maternal Child Health and Family Planning

The U.S.G. has joined with international partners in a call to achieve the virtual elimination of pediatric AIDS through mother to child transmission by 2015. This call recognizes that we have the tools to reduce mother to child transmission to 5% or lower; effective child survival interventions to ensure HIV-free survival using PMTCT platforms ensure that mothers who are living with HIV/AIDS access the care and treatment they need. In addition, PMTCT platforms offer an ideal opportunity to deliver other critical maternal and child health (MCH) services, including family planning and safe delivery care.

In keeping with priorities of the Global Health Initiative, with FY 2011 funding PEPFAR programs should focus on improving the health of these women and children by expanding PMTCT services. Operating Unit teams should also work to integrate services to ensure a comprehensive, gender-sensitive, and family-centered approach. One approach Operating Unit teams should consider supporting is co-location of PMTCT, MCH, and family planning/reproductive health services, particularly at the primary health care level. Programs have and should continue to support renovations of existing facilities, improved quality of care, and enhanced record-keeping systems to enable women and their children to receive care. With co-location and better integration, PEPFAR and its partners can improve both geographic access to care and availability of a care package, including rapid HIV testing, cervical cancer screening (for women who are HIV-positive), maternal antiretroviral (ARV) treatment, and birthing facilities with integrated post-partum care for the mother and child (including family planning, early infant diagnosis, and pediatric treatment and care, such as childhood immunization).

Health care shortages, including midwife and nursing shortages, are well documented in most high-HIV burden countries. PEPFAR programs may consider support for training of health workers to deliver an enhanced package of MCH services, an essential element of improving care. Training curricula may include PMTCT services and critical MCH, family planning, and reproductive health services for women living with HIV. In

addition, training integrated with HIV programs can help to focus on child survival activities including routine immunization, polio eradication, safe water and hygiene, micronutrients, growth monitoring, improved infant and young child feeding, and treatment of life-threatening childhood illnesses.

Building on lessons learned to date, PEPFAR will also support policy reform to improve care for women and children to reflect the characteristics that exist in countries that have made progress. At the country level, PEPFAR will track specific indicators, including PMTCT coverage, maternal and child ARV treatment, and will estimate infant HIV infections averted. PEPFAR will also support public health evaluations to inform and improve how national programs supported by PEPFAR and others deliver integrated HIV and MCH services to women and children. Innovative means of taking services to pregnant women rather than assuming that women can and will come regularly to a facility for antenatal and post-natal care will be important to support and critically evaluate outcomes. PEPFAR programs should coordinate and integrate efforts with USG-funded programs such as MCH and family planning/reproductive health programs and with international programs and their partners. Mobilizing local communities where primary health care services are delivered will help address basic issues of access, including gender inequality-based barriers, which inhibit women from seeking and using essential HIV prevention, family planning/reproductive health, and MCH services.

Further guidance on family planning integration with HIV programs and the associated use of PEPFAR funds is forthcoming and will be available shortly.

## Addressing Gender Issues

HIV is a disease that disproportionately affects those with less power and lower status, including women and girls who now account for nearly 60 percent of new infections. In some regions, girls can be infected at a rate five times higher than boys, demonstrating the need for targeted HIV programs to address underlying gender inequities that leave females especially vulnerable to this disease.

The new PEPFAR legislation recognizes the importance of gender, elevates its priority in PEPFAR programming, underscores the technical approach adopted under the first phase of PEPFAR, and outlines concrete gender planning, implementation, and reporting requirements.

PEPFAR places a high priority on confronting the changing demographics of the HIV epidemic; working to reduce gender inequalities and gender-based abuse and violence; expanding priority gender activities; and integrating gender considerations throughout all programs. The societal issues around gender and HIV/AIDS are complex and can vary from one country to another; however, addressing these challenges successfully is critical to the achievement of PEPFAR's prevention, treatment, and care goals.

Developing local partnerships is particularly important in building effective, sustainable programs that address gender issues.

PEPFAR employs a two-pronged approach focused on: a) gender mainstreaming or integration into all prevention, care, and treatment programs and b) programming to address the following five gender strategic areas:

1. Increasing gender equity in HIV/AIDS activities and services, including maternal and reproductive health
2. Reducing violence and coercion
3. Addressing male norms and behaviors
4. Increasing women's legal rights and protection, and
5. Increasing women's access to income, productive resources and education

We recommend that PEPFAR programs that have not done so yet perform an analysis of their existing prevention, care, and treatment portfolios to determine strengths and gaps with respect to gender. This analysis should determine whether gender issues are addressed in current programs and identify key gaps and successful programs that can support future planning. The Gender Technical Working Group has tools to assist with this kind of assessment as well as models of successful programs to bridge existing gaps.

Finally, we encourage countries to ensure accurate financial reporting for gender programs through the gender-based violence (GBV) cross-cutting budget code. This indicator allows us to map existing GBV programming across countries and regions, as well as to monitor increased investments in this area. Contractors and grantees working in areas like prevention, treatment, and OVC who are addressing GBV should account for their financial investments and provide accurate reporting on this critical element. These activities might include community mobilization and behavior change, the provision of post-exposure prophylaxis, and child protection issues.

# Appendix 3: Efficient and Effective Programming

## Coordination during COP Planning

### Coordination among U.S. Government Agencies

A key focus of PEPFAR is the USG interagency response, in which all USG agencies working in a country or region[1] plan, implement, and monitor a unified country program as one USG team, in most cases with the coordination of a PEPFAR Coordinator. Thus, **it is essential that all USG agencies working on HIV/AIDS programs in a country be included in discussions regarding the COP.** Country programs may have several sources of HIV/AIDS funding; however, all HIV/AIDS programming decisions are to be made as an interagency USG Team. If any agency is not present in-country, the country program may still want to draw on the expertise of a non-presence agency to benefit the program and may use the COP process to solicit that agency's expertise.

In preparing the COP and throughout the year, PEPFAR programmatic staff should consult with relevant non-program offices in all agencies, such as human resources, management, and general services, acquisition, grants, general counsel, and policy officials at the appropriate levels to ensure that there is sufficient administrative and management support to facilitate PEPFAR activities. All procurement and assistance actions **must** be coordinated with the appropriate agency's procurement office(s) prior to COP approval and during implementation. In addition, COP implementation for each agency must include the use of established agency forecasting systems (e.g., HI.NET for HHS).

### Coordination with Country Governments and Donors

The USG is firmly committed to principles of alignment with national programs, including harmonization with other international partners, and the COP should be fully in keeping with the national strategy and the PEPFAR Partnership Framework. Sharing of information with government authorities, e.g., Ministry of Health, National AIDS Council, local multi-sectoral coordinating body, multilateral partners (e.g., Global Fund, UN agencies), or civil society is an essential aspect of effective planning, leveraging resources, and fostering sustainability of programs. Consultation with the partner government is essential to ensure buy-in, and COP approval by the partner government is required.

[1] While this guidance uses the term "country programs" in most contexts, the guidance also applies to regional platforms that work through a common operating plan.

At the same time, procurement-sensitive information contained in the COP must be protected to adhere to USG competitive acquisition and assistance practices. Please note the following guidelines:

- FY 2011 COPs should be shared on a "need to know" basis, as determined by the Ambassador or his/her designee. In the spirit of Partnership Frameworks, the USG team may share the entire FY 2011 COP with partner government officials that have responsibility for COP approval, subject to the following instructions:

    - Electronic copies of the COP should not be distributed to the government, in order to prevent inadvertent distribution beyond those with a legitimate "need to know" for planning and coordination purposes.

    - Hard copies of the full COP may be shared with the partner government reviewers, but all copies should be retrieved following the review period.

    - Specific funding levels for any award which is "to be determined" (whether at the prime or sub-partner level) should be redacted (deleted) from the hard copy of the COP to be reviewed by the partner government. However, aggregate dollar amounts for TBD award(s) within one program area (as opposed to by mechanism) may be summarized for the partner government, e.g., "In the PMTCT program area, we plan to add $2 million through new awards."

- If these conditions cannot be met for whatever reason, then only information at the overall program area level may be shared (e.g., aggregate funding levels and targets). Information on activity-level funding mechanisms may not be shared unless the conditions set forth above are met.

- The Ambassador or his/her designee may also share finalized COPs from previous years with government officials and partners on a "need to know" basis as determined. However, if the prior year COP continues to contain TBD awards, funding levels should be redacted as described above.

## Partner Performance and Pipeline Considerations

It is critical to monitor and evaluate partner performance (i.e., utilizing funds and achieving program targets) regularly, both to ensure the success of PEPFAR programs and to remain accountable to Congress and the American people. Interagency, team-based partner performance reviews are a well-established management practice, informing Operating Unit teams' program planning, management, and oversight. The collection of performance data helps ensure consistency and allows teams to evaluate trends over time. These efforts also contribute to PEPFAR's commitment to performance-based budgeting and are required by the Office of Management and Budget (OMB) and implementing agencies. Interagency Operating Unit teams and headquarters personnel are thus required to monitor and evaluate partner performance on an ongoing basis throughout the year, especially through the COP, APR and SAPR processes.

Teams should monitor progress informally throughout the year and conduct formal interagency reviews of all partners **at least once a year**. Interagency partner performance reviews, no matter how frequently performed, should follow consistent protocols to establish trends over time. PEPFAR teams should use a standard form that can be shared throughout the USG Operating Unit team to capture the review outcomes.

As part of the partner performance reviews, teams should conduct a pipeline analysis that evaluates the financial performance of each partner. **Operating Unit teams should obligate funds within 12 months of receipt.** The pipeline refers to the amount of funding that is approved but is not yet expended. Pipeline analyses help OU teams plan, manage, and oversee their programs and partners and ensures that financial data is shared interagency within each team. Although expenditure rates may not be captured in the pipeline report, program managers are encouraged to also monitor and evaluate partner expenditure rates.

# Appendix 4: Budget Code Definitions

## Prevention

1. **PMTCT (MTCT)** – activities (including training) aimed at preventing mother-to-child HIV transmission, including ARV prophylaxis for HIV-infected pregnant women and newborns and counseling and support for maternal nutrition. PMTCT-plus ART activities should be described under ARV Drugs and Adult Treatment. Funding for HIV counseling and testing in the context of preventing mother-to-child transmission can be coded under PMTCT or Counseling and Testing; targets should be included in PMTCT. Early infant diagnosis should be included under Pediatric Care.

2. **Sexual Prevention –** activities (including training) intended to prevent sexual transmission of HIV.

   **2.A. Abstinence/be faithful (HVAB)** – activities (including training) to promote abstinence, including delay of sexual activity or secondary abstinence, fidelity, reducing multiple and concurrent partners, and related social and community norms that impact these behaviors. Activities should address programming for both adolescents and adults. For sexually active individuals, it is anticipated that programs will include funding from both HVAB and HVOP.

   **2.B. Other sexual prevention (HVOP) -** other activities (including training) aimed at preventing HIV transmission including purchase and promotion of condoms, STI management (if not in palliative care settings/context), messages/programs to reduce other risks of persons engaged in high-risk behaviors. Prevention services should be focused on target populations such as alcohol users; at risk youth; men who have sex with men (MSM); mobile populations, including migrant workers, truck drivers, and members of military and other uniformed services (e.g. police); and persons who exchange sex for money and/or other goods with multiple or concurrent sex partners, including persons engaged in prostitution and/or transactional sexual partnerships.

3. **Biomedical Prevention –** activities (including training) intended to prevent HIV transmission through biomedical interventions. This program area includes four program area budget codes: blood safety; injection safety; medical male circumcision; and injecting and non-injecting drug use.

   **3.A. Blood safety (HMBL)** – activities supporting a nationally-coordinated blood program to ensure a safe and adequate blood supply including:

infrastructure and policies; donor-recruitment activities; blood collection, testing for transfusion-transmissible infections, component preparation, storage and distribution; appropriate clinical use of blood, transfusion procedures and hemovigilance; training and human resource development; monitoring and evaluation; and development of sustainable systems.

**3.B Injection safety (HMIN)** – policies, training, waste-management systems, advocacy and other activities to promote medical injection safety, including distribution/supply chain, cost and appropriate disposal of injection equipment and other related equipment and supplies.

**3.C Medical male circumcision (CIRC) –** policy, training, outreach, message development, service delivery, quality assurance, and equipment and commodities related to male circumcision. All MC services should include the minimum package; HIV testing and counseling provided on site; age-appropriate pre- and post-operative sexual risk reduction counseling; active exclusion of symptomatic STIs and syndromic treatment when indicated; provision and promotion of correct and consistent use of condoms; circumcision surgery in accordance with national standards and international guidance; counseling on the need for abstinence from sexual activity during wound healing; wound care instructions; and post-operative clinical assessments and care. HIV counseling and testing associated with male circumcision can be included in either counseling and testing or male circumcision.

**3.D Prevention among injecting and non-injecting drug users (e.g., methamphetamine users) (IDUP) –** activities including policy reform, training, message development, community mobilization and comprehensive approaches including medication assistance therapy to reduce injecting drug use. Procurement of methadone and other medical-assisted therapy drugs should be included under this program area budget code. Programs for prevention of sexual transmission within IDUs should be included in this category. Please refer to the July 2010 Revised Guidance on Comprehensive HIV Prevention for People Who Inject Drugs for more information.

4. **Testing and counseling (HVCT)** – includes activities in which both HIV counseling and testing are provided for those who seek to know their HIV status (as in traditional VCT) or provider-initiated testing and counseling. Funding for testing and counseling in the context of preventing mother-to-child transmission can be included under PMTCT or Counseling and Testing; targets should be included in PMTCT.

## Care

- **Adult Care and Support (HBHC) –** all facility-based and home/community-based activities for HIV-infected adults and their families aimed at extending and optimizing quality of life for HIV-infected clients and their families throughout the continuum of illness through provision of clinical, psychological, spiritual, social, and prevention services. Clinical care should include prevention and treatment of OIs (excluding TB) and other HIV/AIDS-related complications including malaria and diarrhea (providing access to commodities such as pharmaceuticals, insecticide-treated nets, safe water interventions and related laboratory services), pain and symptom relief, and nutritional assessment and support including food. Psychological and spiritual support may include group and individual counseling and culturally-appropriate end-of-life care and bereavement services. Social support may include vocational training, income-generating activities, social and legal protection, and training and support of caregivers. Prevention services may include "prevention for positives" behavioral counseling and counseling and testing of family members. The purchase of OI drugs (excluding TB drugs) should be included under Adult Care and Treatment. ARV treatment should be coded under Adult Treatment and ARV Drugs.

- **Pediatric Care and Support (PDCS)** – all health facility-based care for HIV-exposed children aimed at extending and optimizing quality of life for HIV-infected clients and their families throughout the continuum of illness through provision of clinical, psychological, spiritual, social, and prevention services. Clinical care should include early infant diagnosis, prevention and treatment of OIs (excluding TB) and other HIV/AIDS-related complications including malaria and diarrhea (providing access to commodities such as pharmaceuticals, insecticide treated nets, safe water interventions and related laboratory services), pain and symptom relief, and nutritional assessment and support including targeted food interventions. Other services – psychological, social, spiritual, and prevention services – should be provided as appropriate. Pediatric care and support services should be counted if they are provided at a facility; community services should be included within programs for orphans and vulnerable children (OVC). It is important that funding for pediatric care activities is not double-counted in OVC.

- **Orphans and Vulnerable Children (HKID)** – activities are aimed at improving the lives of orphans and other vulnerable children (OVC) affected by HIV/AIDS, and doing so in a measurable way. Services to children (0-17 years) should be based on the actual needs of the child and could include ensuring access to basic education (from early childhood development through secondary level), basic health care services, targeted food and nutrition support, including support for safe infant feeding and weaning practices, protection, mitigation of factors that place children at risk, legal aid, economic strengthening, training of

caregivers in HIV prevention and home-based care, etc. Household-centered approaches that link OVC services with HIV-affected families (linkages with PMTCT, palliative care, treatment, etc.) and strengthen the capacity of the family unit (caregiver) are included along with strengthening community structures which protect and promote healthy child development (schools, churches, clinics, child protection committees, etc.) and investments in local and national government capacity to identify, monitor and track children's well-being. Programs may be included which strengthen the transition from residential OVC care to more family-centered models. (See the OVC Technical Considerations and OVC Guidance for further details.) It is important that funding for OVC is not double-counted in pediatric care activities.

- **TB/HIV (HVTB)** – includes exams, clinical monitoring, related laboratory services, treatment and prevention of tuberculosis (including medications), HIV testing and clinical care of clients in TB service locations, TB screening, and diagnosis, treatment and prevention of TB in PLWHA. Funding for these activities, including commodities and laboratory, should be included in the TB/HIV budget code rather than other budget codes. The location of HIV/TB activities can include general medical settings, HIV/AIDS clinics, home-based care and traditional TB clinics and hospitals. Pediatric TB/HIV services should be included in this budget code. There has been a global budgetary requirement for the past several years ($160 million in 2010), and we anticipate a similar requirement in future appropriations. COP budgets that do not reflect resource commitments commensurate to the TB burden should clearly justify their allocation decisions on TB in the executive summary and may expect to receive additional scrutiny in the review process. Please consult with the TB/HIV technical working group on TB/HIV programming.

## Treatment

- **ARV Drugs (HTXD)** – including procurement, delivery, and in-freight of ARV drugs. All antiretroviral Post-Exposure Prophylaxis procurement for rape victims should be included within this program area. Distribution/supply chain/logistics, pharmaceutical management and related systems strengthening inputs, including training, are to be included in the Health Systems Strengthening section.

- **Adult Treatment (HTXS)** – including infrastructure, training clinicians and other providers, exams, clinical monitoring, related laboratory services, and community-adherence activities. Clinical monitoring and management of opportunistic infections is classified under Adult Care and Support.

- **Pediatric Treatment (PDTX)** – including infrastructure, training clinicians and other providers, exams, clinical monitoring, related laboratory services, and

community-adherence activities. Clinical monitoring and management of opportunistic infections is classified under Pediatric Care and Support.

## Other

- **Laboratory infrastructure (HLAB)** – development and strengthening of laboratory systems and facilities to support HIV/AIDS-related activities including purchase of equipment and commodities and provision of quality assurance, staff training and other technical assistance. Specific laboratory services supporting TB testing goes under TB/HIV. Laboratory services supporting counseling should go under Counseling and Testing or PMTCT. Laboratory services supporting care should go under Adult or Pediatric Care and Support. **Laboratory services supporting treatment should be included under Pediatric or Adult Treatment Services.**

- **Strategic information (HVSI)** – HIV/AIDS behavioral and biological surveillance, facility surveys, monitoring partner results, reporting results, supporting health information systems, assisting countries to establish and/or strengthen such systems, and related analyses and data dissemination activities fall under strategic information. Program area-specific monitoring and routine evaluation should be incorporated under the specific program area.

- **Health Systems Strengthening (OHSS)** – include activities that contribute to national, regional or district level health systems by supporting finance, leadership and governance (including broad policy reform efforts including stigma, gender etc.), human resources for health, institutional capacity building, supply chain or procurement systems, information systems, Global Fund programs and donor coordination. The HSS Steering Committee has identified the following areas for current emphasis: 1) focus on building government capacities to manage a health system that effectively serves its people; 2) invest more strategically to develop human resources for health; 3) continue transition to indigenous implementing partners; 4) invest in a formal health systems assessment process for each country; 5) put greater emphasis on innovative strategies for the private sector to become a more important part of a country's health system strengthening plan; 6) expand PEPFAR's emphasis on monitoring of HIV services to including strategies to monitor broad health system changes over time; and 7) staff for success, in other words assess the skill mix in-country and fill staffing gaps aggressively and thoughtfully. Please note that OGAC discourages reductions in HTXS, PDTX, HLAB, or HTXD funding from those budget codes into OHSS.

## Cross-Cutting Attributions

### Definitions

For each implementing mechanism, countries must estimate the amount of funding that is attributable to the following programming:

### Human Resources for Health (HRH)

This cross-cutting attribution includes the following:

- Workforce Planning
- Human Resource Information Systems (HRIS)
- In-Service Training
- Pre-Service Education
- Task shifting
- Performance Assessment/Quality Improvement
- Retention
- Management and Leadership Development
- Strengthening Health Professional Regulatory Bodies and Associations
- Twinning and Volunteers
- Salary Support

Please note that in FY 2011, $6 million or 3 % per year (whichever is smaller) of the total COP budget may be used for long-term training of health professionals such as medical doctors, nurses, pharmacists, medical social workers; auxiliary workers or "associate professionals" such as clinical officers, assistant or general nurses, and laboratory and pharmacy technicians; advanced degrees in public health, public administration, epidemiology, pharmacology, etc.

### Construction/Renovation

Construction refers to projects to build new facilities, such as a health clinic, laboratory, or hospital annex. Renovation refers to projects with existing facilities intended to accommodate a change in use, square footage, technical capacity, or other infrastructure improvements. PEPFAR-funded construction projects should serve foreign assistance purposes, will involve facilities that are provided to the partner government (or potentially to another implementing partner) as a form of foreign assistance, and are considered necessary to the delivery of HIV/AIDS-related services. PEPFAR-funded renovation projects may serve foreign assistance purposes, but may also be undertaken to repair or improve properties rented or owned by the United States. Note that the cost of renovating of USG rented or owned properties should be captured in the Cost of Doing Business.

Additional guidance on PEPFAR construction and renovation authorities and practices for USG for properties will be disseminated separately.

### Food and Nutrition: Policy, Tools, and Service Delivery

This secondary cross-cutting budget attribution should capture all activities with the following components:

- Development and/or Adaptation of Food and Nutrition Policies and Guidelines – The cost of developing or adapting guidelines that provide a framework for integrating food and nutrition activities within the care and support of people infected and affected by HIV/AIDS, including OVC. This includes policies and guidelines that foster linkages with "wraparound" programs that address food security and livelihood assistance needs in the targeted population. This also includes activities that improve quality assurance and control for production and distribution of therapeutic and fortified foods for use in food and nutrition activities.

- Training and Curricula Development – The cost of training for health care workers, home-based care providers, peer counselors, and others to enhance their ability to carry out nutritional assessment and counseling. This includes developing appropriate nutrition-related curricula for inclusion in pre- and post-service training programs and development of appropriate job aids for health care workers.

- Nutritional Assessment and Counseling – The cost of providing anthropometric, symptom, and dietary assessment to support clinical management of HIV-positive individuals before and during ART as well as exposed infants and young children. This includes nutrition education and counseling to maintain or improve nutritional status, prevent and manage food- and water-borne illnesses, manage dietary complications related to HIV infection and ART, and promote safe infant and young child feeding practices. It also includes nutritional assessment, counseling and referral linked to home-based care support.

- Equipment – The cost of procurement of adult and pediatric weighing scales, stadiometers, MUAC tapes, and other equipment required to carry out effective nutritional assessment. This also includes more general procurement, logistics and inventory control costs.

### Food and Nutrition: Commodities

This secondary cross-cutting budget attribution is meant to capture the provision of food commodities through food by prescription, social marketing, school feeding, OVC, PMTCT or other programs, including:

- Micronutrient Supplementation – The cost of micronutrient supplement provision according to WHO guidance or where individual assessment determines a likelihood of inadequate dietary intake of a diverse diet to meet basic vitamin and mineral requirements.

- Therapeutic, Supplementary, and Supplemental Feeding – The cost of facility- and community-based food support for nutritional rehabilitation of severely and moderately malnourished PLWHA, as well as supplemental feeding of mothers in PMTCT programs and OVC.

- Replacement Feeding and Support – The cost of antenatal, peri- and postpartum counseling and support to HIV-positive mothers concerning infant feeding options and vertical transmission; on-going nutritional and clinical assessment of exposed infants; replacement feeding support, including limited provision of infant formula where warranted; and associated counseling and program support through at least the first year of life, per national policies and guidelines.

Please note that "safe water" is NOT included in this definition of food and nutrition. It is addressed separately, in the definition for Water.

**Economic Strengthening**

Countries should estimate the amount of funding for each activity that is attributable to economic strengthening activities, including:

- Economic Strengthening - The portfolio of strategies and interventions that supply, protect, and/or grow physical, natural, financial, human and social assets. For PEPFAR generally, this refers to programs targeting HIV-infected individuals in care and treatment programs, OVC due to HIV/AIDS, and their caregivers. These activities can include a variety of microfinance, vocational training and/or income generation.

- Microfinance - The range of financial products and services, tailored to meet the needs and demands of low-income or otherwise vulnerable populations. This includes group and individual lending, savings, insurance, and other financial products. Microfinance is distinguished from mainstream finance by its outreach to isolated and poor populations and its efforts to make financial services accessible and approachable to them, in terms of product design and delivery systems.

- Microenterprise - A very small-scale, informally organized business activity undertaken by poor people. Generally refers to enterprises with 10 or fewer workers, including the microentrepreneur and any unpaid family workers; many income generating activities fall into this category.

- Microcredit - A form of lending which involves very small sums of capital targeted towards microentrepreneurs and poor households. Microcredit can take the form of individual or group loans, and have varying terms, interest rates and degrees of formality. Microcredit is a *type* of microfinance.

- Market Development - A fundamental approach to economic development that recognizes and takes advantage of the fact that products and services are most efficiently and sustainably delivered through commercial systems. Market development encompasses more targeted strategies such as microfinance and microenterprise development.

### Education

Efforts to promote effective, accountable and sustainable formal and non-formal education systems should be included in this secondary cross-cutting budget attribution. In particular, activities focused on basic education, which is defined as activities to improve early childhood education, program area education and secondary education delivered in formal or non-formal settings. It includes literacy, numeracy and other basic skills programs for youth and adults. Activities related to life skills training and HIV prevention education within the context of education programs or settings should also be included in this cross-cutting budget attribution. Please see the *Technical Considerations* for what can be included as Education.

### Water

Countries should estimate the total amount of funding from their country budgets, not including central funds, which can be attributed to safe water. Activities include support for availability, access, and use of products to treat and properly store drinking water at the household level or other point-of-use, and promotion of hand washing with soap.

### Gender: Reducing Violence and Coercion

Activities for "Reducing Violence and Coercion" include:

- Screening and counseling for gender-based violence (GBV) within HIV/AIDS prevention, care, and treatment programs.
- Strengthening referrals from HIV/AIDS services to GBV services and vice-versa.
- Strengthening rape care services, including the provision of HIV PEP.
- Interventions aimed at preventing gender-based violence, including interpersonal communication, community mobilization and mass media activities.
- Programs that address societal and community norms that perpetuate violence against women and girls and other marginalized populations; that promote gender equality; and that build conflict resolution skills.
- Strengthening linkages between health, legal, law enforcement, and judicial services and programs to prevent and mitigate gender-based violence.
- Interventions that seek to reduce gender-based violence directed at children and related child protection programs.

- Support for review, revision, and enforcement of laws and for legal services relating to gender-based violence, including strategies to more effectively protect young victims and punish perpetrators.
- Research and program evaluation regarding the associations and interplay between GBV and HIV/AIDS, and HIV/AIDS services.

## Key Issues

OGAC uses these Key Issues tick boxes in responding to both Congressional and media inquiries and therefore it is critically important that they reflect the field reality as closely as possible.

You should ensure that each selection is justifiable according to the definition and that you would be able to support each selection in the event of an audit.

### Definitions

For **each implementing mechanism**, countries must identify if programming has a component in one of the key issue areas defined below:

**Health-Related Wraparounds:** A wraparound activity wraps or links together PEPFAR programs with those from other health sectors to provide comprehensive program support and improve the quality of life to HIV/AIDS-affected and -infected communities and is a major focus of GHI. Wraparounds leverage resources, both human and financial, from entities with different funding sources in order to complement PEPFAR goals and maximize the effectiveness of programs. Wraparound activities may include other programs funded by the USG (e.g., USAID Development Assistance), the Global Fund, the UN (World Food Program, UNICEF, etc.), the private sector, or other partners. In general, wraparound activities are supported with a mix of funds, primarily from sources other than PEPFAR. However, wraparound activities that directly serve PEPFAR priority populations by supporting the prevention, treatment, or care of HIV/AIDS, and are in keeping with other PEPFAR guidance, may be supported with PEPFAR funds. In many cases the other sources of funding are used to provide the platform and PEPFAR funds are used to support those activities with our priority populations. In other cases, PEPFAR provides the platform (e.g. home-based care infrastructure) for wraparounds, such as delivery of bednets through PMI, immunizations, or medications for neglected tropical diseases. Please refer back to Appendix 2 for programming priorities.

- **Child Survival Activities**: The goal of child survival activities is to support the availability and use of proven life-saving interventions that address the major killers of children and improve their health status. Examples of wraparound services include care, routine immunization, polio eradication, safe water and

hygiene, micronutrients, growth monitoring, improved infant and young child feeding, and treatment of life-threatening childhood illnesses.

- **Family Planning:** PEPFAR is a strong supporter of linkages between HIV/AIDS and voluntary family planning and reproductive health programs. The need for family planning for HIV-infected women who desire to space or limit births is an important component of the preventive care package of services for people living with HIV/AIDS and for women accessing PMTCT services. PEPFAR programs can work to expand access to family planning/reproductive health services through wraparound programming, i.e., wherever possible linking or ideally co-locating with existing family planning/reproductive health programs to ensure the availability of family planning/reproductive health information and counseling, with referral for actual services. In addition, in areas with high HIV prevalence and strong voluntary family planning systems, PEPFAR programs are encouraged to support efforts to provide confidential HIV counseling and testing within family planning sites. Indeed, there is growing evidence of unmet need for these family planning services, particularly among vulnerable populations, including for women who are HIV-infected. Further guidance on family planning/reproductive health integration with HIV programs and the associated use of PEPFAR funds is forthcoming and will be available shortly.

- **Malaria:** Strengthening the interface between PEPFAR and the President's Malaria Initiative (PMI) mutually benefits both programs and expands the platform of services to target populations. The goal of PMI is to strengthen malaria control programs and malaria research activities to reduce malaria-related mortality. Development of effective malaria vaccines, new malaria treatment drugs, and targeted operations research are key interventions that would also fall under this emphasis area. Relative to HIV, this would include wraparound activities that target people living with HIV/AIDS and OVC for malaria services.

- **Safe Motherhood:** The goal of safe motherhood programs is to reduce maternal mortality and disability by following a continuum of care through the postpartum period. Wraparound activities would support efforts such as improving pre- and postnatal care services with PMTCT programs to help improve maternal and child health outcomes. Wraparounds could also support facility-based and outreach services to improve the quality and equitable coverage of antenatal care, especially as PMTCT services are taken to scale. Delivery and postpartum care services, including periodic evaluation of the progress of pregnancy, labor support and active management of the third stage of labor, should be addressed in all PMTCT programming through such wraparound approaches.

- **TB:** The goal is to reduce the number of deaths caused by TB by increasing detection of cases of TB, and by successfully treating detected cases, as well as addressing issues of multi-drug resistant TB, TB/HIV, and investing in new tools for TB. In addition, if GHCS-USAID TB funds are being leveraged for this implementing mechanism, TB should be marked.

**Gender:** While there is one gender strategy assigned as a cross-budget code (see above), the other four gender strategies should be captured through the key issue area:

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

**End-of-Program Evaluation:** This measurement uses quantitative and/or qualitative scientific methods and informs improvements in service delivery by measuring the effectiveness, efficiency, and/or quality of services that are delivered by a project. It may be conducted at specific times or throughout the life of a project.

**Mobile Populations:** Can include migrant workers, truck drivers, refugees/ internally displaced persons and professionals working in locations at a distance from their families among other groups as defined by country context and epidemiology.

**Military Populations:** Include Army, Navy, Air Force, Coast Guard, Peacekeepers, their families, employees and surrounding community using the military services.

**Workplace Programs:** Activities that encourage private business, public employers, unions, and professional associations (teachers, farmers, fishermen, coffee growers, etc.) to provide HIV/AIDS care, treatment and prevention for their members, employees and family members.

# Appendix 5: Building Partner Capacity and Sustainability – Guidance for Program Acquisition and Assistance

A central strategy of PEPFAR is to engage new and/or local partners to strengthen and ensure the sustainability of the response to HIV/AIDS. This appendix provides techniques and best practices for increasing the number of new and local partners, including faith-based (FBOs) and community-based organizations (CBOs), that are actively engaged in carrying out service delivery or technical assistance activities.

Local partners can be engaged through assistance (grants and cooperative agreements) and contracts. A local partner may gain experience as a subcontractor or sub grantee or may serve as a prime contractor or prime grantee. Local partner expertise can be expanded through issuing contracts or grants to international or other organizations to provide technical expertise to train and develop the local partner or through implementing agency personnel providing that development expertise. Regardless, the objective should be to develop local capacity so the ownership of the PEPFAR solution becomes country-centric.

Contracts and assistance agreements (grants and cooperative agreements) are issued under the rules and policies of the implementing Federal Agency, which determine when each instrument is appropriate, and the authorities of the individuals signing the documents. Questions regarding these policies and procedures should be directed to the appropriate Agency contracting and assistance policy offices. All procurement actions must be coordinated with the appropriate agency's procurement office(s).

PEPFAR policies that encourage the use of local partners include:

- use of "umbrella awards" (see definition below) to an experienced local or international organization who can identify potential local partners and engage and mentor them through sub awards;
- setting limits on the percentage of country funding to individual organizations under assistance agreements to encourage broader participation (see single-partner funding limit guidance below);
- targeted programs such as *PEPFAR Small Grants* and the *New Partners Initiative* that reserve funding specifically for new participants; and
- requiring USG implementing agencies to review non-local partner performance in strengthening local partners on an annual basis;
- HHS requirement for Track 1 ART grantees to develop plans for transitioning to local partners.

Operating Unit teams are encouraged to contact members of the Health Systems Strengthening working group and their agency representatives with any questions regarding C/FBO strategies. In addition, countries are encouraged to share their experiences and best practices in engaging new and local partners.

**Objectives:**

As you continue to design FY 2011 programs and acquisition and assistance (A&A) plans and begin to formulate FY 2012 plans, please integrate (as appropriate) the following objectives:

- Local Partner Graduation/Local Primes: As a part of a long-term sustainability strategy, experienced organizations should provide assistance to enable local partners to take on the responsibility of being prime implementing partners in place of international partner organizations. Having experienced organizations provide such assistance can reduce USG management burden while promoting the programs' success and organizations' sustainability.
- Engaging grassroots networks: Promote and maximize the effective use of local implementing partners, including both prime and sub-partners through strategic investments.
- Appropriate-to-country context: If the percentage of total PEPFAR partners that are identified as C/FBOs is substantially below the percentage of total HIV/AIDS service delivery activities through C/FBOs in a given country, examine reasons therefore and respond appropriately to address the imbalance.
- Diversity of service: C/FBO partners should not be concentrated all in one service area, as C/FBOs are active in almost every aspect of prevention, treatment, and care activities and often are uniquely positioned to sustain their services long term.
- New Partners: New partners should reflect a commitment to expanding to local partners through the establishment of national mentoring organizations, umbrella awards, or use of small grants.
- Local Umbrellas: The COP should reflect a long-term sustainability strategy that is committed to and invested in building organizational and technical capacity of local partners. Models include activities dedicated to establishing and/or strengthening mentoring organizations and linking international or national organizations receiving umbrella awards to allow for eventual local ownership.
- Building linkages: The COP should reflect a priority for facilitating linkages between C/FBOs and national service networks, which are essential components to providing a continuum of service and care.

This appendix provides information on:

- TBD Partners;
- Local Partners;
    - Definition and
    - Guidance on Implementing the Local Partner Definition;
- Guidance on the Implementation of the Single-Partner Funding Limit;
    - Definition of Umbrella Awards; and
- Best Practices for Encouraging Engagement with Local Partners and Faith-Based and Community-Based Organizations.

## TBD Partners

Consistent with its coordinating responsibilities, OGAC will, from time to time, request information or provide further guidance during the A&A process. OGAC may review directly, or request the implementing agency headquarters to review, the solicitation document before it is released to ensure that PEPFAR objectives are being pursued. On occasion, OGAC may request to be the Source Selection Official for the action. OGAC will notify the OU team and agency of these actions as early in the planning process as possible.

Do not list partners in the COP until they have been formally selected through normal A&A processes, such as Annual Program Statements, Requests for Application, or Requests for Proposals. Until a partner is formally selected, list the partner as To Be Determined (TBD).

### Approval of Identified TBD Partners

For all TBD activities to be funded through assistance mechanisms, the OU team will notify OGAC once the partner has been identified but before the award. The timing of the notification between partner selection and award ensures OGAC's COP approval process takes place prior to a final award. By reviewing TBDs prior to award, other factors can be considered such as the single-partner funding limit.

## Local Partners

### Definition of "Local Partner" for PEPFAR

Under PEPFAR, a "local partner" may be an individual or sole proprietorship, an entity, or a joint venture or other arrangement. However, to be considered a local partner in a given country served by PEPFAR, the partner must meet the criteria under paragraph (1), (2), or (3) below[2]:

(1) an **individual** must be a citizen or lawfully admitted permanent resident of and have his/her principal place of business in the country served by the PEPFAR program with which the individual is or may become involved, and a **sole proprietorship** must be owned by such an individual; or

[2] HHS will only implement paragraph 2 (entity) of the definition.

(2) an **entity** (e.g., a corporation or partnership):

(a) must be incorporated or legally organized under the laws of, and have its principal place of business in, the country served by the PEPFAR program with which the entity is or may become involved;

(b) must be at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 beneficially owned by individuals who are citizens or lawfully admitted permanent residents of that same country, per sub-paragraph (2)(a), or by other corporations, partnerships or other arrangements that are local partners under this paragraph or paragraph (3);

(c) at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 of the entity's staff (senior, mid-level, support) must be citizens or lawfully admitted permanent residents of that same country, per sub-paragraph (2)(a), and at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 of the entity's senior staff (i.e., managerial and professional personnel) must be citizens or lawfully admitted permanent residents of such country; and

(d) where an entity has a Board of Directors, at least 51% of the members of the Board must also be citizens or lawfully admitted permanent residents of such country; or

(3) a **joint venture**, **unincorporated association**, **consortium,** or **other arrangement** in which at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 of the funding under the PEPFAR award is or will be provided to members who are local partners under the criteria in paragraphs (1) or (2) above, and a local partner is designated as the managing member of the organization.

Partner government ministries (e.g., Ministry of Health), sub-units of government ministries, and parastatal organizations in the country served by the PEPFAR program are considered local partners.[*] A parastatal organization is defined as a fully or partially government-owned or government-funded organization. Such enterprises may function through a board of directors, similar to private corporations. However, ultimate control over the organization rests with the government.

Starting with FY 2010, only partners that meet the definition criteria should be reported as local partners in the COP. A single partner can only be considered "local" in the country in which it meets the definition criteria; in other countries it should be listed as "international." The categories are international, local individual, local sole proprietorship, local entity, and local joint venture/association/consortium.

[*] USAID and its partners are subject to restrictions on parastatal eligibility for USAID funding. See 22 CFR 228.33.

## Implementation Guidance for Local Partner Definition

The definition sets the criteria by which an individual, sole proprietorship, entity (e.g., corporation or partnership), joint venture, unincorporated association, consortium, or other arrangement is considered a local partner under the PEPFAR program. Our goal is that the definition truly encompasses a local organization and, hence, does not include subsidiaries or franchises of non-local organizations. The definition is used or will be implemented in three primary ways:

(1) in the counting of local partners, which is required by law and reported to Congress;
(2) in the agencies' future grant and cooperative agreement solicitations where it makes sense for project goals to either limit competition to local partners or to include evaluation criteria that emphasize working with local partners; and
(3) in overall PEPFAR policy guidance (i.e., COP guidance on engaging local partners).

The definition applies to both prime and sub-recipients, to grants and cooperative agreements, and, in certain contexts, to contracts. Because of applicable competition and source, origin and nationality rules, the local partner definition will not be used to limit eligibility unless OGAC relies on "notwithstanding" authority as discussed below. Local contractors will be included as "local partners" for counting purposes.

In general, PEPFAR would like to see a greater number of sustainable, prime local partners – through either the graduation of local subs or the identification of new local primes.

*Eligibility Determinations During Implementation:* PEPFAR implementing agencies have the option of using any or all of the three sub definitions of a local partner (individual/sole proprietorship, entity, or joint venture) in its solicitations for grants and cooperative agreements, as appropriate for the intent of the award or in compliance with agency policies and regulations[3]. The agency will specify in the request for applications (RFA), request for proposals (RFP), or funding opportunity announcement (FOA) which types of partners may be considered for award as appropriate. Prior to issuing an RFA, RFP or FOA that limits eligibility to local partners, OU teams and PEPFAR implementing agencies shall consult with their contracting officer and legal advisor to resolve any competition and source, origin and nationality issues.

**In order to qualify as a local partner in a given country, a partner must meet all of the criteria relevant to the particular type of entity under paragraph (1), (2) or (3) of the definition.** For example, an "entity" under paragraph (2) of the definition, typically a corporation or partnership, must be legally organized in

[3] HHS will only implement paragraph 2 (entity) of the definition.

country, have its principal place of business in country (which restricts franchises of US-based organizations), and meet the percentage requirements for ownership and staff citizenship within the same country (i.e., 51%, 66% or 75%, depending on the fiscal year in which the award is made). Therefore, to be considered a local partner in Uganda, the organization must be legally organized in Uganda, have its principal place of business in Uganda, and the relevant percentage (51%, 66%, or 75%) of ownership and staff, including senior staff, must be Ugandans, etc.

Further, as appropriate for the intent of the award, an agency may choose to make the award available to partners who are local in other PEPFAR countries outside the one in which implementation of the award will occur. For example, a South African local partner could be deemed eligible for an award in Uganda, even if they are not a Ugandan local partner. In addition, if it makes sense for the purpose of the award to include organizations that are U.S. or third country-based, or that are local entities of international organizations, those organizations could be deemed eligible for award in the solicitation.

The percentages for determining local partners under the definition (51% in FY 2009-2010; 66% in FY 2011-2012; 75% in FY 2013) apply to new awards only based on the fiscal year in which the award is made (and without regard to the fiscal year of the funds supporting the award). Thus, for an award made in October 2010 (i.e., an award made in FY 2011), an entity would be required to meet the 66% local ownership and staffing criteria in order to be considered a local partner. Partners receiving incremental funding on existing awards would not be re-evaluated under the local partner criteria.

*Notwithstanding Authority:* Where necessary to implement local partner policies under this guidance, the Global AIDS Coordinator intends to rely on the notwithstanding authority for global HIV/AIDS activities using Global Health and Child Survival account funds (i.e., OGAC funding) provided in Section 7060 of the Department of State, Foreign Operations, and Related Programs Appropriations Act to overcome applicable competition and source, origin and nationality requirements.

*Ownership and Percentage of Staff Who Are Citizens or Permanent Residents:* The ownership and local staff requirements gradually increase for entities. In FY 2009-2010, the ownership and percentage of staff, including senior staff, who must be citizens or lawfully admitted permanent residents of the country, is set at a minimum of 51 percent. However, as we desire local partners to include a greater level of local participation, the percentage requirement increases over time. Thus, in FY 2011-12, these percentages will rise to 66 percent, and in FY 2013 will rise to 75 percent. This information may be shared with partners so that they understand the change in criteria over time. Again, the above percentages apply to new awards issued in the applicable fiscal year.

*Excluding Individuals and Sole Proprietorships in Counting Local Partners*: Starting with FY 2010, only partners that meet the definition criteria should be reported as local partners in the COP. A single partner can only be considered "local" in the country in which it meets the definition criteria; in other countries, it should be listed as "international." There will be categories for local individual, local sole proprietorship, local entity, and local joint venture/association/consortium. See Section 6.6: Manage Partners and Manage Implementing Mechanisms.

However, although reported in the COP, individuals and sole proprietorships that qualify as "local" under the definition will NOT be officially counted as local partners. Most often, PEPFAR programmatic considerations are best served by grants and cooperative agreements to organizations rather than individuals. PEPFAR OU teams should carefully consider whether a grant or cooperative agreement to an individual or sole proprietorship is the best use of PEPFAR resources and the most effective way to meet program objectives.

*Guidance on Joint Ventures:* To be considered a local partner, a joint venture must receive funding directly in the name of the joint venture, whether as a prime or sub-recipient. If the principal recipient or sub-recipient of record is solely a non-local (i.e. US-based, third country, or international) partner, the arrangement will not be considered a joint venture or counted as a local partner. For example, if Harvard forms a joint venture with local partners but the grant award is in Harvard's name, the joint venture will not be considered official or counted as a local partner until the grant award is renewed and awarded legally to the joint venture. To be a local partner, the joint venture must meet the applicable percentage of funding (51%, 66% or 75%) to members who are "local partners" under the criteria in paragraphs (1) or (2), and have designated a local partner as the managing member of the organization. If the joint venture meets the criteria, then it should be listed as a new entry in the COP under the joint venture's name.

## Strengthening Local Partners

Good measures of "strengthened" and "sustainable" local partners include:

- *Strategic Planning* - organizations that have a Board of Directors[4], mission statement, and strategies for the short- and long-term (5-10 years), including diversification of funding sources and ability to write their own grant proposals;
- *Registration* - organizations that are registered with USG agencies or as legal entities in their own country;
- *Financial Management* - organizations that have a practical accounting system in place and are able to account for all expenditures in accordance with USG and

[4] Oversight Committee/ Task Teams/ Leadership Group

in-country audit requirements, analyze unit costs, make financial projections, and track expenditures against budgets;
- *Human Resource Management* - organizations with an established personnel system with checks and balances, for recruiting, paying, retaining, training, and supervising adequate numbers of staff at all levels of the organization;
- *Networks* – organizations that are linked to local networks that deliver prevention, care and treatment services, monitor implementation, and report results;
- *Monitoring and Evaluation/Quality Assurance* - organizations that have institutionalized the capacity to collect, enter, store and retrieve program data for use in planning, monitoring, reporting, and improving quality, and are able to fulfill USG and other international partner reporting requirements;
- *Commodities, Equipment and Logistics Management* - organizations that have established a system to assess commodity needs, account for donated product, ensure adequate drug supply at all times, and eventually procure and purchase supplies, equipment, and drugs for HIV/AIDS prevention, care and treatment services;
- *Facilities* – organizations with laboratories, clinics, and classrooms capable to provide HIV/AIDS training or services; and
- *Fundraising* - organizations that develop plans for raising funds from non-USG sources.

Examples of how OU teams and PEPFAR partners can work to strengthen the technical capacities of local partners for service provision include:
- Developing, disseminating, and implementing appropriate treatment and care protocols and prevention programs;
- Developing and strengthening health infrastructure;
- Improving laboratory capacity to perform HIV testing;
- Implementing monitoring and evaluation systems and fostering data use;
- Promoting collaboration and coordination among partners providing prevention, care and treatment services;
- Linking local partners to international policy and service delivery networks;
- Developing, disseminating and sharing curriculum; and
- Building human capacity through training.

One particularly important gap for local partner organizations is technical expertise in accounting, managerial and administrative skills, auditing practices and other activities required to receive funding directly from the USG. The use of umbrella awards to mentor organizations can assist in providing this expertise. Wherever possible, efforts should be made to support and provide technical assistance to assist local partner organizations in 'graduating' to full partner status and enable them to be direct recipients of PEPFAR funds.

# Single-Partner Funding Limit

## Overview

The single-partner funding limit diversifies the PEPFAR partner portfolio, and expands partnerships with local partners, all with the goal of promoting the long-term sustainability of HIV/AIDS programs in our partner countries. For FY 2011, the limit on funding to a single-partner is no more than 8 percent of a country's PEPFAR budget, excluding U.S. Government OU team management and operations costs, or $2 million, whichever is greater.

## Exceptions

The limit applies only to grants and cooperative agreements; contracts are exempted. In addition, there are three blanket exceptions to the limit (drug/commodity procurers, Government Ministries and parastatal organizations, and umbrella awards), which are defined as follows:

A. **Drug/Commodity Procurers:** The exception will apply to organizations that provide technical assistance and services but also purchase drugs and commodities, as well as to organizations that primarily purchase drugs and commodities. All commodity/drug costs will be subtracted from the partners' total country funding applicable against the cap. The remaining awards and all overhead/management costs will be subject to the cap.

   When a OU team notifies OGAC that an awardee has been selected, it also should note whether the awardee purchases drugs and commodities and identify the amount spent on those drugs and commodities. The amount of funding for drug and commodity procurement should be included in the COP entry for the given partner.

B. **Government Ministries:** Awards to partner government ministries and parastatal organizations are excluded from the limit. A parastatal organization is defined as a fully or partially state-owned corporation or government agency. Such state-run enterprises may function through a board of directors, similar to private corporations, but ultimate control over the board rests with the government. Parastatal organizations are most often found in centrally planned economies.

C. **Umbrella Agreements**[5]**:** The grants officer will determine, in consultation with the OU team, whether an award is an umbrella for purposes of exception from the cap on an award-by-award basis. This determination may be made at the

[5] See definition of and additional guidance on umbrella awards below.

time the announcement is written based on the statement of work or at the time of award based on the applicant's work plan. The following criteria apply to decisions about umbrella status:

- Awards made with the intent that the organization make sub-awards with at least 75 percent of the grant (with the remainder of the grant used for administrative expenses and technical assistance to sub-awardees) are umbrellas and excepted from the cap.
- Awards that include sub-awards as an activity under the grant but do not meet the above criteria are not exempt, and the full award will count against the cap.

Grantees may have multiple PEPFAR awards in a country, some of which qualify as umbrellas and are thus exempt from the limit, while others are not umbrellas and thus count against the limit. When OU teams notify OGAC that the grants officer has selected an awardee, it also should note whether the award qualifies as an umbrella based on the above criteria and identify the amount of the award.

Where a grant has characteristics of an umbrella award but administrative and technical assistance expenses exceed 25 percent, the OU team may consider requesting an exception to the cap on a case-by-case basis.

## Umbrella Award Definition

An "**umbrella award"** is a grant or cooperative agreement that does not include direct implementation of program activities but rather acts as a grants-management partner to identify and mentor sub-recipients, which in turn carry out the assistance programs. Thus, an umbrella award functions primarily as a sub-grant-making instrument, although it may also operate a small administrative program attendant to its grant-making function. Typically, a relatively small percentage of the funds of the overall grant are appropriate for use for administrative purposes. In addition, it is feasible that in situations in which an umbrella award provides significant technical assistance and management support to its sub-recipients, it may reasonably devote a greater percentage of its overall funds to providing these services.

An umbrella award may be made to either a local or an international entity, although PEPFAR strongly encourages U.S. Government OU teams to use local, indigenous umbrella organizations wherever possible. A basic goal should be to use the umbrella award recipient to develop indigenous capabilities to create a more sustainable program. Umbrella awards are not subject to the eight percent cap on single-partner funding.

The following are "best practices" for umbrella awards:

- Where local organizations are strong, umbrella grant programs hire a strong local or international organization whose role is to run a grant making and administration program by using a relatively small percentage of the funds (usually around seven percent) in the overall grant for these purposes.

- Where local organizations are weak, umbrella grant programs include significant technical assistance, either as part of the responsibilities of the grant-making organization or of a separate organization. The best examples again spend a relatively small proportion of the overall grant (typically 20 to 30 percent) on these services and are quite specific as to the responsibilities of the prime grantee in strengthening local partners. Such awards must move to the seven percent level on a rapid timeframe as the technical capacity of local partners increases.

- To qualify for exemption from the single-partner funding cap, an umbrella award may not spend more than 25%of the overall grant for administrative expenses and technical assistance. Where a grant has characteristics of an umbrella award but administrative costs and technical assistance exceed 25 percent, the OU team may consider requesting that OGAC authorize an exception to the cap on a case-by-case basis.

- An organization that receives umbrella awards may separately have other grants or contracts in which it engages in direct program implementation activities. However, awards containing such activities are not considered umbrella awards and are subject to the 8% single-partner cap. An award that includes both direct implementation and sub-grant-making activities will not normally count as an umbrella award for the purposes of that grant, but OGAC may permit exceptions on a case-by-case basis.

## Justifications

You will be asked to submit a justification for any partner that exceeds the single-partner funding limit, after excluding organizations (host country government organizations, parastatals) and funding (umbrella awards, drug and commodity purchases) exempted under the exceptions noted above. No justification is required for partners that would exceed the 8% limit only if procured commodities were included; however, the dollar amount of funding the partner will use for commodity procurement should be included with the implementing mechanism information.

## Successful Practices for Encouraging Engagement with Local Partners and Faith- and Community-Based Organizations

This following guidance focuses on identifying organizations that already serve local populations, have expertise in programmatic areas, and would further benefit from USG partnership through technical assistance and capacity building.

PEPFAR has yielded examples of creative program designs that successfully integrate FBOs, CBOs, and local partners into Country Operational Plans. Recommendations and examples include:

- Avoid duplication of resources programmed by different USG agencies to the same implementing organization for the same purposes (e.g., two USG agencies funding the same partner to provide the same assistance to orphans or antiretroviral treatment). This will minimize the burden on the partner as well as USG staff.

- Select Annual Program Statements (APSs), or other funding instruments, directed entirely at local partners or set aside a portion of funding for new partners that are local with an existing in-country presence or relationship.

- The language used in funding announcements, such as Requests for Application (RFAs) and APSs, is critical in determining what types of organizations respond. Word choices can encourage the participation of FBOs, CBOs, and local partners. A useful practice is to issue a draft solicitation for comment or hold a country pre-bidders conference to determine if there are impediments to participation by FBOs/CBOs.

- The dollar values and size of grants may also influence which organizations apply. Statements indicating dollar value awards "up to $5 million" may discourage local CBOs because they are often viewed as "set-asides" for international organizations. Language such as "small awards to local organizations will be a priority" may encourage local C/FBOs to apply for the grants.

- Ensure within all solicitations a level playing field for all potential bidders, including those with limited previous experience working with the USG. Posting solicitations on the web for comment is a best practice in this regard. In addition, as part of the review process, new procurements may be identified as requiring a review of the scope of work at headquarters.

- Consider using umbrella awards, small grant programs, and linking and graduating partners throughout varying levels of funding mechanisms.

- Many solicitations now include specific objectives for capacity building within statements of work and assign points for capacity-building plans as part of review criteria and scoring systems. (Examples will be posted on the PEPFAR Extranet.) During implementation, all USG implementing agencies are required to review partner performance annually to strengthen local partners and PEPFAR partners. Additionally, PEPFAR partners are required to address their plans for, and results of, capacity building within their annual work plans and annual program performance reports.

- In the acquisition arena, if an international organization is essential to provide technical leadership and oversight, use all available tools in award evaluation criteria and performance assessments to encourage use of local partners. The award evaluation criteria can include points for including local partners as sub-contractors or implementing partners. The evaluation of how broadly and effectively a contractor utilized and included local partners during the performance assessment of that contractor has been effective when done rigorously.

Some of these practices will increase demands on A&A and other staff. We have therefore provided funding to our USG implementing agencies to allow them to increase human capacity in the field and at headquarters (including a Twinning Center that can help support local organizations). We are open to, and supportive of, innovative approaches to address this issue.

# Appendix 6: Small Grant Program

Beginning in FY 2005, program funds were made available for all PEPFAR countries and regional programs that follow the criteria and reporting requirements listed below to support the development of small, local partners. The program is known as the PEPFAR Small Grants Program, and replaces the Ambassador's Self-Help Funds program for those activities addressing HIV/AIDS.

Country and regional programs should submit an entry for the PEPFAR Small Grants Program as part of their yearly operational plan (COP or F OP). The total dollar amount of PEPFAR funds that can be dedicated to this program should not exceed $300,000 or 5% of the country allocation, whichever is the lower amount. This amount includes all costs associated with the program, including support and overhead to an institutional contract to oversee grant management if that is the preferred implementing mechanism.

## Proposed Parameters and Application Process

### Eligibility Criteria

- Any awardee must be an entirely local group.
- Awardees must reflect an emphasis on community-based groups, faith-based organizations and groups of persons living with HIV/AIDS.
- Small Grants Program funds should be allocated toward HIV prevention, care and support or capacity building. They should not be used for direct costs of treatment.

### Accountability

- Programs must have definable objectives that contribute to HIV/AIDS prevention, care and/or (indirectly) treatment.
- Objectives must be measurable.
- These will normally be one-time grants. Renewals are permitted only where the grants show significant quantifiable contributions toward meeting country targets.

### Submission and Reporting

- Funds for the program should be included in the COP under the appropriate budget category.
- Individual awards are not to exceed $50,000 per organization per year; the approximate number of grants and dollar amount per grant should be included in the narrative. Grants should normally be in the range of $5,000 - $25,000. In a

few cases, some grants may be funded at up to the $50,000 level for stronger applicants. The labor-intensive management requirements of administering each award should be taken into account.

- Once individual awards are made, the country or regional program will notify their core or regional team leader of which partners are awarded and at what funding level. This information will be added in the sub-partner field for that activity.
- Successes and results from the Small Grants Program award should be included in the Annual Program Results and Semi-Annual Program Results due to OGAC. These results should be listed as a line item, like all other COP activities, including a list of partners funded with the appropriate partner designation.

# Appendix 7: Setting Targets

## Setting National Level Targets

### Selecting National Indicators

PEPFAR teams will be required to use any or all of the five "essential/reported" national output indicators that are "applicable" to the PEPFAR program. Please refer to PEPFAR's *Next Generation Indicator Guidance* (located at: http://www.pepfar.gov/guidance/index.htm) for more information on choosing national-level indicator sets, including definition and use of the term "applicability." These indicators will be used to measure the annual or intermittent progress towards the PEPFAR-supported national strategic goals.

Partnership Framework countries also will need to negotiate the use of additional national indicators associated with Framework goals and objectives, and they will need to provide targets and report on these indicators in addition to the existing "essential/reported" indicators. Countries with approved PFIPs will receive additional target templates to set any custom indicators for the PFIP.

All PEPFAR teams are encouraged to choose a full complement of indicators (output, outcome, and impact) to monitor major PEPFAR commitments and national program priorities supported by PEPFAR, whether or not these indicators require reporting to headquarters.

All national-level indicators should be pulled from the national set or negotiated into the national set if not present already. In some instances, PEPFAR teams may need to negotiate indicators into the national set if they are not already collected and to support activities that build the national systems to collect the data needed to report on these indicators. PEPFAR teams also may need to rely on existing parallel PEPFAR systems in the short-term, but they should be working to integrate fully into the national M&E system within the next few years.

### National Target Timeframe

National level targets (and results) will be based on a reporting timeline defined by the host national government. PEPFAR teams will need to identify the timeframe for which the national targets are set (e.g., Jan 2009 – Dec 2009 or Oct 2009 – Sept 2010), and whichever period is chosen the data reported should represent the most current (and complete) 12-month timeframe available based on the host country government reporting cycle.

Except for the one-time move from the USG reporting period (i.e., USG fiscal year Oct-Sept) to the country-defined reporting period (which occurred in COP 2010), the timeframe used for target setting (and results reporting) should remain consistent for the duration of this phase of PEPFAR so data will be comparable across years and trends can be analyzed accordingly.

Possible variations in reporting timelines include:

- National Government reports on USG Fiscal year
  - FY10 COP Targets = Oct09-Sept10
  - No Change
- National Government reports on Calendar year
  - FY10 COP Targets = Jan09-Dec09
  - 9 month lag compared to USG fiscal year
- National Government reports on other Fiscal year (e.g., July to June)
  - FY10 COP Targets would = July09-June10
  - 3 month lag compared to USG fiscal year

## Setting PEPFAR Technical Area Summary Targets

### Selecting Technical Area Summary Indicators

Operating Unit teams are required to set summary level targets on all of the "Essential/Reported" indicators that are "applicable" to the PEPFAR program in the host country. A subset of the essential indicators, known as "Essential/Not Reported" are considered critical for in-country use, but these indicators will not be reported to OGAC. Please see PEPFAR's *Next Generation Indicator Guidance* for additional guidance and information.

Operating Unit teams are encouraged to include additional applicable indicators to their PEPFAR technical area summary set to ensure sufficient information for program management and planning in-country. These additions may also include indicators pulled from the national set or from the PEPFAR list of "recommended" indicators.

### Target Timeframe

The targets should reflect the expected direct program results in a given fiscal-year **time period**, regardless of the fiscal year monies used to reach targets. For example, partners might still be spending FY 2008 and FY 2009 monies during the October 1, 2010 to September 30, 2011 time period, and ALL expected results for this time period should be included.

By setting targets based on expected results within a given-year time period rather than based on a given-year funding, we will be able to make comparisons between targets

and the annual results reported in Annual Progress Report (APR). Note that this time frame approach differs from the Implementing Mechanism target setting approach described in Section 5.4.4 which describes targets to be achieved with the funds allocated to the Mechanism this year.

### Considerations for Setting Technical Area Summary Level Targets

Operating Unit teams are required to set technical area summary targets on all of the "Essential/Reported" indicators that are "applicable" to the PEPFAR program. Annual technical area summary targets should be based on USG support and should feed into the national program 5-year goals set through a strategic planning process led by the host country government and supported by key stakeholders.

The expected accomplishments at the summary level are not simply the sum of the targets for a given indicator across individual partners. It is expected that some double counting will occur. When estimating targets the Operating Unit team should identify and resolve double counting issues. The targets should be an accurate reflection of the total de-duplicated reach of programs during the fiscal year period. Therefore, summary targets will need to be adjusted for double counting prior to submitting the COP to OGAC.

When calculating five-year targets, OU teams should be conservative, reflecting limited increases in PEPFAR funding (if any at all). Simultaneously, if such information is available, consideration should be given to additional funding coming from other sources (e.g., partner government, GFATM, other donors), which may influence what will be accomplished at the national level.

## Setting Implementing Mechanism-Level Targets

**Operating Unit teams are not required to report implementing mechanism-level targets to OGAC but should manage them at the country level.** Headquarters agencies may have specific reporting requirements for mechanism-level targets.

PEPFAR Implementing Mechanism-level targets are intended to show what each USG-funded partner will accomplish using requested funds in all relevant technical areas in which they are working.

Implementing Mechanism level targets will need to be established using a defined set of indicators. The PEPFAR Operating Unit teams and their implementing partners will determine which indicators are to be reported by which partner based on PEPFAR indicator guidance. Each partner's indicator set should represent the expected outputs (i.e. people served or other defined deliverables) or outcomes of the partner's activities.

Each Implementing Mechanism's indicator set should represent a comprehensive set of measurements that provide the information needed by the partner and the PEPFAR team to manage the program activities. Minimally, partners will be expected (by the OU team) to set targets for all "essential/reported" indicators that are applicable to the work they are doing.

## Target Timeframes and Definitions

**There are two approaches for setting implementing mechanism level targets—Fiscal Year Targets and Planned Budget Targets. Both use the same indicators, but differ only in the time frame used to assign targets.**

## Fiscal Year Targets

Definition: Fiscal Year Targets are the program results expected in a defined reporting period regardless of the year of funding used to reach those targets.

**This timeframe is the same as for the technical area summary targets** and can be aggregated and de-duplicated to produce a summary target. All implementing mechanisms will need to set Fiscal Year Targets so that this aggregation can be done. **These targets do not need to be submitted as part of your COP, but should be managed by the OU team**. For each implementing mechanism, OU teams should set at least two (2) years of targets (FY2011 and FY2012). Where longer contracts or agreements exist, OU teams may want to request additional year targets.

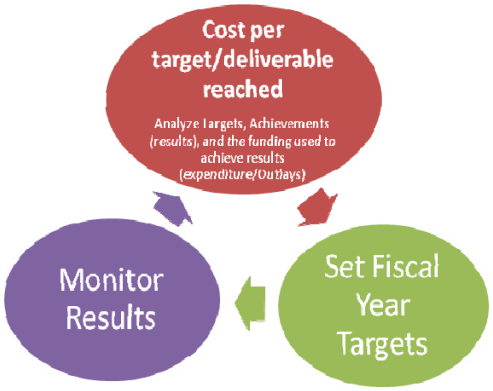
### Data Use – Fiscal Year Targets

Comparing Fiscal Year Targets to Results

Fiscal Year Targets are based on the same time period as performance results reported by Implementing Mechanism and provide a direct comparison between what a partner expects to accomplish (Target) and what they actually accomplished (Result), allowing OU teams to monitor performance.

Comparing Fiscal Year Targets with budget information

Fiscal Year Targets are based on the financial expenditures that are expected to be outlayed during the defined reporting period. Therefore Fiscal Year Targets (and results) should be compared against financial records of expenditures or outlays to get an estimate of the cost per target reached. Fiscal Year Targets, Results and financial expenditures/outlays can be analyzed to provide



PEPFAR OU teams with a better understanding of the cost, pipelines, and the relationship between dollars and outputs.

The information developed through these types of analyses should be fed into each round of target setting and can help to identify program efficiencies.

**Example of Fiscal Year Target Setting– <u>New</u> Implementing Mechanism**
A new partner receives money for the first time in FY2011 to provide treatment in a rural area that had no access to service delivery in past. Based on the expected date that the partner will receive funding, the partner doesn't expect to reach any patients with services in 2011. Once funding is received, they have some infrastructure, procuring commodities, capacity building work to do. They expect they will be up and running approx 4-6 months following receipt of funding. The community has approx 500 known patients ready to start treatment. The partner estimates that they will be able to get all 500 patients on ART before end of FY2012 and will continue to enroll new patients as identified. They are also serving as the primary Testing and Counseling site in the area.

<u>Two exemplary indicators were chosen to highlight targets</u>:

| Example Indicators | FY09 | FY10 | FY11 | FY12 | FY13 |
|---|---|---|---|---|---|
| Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT] | NA | NA | 0 | 500 | 550 |
| Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results | NA | NA | 0 | 500 | 1000 |

***2012 targets are notional based on continued funding at the same FY10 level.**

**Example of Fiscal Year Target – <u>Existing</u> (continuing) Implementing Mechanism**

In this scenario the partner has an existing Treatment program continuing from previous year. At the end of FY 2009, they expect to have approx 2500 patients on the books. They are scaling up at a net gain of approx 5-10 patients/month, taking into account death, transfers out, and other loss to follow-up. They expect rate of scale-up to stay constant through 2012. They have dollars in pipeline from 09 and will continue service uninterrupted until receipt of 2011 funds.

Two exemplary indicators were chosen to highlight targets:

| Example Indicators | FY09 | FY10 | FY11 | FY12 | FY13 |
|---|---|---|---|---|---|
| Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT] | 2500 | 2590 | 2670 | 2760 | 2760 |
| Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results | 150 | 150 | 150 | 150 | 150 |

***2013 targets are notional based on continued funding at the same FY2011 level.**

## Planning Budget Targets:

Definition: Planning Budget Targets are the program results expected to be achieved with the funding coming in this budget cycle (i.e., with FY2011 funds), regardless of when the results will be achieved. This approach is similar to target setting guidance that was provided previous to FY 2008.

This approach of aligning targets with planned funding differs from the above approach to setting targets, which aligns targets with expenditures or spending. As a result, the targets using this definition cannot "roll up" to the technical area summary targets.

### Data Use – Planned Budget Targets

Comparing Planned Budget Targets to Results
This approach to target setting will not allow comparison of targets to results, but will allow assessment of targets for the funds requested.

Comparing Planned Budget Targets with Partner Requests for Funds
This approach to target setting allows project officers and procurement and grants officials to specifically evaluate the requested funding and targets described in partners' applications for annual funding in light of what was approved in the COP for the same fiscal year's funds. These targets will provide PEPFAR OU teams with an understanding of the costs per target estimated by the partner for the funds requested that year.

## Considerations for Setting Implementing Mechanism-Level Targets

All implementing partners will be required to set targets on all of the applicable indicators in the Technical Area Summary set developed by the PEPFAR OU team using the Fiscal Year Timeframe described above.

# Appendix 8: Strategic Staffing

Operating Unit teams should ensure that all management, operations, and staffing decisions are based on meeting PEPFAR programmatic goals given legislative and budget constraints, rather than agency-specific needs driving organization decisions. Staffing exercises should minimize duplicative efforts, maximize interaction with Embassy and Agency management support offices, and follow rightsizing principles. Operating Unit teams should be working in a complementary, non-redundant fashion (e.g. all technical staff working as a team, shared team responsibility for the entire USG program rather than just one agency's portfolio, and new technical staffing needs considered by the team rather than just one agency).

## Engagement and Support of Locally Employed Staff

The recruitment, retention, and empowerment of locally-employed staff are crucial to accomplishing our goals; approximately 75% of our field-based workforce is local. Operating Unit teams should look for opportunities to train, engage, and empower LE Staff. Good practices include naming LE Staff to be TWG chairs, creating an interagency LE Staff advisory council for PEPFAR in country, and providing training and international travel opportunities.

Compensation and position grades often are identified as key obstacles to recruiting and retaining LE Staff. A number of tools are available to help OU teams appropriately classify positions, including Framework Job Descriptions (FJDs) for senior LE Staff positions. The PEPFAR LE Staff working group includes headquarters and field staff from State, USAID, CDC, and DoD who have programmatic, management, and human resources expertise and are available to assist and advise OU teams. The FJDs, guides, training materials, contact lists, and other tools are at: https://www.pepfar.net/C15/C9/Human%20Resources%20Issues/default.aspx.

## Coordination with Embassy and Agency Management Teams

PEPFAR programmatic staff should consult with non-program offices, such as human resources, management, and general services/procurement, to ensure sufficient support to facilitate PEPFAR activities. Teams should ensure the accuracy of agency workload counts when provided to the ICASS Council in April each year and consult with financial management staff to project ICASS charges for each fiscal year based on the previous year's workload. Operating Unit teams should look for creative solutions to challenging management burden issues without creating duplicative positions or processes.

On May 14, 2009, the State Department issued a cable to all Chiefs of Missions (COM) advising them to "ensure all elements under their authority establish and maintain

consolidated support platforms under the International Cooperative Administrative Support Services (ICASS) program. No Executive Branch agencies or sub-agencies with staffs operating under COM authority, including State elements, should plan to establish new administrative systems or expand existing support operations outside of the ICASS framework, nor should COMs allow them to do so." Operating Unit teams should ensure that management support positions are not duplicated during FY 2011 COP planning.

In addition, OU teams should work in concert with agency acquisition and assistance (A&A) staff, as appropriate, when considering any changes to existing contracts or awards and in the planning of new procurements for the upcoming fiscal year. The agency A&A staff can advise on legal, policy, and procedures that must be followed. It is also important to consult with A&A staff from a workload perspective. Consulting with A&A teams early in the process allows them to plan for workload burden during the fiscal year. The same is true for Human Resources and other management support staff.

## Hiring PEPFAR Coordinators

**A standardized position description** (PD) for the interagency PEPFAR Coordinator position with defined roles and responsibilities was approved in April 2008 and can be found at: https://www.pepfar.net/C15/C9/Human%20Resources%20Issues/default.aspx or through your Country Support Team Lead. The PD should be used when recruiting new Country Coordinators. A key element of the PD is the delegation of day-to-day supervisory authority and performance review to the Ambassador or the DCM. Example PDs incorporating the roles and responsibilities have been developed by several OU teams and are posted on the Extranet.

There are several options for hiring in-country PEPFAR Coordinators:

- **U.S. Citizen Direct Hires (USDH).** Obtaining an FTE position for a country PEPFAR coordinator is often challenging. State positions are exceptionally rare, as are those from agencies such as HHS and USAID. We expect this option will only be available in exceptional circumstances. OGAC is unable to offer USDH FTE slots for this purpose.

- **Local Hire Contractors (PSAs).** To hire a Coordinator locally (Americans resident in country only) the preferred mechanism is State's PSA authority.

- **U.S. Based Personal Services Contractors (USPSCs).** The most common means is to recruit U.S. citizens as PSCs through USAID or CDC with the understanding that the agency hiring mechanism is for administrative purposes

only and that day-to-day in-country supervision of the position will be exercised by the Ambassador or the DCM.

Regardless of which agency hires or contracts with the individual, the position will report to the Chief of Mission and coordinate the interagency PEPFAR team.

If the agency hiring the PEPFAR Country Coordinator is not State, an MOU between the agency and State must be completed to designate the Ambassador or DCM as the day-to-day supervisor. There is an existing MOU between USAID and State to cover Coordinators hired using USAID's PSC mechanism.

# Appendix 9: Operating Unit Team Staffing Database and Agency Information Instructions and Resource Guide

## Staffing Tools Overview

As a part of the Country Operational Plan (COP), OU teams are asked to update the staffing database. The database has been modified to reduce the reporting burden and to capture all the necessary narratives, staff counts, and FTE information required as part of the FY 2011 COP. As with the FY 2010 COP, the staffing database data will be emailed to OGAC using the send function within the database, rather than uploaded to the Sharepoint site.

The purpose of the staffing tools is to assist each OU team with strategic staffing by organizing and managing the demographic information and program area work of each team member working at least part of his/her time on PEPFAR. The tools will assist each OU team in assessing its current and proposed PEPFAR staff from interagency and functional perspectives for the purposes of program design and oversight. They will also support each agency in ensuring that sufficient staff is in place for effective fiscal management. In addition, the tools will ensure that better information on staffing composition and needs are communicated to headquarters as part of the COP. The staffing database will be integral to COP planning and reporting, staff planning, and program management. In both management and technical areas, these tools will identify gaps and areas of overlap. The tools will support Chiefs of Mission in managing the PEPFAR team while engaging in agency headquarters-driven management exercises such as "rightsizing" and "managing to budget."

### Staffing Tools Coordinator

Each OU team is encouraged to select one team member to serve as the staffing tools coordinator and another team member to serve as the backup. The staffing tools coordinator will be responsible for managing the collection of demographic and program area information for each staff member, updating the data in the database, and managing the database. Training can be scheduled to assist the coordinator with his/her duties.

### Sharing the Database

We recommend that the staffing tools coordinator share a copy of the database with each agency present in country. Teams can share the Access file or export all of the data or just the agency-specific data into an Excel spreadsheet (see instructions for doing so within the Database Instructions section on reviewing and analyzing data). However, the staffing tools coordinator or backup should be the only ones making changes in the official copy in order to protect data integrity.

## Whom to Include in the Database

The database should include all U.S. government (USG) employees hired via direct-hire, personnel services contract (PSC), and personal services agreement (PSA) hiring authorities, as well as individuals employed by non-personal contractors (also known as commercial, third party, or institutional contractors). USG employees include U.S.-based direct hires and PSCs, locally employed direct-hires, PSCs, and PSAs (including locally-recruited Eligible Family Members and Foreign Service Nationals). U.S. law does not consider Peace Corps' PSCs to be USG employees; however, all Peace Corps staff should be included in the staffing data. Peace Corps Volunteers are NOT USG employees or staff and should NOT be included in the staffing data.

**For FY 2011, please include in the database:**

1. **any partially or fully PEPFAR-funded (i.e. GHAI/GHCS, CSH, GAP, or other PEPFAR fund accounts) positions (program or non-program),**
2. **all staff whose PEPFAR percentage of time is combined to equal one FTE, and**
3. **any *remaining* non-PEPFAR-funded (i.e. agency core funds) program position in which the incumbent is expected to work at least 30% of his/her average annual (FY 2011) time on PEPFAR.**

*Program staff* are those who work directly on PEPFAR programs or who provide leadership, technical, and/or management support for PEPFAR and program staff. Program staff includes the Ambassador, DCM, Mission Director, CDC Chief of Party, legal, contracts, financial, and Public Affairs/Public Diplomacy staff. Administrative staff who provide direct support to the program team also should be included.

*Non-Program staff* are those who provide valuable administrative support to the PEPFAR team, including travel staff, drivers, and gardeners, but not direct program support.

*Aggregate Entries:* OU teams have the option of including in the database an aggregate entry for program staff who individually contribute less than 30% of their average time on PEPFAR, but are one of the same position who in aggregate work 30% or more. In order to aggregate staff into one entry, the positions must have the same answer for "funding agency," "agency position title," "type of position," "employee citizenship," "employment type," "funding type, "schedule," and "location." Enter the number of staff included in the entry in the "No. of Individuals" data field. In the "% Time devoted to PEPFAR" data field, enter the aggregate amount of time that the positions spend working on PEPFAR annually. See more information on the data fields below.

*Inclusion of non-PEPFAR-funded and non-program staff:* While optional, you may also elect to include non-PEPFAR funded program or non-program staff in the database. However, do not include any staff that work on PEPFAR on a temporary or seasonal basis, such as during the COP season. **DO NOT INCLUDE those working in ICASS-funded offices** (motorpool, GSO, FMO, EX, HR, etc.). This is a change to previous guidance. Staff working in ICASS offices and paid by ICASS contributions should be removed from the staffing data.

All staff that are partially or fully funded by PEPFAR should be included in the database. **This includes all previously agency-appropriations-funded (e.g. OE) staff who will be funded by PEPFAR program funds in FY 2011.** Each position's entry should reflect the amount of time spent working on PEPFAR and whether the position is partially or fully PEPFAR funded. The funded costs for all positions should be reflected in the USG Salaries and Benefits CODB category budget entry for direct hire, PSC, and PSA staff, and in the Institutional Contractors CODB budget entry for non-PSC/PSAs.

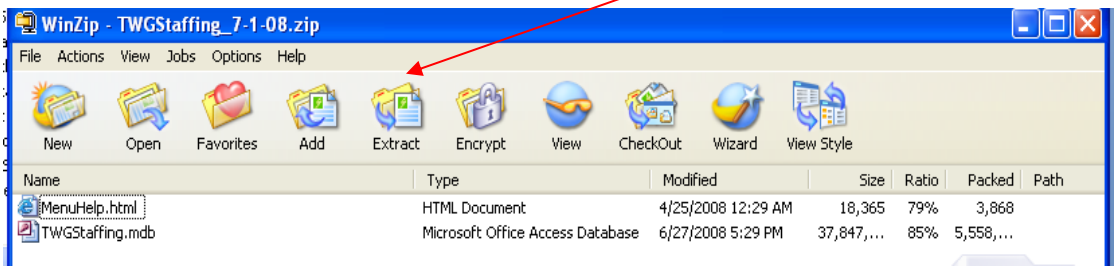
## Database Instructions

### Setting Up the Database

The database will be emailed to PEPFAR Country Coordinators as a Zip file. The file must be extracted and saved to a local hard drive or a shared network folder (see instructions below). In order to use the database fully, you need to make a couple of small modifications. Please follow the instructions below. If you are going to use the staffing database on a shared network drive, everyone who uses the database will have to go through this short procedure.

### Setting up and Using Microsoft Access (Access 2000, 2002/XP, or Access 2003)

1. **Extract** all file(s) from the zip file. Select "Extract" from the WinZip toolbar. Browse and select the location in which you want to save the file (e.g. desktop, shared drive).




2. Open the Microsoft Access database (with your country name) file from the location where you saved it.

3. If you have never used Access, there will be a short delay while the Operating System creates a profile for you.
4. You will see approximately three prompts asking you whether you want to enable or disable features, an upgrade prompt regarding a JET database -- ignore all of these. You can either accept all or decline all.

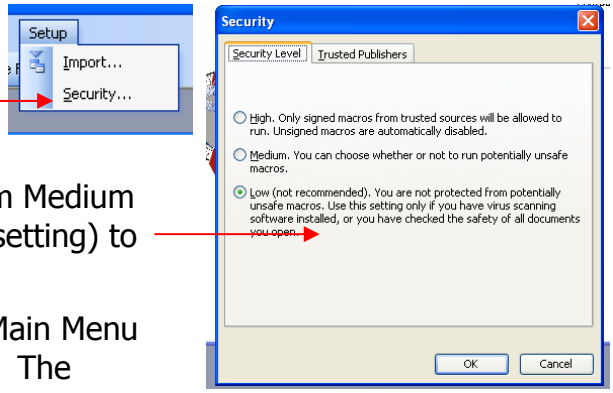
   If you are using Access 2007, please go to the next page.
5. The Menus and Toolbars have been modified. When you start this program, you will see a Main Menu selection centered on your screen; directly above is a Menu Bar.

   a. Select "Setup" from the menu

   b. From the Setup menu, select "Security"

   c. Change the Security Level from Medium (the Microsoft Access Default setting) to Low. Click on the OK button.

   d. Select the Exit button on the Main Menu panel to exit Microsoft Access. The changes will take place after you re-start Access.




6. Open the database file again. By reducing the Security Level on Microsoft Access, the initial prompts referenced in step 4 will no longer appear (for Access 2000 to 2003 only).

## Setting up and Using Microsoft Access (Access 2007)

1. If you are using Access 2007, you will see a Security Warning message below the ribbon at the top of the screen ("Certain content in the database has been disabled"). You **MUST** click on the Options Button and "Enable this Content". If you fail to do this, the database will not work.

   a. To permanently enable the content, click on the Office Button at the top left hand corner of the screen.

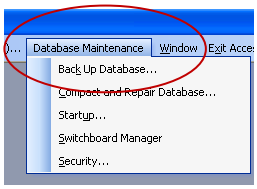
   b. Select Access Options.

   c. Select Trust Center, then click on the Trust Center Settings button.
2. Under Trusted Locations – create a new location for the location where this file is being saved.

## Periodic Maintenance - Backup

***It is important that you routinely backup the database to protect your data.***
To backup the database, you have two options:

1. In Windows Explorer, copy the database file to a backup location, **OR**
2. Open the database Access file
   a. From the Data Maintenance Menu, select Back Up database
   b. Microsoft Access will create a backup copy of the database in the same folder. The filename will be "<<CountryName>>_yyyy-mm-dd(current date).mdb"



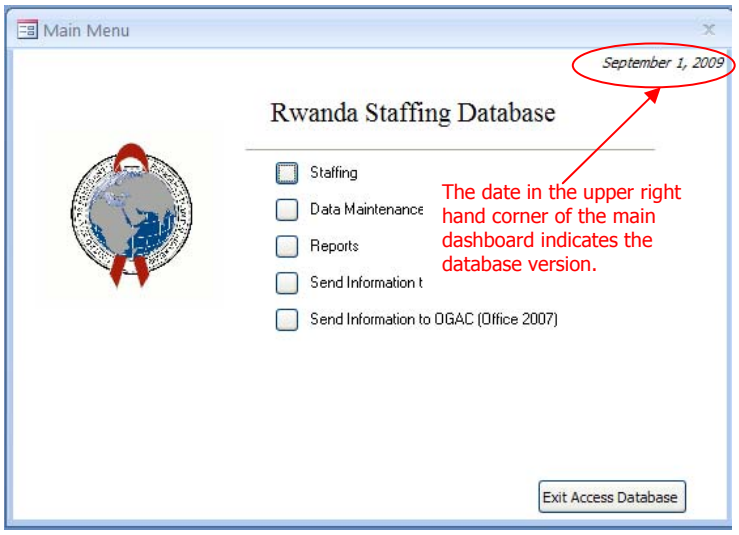

   c. After Access performs the backup, you will notice the screen blink after which you will be using the backup version of the file.
   d. To access the official database copy, **close the application and re-open the original file** (without the date).

## Adding, Editing, Or Deleting Information In the Database

## MAIN MENU

The main database dashboard presents four options:

**Country Team Staffing Main Menu**




1. Staffing – Select to enter new staff members, edit existing staff information or enter Agency Information screens
2. Data Maintenance – Select to add or edit agency names and position titles, and to import Excel data to the database
3. Reports – Select to run canned reports or create custom filters, queries, and reports
4. Send Information to OGAC – Because of differences between versions of Microsoft Access, you will notice two options for sending information to OGAC.

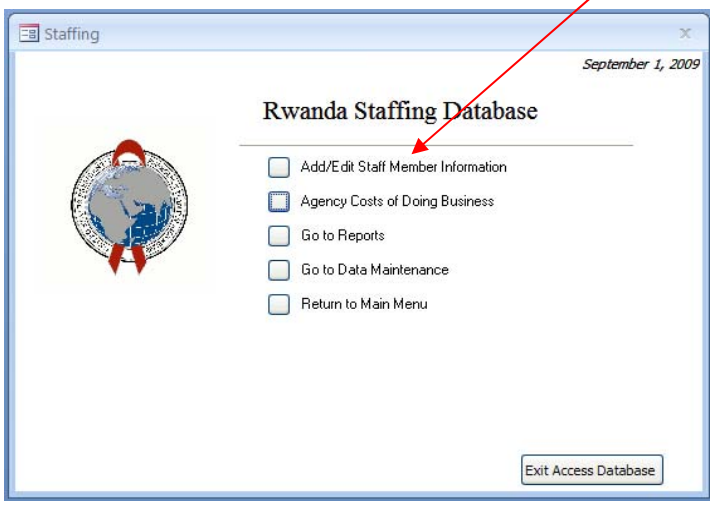
a. If you use Office 2000, 2000 or XP, or 2003, select "Send Information to OGAC (Office 2003)".
b. If you use Office 2007, select "Send Information to OGAC (Office 2007)".
**NOTE: You must select the correct Office version.**

5. After selecting either of options above, the menu results in two choices. Select "Send Staffing Information to OGAC" and "Send Agency Information to OGAC" as two separate/independent operations. (see p. 43 for more information)

***Helpful Hint***: Selecting "Exit Access Database" on the bottom right corner of the screen will close the database. To return to a previous screen or the main menu, select the appropriate button on the list of options.

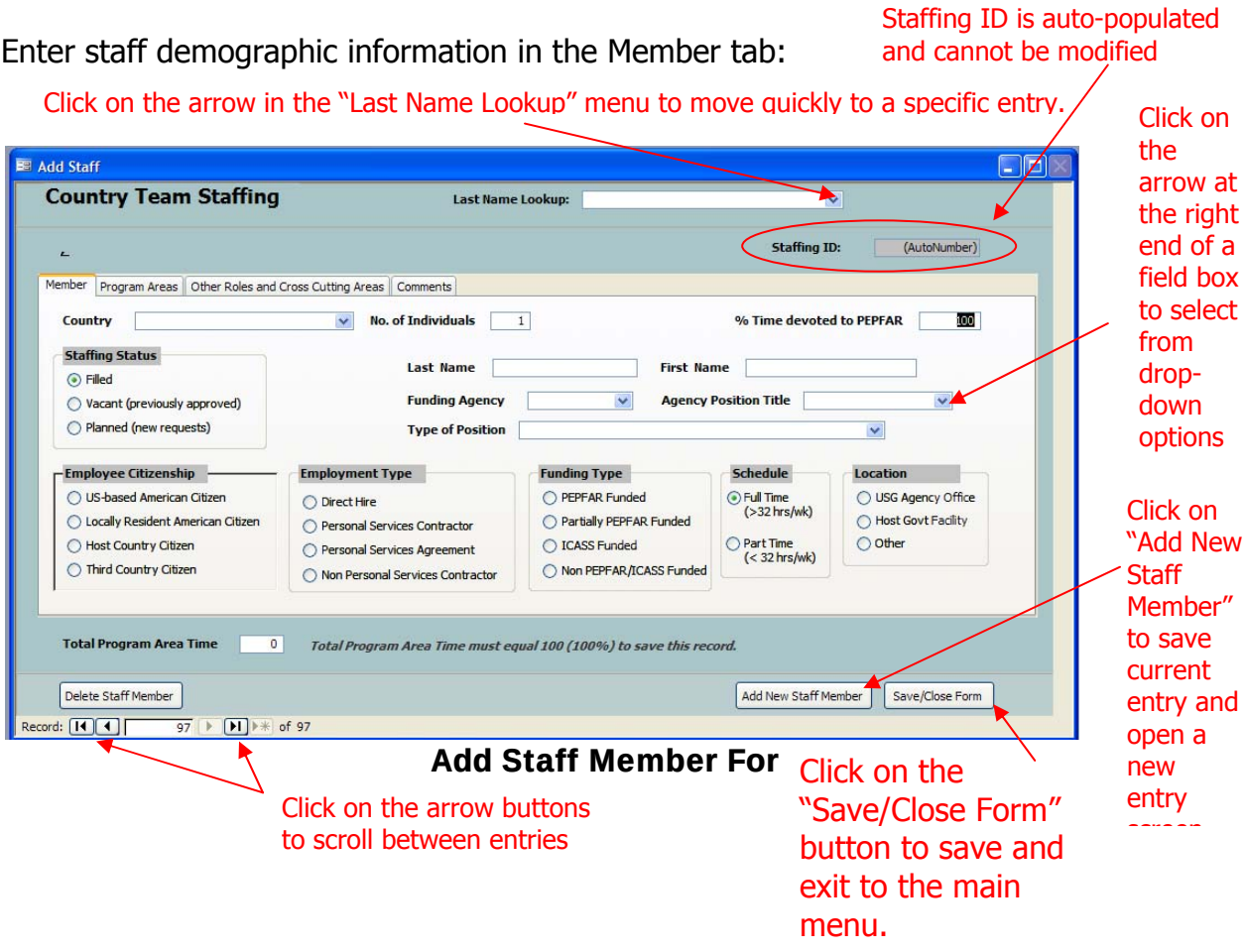
## ADDING/EDITING STAFF

Select "Staffing" from the Main Menu, then "Add/Edit Staff Member Information"



## Members Tab: Demographic Information

Enter staff demographic information in the Member tab:




**Enter data in the following fields (data field definitions are included below)**:

**Country:** This field is important for analysis across countries. Select the appropriate country from the drop-down menu. Once you have selected the country, it will prepopulate for all subsequent entries unless you manually change the selection.

**Number of Individuals –** This field captures the number of staff represented by the entry. It will automatically prepopulate with a value of one. However, if you have aggregated several staff who together work 30% or more of their time on PEPFAR into one entry, please enter the number of staff included in the entry in the Number of Individuals field.

**Time Devoted to PEPFAR** (10-100%) refers to the annual staff time the person in the position spends on PEPFAR. This is one of the key fields in determining the position's FTE. Enter the average percentage (10-100%) in the data field.

**Staffing Status** refers to whether a position is currently staffed or not. Select whether the position is Filled, Vacant (previously approved in the COP), or Planned (new requests for FY 2011):

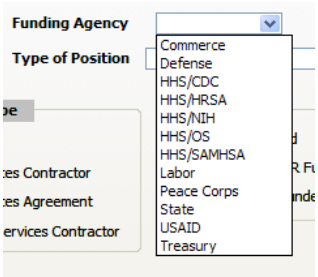
- Filled refers to currently encumbered positions (if you enter a name in the name fields, you must select "filled" for staffing status);
- Vacant refers to positions that have been previously approved in a COP, but are currently empty;
    - **Date Position Became Vacant –** if vacant is selected for staffing status, a new box will appear asking for the date position became vacant. This is to help OU teams track how long it takes to fill vacancies and conduct other analysis. Only past dates can be entered. Future dates will be rejected by the database.
- Planned (new requests for FY 2011 or for a given reprogramming) refers to positions that are new for the FY 2011 COP or a given reprogramming cycle and have not been approved in previous COPs. All new planned positions will need to have a new staff justification narrative completed.

**Last Name:** Although this is a required field in the Access database, what you enter is optional because the future database system will not contain first and last names and entries will instead be identified by detailed functional titles (see Agency Position Title below). If desired and the position is filled, enter the staff member's last name. *If "vacant" is selected for staffing status, the word "vacant" will automatically prepopulate the name fields. If "planned" is selected for staffing status, the word "planned" will automatically prepopulate the name fields. If there are multiple positions included in one entry, enter "multiple" in the last name field.*

**First Name:** Although this is a required field in the Access database, what you enter is optional because the future database system will not contain first and last names and entries will instead be identified by detailed functional titles (see Agency Position Title below). If desired and the position is filled, enter the staff member's first name. *If "vacant" is selected for staffing status, the word "vacant" will automatically prepopulate the name fields. If "planned" is selected for staffing status, the word "planned" will automatically prepopulate the name fields. If there are multiple positions included in one entry, enter the positions' title in the first name field.*

**Funding Agency:** Select the agency the staff person is employed by from the drop-down menu. For contractors, select the agency that supports the position. The options are:

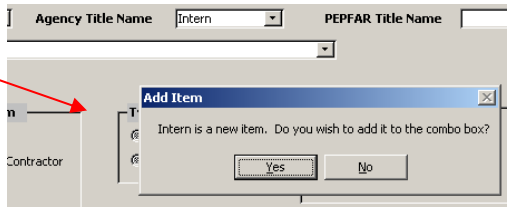
a. Department of Commerce (Commerce),
b. Department of Defense (Defense),
c. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC),



d. Department of Health and Human Services/Health Resources and Services Administration (HHS/HRSA),
e. Department of Health and Human Services/Office of the Secretary (HHS/OS),
f. Department of Health and Human Services/National Institutes of Health (HHS/NIH),
g. Department of Health and Human Services/Substance Abuse and Mental Health Services Administration (HHS/SAMHSA),
h. Department of Labor (Labor) ,
i. Peace Corps,
j. Department of State (State),
k. U.S. Agency for International Development (USAID), or
l. U.S. Department of Treasury (Treasury).

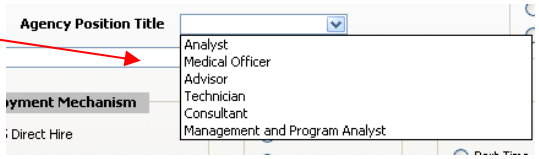
**Agency Position Title:** Since first and last names will not be included in the staffing data in the future database system, countries should use a **detailed functional title** appropriate for each position. For example, "Senior Technical Advisor for PMTCT" or "M&E Advisor" instead of official titles like "Management and Program Analyst" and "Public Health Advisor." **Teams should be as specific and consistent as possible in their titling methodology**. For similar positions, such as secretaries or drivers, teams may wish to cite specific team support (e.g. secretary for the HIV team) or number like positions (e.g. driver 1).

You have two options for entering data in this field:




The database allows you to enter new titles to the list.

1. To enter new titles: first, confirm the position title does not exist in the list by scrolling through the drop-down menu. Then type in the new title in the drop-down menu field. You will be prompted to confirm that you want to add the new position title. Select "yes." Once you add a new position to the list, it will be available for future selections.




2. Select from the drop-down menu of titles that have already been entered in the field. The list is initially populated with Sample 1, Sample 2, and Sample 3 as Titles (these can be removed using the Data Maintenance feature from the Main Menu).

**Type of Position:** This field includes five categories that have been condensed from previous years (see cross-walk in Section 5.5.4 of the COP guidance). Select from the drop-down menu the type of position from the following list:

a. **Technical Leadership/Management** includes positions that head up the health/HIV team within the agency; e.g., Health Officer, CDC Chief of Party, and Deputy. This could be the head of the agency (as is usually the case with CDC) or could be someone who oversees all USG health activities and spends only part of the time on the Emergency Plan (for example the head of the PHN Office under USAID). A U.S. Direct Hire Foreign Service officer filling an HIV/AIDS advisor position and thereby leading an HIV/AIDS team would also be placed in this category.

b. **Technical and Programmatic Oversight and Support** includes the technical staff within the health/HIV team who spend most of their time implementing or managing programs in technical areas, including Agreement Officer Technical Representatives (AOTRs), Project Officers (POs), and Public Health Advisors. Please also include here any entry and mid-level staff providing direct public health programmatic activities in this category (this is most relevant for CDC staff). Programmatic support positions within the health/HIV team or non-health/non-HIV staff who provide support to the health/HIV team not captured in another category (e.g. Education, Reproductive Health, TB, Food & Nutrition) are also included in this category.

c. **Contracting/Financial/Legal** includes acquisition (contracts) and assistance (grants and cooperative agreements) officers and specialists and their support staff. A contracting officer represents the U.S. Government through the exercise of his/her delegated authority to enter into, administer, and/or terminate contracts, grants, and cooperative agreements, and make related determinations and findings. Contracting officers and specialists usually support an entire agency in country or will support an entire regional portfolio. If an agency utilizes the contracting officer services of another agency, include the position only in the contractor's home agency. This category also includes the financial management officer or specialist for the agency. These staff members support financial and budget analysis and financial operations functions. Legal includes any staff who provide legal advice and support to PEPFAR.

d. **Administrative and Logistics Support** includes any secretarial, administrative, drivers, and other support positions.

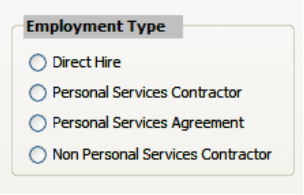
e. **US Mission Leadership and Public Affairs/Public Diplomacy** (PA/PD) include any non-health/HIV staff who provide management and leadership

support to PEPFAR, such as the Ambassador, Deputy Chief of Mission, USAID Mission Director, or Political or Economic Officers, and any PA/PD staff.

**Employee Citizenship:** Select the citizenship of the staff member:


a. **US-based American citizen –** direct hire or PSCs hired in the U.S. for service overseas, often on rotational tours. They are paid on the U.S. Foreign Service or Civil Service pay scale or compensated in accordance with either scale. The USG has a legal obligation to repatriate them at the end of their USG employment to either their country of citizenship or to the country from which they were recruited;
b. **Locally Resident American citizen –** ordinarily resident U.S. citizens who are legal residents of a host country with work permits. USG agencies recruit and employ them as Locally Employed Staff (LE Staff) under Chief of Mission (COM) authority at Foreign Service (FS) posts abroad often as PSAs. They are compensated in accordance with the employing post's Local Compensation Plan (LCP);
c. **Host Country Citizen (or legal permanent resident) –** citizens of the host country or ordinarily resident foreign nationals who are legal residents of the host country and hold work permits. They are employed as LE Staff at FS posts abroad and compensated in accordance with the LCP of the employing post; or
d. **Third Country Citizen –** Foreign Service Nationals (FSNs) who are recruited from a foreign country other than where they are employed with whom the USG has a legal obligation to repatriate them at the end of their USG employment to either their country of citizenship, or to the country from which they were recruited.

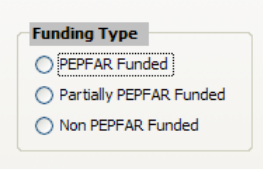
**Employment Type** refers to the hiring authority by which the staff member is employed or engaged:




a. **Direct Hire** – A U.S. government position (AKA billet, slot, ceiling, etc.) authorized for filling by a Federal employee appointed under USG personnel employment authority. A civilian direct-hire position generally requires the controlling agency to allocate an FTE resource.
b. **Personal Services Contractor (PSC**) – An individual hired through USG contracting authority that generally establishes an employer/employee relationship. Peace Corps uses PSCs to obtain services from individuals.
c. **Personal Services Agreement (PSA)** – An individual hired through specialized Department of State contracting authority that establishes an employer/employee relationship.
d. **Non-Personal Services Contractor (non-PSC/PSA)** – An individual engaged through another contracting mechanism by a non-USG organization

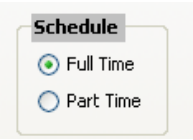
that does not establish an employer/employee relationship with the U.S. Government.

**Funding Type:** select the appropriate choice for the position




a. **PEPFAR funded** – any position funded by GHAI/GHCS-State, GHCS-USAID/CSH, GAP, or other PEPFAR fund accounts,
b. **Partially PEPFAR funded** – any position partially funded by GHAI/GHCS-State, GHCS-USAID/CSH, GAP, or other PEPFAR fund accounts,
c. **Non-PEPFAR funded** – any position funded by agency core (State, Defense, and Peace Corps positions; CDC and USAID positions should be partially or fully PEPFAR funded).

**Schedule:** refers to whether the position is a full-time or part-time position. <u>It does NOT refer to how much time the position spends working on PEPFAR.</u> Do not include any staff who works on PEPFAR on a temporary or seasonal basis, such as during the COP season.



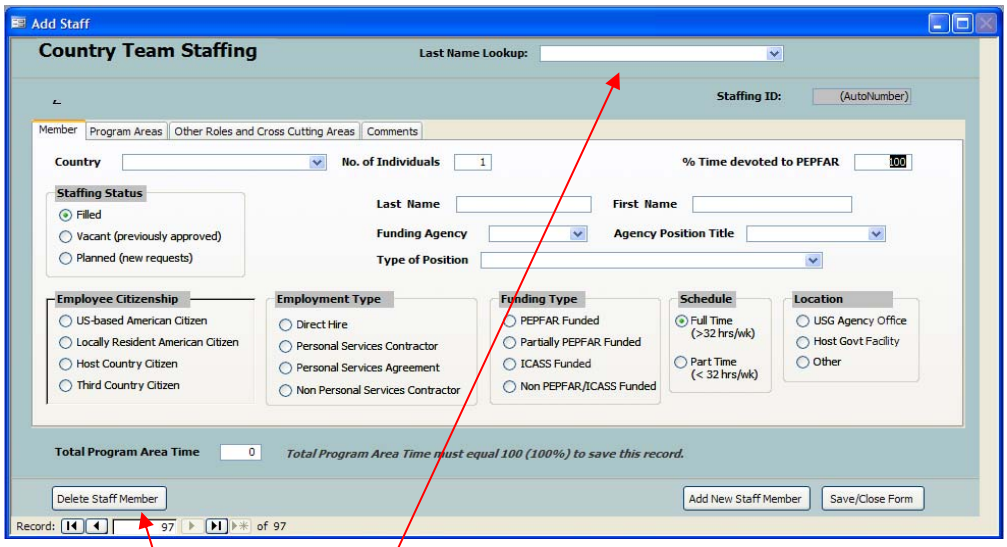

a. **Full-time** – considered to be ≥ 32 hours/week for FTE calculations in the database.
b. **Part-time** – considered to be <32 hours/week for FTE calculations in the database.

The FTE box auto-calculate the full time equivalent (FTE) of the staff's overall time based on the data in three other fields:

- Full-time (= 1) vs. Part-time (= .5),
- % Time on PEPFAR (10% = 0.1; 100% = 1).

- **<u>Comments Tab:</u>** OU teams may opt to add comments on an individual position that will aid in institutional memory for the Operational Unit.

## DELETING EXISTING STAFF INFORMATION



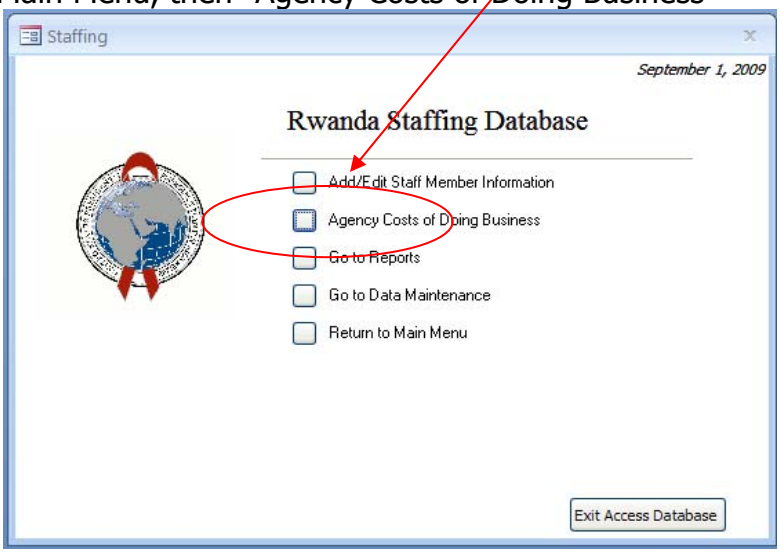

**Member Tab on Add/Edit Staff Screen**

### To delete an individual or position:

1. Select the "Last Name Lookup" drop-down menu to search for the individual (sorted alphabetically based on last names).
2. Click on "Delete Staff Member" to delete the individual and position information.
3. You will be prompted to confirm that you want to delete the record (WARNING: once deleted, it cannot be undone).
4. Once a record is deleted, the next record will appear.
5. Click the "Save/Close Form" button to save and return to the main menu.

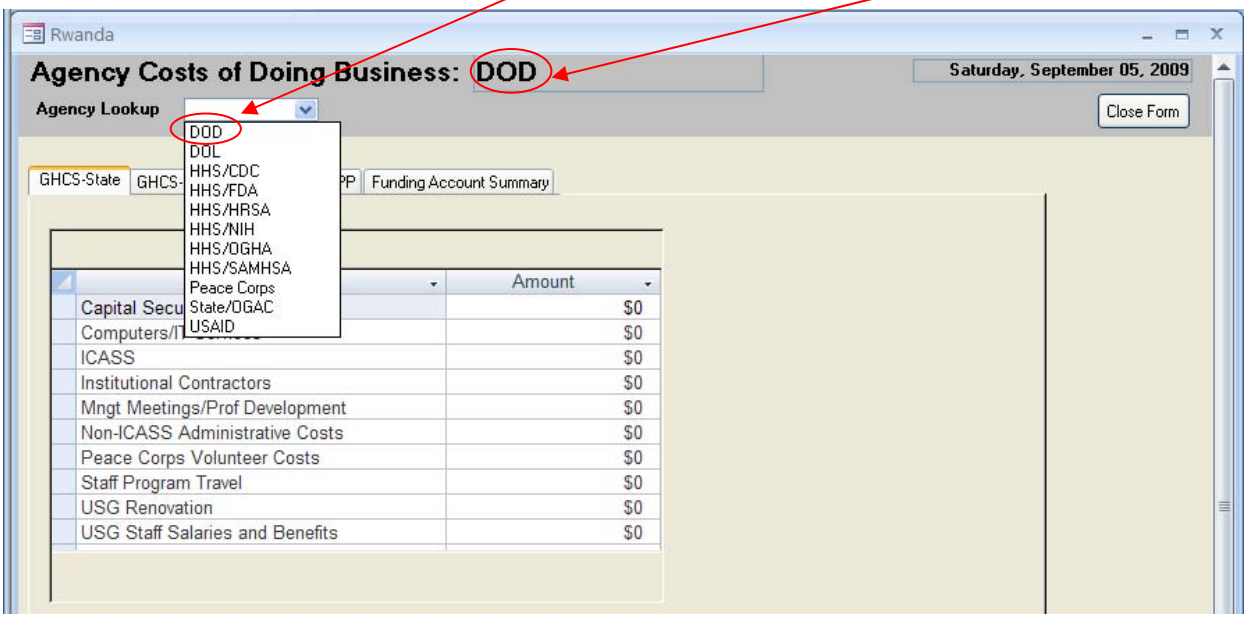
## ADD AGENCY COSTS OF DOING BUSINESS

Select "Staffing" from the Main Menu, then "Agency Costs of Doing Business"




As in FY 2010, this section of the database replaces the M&S Budget Tables completed in prior years. The purpose of this section is to provide both budgetary information for each implementing agency working in country as well as narrative information for each regarding non-ICASS administrative costs, USG renovation and institutional contractors.

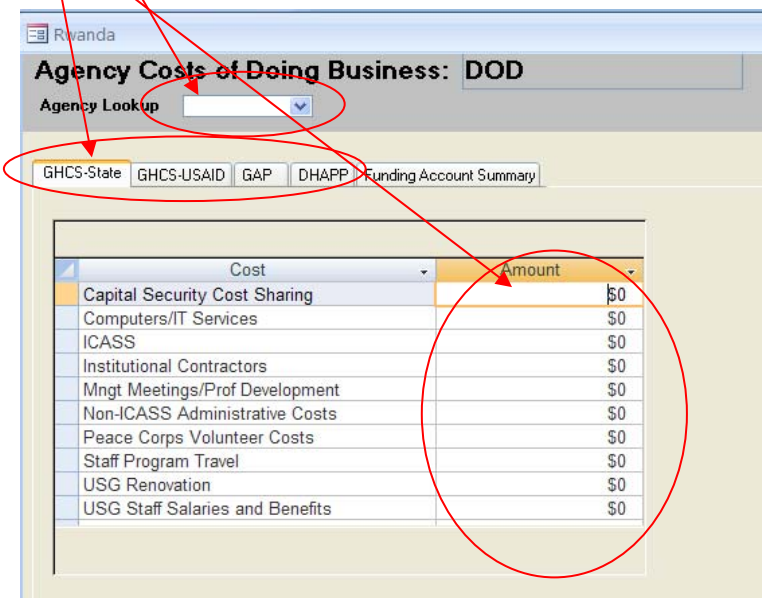
To navigate between implementing agencies, click on "Agency Lookup" and select the appropriate agency. To know which agency you are working in, always look at the title of the page.



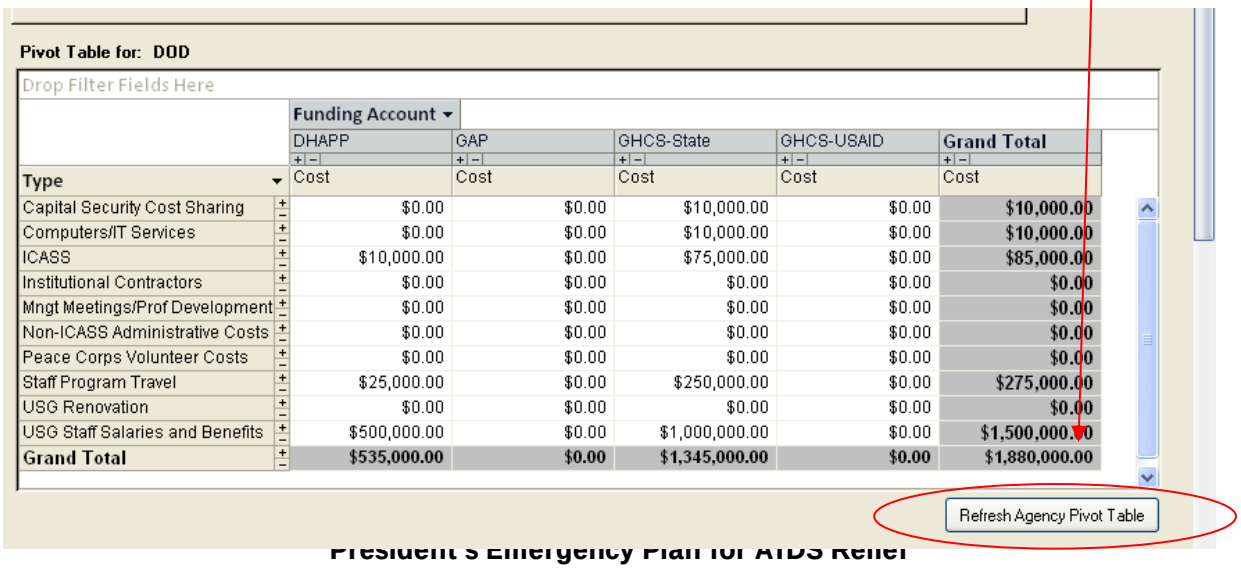
Once you have selected the implementing agency that you want to populate, then you will need to complete the budget information by fund account for each of the Costs of Doing Business (CODB). The definitions for each of the CODB can be found on page 22.

To complete the budget data entry, follow these four simple steps:

1. Select Agency,
2. Select Fund Account (either GHCS-State, GHCS-USAID, GAP or DHAPP),
3. Enter in dollar amounts for each CODB, and
4. Repeat as needed for each fund account.




After completing the data entry for the budgetary costs for an agency, click on "Refresh Agency Pivot Table" to see the total M&O funding requested by fund account and CODB.



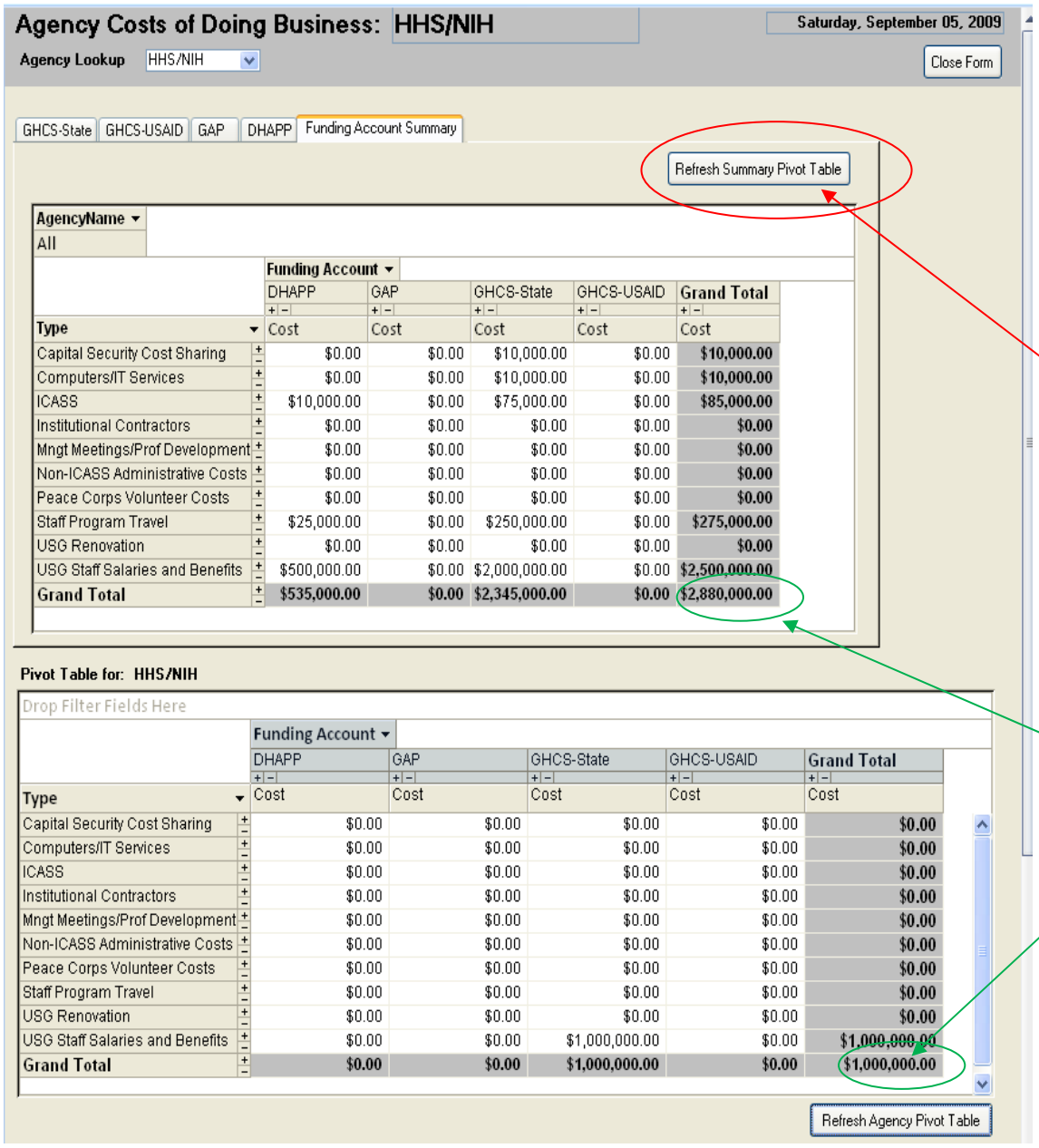
If there is any funding requested for the following CODB, then you must complete the narratives at the bottom of the agency screen. The narratives should be brief, **no more than 2250 characters**.

- **USG Renovation:** This narrative should detail the project and the costs associated with the renovation of buildings owned/occupied by USG PEPFAR personnel. If the building is not owned by the USG, then please make sure to list who the owner of the property is in the narrative.

**Once you have completed the steps for one agency, please repeat for all other agencies working in country.** Please note that for Peace Corps Volunteers, we ask that a supplemental spreadsheet be provided showing the breakout of costs by budget code so that we can migrate the data. If none of the narrative boxes are being used for Peace Corps, the information for the volunteers can be provided through one of the existing narrative boxes. If all the narrative boxes are being used, please provide a supplemental document with the appropriate breakout which can be sent with your country's functional and agency charts.

After completing all budget information for each agency and each fund account, you can check the total M&O funding request for your country by fund account by clicking the "Funding Account Summary" tab and then clicking the "Refresh Summary Pivot Table".

To save the agency information, click "Close Form".




No matter what agency you select, once you click the "Funding Account Summary" tab and then click refresh, you will always get the total for all agencies that have been populated. The total amount in the top pivot table reflects all agencies, while the total in the bottom table reflects only the agency whose page is active.

There are 10 USG CODB categories. The following list of CODB categories provides category definitions and supporting guidance:

***i.*** **USG Staff (Direct Hire, Personal Services Contractor [PSC], Personal Services Agreement [PSA]) Salaries and Benefits** - the required costs of having a person in country, including housing costs not covered by ICASS, rest and relaxation (R&R) travel, relocation travel, home leave, and shipping household goods. This category includes the costs associated with technical, administrative, and other staff.

a. PEPFAR program funds should be used to support the percentage of a staff person's salary and benefits associated with the percentage of time they work on PEPFAR. The **direct** costs of PEPFAR, specifically the costs of staff time spent on PEPFAR, need to be paid for by PEPFAR funding (GHCS-State and/or GHCS-USAID). For example, if a staff person works 70% on PEPFAR, PEPFAR program funds should fund 70% of that person's salary and benefits. If the percentage worked on PEPFAR is 10%, then PEPFAR funds should fund 10% of the person's salary and benefits.
b. For agencies that cannot split-fund staff with their agency appropriations (such as USAID's OE funds), multiple staff may be combined to form one FTE and one of the staff's full salary and benefits will be funded by PEPFAR. For example, if two staff each work 50% on PEPFAR, PEPFAR funds should be used to fund the salary and benefits of one of the positions. If three staff each work a third of their time on PEPFAR (33% + 33% + 33%), PEPFAR funds should be used to fund the salary and benefits of one of the positions. If multiple staff work on PEPFAR but not equally (such as 10% + 20% + 70% or 25% + 75%), the full salary and benefits of the person who works the most on PEPFAR (in the examples, either 70% or 75%) should be funded by PEPFAR. This split should be reflected in the staffing data (see below).
c. If the agency is paying for host country citizen fellowships and is going to only train the fellows, then the funding can remain in an implementing mechanism. If the agency is going to be getting a work product from the fellows, then this cost should be counted in M&O. Similarly, if agencies are paying for trainers who are USG staff, then the costs associated with these staff should be reflected within M&O. If the mechanism is paying for the materials and costs of hosting training, then the funding should be reflected in an implementing mechanism.

***ii.*** **Staff Program Support Travel** - the discretionary costs of staff travel to support PEPFAR implementation and management does NOT include required relocation and R&R travel (those are included in USG Salaries and Benefits)

This category includes the costs associated with technical staff travel and travel costs associated with the provision of technical assistance. In FY 2011, technical assistance-related travel costs of HHS/CDC HQ staff for trips of less than 3 weeks will be included in the PEPFAR Headquarters Operational Plan (HOP) and funded centrally. Under this model, costs for short-duration technical assistance travel by HHS/CDC staff should not be included in the countries' COPs.

***iii.*** **ICASS (International Cooperative Administrative Support Services)** –

a. ICASS is the system used in Embassies to:
    ***i.*** Provide shared common administrative support services; and

***ii.*** Equitably distribute the cost of services to agencies.

b. ICASS charges represent the cost to supply common administrative services such as human resources, financial management, general services, and other support, supplies, equipment, and vehicles. It is a generally a required cost for all agencies operating in country.

c. Each year, customer agencies and the service providers present in country (either the State Dept. or USAID) update and sign the ICASS service "contract." The service contract reflects the projected workload burden of the customer agency on the service provision for the upcoming fiscal year. The workload assessment is generally done in April of each year. PEPFAR OU teams should ensure that every agency's workload includes all approved PEPFAR positions.

   ***i.*** ICASS services are comprised of required cost centers and optional cost centers. Each agency must sign up for the required cost centers and has the option to sign up for any of the optional cost centers.

   ***ii.*** More information is available at *http://www.state.gov/m/a/dir/regs/fah/c23257.htm*.

d. **ICASS charges must be planned and funded within the country budget, not by headquarters.** The ICASS costs are paid by agency headquarters on behalf of the OU team from the country budget. The costs have to be budgeted and paid for out of the country M&O budget. **Each implementing agency, including State Dept., should request funding for PEPFAR-related ICASS costs within its M&O budget.**

   ***i.*** It is important to coordinate this budget request with the Embassy Financial Management Officer, who can estimate FY 2011 anticipated ICASS costs. This FY 2010 ICASS cost estimate, by agency, should then be included as the planned ICASS funding.

   ***ii.*** It is important to request all funding for State Dept position ICASS costs in the COP submission. It is difficult to reprogram funds during the year if the budget request is incorrect.

   ***iii.*** The Peace Corps subscribes to minimal ICASS services at post. Most GSO and all financial management work (except FSC disbursing) are carried out by Peace Corps field and HQ staff. In order to capture the associated expenses, Peace Corps will capture these costs within the indirect cost rate.

***iv.*** **Non-ICASS Administrative Costs -**

a. These are the direct charges to agencies for agency-specific items and services that are easy to price, mutually agreed to, and outside of the ICASS MOU for services. Such costs include rent/leases of USG-occupied office space, shipping, printing, telephone, vehicles, driver overtime, security, supplies, and mission-levied head taxes.

b. In addition to the budget data field, a narrative box will be included for the agency to describe which costs are included in their figure, including a dollar amount breakout by each cost category.

***v.*** **CSCS (Capital Security Cost Sharing)** – Non-State Dept. agencies should include funding for CSCS, except where this is paid by the headquarters agency (i.e. USAID).

a. The CSCS program requires all agencies with personnel overseas subject to Chief of Mission authority to provide funding in advance for their share of the cost of providing new, safe, secure diplomatic facilities (1) on the basis of the total overseas presence of each agency and (2) as determined annually by the Secretary of State in consultation with such agency.
b. It provides steady funding of $1.4 Billion annually for multiple years to fund 150 secure New Embassy Compounds in the Capital Security Construction Program.
c. More information is available at *http://www.state.gov/obo/c11275.htm*.
d. OU teams should consult with agency HQ for the appropriate amount to budget for in the COP.

***vi.*** **Computers/IT Services** – includes USAID's IRM tax and other agency computer fees not included in ICASS payments. If IT support is calculated as a head tax by agencies, the calculation should transparently reflect the number of FTEs multiplied by the amount of the head tax.

a. CDC should include the ITSO (IT support) charges on HIV-program-funded positions; these costs will be calculated at CDC HQ and communicated to OU teams for inclusion in the CODB.
b. USAID should include the IRM tax on HIV-program-funded positions.

***vii.*** **Management Meetings/Professional Development** – discretionary costs of OU team meetings to support PEPFAR management and of providing training and professional development opportunities to staff (costs of technical meetings should be included in the technical program area).

***viii.*** **USG Renovation** –

***a.*** OU teams should budget for and include costs associated with renovation of buildings owned/occupied by USG PEPFAR personnel in M&O.
***b.*** In addition to the budget information, OU teams must provide a narrative to describe the requested project.
***c.*** Costs for projects built on behalf of or by the partner government or other partners should be budgeted for and described as Implementing Mechanisms.

***ix.*** **Institutional Contractors (non-PSC/non-PSA)** –

***a.*** Institutional and non-personal services contractors/agreements (non-PSC/non-PSA) will be entered in M&O but attributed to the appropriate

technical program area when FACTS Info is functional. This category includes organizations such as IAP Worldwide Services, COMFORCE, and all other contractors that do NOT have an employee-employer relationship with the USG.

b. The budget data field and narrative box for institutional and non-PSC/PSA contractors will replace the funding mechanisms and activity entries for these contractors that were used in previous COPs. All institutional contractors providing M&O support to the OU team should be entered in M&O, NOT as an Implementing Mechanism template.

***x.*** **Peace Corps Volunteer Costs (including training and support)** -

***a.*** Includes costs associated with Peace Corps Volunteers (PCV) and Peace Corps Response Volunteers arriving at post between April 2011 and March 2012.

***i.*** The costs included in this category are direct PCV costs, pre-service training, in-service training, medical support and safety and security support.

***ii.*** The costs excluded from this category are: USG staff salaries and benefits, staff travel, and other office costs such as non-ICASS administrative and computer costs, which are entered as separate CODB categories. Also excluded are activities that benefit the community directly, such as, VASTgrants or training events where the number of HCNs is greater than the number of PCVs participating. These types of activities should be entered directly into the appropriate program area budget code in an implementing mechanism template.

***iii.*** Operating Unit teams are asked to attribute volunteer costs by budget code in a separate Excel spreadsheet.

***b.*** Funding for Peace Corps Volunteers must cover the full 27-month period of service. For example:

***iv.*** Volunteers arriving in June 2011 will have expenses in FY 2011, FY 2012, and FY 2013.

***v.*** Volunteers arriving in September 2011 will have expenses in FY 2011, FY 2012, FY 2013 and FY 2014.

***c.*** Peace Corps Volunteer services are not contracted or outsourced. Costs are incurred before and throughout the Volunteer's 27-month period of service. Starting in FY 2010, costs incurred by Peace Corps Washington and domestic offices, such as recruitment, placement and medical screening of Volunteers, will be included in the Headquarters Operational Plan (HOP). Costs such as living allowance, training and support will continue to be included in the COP.