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2009

Swaziland

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Table 1: Overview

Executive Summary

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Description:

Country Program Strategic Overview

Will you	be submitting changes	s to your	country's 5-Year Strategy this year?	If so, please briefly describe the changes you will be submitting
Х	Yes		No	

PEPFAR Swaziland continues to operate under our existing 5-year USG Program Strategy as a broad guiding document for EP programming (see attached: The United States Government's President's Emergency Plan for AIDS Relief: Five-Year HIV/AIDS Strategy (2006-2010)). At the same time, we are cognizant of the opportunity to strategically reposition the program. A concept paper outlining our proposed strategic approach under a proposed national scale-up Partnership Compact was submitted to OGAC in August 2008 (see attached: Partnership Compact: Concept Paper). Earlier in the year, guidance was provided to PEPFAR Swaziland that the country team should use a budget figure of \$27.7 million to guide compact discussion and COP09 planning for the way forward. The COP 09 submitted here represents our best attempt to lay a sound programmatic foundation for implementation of the scale-up activities under the Compact, while maintaining our strong position vis-à-vis significant past achievements and partnerships.

We have taken pains to ensure that the proposed activities and funding distributions across and within program areas in the COP request are consistent with and create a trajectory towards full Compact implementation, where we will focus on improving quality and sustaining achievements made to date while significantly expanding our efforts in 5 areas.

- Scale- up and enhanced quality and coordination of the National Program to Reduce HIV transmission through behavior and social change.
- Greatly expand access to and uptake of high quality male circumcision services.
- Expand access to and quality of HIV/AIDS care and treatment.
- Mitigating the impact of AIDS on children: expanding and improving the coordination of child protection services and increasing support for orphans and vulnerable children.
- Strengthen the nation's human resources capacity and the institutional capacity of the Ministry of Health and Social Welfare for the HIV/AIDS response.

There is unanimous appreciation of the need to discuss, even at this early stage, the potential scale of USG support, associated program development costs, and PEPFAR Swaziland management needs. As reflected in our approved request for reprogramming of FY08 "new" Compact-related funds, we have already begun the process of getting new staff on board, staff who can provide adequate management and oversight of an expanded PEPFAR portfolio under the Partnership Compact (see Organizational Staffing Chart in this COP).

Much more remains to be done in terms of engagement with OGAC and PEPFAR TWGs around the parameters of compact development, funding guidelines, and updating of a 5-year strategy that more fully details technical and implementation approaches. In this vein, we are grateful for the early comments and insights provided by review teams at OGAC, and expect the new year will bring us together for more indepth discussions around both our COP09 submission and Compact development. At the same time, we have embraced the opportunity to collaborate with senior government officials and others in Swaziland as to how to tackle the many policy bottlenecks and blockages to service scale-up as we move into the next stage of increased USG investment for and greater GOKS ownership of HIV/AIDS programs in Swaziland.

Ambassador Letter

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Country Contacts

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Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2009? \$0

Does the USG assist GFATM proposal writing? Yes

Does the USG participate on the CCM? Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	17,928	10,062	27,990
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	7,887	2,217	10,104
	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Care (1)		38,140	35,501	73,641
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	38,040	35,501	73,541
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	6,840	2,014	8,854
8.1 - Number of OVC served by OVC programs	0	100	0	100
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	81,000	21,000	102,000
	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Treatment		21,120	8,380	29,500
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	21,120	8,380	29,500
	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Human Resources for Health		0	0	0
End of Plan Goal	0			
Number of new health care workers who graduated from a preservice training institution within the reporting period.	0	0	0	0

2.2 Targets for Reporting Period Ending September 30, 2010

	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
Prevention			
End of Plan Goal			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	19,469	10,076	29,545
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	8,565	2,100	10,665
	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
Care (1)	72,647	25,135	97,782
End of Plan Goal			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	67,785	18,297	86,082
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	7,200	2,175	9,375
8.1 - Number of OVC served by OVC programs	4,862	6,838	11,700
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	104,240	20,760	125,000
	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
Treatment	29,640	6,360	36,000
End of Plan Goal			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	29,640	6,360	36,000
	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
Human Resources for Health	0	0	0
End of Plan Goal			
Number of new health care workers who graduated from a preservice training institution within the reporting period.	0	0	0

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-ba community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treat tuberculosis(TB).	sed, ment for

Mechanism Name: Behavior Change Communication TBD

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 11452.09 **System ID:** 11452

Planned Funding(\$):

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: To Be Determined

New Partner: Yes

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
02-HVAB	27874.09	N/A		
02-HVAB	27876.09	N/A		

Mechanism Name: Human Capacity Development

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7994.09 System ID: 10834

Planned Funding(\$):

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Prime Partner: To Be Determined

New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
18-OHSS	26048.09	N/A		

Mechanism Name: Human Capacity Development

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 11451.09
System ID: 11451
Planned Funding(\$):

Procurement/Assistance Instrument: Contract

monument.

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)
Prime Partner: To Be Determined

New Partner: Yes

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
18-OHSS	27872.09	N/A		

Mechanism Name: Improving Adult Treatment TBD

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 11065.09 System ID: 11065

Planned Funding(\$):

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)
Prime Partner: To Be Determined

New Partner: Yes

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
09-HTXS	26593.09	N/A		

Mechanism Name: Improving Quality of Treatment Services

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 11008.09 System ID: 11008

Planned Funding(\$):

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: To Be Determined

New Partner: Yes

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
09-HTXS	26368.09	N/A		
08-HBHC	26365.09	N/A		

Mechanism Name: Male Circumcision

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 11454.09 **System ID:** 11454

Planned Funding(\$):

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: To Be Determined

New Partner: Yes

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
07-CIRC	27879.09	N/A		

Mechanism Name: Male Circumcision

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 11815.09 **System ID:** 11815

Planned Funding(\$):

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: To Be Determined

New Partner: Yes

Mechanism Name: University Technical Assistance Project (UTAP)

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 11011.09 **System ID:** 11011

Planned Funding(\$):

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: To Be Determined

New Partner: Yes

Mechanism Name: University Technical Assistance Project (UTAP)

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 11806.09 System ID: 11806 Planned Funding(\$):

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: To Be Determined

New Partner: Yes

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
17-HVSI	29011.09	N/A		

Mechanism Name: Orphans & Vulnerable Children Activities

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 11450.09 **System ID:** 11450

Planned Funding(\$):

Procurement/Assistance Instrument: Grant

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)
Prime Partner: To Be Determined

New Partner: Yes

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
13-HKID	27871.09	N/A		

Mechanism Name: Other Prevention TBD

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 11808.09

System ID: 11808

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: To Be Determined

New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
03-HVOP	29012.09	N/A		

Mechanism Name: Care and Support

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 11816.09 **System ID:** 11816

Planned Funding(\$): \$25,000

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: African Palliative Care Association

Mechanism Name: Care and Support

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 11453.09 System ID: 11453

Planned Funding(\$): \$215,000

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: African Palliative Care Association

New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
08-HBHC	27877.09	N/A	\$30,000	\$180,000
10-PDCS	27878.09	N/A	\$35,000	\$35,000

Mechanism Name: Mothers 2 mothers

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 10908.09 System ID: 10908 Planned Funding(\$): \$500,000

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: AIDSTAR I, Task Order#1

New Partner: Yes

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
01-MTCT	27413.09	N/A	\$500,000	\$500.000

Mechanism Name: Lab support, QA, auditing

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5868.09 System ID: 10828 Planned Funding(\$): \$400,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: American Society of Clinical Pathology

New Partner: No

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
16-HLAB	19356.25703.09	N/A	\$50,000	\$400,000

Mechanism Name: C-Change

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 9344.09 System ID: 10830

Planned Funding(\$): \$200,000

Procurement/Assistance Instrument: USG Core

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)
Prime Partner: C- Change

New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
02-HVAB	21527.25706.09	N/A	\$200,000	\$200,000

Mechanism Name: C-Change

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 11817.09 **System ID:** 11817

Planned Funding(\$): \$302,987

Procurement/Assistance Instrument: USG Core

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)
Prime Partner: C- Change

New Partner: No

Mechanism Name: Male Circumcision

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 6209.09 System ID: 10831 Planned Funding(\$): \$125,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)
Prime Partner: Constella Futures

New Partner: No

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
07-CIRC	12588.25708.09	N/A	\$125,000	\$125,000

Mechanism Name: Male Circumcision

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 11818.09 System ID: 11818

Procurement/Assistance Instrument: Cooperative Agreement

Planned Funding(\$): \$125,000

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: Constella Futures

New Partner: No

Mechanism Name: Partnership for family-centered HIV/AIDS programs

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5888.09 System ID: 11533

Planned Funding(\$): \$523,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

New Partner: No

Sub-Partner: Ministry of Health and Social Welfare-Swaziland

Planned Funding: \$500,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
09-HTXS	11693.28161.09	N/A	\$20,000	\$20,000
01-MTCT	11693.28159.09	N/A	\$383,000	\$383,000
10-PDCS	11693.28162.09	N/A	\$60,000	\$100,000
08-HBHC	11693.28160.09	N/A	\$20,000	\$20,000

Mechanism Name: Partnership for family-centered HIV/AIDS programs

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 11811.09
System ID: 11811
Planned Funding(\$): \$1,217,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

Mechanism Name: Technical assistance

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5867.09 System ID: 11663

Planned Funding(\$): \$50,000

Procurement/Assistance Instrument: Contract

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: HHS/Centers for Disease Control & Prevention

New Partner: No

Mechanism Name: Technical assistance

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 11804.09 **System ID:** 11804

Planned Funding(\$): \$50,000

Procurement/Assistance Instrument: Contract

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: HHS/Centers for Disease Control & Prevention

New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
16-HLAB	11731.28519.09	N/A	\$50,000	\$50,000

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 12225.09 **System ID:** 12225

Planned Funding(\$): \$150,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: International Center for AIDS Care and Treatment Programs, Columbia University

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 12226.09 System ID: 12226

Planned Funding(\$): \$100,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Prime Partner: International Center for AIDS Care and Treatment Programs, Columbia University

New Partner: No

Mechanism Name: Partnership for Family Centered HIV AIDS Programs

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7999.09 System ID: 10836 Planned Funding(\$): \$900,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: International Center for AIDS Care and Treatment Programs, Columbia University

New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
09-HTXS	19142.25724.09	N/A	\$265,000	\$265,000
08-HBHC	19142.25723.09	N/A	\$535,000	\$535,000
11-PDTX	19142.25726.09	N/A	\$35,000	\$35,000
10-PDCS	19142.25725.09	N/A	\$65,000	\$65,000

Mechanism Name: Partnership for Family-Centered HIV/AIDS Program

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 11812.09 System ID: 11812 Planned Funding(\$): \$1,100,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: International Center for AIDS Care and Treatment Programs, Columbia University

Mechanism Name: HIV/AIDS in the workplace

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5873.09 System ID: 11664

Planned Funding(\$): \$280,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: Department of Labor

Funding Source: GHCS (State)

Prime Partner: International Labor Organization

New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
02-HVAB	11708.28526.09	N/A	\$25,000	\$100,000
14-HVCT	11725.28528.09	N/A	\$20,000	\$70,000

Mechanism Name: Human Capacity Development

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5897.09 System ID: 10838 Planned Funding(\$): \$674,200

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: IntraHealth International, Inc

New Partner: No

Sub-Partner: Management Sciences for Health

Planned Funding: \$295,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Foundation for Professional Development

Planned Funding: \$203,975

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Eastern, Central and Southern African Health Community Secretariat

Planned Funding: \$132,505

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Institute of Development Management Swaziland

Planned Funding: \$85,000

Funding is TO BE DETERMINED: No

Associated Program Budget Codes:

Sub-Partner: Council for Health Services Accreditation in Southern Africa

Planned Funding: \$365,032

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Mechanism Name: Human Capacity Development

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 11819.09 **System ID:** 11819

Planned Funding(\$): \$975,800

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: IntraHealth International, Inc

New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
17-HVSI	29036.09	N/A	\$80,000	\$80,000
18-OHSS	29037.09	N/A	\$795,800	\$895,800

Mechanism Name: Enhance Strategic Information

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 9343.09 System ID: 10839

Planned Funding(\$): \$300,000

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: John Snow, Inc.

Mechanism Name: MEASURE DHS+

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5896.09 System ID: 10840

Planned Funding(\$): \$800,000

Procurement/Assistance Instrument: Grant

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Macro International

New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
17-HVSI	28532.09	N/A	\$800,000	\$800,000

Mechanism Name: Strenghtening Pharmaceutical services (SPS)

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5893.09 **System ID:** 11433

Planned Funding(\$): \$210,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Management Sciences for Health

New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HTXD	11726.27456.09	N/A	\$200,000	\$200,000
10-PDCS	11728.27459.09	N/A	\$5,000	\$5,000
11-PDTX	11728.27460.09	N/A	\$5,000	\$5,000

Mechanism Name: Strengthening Pharmaceutical Services (SPS)

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 11821.09 System ID: 11821 Planned Funding(\$): \$490,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: Management Sciences for Health

Mechanism Name: Ministry of Health Capacity Building

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 11805.09 System ID: 11805 Planned Funding(\$): \$100,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: Ministry of Health and Social Welfare-Swaziland

New Partner: Yes

Mechanism Name: Ministry of Health Capacity Building

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 11006.09 System ID: 11006 Planned Funding(\$): \$500,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Ministry of Health and Social Welfare-Swaziland

New Partner: Yes

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
16-HLAB	26360.09	N/A	\$100,000	\$200,000
17-HVSI	26361.09	N/A	\$100,000	\$100,000
18-OHSS	26362.09	N/A	\$100,000	\$200,000

Mechanism Name: TB Surveillance, MDR-TB, Infection Control

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 7991.09 System ID: 10842 Planned Funding(\$): \$400,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: National Institute for Communicable Diseases

New Partner: No

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
16-HLAB	19354.25749.09	N/A	\$50,000	\$400,000

Mechanism Name: Male Circumcision

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 11813.09 **System ID:** 11813

Planned Funding(\$): \$200,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)
Prime Partner: Pact, Inc.
New Partner: No

Sub-Partner: Family Life Association of Swaziland

Planned Funding: \$200,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: CIRC - Biomedical Prevention: Male Circ

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
07-CIRC	29023.09	N/A	\$200,000	\$200,000

Mechanism Name: PACT / Community Reach

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5889.09 System ID: 10846

Planned Funding(\$): \$1,741,019

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: Pact, Inc.

New Partner: No

Sub-Partner: Family Life Association of Swaziland

Planned Funding: \$100,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Nhlangano AIDS Training Information and Counseling CenterSwaziland

Planned Funding: \$132,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HVTB -

Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Swaziland Action Group Against Abuse

Planned Funding: \$101,730

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HKID - Care: OVC

Sub-Partner: Swaziland Business Coalition Against HIV/AIDS

Planned Funding: \$100,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Salvation Army Swaziland

Planned Funding: \$110,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HVTB -

Care: TB/HIV

Sub-Partner: Swaziland National Network of People Living with HIV/AIDS

Planned Funding: \$150,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: World Vision Swaziland

Planned Funding: \$280,509

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HKID - Care: OVC

Sub-Partner: Voice of the Church Swaziland

Planned Funding: \$100,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Cabrini Ministries Swaziland

Planned Funding: \$80,510

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Action Against Hunger

Planned Funding: \$400,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric

Treatment

Sub-Partner: To Be Determined

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name: PACT / Community Reach

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 11814.09 System ID: 11814 Planned Funding(\$): \$918,680

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)
Prime Partner: Pact, Inc.
New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
14-HVCT	29025.09	N/A	\$50,000	\$50,000
17-HVSI	29026.09	N/A	\$27,923	\$27,923
18-OHSS	29027.09	N/A	\$77,027	\$77,027
10-PDCS	29028.09	N/A	\$75,000	\$75,000
11-PDTX	29029.09	N/A	\$75,000	\$75,000
02-HVAB	29030.09	N/A	\$36,931	\$136,931
13-HKID	29031.09	N/A	\$476,798	\$476,798
08-HBHC	29024.09	N/A	\$1	\$1

Mechanism Name: Counselling and testing

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5865.09 System ID: 10849

Planned Funding(\$): \$1,330,013

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Population Services International

New Partner: No

Sub-Partner: The AIDS Information and Support Centre Swaziland

Planned Funding: \$70,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Church Forum Swaziland

Planned Funding: \$25,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Swaziland National Youth Council

Planned Funding: \$40,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Super Buddies

Planned Funding: \$15,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
02-HVAB	11703.25770.09	N/A	\$73,964	\$342,046
14-HVCT	11722.25772.09	N/A	\$150,000	\$833,000

Mechanism Name: Male circumcision

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7990.09 **System ID:** 10850

Planned Funding(\$): \$2,000,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Population Services International

New Partner: No

Sub-Partner: National Emergency Response Council on HIV and AIDS

Planned Funding: \$757,680

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: CIRC - Biomedical Prevention: Male Circ

Sub-Partner: Skills Share International

Planned Funding: \$51,737

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: CIRC - Biomedical Prevention: Male Circ

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
07-CIRC	18622.25774.09	N/A	\$1,357,643	\$2,000,000

Mechanism Name: TB/HIV activities

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8646.09 System ID: 10848

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Contract

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Program for Appropriate Technology in Health

New Partner: No

Mechanism Name: Blood safety

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 11005.09 **System ID:** 11005

Planned Funding(\$): \$50,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Safe Blood for Africa Foundation

New Partner: No

Mechanism Name: Counselling and Testing

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7992.09 System ID: 11666 Planned Funding(\$): \$430,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: University Research Corporation, LLC

New Partner: No

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
14-HVCT	11723.28536.09	N/A	\$150,000	\$410,000

Mechanism Name: TB/HIV new award (IQC/HCI)

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 6090.09 System ID: 10852

Planned Funding(\$): \$768,400

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: University Research Corporation, LLC

New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
09-HTXS	19350.25781.09	N/A	\$15,000	\$15,000
10-PDCS	19350.25782.09	N/A	\$5,000	\$5,000
08-HBHC	19350.25780.09	N/A	\$20,000	\$20,000
11-PDTX	19350.25783.09	N/A	\$10,000	\$10,000

Mechanism Name: TB/HIV new award (IQC/HCI)

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 11820.09 System ID: 11820

Planned Funding(\$): \$50,000

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: University Research Corporation, LLC

New Partner: No

Mechanism Name: Technical Assistance

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5891.09 System ID: 10854 Planned Funding(\$): \$80,000

Procurement/Assistance Instrument: USG Core

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: US Agency for International Development

Mechanism Name: Technical Assistance

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 11822.09 System ID: 11822

Planned Funding(\$): \$100,000

Procurement/Assistance Instrument: USG Core

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: US Agency for International Development

New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
13-HKID	29049.09	N/A	\$55,000	\$55,000
18-OHSS	29047.09	N/A	\$45,000	\$45,000

Mechanism Name: PEPFAR staff (CSCS Tax)

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8254.09 System ID: 10859 Planned Funding(\$): \$12,794

Procurement/Assistance Instrument: USG Core

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: US Agency for International Development

New Partner: No

Mechanism Name: PEPFAR staff (CSCS)

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 11823.09 **System ID:** 11823

Planned Funding(\$): \$6

Procurement/Assistance Instrument: USG Core

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: US Agency for International Development

New Partner: Yes

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
19-HVMS	29048.09	N/A	\$6	\$6

Mechanism Name: PEPFAR staff (ICASS)

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8253.09 System ID: 10858

Planned Funding(\$): \$150,000

Procurement/Assistance Instrument: USG Core

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: US Agency for International Development

New Partner: No

Mechanism Name: PEPFAR staff (local support costs)

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8255.09 System ID: 10860

Planned Funding(\$): \$172,000

Procurement/Assistance Instrument: USG Core

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: US Agency for International Development

New Partner: No

Mechanism Name: PEPFAR staff (salary/benefits)

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8111.09 System ID: 10856 Planned Funding(\$): \$400,000

Procurement/Assistance Instrument: USG Core

Agency: U.S. Agency for International Development

 $\textbf{Funding Source:} \ \ \mathsf{GHCS} \ (\mathsf{USAID})$

Prime Partner: US Agency for International Development

New Partner: No

Mechanism Name: USAID/South Africa Mission administration

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 11671.09

System ID: 11671

Planned Funding(\$): \$60,000

Procurement/Assistance Instrument: USG Core

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: US Agency for International Development

Mechanism Name: PEPFAR staff (salary/benefits)

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5973.09 System ID: 10867

Planned Funding(\$): \$475,000

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Mechanism Name: CDC/South Africa Administration

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 10953.09 **System ID:** 10953

Planned Funding(\$): \$50,000

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Mechanism Name: PEPFAR staff (CSCS Tax)

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8252.09 System ID: 10873

Planned Funding(\$): \$19,203

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Mechanism Name: PEPFAR staff (ICASS)

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8112.09 System ID: 10868

Planned Funding(\$): \$155,225

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: US Centers for Disease Control and Prevention

Mechanism Name: PEPFAR staff (local support costs)

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8250.09 System ID: 10872

Planned Funding(\$): \$190,500

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Mechanism Name: Umbutfo Swaziland Defense Force (USDF)

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5887.09 System ID: 10875

Planned Funding(\$): \$438,000

Procurement/Assistance Instrument: USG Core

Agency: Department of Defense

Funding Source: GHCS (State)

Prime Partner: US Department of Defense

New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
17-HVSI	18573.25839.09	N/A	\$40,000	\$70,000
18-OHSS	11741.25840.09	N/A	\$10,000	\$30,000
09-HTXS	11712.25833.09	N/A	\$23,000	\$53,000
08-HBHC	11712.25832.09	N/A	\$20,000	\$70,000
12-HVTB	25946.09	N/A	\$50,000	\$50,000

Mechanism Name: PEPFAR Staff (CSCS tax)

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 10946.09 **System ID:** 10946

Planned Funding(\$): \$6,397

Procurement/Assistance Instrument: USG Core

Agency: Department of Defense

Funding Source: GHCS (State)

Prime Partner: US Department of Defense

Mechanism Name: PEPFAR staff (ICASS)

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 10947.09 System ID: 10947

Planned Funding(\$): \$3,535

Procurement/Assistance Instrument: USG Core

Agency: Department of Defense

Funding Source: GHCS (State)

Prime Partner: US Department of Defense

New Partner: No

Mechanism Name: PEPFAR Staff (Salary & Benefits)

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 10941.09 **System ID:** 10941

Planned Funding(\$): \$75,000

Procurement/Assistance Instrument: USG Core

Agency: Department of Defense

Funding Source: GHCS (State)

Prime Partner: US Department of Defense

New Partner: No

Mechanism Name: PEPFAR Staff(Local Support Costs)

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 10951.09 System ID: 10951 Planned Funding(\$): \$10,500

Procurement/Assistance Instrument: USG Core

Agency: Department of Defense

Funding Source: GHCS (State)

Prime Partner: US Department of Defense

New Partner: No

Mechanism Name: PEPFAR Office Support

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 11672.09 **System ID:** 11672

Planned Funding(\$): \$267,666

Procurement/Assistance Instrument: USG Core

Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Prime Partner: US Department of State

Mechanism Name: PEPFAR staff (CSCS Tax)

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8249.09 **System ID: 10878**

Planned Funding(\$): \$25,594

Procurement/Assistance Instrument: USG Core

Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Prime Partner: US Department of State

New Partner: No

Mechanism Name: PEPFAR staff (ICASS)

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8247.09 **System ID: 10877**

Planned Funding(\$): \$15,830

Procurement/Assistance Instrument: USG Core

Agency: Department of State / Office of the U.S. Global AIDS Coordinator

Funding Source: GHCS (State)

Prime Partner: US Department of State

New Partner: No

Mechanism Name: PEPFAR staff (local support costs)

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8246.09 **System ID: 10876** Planned Funding(\$): \$28,750

Procurement/Assistance Instrument: USG Core

Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Prime Partner: US Department of State

New Partner: No

Mechanism Name: PEPFAR staff (salary/benefits)

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5876.09 **System ID: 10879**

Planned Funding(\$): \$200,000

Procurement/Assistance Instrument: USG Core

Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Prime Partner: US Department of State

Mechanism Name: Peace Corps Volunteers

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5872.09 System ID: 10882

Planned Funding(\$): \$540,900

Procurement/Assistance Instrument: USG Core

Agency: Peace Corps
Funding Source: GHCS (State)
Prime Partner: US Peace Corps

New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
13-HKID	11754.25852.09	N/A	\$396,900	\$396.900

Mechanism Name: Wam Technology TB Surveillance

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8649.09

System ID: 10883

Planned Funding(\$): \$10,072

Procurement/Assistance Instrument: Contract

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: WamTechnology

New Partner: No

Mechanism Name: Wam Technology TB Surveillance

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8644.09

System ID: 10884

Planned Funding(\$): \$25,928

Procurement/Assistance Instrument: Contract

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: WamTechnology

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5888.09	11533	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Ministry of Health and Social Welfare-Swaziland	N	\$500,000
5897.09	10838	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (USAID)	Council for Health Services Accreditation in Southern Africa	N	\$365,032
5897.09	10838	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (USAID)	Eastern, Central and Southern African Health Community Secretariat	N	\$132,505
5897.09	10838	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (USAID)	Foundation for Professional Development	N	\$203,975
5897.09	10838	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (USAID)	Institute of Development Management Swaziland	N	\$85,000
5897.09	10838	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (USAID)	Management Sciences for Health	N	\$295,000
11813.09	11813	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Family Life Association of Swaziland	N	\$200,000
5889.09	10846	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	
5889.09	10846	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Action Against Hunger	N	\$400,000
5889.09	10846	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Cabrini Ministries Swaziland	N	\$80,510
5889.09	10846	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Family Life Association of Swaziland	N	\$100,000
5889.09	10846	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Nhlangano AIDS Training Information and Counseling CenterSwaziland	N	\$132,000
5889.09	10846	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Salvation Army Swaziland	N	\$110,000
5889.09	10846	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Swaziland Action Group Against Abuse	N	\$101,730
5889.09	10846	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Swaziland Business Coalition Against HIV/AIDS	N	\$100,000
5889.09	10846	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Swaziland National Network of People Living with HIV/AIDS	N	\$150,000
5889.09	10846	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Voice of the Church Swaziland	N	\$100,000
5889.09	10846	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	World Vision Swaziland	N	\$280,509
5865.09	10849	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Church Forum Swaziland	N	\$25,000
5865.09	10849	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Super Buddies	N	\$15,000
5865.09	10849	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Swaziland National Youth Council	N	\$40,000
5865.09	10849	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	The AIDS Information and Support Centre Swaziland	N	\$70,000
7990.09	10850	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	National Emergency Response Council on HIV and AIDS	N	\$757,680
7990.09	10850	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Skills Share International	N	\$51,737

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Table 3.3: Program Budget Code and Progam Narrative Planning Table of Contents

Program Budget Code: 01 - MTCT Prevention: PMTCT

Total Planned Funding for Program Budget Code: \$2,025,000

Program Area Narrative:

Swaziland has the highest HIV prevalence rate in the world among pregnant women at 39.2%. PMTCT services are managed by the Sexual and Reproductive Health Unit (SRHU) at the Ministry of Health and Social Welfare (MOHSW). Swaziland has made commendable progress in PMTCT scale up from 2004 to 2008 with PMTCT facility coverage increasing from 44 to 110 sites (71% of health facilities), HIV testing of pregnant women increasing from 15% to 67%, and maternal and infant uptake of sdNVP prophylaxis increasing from 87% to 90%. However, there remains a great need to improve the quality and impact of the PMTCT program, particularly through optimizing PMTCT as an entry-point into comprehensive HIV prevention, care and treatment services for women.

At the national level, the PMTCT program is managed in the SRHU of the MOHSW, to promote integration into Maternal and Child Health (MCH) services. There is a Technical Working Group that brings the PMTCT and ART programmes together. The ART coordinator sits in the Swaziland National AIDS Programme (SNAP) and is also responsible for paediatric HIV/AIDS. At the regional level, there are reproductive health focal persons but they are not actively involved in PMTCT because they report to the regional matrons and not to the SRHU manager. The shared responsibility of SRHU and SNAP leads to complications in determining oversight of the PMTCT program at national and site level. PMTCT partners and the PEPFAR Prevention Technical Lead will become further involved with the government during FY09 to promote better coordination of PMTCT service delivery nationally.

In 2006, the MOHSW updated two new strategic documents to guide implementation of PMTCT services: the PMTCT Strategic Plan and the PMTCT Implementation Plan. The national PMTCT program is built around a four-pronged approach: (1) primary prevention of HIV infection among uninfected women of childbearing age and their partners; (2) prevention of unwanted pregnancies among HIV-infected women using family planning; (3) prevention of mother-to-child transmission of HIV among HIV-infected pregnant mothers using an antiretroviral regimen of proven efficacy, safe obstetric practices and infant feeding counseling and support including replacement feeding where feasible, acceptable, safe, affordable and sustainable; and (4) HIV care and support of infected mothers, partners and children.

PEPFAR was the initiator of PMTCT in Swaziland when service delivery began at three hospitals in 2004 through a family-centered approach pioneered by Columbia University's International Center on AIDS Care and Treatment Program (ICAP) and Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). In FY05, EGPAF and ICAP expanded into Mbabane Government Hospital and ten clinics in Manzini region. In FY06, additional core and regional funds helped to provide technical assistance and services in PMTCT, care, and treatment at 12 sites. Further expansion continued in FY07 and FY08, coordinated with UNICEF and Baylor College, with EGPAF providing PMTCT services at a total of 34 sites. The Clinton Foundation is also a key partner for infant diagnosis and DNA PCR testing and forms close links with EGPAF at the site level. Twelve of the 34 sites include expanded care and treatment services under ICAP who now focuses on the care and treatment service delivery, while EGPAF has taken the lead on PMTCT services. PEPFAR continues to be a major provider of technical assistance and funding for PMTCT service-delivery in the country and has begun to shift its program to more sustainable, government led implementation.

PEPFAR will support two partners to provide PMTCT services in FY09. One partner will be linked with the Department of Defense (DOD) to support PMTCT in the military population as well.

1) EGPAF's achievements during FY08 include an increase in pregnant women receiving test results (99%); increase in HIV negative women retested in ante-natal care (ANC) and maternity; expansion of the combined ARV regimen for PMTCT from 10 to 29 sites, increase in proportion of women receiving combined regimen (from 26% to 65%), and an increasing use of ART for women eligible for treatment. EGPAF supported training of 133 health workers in PMTCT. EGPAF provided technical assistance and leadership to the MOHSW in the development of materials on infant feeding and nutrition, revision of the ANC and maternity registers and monthly summary reporting forms, and review of the Sexual Reproductive Health Strategy 2008-2015.

EGPAF will continue to provide technical assistance to 34 sites and add 15 new sites (9 in FY09 and an additional 6 in FY10) to provide high-quality PMTCT services, following mother/infant pairs through MCH, from ANC to maternity to postnatal care, to the <5 clinic. EGPAF will introduce the combined ARV regimen and initiate ART in all sites where this is feasible, provide care and treatment for pregnant women in the MCH whenever possible, and will work with ICAP to ensure that women are linked to ongoing care and treatment. EGPAF's approach to sustainability of these activities focuses on capacity building for clinical staff at the sites to improve the capacity of the MOHSW to implement programs effectively. EGPAF will link closely with ICAP for pediatric care and treatment services.

To promote sustainability, EGPAF will also implement a sub-grant to the MOHSW to support staff and supplies in selected sites and secondment of two program staff to the SRHU for training and site supervision. Under the sub-grant mechanism, EGPAF will

hand over some of the direct support roles to the MOHSW such as PMTCT supplies, human resources in selected sites, and support supervision in order to promote program sustainability and national ownership. EGPAF will continue to be involved in community based work, such as with the rural health motivators, and in nutrition programs (lactation, therapeutic feeding, etc) to ensure comprehensive care for mothers and babies.

To further evaluate their ongoing activities they will also document HIV seroconversion in pregnant women, monitor maternal anemia during scale up of PMTCT AZT regimens, and document success in infant follow-up.

2) Mothers2Mothers (M2M) began operating in Swaziland in 2008 with funding from UNICEF. M2M provides comprehensive facility- and community-based peer education and support at 14 sites in Shiselweni, Lubombo and Manzini regions in Swaziland. By the end of 2008, M2M expects to have extended its reach to the 22 busiest sites (which will include all the country's six hospitals, five health centres plus its largest clinics and Public Health Units). With PEPFAR funds for FY09, M2M will extend its reach and deepen its coverage by launching services at an additional 27 sites across all four of Swaziland's regions, bringing M2M's total coverage to 49 PMTCT sites. M2M has the active support of the MOHSW and all activities have been and will continue to be coordinated with local PMTCT service providers and their partners.

M2M will implement activities to improve the effectiveness of PMTCT programs in Swaziland. M2M will train and employ HIV-positive mothers ('Mentor Mothers'), who have recent personal experience of PMTCT services, to complement existing PMTCT clinical services with critical education and psychosocial support to similarly affected pregnant women attending antenatal clinics, and new mothers returning with their babies for post-delivery care. M2M and EGPAF will work in partnership at PMTCT sites throughout the country.

3) DOD will engage EGPAF to plan an appropriate set of PMTCT-related activities for Umbutfo Swaziland Defense Forces (USDF) personnel and their families. While USDF does not provide PMTCT clinical interventions, they work to ensure that USDF personnel has access to PMTCT services by supporting PMTCT education, male involvement with PMTCT, and partner testing.

Products/Outcomes: Basic program evaluation from EGPAF on HIV seroconversion in pregnant women, and documented lessons learned for infant follow up.

PMTCT was not among the five focus areas identified for a major scale up in the Compact Concept Paper; however, significant enhancements have been planned and this is a critical area of service delivery and PEPFAR support for the country. The following FY 09 PMTCT objectives are in part dependent on Compact funding: 1) scale up service support to 15 new sites, 2) significant improvements in service quality, and 3) better linkages with communities for improved follow-up and continuum of care. Lastly, at pre-Compact budget levels, M2M will not be engaged as a new partner in this program area, to provide enhanced PMTCT outreach services.

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 8111.09 **Mechanism:** PEPFAR staff (salary/benefits)

Prime Partner: US Agency for International USG Agency: U.S. Agency for International

Development Development

Funding Source: GHCS (USAID) Program Area: Prevention: PMTCT

Budget Code: MTCT Program Budget Code: 01

Activity ID: 18482.25789.09 **Planned Funds:** \$25,000

Activity System ID: 25789

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18482

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18482	18482.08	U.S. Agency for International Development	US Agency for International Development	8111	8111.08	PEPFAR staff (salary/benefits)	\$20,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 10908.09 Mechanism: Mothers 2 mothers

Prime Partner: AIDSTAR I, Task Order#1 **USG Agency:** U.S. Agency for International

Development

Funding Source: GHCS (State) Program Area: Prevention: PMTCT

Budget Code: MTCT Program Budget Code: 01

Activity ID: 27413.09 Planned Funds: \$500,000

Activity System ID: 27413

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5888.09 Mechanism: Partnership for family-centered

HIV/AIDS programs

Prime Partner: Elizabeth Glaser Pediatric USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (State) Program Area: Prevention: PMTCT

Program Budget Code: 01 **Budget Code: MTCT**

Activity ID: 11693.28159.09 Planned Funds: \$383,000

Activity System ID: 28159 Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

AIDS Foundation

Continuing Activity: 18111

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18111	11693.08	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7953	5888.08	Partnership for family-centered HIV/AIDS programs	\$450,000
11693	11693.07	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	5888	5888.07	Partnership for family-centered HIV/AIDS programs	\$450,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 11811.09 Mechanism: Partnership for family-centered

HIV/AIDS programs

Prime Partner: Elizabeth Glaser Pediatric USG Agency: U.S. Agency for International **AIDS Foundation**

Development

Funding Source: GHCS (USAID) Program Area: Prevention: PMTCT

Budget Code: MTCT Program Budget Code: 01

Activity ID: 18484.29015.09 **Planned Funds: \$1.117.000**

Activity System ID: 29015

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18484

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds			
18484	18484.08	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7998	7998.08	Partnership for Family Centered HIV AIDS programs	\$667,000			
Emphasis A	reas									
Human Capa	acity Develop	oment								
Estimated an	nount of fundir	ng that is planned	for Human Capacit	ty Development	\$404,400					
Public Health Evaluation										
Food and Nu	utrition: Poli	cy, Tools, and Se	rvice Delivery							
Estimated an and Service [ng that is planned	for Food and Nutrit	tion: Policy, Too	ols \$32,800					
Food and Nu	utrition: Com	nmodities								
Economic S	trengthening									
Education										
Water										

Program Budget Code: 02 - HVAB Sexual Prevention: AB

Total Planned Funding for Program Budget Code: \$2,089,476

Program Area Narrative:

The sexual prevention program area for Swaziland is comprised of activities funded under the HVAB and HVOP budget codes. All activities are linked to a comprehensive strategy, combating the generalized epidemic. Several partners receive funding under both budget codes. Swaziland has the world's highest HIV prevalence. The 2007 DHS+ indicates that 26% of adults (15-49) are HIV-positive. There are no major differences between rural and urban areas, or among the country's four regions. Given the generalized epidemic, the entire population is considered at risk. The epidemic is driven by multiple, concurrent sexual partnering in an extremely traditional, patriarchal society. The modern trend is to engage in sexual partnerships that lack traditional social sanction (casual partnering, not traditional polygamy). High-level leadership on prevention remains insufficient despite persistent stakeholder efforts.

The National HIV/AIDS Strategic Plan (NSP) (2006-08) emphasizes the need to reduce multiple concurrent sexual partnering, along with improved access to services for sexually transmitted infections (STIs), post-exposure prophylaxis (PEP), and HIV counseling and testing (HTC), as well as the need to strengthen national capacity to ensure that quality male and female condoms are available, accessible, acceptable, affordable, and used. PEPFAR's plan mirrors the NSP in calling for expanded prevention programs, including support for a comprehensive ABC approach, with linkages to HTC and care. A new NSP is currently under development and will become the National Strategic Framework (NSF) for 2009-2013. PEPFAR Swaziland HVAB and HVOP partners and activities will be in line with this plan. NERCHA has used its Global Fund resources to support AB-focused mass media campaigns over the past few years. Recent campaigns have focused on the issues of intergenerational and transactional sex. multiple concurrent partnerships or extramarital affairs, and delay of sexual debut. Global Fund resources have also

Generated 9/28/2009 12:07:05 AM Swaziland Page 37 supported AB programs for youth, including life skills programs. UNFPA is also a major supporter of youth prevention programs and ABC services for youth. National Emergency Response Committee on HIV/AIDS (NERCHA) plays the major role in trying to improve AB leadership with the royal family, traditional rulers, and other national leaders.

Consistent condom use continues to be low, especially in regular partnerships. PEPFAR partners distribute condoms at community level, at workplaces and in the military, and are beginning to work with the Ministry of Health and Social Welfare (MOHSW) to promote and distribute condoms part of service delivery. National-level distribution and tracking is problematic, but the UN agencies are working to assist the government with this, particularly UNFPA who works with the Sexual and Reproductive Health Unit (SRHU). Gender issues affect all aspects of the HIV epidemic in Swaziland. Rape and sexual violence are a widespread problem and have been associated in some settings with increased risk of HIV. Prevailing attitudes and customs marginalize women culturally and legally. Male behavior retains the role of women as generally passive sex partners. Young women are particularly vulnerable to transactional sex or non-consensual sex to help meet basic needs, along with desires for consumer items. PEPFAR supported activities in sexual transmission prevention are addressing several priority gender factors that contribute to the spread of HIV. However, gender messages are yet to be systematically integrated into prevention messages and programs.

PEPFAR has continued to fill a major gap by promoting sexual prevention at community-level, and with increased attention to prevention as a Swaziland PEPFAR compact priority, will raise this to the national level. PEPFAR's sexual prevention programs for adults are integrated ABC programs, but with a very strong emphasis on partner reduction and gender issues. Youth issues will become a stronger focus as well in FY09. The overall PEPFAR strategy is to promote ABC prevention through faith-based organizations/churches, community-based organizations (including some schools, youth centers and youth groups), traditional rural ruling structures, and the private sector/workplaces nationally. Swaziland has been designated as a FY08 Compact Country. Prevention is one of the five key areas under development with the government, and better coordination for national prevention efforts - including correct and consistent condom use - will be integrated in this work. Stronger national coordination of AB programs, Behavior Change Communication (BCC) strategy development, and other activities to achieve national scale up will be included.

Partners working in PMTCT and Care and Treatment (C&T) sites will integrate ABC prevention into patient-provider interactions regardless of patient HIV status. Prevention with Positives (PWP) will be promoted as part of community-based care activities. Condom availability at PMTCT and C&T sites will be supported. Male Circumcision (MC) related information has been moved to its own program area with this COP. Partners working in this field continue to ensure that all MC messaging contains strong AB principles and is integrated with HVOP guidance on correct and consistent condom use.

For FY09, partners working in sexual prevention will continue their work with an eye towards supporting a cohesive national approach. Partner activity descriptions follow.

- 1) C-Change received funding in Swaziland through FY 08 reprogramming in order to assess and begin early strategy planning for how they will support the national scale up of prevention services. In FY09 their focus will be on coordinating national efforts to implement BCC strategies that will target youth, multiple concurrent partners, and other key topics. They will assist in the standardization of curricula and facilitation guides for faith and community based groups to ensure evidence based massages are developed and disseminated widely and correctly. C-Change will partner with local groups like Population Services International (PSI), NERCHA and the National HIV and AIDS Information and Training Centre to build capacity in Swaziland to carry prevention efforts forward.
- 2) PSI will continue its work expanding the reach and improving the quality of sexual prevention activities by focusing on the following: Support Swaziland National AIDS Program (SNAP) to revive the HIV prevention technical working group and conduct seminars to collaborate on the development of communication messages to improve the coordination of BCC in the country; Target the national yearly cultural events and work with local partners to promote primary and secondary abstinence and be faithful messages to the young women attending these activities; Interpersonal Communication (IPC) agents will continue to provide community based and door to door targeted and integrated messages focusing on ABC, HTC and MC activities; Contract three sub awards to promote AB messages and adoption of safer sex practices through the promotion of be faithful messages emphasizing concurrency as the driver of the epidemic in Swaziland; Identify a private local or external advertising agent to support the development of a Multiple and Concurrent Sexual Partners' campaign; Support one tertiary institution to model excellence and give an award of excellence for the best peer education program based on indicators that will be developed with technical assistance support; Working with three sub-partners, PSI will continue to support the availability and accessibility of condoms to promote the adoption of safer sex practices
- 3) As an umbrella grant mechanism, Pact will continue to build the technical and institutional strength of its grantees to promote sexual prevention activities in Swaziland: Family Life Association Swaziland (FLAS-AI) aims to reduce HIV prevalence through behavior change by promoting AB messages with a strong focus on faithfulness and partner reduction; Nhlangano Aids Training, Information, and Counseling Centre (NATICC) aims to reduce the rate of youth HIV prevalence in 17 chiefdoms-NATICC operates in underserved areas of the Shiselweni region and has a strong program emphasizing male involvement; Swaziland Action Group Against Abuse (SWAGAA) will continue to play a national role in prevention through education, outreach and counseling activities that focus on the links between HIV, gender issues, domestic violence and gender-based violence (GBV); In FY09 Swaziland Business Coalition Against HIV/AIDS (SWABCHA) will shift focus from developing workplace policies to focus on AB prevention activities through increased follow-up and mentorship for peer educators, while forming sustainable linkages with the International Labor Organization (ILO) and Department of Labor (DOL) to provide support for workplace policies; For FY09, The Salvation Army (TSA) will scale up pastor prevention activities by training 25 pastors within their sites to ensure that the prevention program is complementary and effectively engaging their congregants; Voice of the Church (VOC) is a Trans World Radio partner, broadcasting faith-based programs throughout Swaziland. The organization is currently implementing a project entitled "Be Faithful" consisting of a dedicated one hour broadcast transmitted three times a week to communities broadcasting AB-based

radio programs; World Vision (WV) activities will focus on the underserved Shiselweni region. Pastors will be mobilized and sensitized on World Visions' Channels of Hope model, which seeks to mobilize the infrastructure, organizational capacity, pool of current and potential volunteers. local churches and faith communities toward positive action on HIV and AIDS.

- 4) HIV prevention has been and remains a focus of Peace Corps' programming efforts at the community level. All volunteers serving in Swaziland including those supported with HKID funding will be trained on sexual prevention issues and will conduct prevention activities as part of their standard course of work. The 'Walk the Nation' activity with NERCHA will be repeated after its success at bringing HIV prevention messaging and HTC to all corners of Swaziland. Stronger linkages between volunteers and other PEPFAR funded prevention partners at the community level will also be fostered.
- 5) Twenty-four enterprises from the agriculture, retail, manufacturing, information and textile sectors are currently collaborating with the DOL/ILO project. In all these enterprises HIV/AIDS Focal Points and Committee members have been appointed by the management and trained by ILO to coordinate HIV/AIDS workplace programs. The main goal of this project is to overcome discrimination, change behavior and subsequently refer a greater number of workers to VCT, PMTCT, MC, anti-retroviral therapy, treatment for TB and sexually transmitted infections. A BCC strategy has been developed for all sectors and an HIV workplace program is implemented in each partner enterprises. Workplaces from the public sector will join the partnership. New materials will be developed to support the work of the peer educators and new activities will be implemented in the area of prevention focusing on AB, with integration of correct and consistent condom use as well. Condom availability of both male and female condoms will be ensured by distributing condoms to all participating enterprises monthly. Quality assurance checklists are filled out by HIV/AIDS focal points. Condom cans will be placed and refilled where access is guaranteed.
- 6)DOD prevention activities are to be conducted as follows: build on the peer educator structure in the USDF and Swaziland Uniformed Services Alliance for HIV/AIDS (SUSAH) to promote correct and consistent condom use, and reduce the number of partners and concurrent partnerships; address gender relations; provide adapted DOD-partner military IEC materials appropriate for the USDF; conduct PWP training consisting of Training of Trainers instruction and distribution of training curriculum and materials to peer educators and clinic educators; provide small, durable laptops which can be loaded with prevention training materials, VCT information, and C&T resources; connect to the internet for email and Skype connectivity and supportive supervision; and support the collection and transmission of monitoring and evaluation information.
- 7) URC, working in collaboration with SNAP and the Swaziland National Tuberculosis Control Programme (NTP) to increase the uptake of HTC in the country's health care facilities, will assist TB diagnostic centres and selected medical wards in promoting consistent and correct condom use. This drive will direct a portion of prevention efforts towards TB patients and suspects to reduce missed opportunities for HIV prevention, C&T and support and further reduce spread of HIV in the country. The approach will include: condom use education, demonstration and distribution integrated in TB clinics and medical wards for both HIV+ and HIV- persons in prevention of new infections and re- infections. The URC supported facilities will source condoms from SNAP.

List of national products/outcomes: Renewal of national prevention committee, Development of national BCC campaign, Development of a national condom distribution strategy development

Sexual prevention is one of the five key areas identified for national scale up in the Compact Concept paper. With pre-compact funding levels, PEPFAR would continue to support successful NGO work in specific communities and workplace programs, but would only provide minimum levels of support at the national level. National scale up, including the establishment of a locus for prevention leadership, the development a BCC strategy and the standardization of evidence-based messages around reducing MCP, changing gender norms and other key prevention issues are largely dependent on Compact funding and are key to Swaziland being able to reduce new HIV infections.

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11817.09 Mechanism: C-Change

Prime Partner: C- Change USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (USAID) Program Area: Sexual Prevention: AB

Budget Code: HVAB Program Budget Code: 02

Activity ID: 29034.09 **Planned Funds:** \$302,987

Activity System ID: 29034

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11452.09

Mechanism: Behavior Change

Communication TBD

USG Agency: U.S. Agency for International

Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds:

Funding Source: GHCS (State) **Budget Code: HVAB**

Prime Partner: To Be Determined

Activity ID: 27874.09

Activity System ID: 27874

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11452.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 27876.09

Activity System ID: 27876

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Mechanism: Behavior Change

Communication TBD

USG Agency: U.S. Agency for International

Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5873.09

Prime Partner: International Labor

Organization

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 11708.28526.09

Activity System ID: 28526

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18122

Mechanism: HIV/AIDS in the workplace

USG Agency: Department of Labor

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$100,000

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18122	11708.08	Department of Labor	International Labor Organization	7961	5873.08	HIV/AIDS in the workplace	\$75,000
11708	11708.07	Department of Labor	International Labor Organization	5873	5873.07	HIV/AIDS in the workplace	\$65,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11814.09 Mechanism: PACT / Community Reach

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (State) Program Area: Sexual Prevention: AB

Budget Code: HVAB Program Budget Code: 02

Activity System ID: 29030

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5872.09 Mechanism: Peace Corps Volunteers

Prime Partner: US Peace Corps USG Agency: Peace Corps

Funding Source: GHCS (State) Program Area: Sexual Prevention: AB

Budget Code: HVAB Program Budget Code: 02

Activity ID: 11704.25851.09 **Planned Funds:** \$144,000

Activity System ID: 25851

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18175

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18175	11704.08	Peace Corps	US Peace Corps	7989	5872.08	Peace Corps Volunteers	\$120,000
11704	11704.07	Peace Corps	US Peace Corps	5872	5872.07	Peace Corps Volunteers	\$100,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 10941.09 Mechanism: PEPFAR Staff (Salary &

Benefits)

Prime Partner: US Department of Defense USG Agency: Department of Defense

Funding Source: GHCS (State) Program Area: Sexual Prevention: AB

Budget Code: HVAB Program Budget Code: 02

Activity ID: 26709.09 **Planned Funds:** \$22,500

Activity System ID: 26709

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 8111.09 Mechanism: PEPFAR staff (salary/benefits)

Prime Partner: US Agency for International USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (USAID) Program Area: Sexual Prevention: AB

Budget Code: HVAB Program Budget Code: 02

Activity ID: 18489.25790.09 **Planned Funds:** \$25,000

Activity System ID: 25790
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Development

Continuing Activity: 18489

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18489	18489.08	U.S. Agency for International Development	US Agency for International Development	8111	8111.08	PEPFAR staff (salary/benefits)	\$30,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 9344.09 Mechanism: C-Change

Prime Partner: C- Change USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (State) Program Area: Sexual Prevention: AB

Budget Code: HVAB Program Budget Code: 02

Activity System ID: 25706
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

	ctivity stem ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
2	1527	21527.08	U.S. Agency for International Development	C- Change	9344	9344.08	C-Change	\$150,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5887.09 Mechanism: Umbutfo Swaziland Defense

Force (USDF)

Prime Partner: US Department of Defense USG Agency: Department of Defense

Funding Source: GHCS (State) Program Area: Sexual Prevention: AB

Budget Code: HVAB Program Budget Code: 02

Activity System ID: 25830
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18485

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18485	18485.08	Department of Defense	US Department of Defense	7952	5887.08	Umbutfo Swaziland Defense Force (USDF)	\$60,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism: PACT / Community Reach

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (USAID) Program Area: Sexual Prevention: AB

Budget Code: HVAB Program Budget Code: 02

Activity ID: 11705.25756.09 **Planned Funds:** \$399,652

Activity System ID: 25756
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18134	11705.08	U.S. Agency for International Development	Pact, Inc.	7969	5889.08	PACT / Community Reach	\$501,382
11705	11705.07	U.S. Agency for International Development	Pact, Inc.	5889	5889.07	PACT / Community Reach	\$478,724
Emphasis A	reas						

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$327,742

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5865.09 Mechanism: Counselling and testing

Prime Partner: Population Services USG Agency: HHS/Centers for Disease International Control & Prevention

Funding Source: GHCS (State) Program Area: Sexual Prevention: AB

Budget Code: HVAB Program Budget Code: 02

Activity ID: 11703.25770.09 **Planned Funds:** \$342,046

Activity System ID: 25770
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18141	11703.08	HHS/Centers for Disease Control & Prevention	Population Services International	7971	5865.08	Counselling and testing	\$223,441
11703	11703.07	HHS/Centers for Disease Control & Prevention	Population Services International	5865	5865.07	Cooperative Agreement for counselling and testing	\$179,969
Emphasis A	Areas						
	Areas					testing	

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$30,206

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 03 - HVOP Sexual Prevention: Other sexual prevention

Total Planned Funding for Program Budget Code: \$557,108

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5865.09 Mechanism: Counselling and testing

Prime Partner: Population Services USG Agency: HHS/Centers for Disease

International Control & Prevention

Funding Source: GHCS (State) Program Area: Sexual Prevention: Other

sexual prevention

Budget Code: HVOP Program Budget Code: 03

Activity ID: 11710.25771.09 **Planned Funds:** \$154,967

Activity System ID: 25771
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18142	11710.08	HHS/Centers for Disease Control & Prevention	Population Services International	7971	5865.08	Counselling and testing	\$87,730
11710	11710.07	HHS/Centers for Disease Control & Prevention	Population Services International	5865	5865.07	Cooperative Agreement for counselling and testing	\$275,738

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$7,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5887.09 Mechanism: Umbutfo Swaziland Defense

Force (USDF)

Prime Partner: US Department of Defense USG Agency: Department of Defense

Funding Source: GHCS (State) Program Area: Sexual Prevention: Other

sexual prevention

Budget Code: HVOP Program Budget Code: 03

Activity ID: 18490.25831.09 **Planned Funds:** \$80,000

Activity System ID: 25831
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18490

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18490	18490.08	Department of Defense	US Department of Defense	7952	5887.08	Umbutfo Swaziland Defense Force (USDF)	\$50,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 8111.09 Mechanism: PEPFAR staff (salary/benefits)

Prime Partner: US Agency for International USG Agency: U.S. Agency for International

Development Development

Funding Source: GHCS (USAID) Program Area: Sexual Prevention: Other

sexual prevention

Budget Code: HVOP Program Budget Code: 03

Activity ID: 18493.25791.09 **Planned Funds:** \$25,000

Activity System ID: 25791
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18493

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18493	18493.08	U.S. Agency for International Development	US Agency for International Development	8111	8111.08	PEPFAR staff (salary/benefits)	\$20,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5891.09 Mechanism: Technical Assistance

Prime Partner: US Agency for International USG Agency: U.S. Agency for International

Development Development

Funding Source: GHCS (USAID) Program Area: Sexual Prevention: Other

sexual prevention

Budget Code: HVOP Program Budget Code: 03

Activity ID: 11706.25785.09 **Planned Funds:** \$35,000

Activity System ID: 25785

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18157

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18157	11706.08	U.S. Agency for International Development	US Agency for International Development	7981	5891.08	Technical Assistance	\$0
11706	11706.07	U.S. Agency for International Development	US Agency for International Development	5891	5891.07	USAID funded staff in Swaziland	\$92,500

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 10941.09 Mechanism: PEPFAR Staff (Salary &

Benefits)

Prime Partner: US Department of Defense USG Agency: Department of Defense

Funding Source: GHCS (State) Program Area: Sexual Prevention: Other

sexual prevention

Budget Code: HVOP Program Budget Code: 03

Activity ID: 26711.09 **Planned Funds:** \$22,500

Activity System ID: 26711
Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5873.09 Mechanism: HIV/AIDS in the workplace

Prime Partner: International Labor USG Agency: Department of Labor

Organization

Funding Source: GHCS (State) Program Area: Sexual Prevention: Other

sexual prevention

Budget Code: HVOP Program Budget Code: 03

Activity ID: 18491.28527.09 **Planned Funds:** \$70,000

Activity System ID: 28527
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18491

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18491	18491.08	Department of Labor	International Labor Organization	7961	5873.08	HIV/AIDS in the workplace	\$25,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7992.09 Mechanism: Counselling and Testing

Prime Partner: University Research
Corporation, LLC
USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State) Program Area: Sexual Prevention: Other

sexual prevention

Budget Code: HVOP Program Budget Code: 03

Activity ID: 11723.28535.09 **Planned Funds:** \$20,000

Activity System ID: 28535

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds					
18151	11723.08	HHS/Centers for Disease Control & Prevention	University Research Corporation, LLC	7992	7992.08	Counselling and Testing	\$180,000					
11723	11723.07	HHS/Centers for Disease Control & Prevention	University Research Corporation, LLC	5869	5869.07	Cooperative agreement for PI counselling and testing	\$180,000					
Emphasis Areas												
Human Capacity Development												
Estimated amount of funding that is planned for Human Capacity Development \$500												
Public Healt	h Evaluation											
Food and Nu	ıtrition: Poli	icy, Tools, and Se	rvice Delivery									
Food and Nutrition: Commodities												
Economic Strengthening												
Education												
Water												

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 11808.09 Mechanism: Other Prevention TBD

Prime Partner: To Be Determined USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (State) Program Area: Sexual Prevention: Other

sexual prevention

Budget Code: HVOP Program Budget Code: 03

Activity ID: 29012.09 Planned Funds:

Activity System ID: 29012

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 04 - HMBL Biomedical Prevention: Blood Safety

Total Planned Funding for Program Budget Code: \$50,000

Program Area Narrative:

The biomedical prevention portfolio for PEPFAR Swaziland consists of blood safety (HMBL) and male circumcision (CIRC) activities only. Both budget code narratives are listed here separately as their activities and partners are different.

HMBL - Blood Safety

The Swaziland National Blood Transfusion Service (SNBTS) is located in Manzini and is recognized for delivering an excellent basic service. Over the past years, the SNBTS has gradually improved and extended its services, while successfully maintaining HIV sero-positive donations below 1-2%. A very rigorous donor selection protocol is being used, and all blood donations are tested for HIV. Despite these achievements, blood availability remains much below the minimum estimated requirement of the country.

The SNBTS currently collects between 7.000 and 8.000 units of blood annually. It estimates that collections need to almost double in order to provide adequate safe blood for the country. That would require an increase in blood collections to 18,000 units annually (taking into account a discard rate of 10%). Blood is collected by two blood collection teams using mobile blood collection drives which are mainly targeted at secondary schools. Each team consists of one registered nurse, one nursing assistant, two phlebotomists and a driver. The nurse also functions as a pre-donation counselor. The teams cover the entire country.

The SNBTS is not receiving any external assistance, other than limited support from PEPFAR through Safe Blood for Africa (SBFA). SBFA has supported the SNBTS with the development of a Strategic Plan, including the establishment of a dedicated SNBTS organizational structure. Donor recruitment was identified as the priority area of need, so specific funding for the recruitment, training and salary of a Blood Donor Recruitment Officer was provided. In addition, all SNBTS personnel were trained on donor recruitment and several new donor recruitment strategies were developed for gradual implementation. Besides the focus on blood donor recruitment, SBFA has supported the development of SOPs for SNBTS activities, addressed a number of issues related to blood safety and quality assurance, assisted with the development of an information system to routinely measure success and identify challenges, and provided overall management and administration training and support.

In FY09, PEPFAR, through SBFA, will continue to provide operational and technical assistance in line with the Strategic Plan that was developed for SNBTS in August 2008. PEPFAR blood safety support will also be in line with the new National Strategic Framework for HIV/AIDS (NSF) for 2009-2013 that is currently under development.

- 1) SBFA will assist with a review of the existing Swaziland National Policy for Blood Transfusion Services. The reviewed policy will promote the establishment of an independent service, a dedicated building solely for the SNBTS, and the re-establishment of an adequate SNBTS organizational structure, with adequate staffing, aligned with regional best practice and WHO recommendations.
- 2) SBFA will continue to provide technical assistance to further develop, implement and maintain effective strategies for blood donor recruitment, in order to increase the pool of voluntary non-remunerated blood donors. The purpose of these strategies will be to educate the youth and the public in general about the importance of blood transfusion in the health sector and the community, to increase blood donations, to promote repeat donations and, ultimately, to fully meet the need for safe blood for the
- 3) SBFA will continue to train SNBTS personnel on WHO recommended guidelines and best practices. SBFA will also provide follow-up training on safe blood collection. SBFA will also continue to provide technical assistance and support training and mentoring for the implementation of an effective Quality Management System to support the in-country trainings, SBFA will provide continued mentorship by facilitators and trainers via telephone communication or email.

Products/outputs: National Policy for Blood Transfusion Services, National Strategic Plan for Blood Transfusion Services, SNBTS donor recruitment strategy, SNBTS Total Quality Management System.

This is a minimal investment that would continue with pre-Compact budget levels.

CIRC-Male Circumcision

It is estimated that of the total 953,000 Swazi population, approximately 200,000 are sexually active men. The vast majority of males are not circumcised (estimates: 97-85%). Swaziland has established a National Male Circumcision (MC) Task Force (TF) that aims to scale up MC service delivery due to recent scientific studies showing this is an effective part of a comprehensive prevention strategy.

As part of the Ministry of Health and Social Welfare's (MOHSW) plan to scale up service delivery they have welcomed donor assistance. The PEPFAR Swaziland Prevention Technical Lead sits on the Task Force and is an active member to promote the way forward for this activity. The MOHSW has repeatedly stated the government's commitment and desire to move MC forward. Even in the absence of robust national level efforts to promote the service (due to the severe supply constraints at the moment), demand in Swaziland for MC services is high. Quantitative and qualitative studies indicate high level of acceptability of MC and a high level of demand for the service in the context of HIV prevention.

The MC TF is chaired by the MOHSW Deputy Director of Health Services and contains representatives from the National Emergency Response Committee on HIV/AIDS (NERCHA), MOHSW, PEPFAR, the UN agencies, Population Services International (PSI), the Family Life Association of Swaziland (FLAS), and service providers. The TF has two subcommittees: Clinical (Chaired by a Urologist) and Communications (with PSI as Secretariat). The Clinical Subcommittee addresses issues such as standardized training, competency assessment, draft national clinical protocols and standard operating procedures (including pre-screening to determine HIV status, STI diagnosis and risk reduction counseling as part of comprehensive service delivery, and neonatal services), and equipment, supplies, and public sector facility availability. The Communications Subcommittee has already begun work to develop a comprehensive communications strategy for MC promotion and service scale-up for multiple target audiences, including accurate messaging about MC for HIV prevention for boys and men, risks and benefits for women, parents of newborns, and teenage sons. An official national MC policy has been finalized, and its approval and dissemination are imminent. A national strategic plan has been drafted and should be finalized by the end of the year.

Private sector facilities have seen a large rise in the number of circumcisions they have performed. In the NGO sector, FLAS has continued to provide a subsidized service for those members of the population who can afford to pay for the service, but who lack the private health insurance and/or resources to obtain the service in the private sector. For the vast majority of the population, the service remains unattainable at the moment. The service is offered in the public sector for free; the waiting list to obtain the service at MGH is 8-12 months. Currently, approximately 250 MC's are performed per month; 75 in MGH or other public facilities, 150 in the private sector including FLAS. The MOHSW's unwritten but stated policy for the foreseeable future is to require that the service be provided only by doctors. An increase in the number of trained doctors performing the service in the public sector is needed to reach desired and needed coverage rates.

In order to achieve national scale up of MC in Swaziland, several options for service delivery will need to be explored due to the extreme challenges in human resources. Task shifting to nurses, importation of short-term foreign doctors, etc will all be options to be explored under the purview of the national TF on MC.

MC is promoted as part of the overall national HIV prevention strategy in Swaziland. All efforts conform to WHO guidelines. While it is noted that MC is an HIV prevention strategy, and counseling and testing will be promoted (but not mandated) at all PEPFAR supported sites, HIV positive men will not be denied services.

The Gates Foundation is in the process of approving funding to a consortium of NGOs, including PSI, which will complement PEPFAR's involvement in MC activities in Swaziland. Collaboration between PEPFAR and Gates throughout this process will remain important.

Swaziland has been designated as a FY 08 Compact Country. MC is one of the five key areas in the Compact under development with the government. Technical and financial support will be provided to assist Swaziland in reaching its national scale up goals. In FY09, the USG will greatly expand its support for the national effort to scale up Male Circumcision programs and services as a major area of emphasis in HIV prevention.

In FY09 PEPFAR Swaziland will fund five MC partners to support a comprehensive program:

- (1) The FLAS program will continue with a new activity aimed at expanding the provision of MC to the Manzini Clinic to enable easier access by rural men. FLAS will increase its reach substantially which will require strengthened financial, monitoring and evaluation, management systems, and operational research to accommodate the growth and maximize sustainability. In FY09. Pact will continue to provide the capacity building support necessary to develop and strengthen these vital systems.
- (2) As PEPFAR's lead partner in MC, PSI will incorporate a robust counseling strategy as a standard part of the MC service delivery package. The strategy will stress the benefits and shortcomings of MC, encourage safer sexual behavior and discuss the need for post procedure abstinence. Messages will communicate clearly that MC is not a magic bullet and thus HIV can be acquired and transmitted even though men are circumcised. MC benefits and risks for the females will be part of the communication package to enhance partner support for MC. Other partners, including FLAS which supports private sector MC services and ICAP, EGPAF and Pact that provide community-based MC education, will include messaging to reduce the potential for unintended consequences, including for women.

PSI's MC activities will include; a) public sector strengthening for MC service delivery and a multi-sectoral approach to service delivery; b) develop and implement a behavior change communications strategy to educate target groups about MC and increase informed demand for MC; c) conduct monitoring and evaluation to improve the quality and cost effectiveness of large scale MC service delivery and disseminate the findings and d) collaborate with government and donors to enable a transition from small scale MC to a sustainable effort to increase and eventually maintain high MC prevalence. The primary emphasis areas for this activity are training, human resources, infrastructure, supply chain, equipment and communications. Note that there is an addition of core funds for rapid scale up refurbishment. PSI will also support the national clinical coordinator for MC.

- (3) The Futures Group's MC Program Coordinator will focus on the national coordination; policy development and on-going policy dialogue; identification of operational barriers to policy implementation; as well as leveraging the resources of the private sector in the scale-up of male circumcision. The Program Coordinator will be key to promoting MC efforts and providing technical assistance among the implementation partners.
- (4) FY09 funding of \$15,000 for DOD will support limited training and limited provision of supplies should MC be ready to be scaled up in Swaziland. USDF can provide HIV counseling and testing and prevention counseling for those undergoing MC. Once trained, the USDF nurses can provide post-surgical wound care.
- (5) A TBD partner will continue to support the work of a private doctor at FLAS for service provision. The physician will perform circumcisions, train 50-70 new doctors in WHO-endorsed techniques, serve on the national MC Task Force and assist with the overall push to bring MC to national scale up in Swaziland.

Products/Outcomes: Final, approved National MC Policy, Final, approved National Strategic Plan for MC, Refurbishment of 5 public facilities to carry out MC services, Finalization of national BCC campaign for MC.

The planned national scale up of MC services in Swaziland is recognized globally and is heavily dependent on Compact funding.

With pre-compact funding levels (and cut-off of central support), plans for scale up would be severely compromised. In particular, refurbishment of facilities, MC integration into sexual prevention services and the recruitment and training of clinical staff in both the public and private sectors would be significantly scaled back. Without full PEPFAR funding in this area, rapid MC scale-up is not achievable.

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 11005.09 Mechanism: Blood safety

Prime Partner: Safe Blood for Africa **USG Agency:** HHS/Centers for Disease Foundation

Control & Prevention

Funding Source: GHCS (State) Program Area: Biomedical Prevention: Blood

Safety

Budget Code: HMBL Program Budget Code: 04

Planned Funds: \$50,000 **Activity ID: 26341.09**

Activity System ID: 26341 Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 05 - HMIN Biomedical Prevention: Injection Safety

Total Planned Funding for Program Budget Code:

06 - IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use **Program Budget Code:**

Total Planned Funding for Program Budget Code:

07 - CIRC Biomedical Prevention: Male Circumcision **Program Budget Code:**

Total Planned Funding for Program Budget Code: \$2,990,000

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 11813.09 Mechanism: Male Circumcision

Prime Partner: Pact, Inc. **USG Agency:** U.S. Agency for International

Development

Funding Source: GHCS (State) Program Area: Biomedical Prevention: Male

Circumcision

Budget Code: CIRC Program Budget Code: 07

Planned Funds: \$200,000 **Activity ID: 29023.09**

Activity System ID: 29023 **Activity Narrative: N/A**

New/Continuing Activity: New Activity

Table 3.3.07: Activities by Funding Mechansim

Mechanism: PACT / Community Reach **Mechanism ID: 5889.09**

Prime Partner: Pact, Inc. USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (USAID) Program Area: Biomedical Prevention: Male

Circumcision

Budget Code: CIRC Program Budget Code: 07

Planned Funds: \$200,000

Activity System ID: 29050

Activity ID: 29050.09

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$68,710

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 11818.09 Mechanism: Male Circumcision

Prime Partner: Constella Futures USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (USAID) Program Area: Biomedical Prevention: Male

Circumcision

Budget Code: CIRC Program Budget Code: 07

Activity ID: 29035.09 Planned Funds: \$125,000

Activity System ID: 29035

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 6209.09 Mechanism: Male Circumcision

Prime Partner: Constella Futures USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (State) Program Area: Biomedical Prevention: Male

Circumcision

Budget Code: CIRC Program Budget Code: 07

Activity System ID: 25708
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18121

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18121	12588.08	U.S. Agency for International Development	Constella Futures	7960	6209.08	Male Circumcision	\$199,060
12588	12588.07	U.S. Agency for International Development	Constella Futures	6209	6209.07	Male Circumcision	\$50,000

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 5887.09 Mechanism: Umbutfo Swaziland Defense

Force (USDF)

Prime Partner: US Department of Defense USG Agency: Department of Defense

Funding Source: GHCS (State) Program Area: Biomedical Prevention: Male

Circumcision

Budget Code: CIRC Program Budget Code: 07

Activity ID: 25955.09 **Planned Funds:** \$15,000

Activity System ID: 25955

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 7990.09 Mechanism: Male circumcision

Prime Partner: Population Services USG Agency: HHS/Centers for Disease

International Control & Prevention

Funding Source: GHCS (State) Program Area: Biomedical Prevention: Male

Circumcision

Budget Code: CIRC Program Budget Code: 07

Activity ID: 18622.25774.09 **Planned Funds:** \$2,000,000

Activity System ID: 25774
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18622

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18622	18622.08	HHS/Centers for Disease Control & Prevention	Population Services International	7990	7990.08	Male circumcision	\$43,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 8111.09 Mechanism: PEPFAR staff (salary/benefits)

Prime Partner: US Agency for International USG Agency: U.S. Agency for International

Development Development

Funding Source: GHCS (USAID) Program Area: Biomedical Prevention: Male

Circumcision

Budget Code: CIRC Program Budget Code: 07

Activity ID: 18580.25792.09 **Planned Funds:** \$25,000

Activity System ID: 25792
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18580

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18580	18580.08	U.S. Agency for International Development	US Agency for International Development	8111	8111.08	PEPFAR staff (salary/benefits)	\$56,250

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 5889.09 Mechanism: PACT / Community Reach

USG Agency: U.S. Agency for International Prime Partner: Pact, Inc.

Development

Funding Source: GHCS (USAID) Program Area: Biomedical Prevention: Male

Circumcision

Program Budget Code: 07 Budget Code: CIRC

Activity ID: 29032.09 Planned Funds: \$125,000

Activity System ID: 29032 Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 5867.09 Mechanism: Technical assistance

Prime Partner: HHS/Centers for Disease **USG Agency:** HHS/Centers for Disease Control & Prevention

Control & Prevention

Funding Source: GAP Program Area: Biomedical Prevention: Male

Circumcision

Budget Code: CIRC Program Budget Code: 07

Activity ID: 11731.28518.09 Planned Funds: \$50,000

Activity System ID: 28518 **Activity Narrative: N/A**

New/Continuing Activity: Continuing Activity

Continuing Activity: 18162

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18162	11731.08	HHS/Centers for Disease Control & Prevention	HHS/Centers for Disease Control & Prevention	7982	5867.08	Technical assistance	\$150,000
11731	11731.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5867	5867.07	Technical assistance	\$150,000

Table 3.3.07: Activities by Funding Mechansim

Mechanism: Male Circumcision **Mechanism ID: 11454.09**

Prime Partner: To Be Determined USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (State) Program Area: Biomedical Prevention: Male

Circumcision

Budget Code: CIRC Program Budget Code: 07

Activity ID: 27879.09 Planned Funds:

Activity System ID: 27879

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 08 - HBHC Care: Adult Care and Support

Total Planned Funding for Program Budget Code: \$2,004,379

Program Area Narrative:

The Swaziland HIV Estimates and Projections (2007) estimate that there are approximately 188,000 people living with HIV/AIDS (PLWHA) in 2008, who all need some level of care and/or treatment services. The recent estimates also suggest that 62,769 people are in need of ART in 2008.

Despite strong government commitment to the delivery of HIV/AIDS treatment services and extremely impressive achievements to date, the country still faces severe ART as well as other care and treatment service-delivery challenges. In its effort to roll out ART services rapidly, the Ministry of Health and social Welfare (MOHSW) / Swaziland National AIDS Program (SNAP) has established these services, with Global Fund resources, in an extremely vertical fashion, almost parallel to the existing primary health care delivery system. Currently, there are 12 public hospitals or health centers that provide ART and a number of additional outreach sites that are serviced by them. In addition, there are private health care providers that deliver ART, albeit on a limited scale.

- SNAP estimates that, thus far, close to 30,000 people have been started on ART. However, more than one third of those have been lost to follow-up within the first 12 months of treatment, owing to highly centralized services, ineffective adherence support and poor patient monitoring.
- SNAP also reports that 48,037 people have been enrolled in the pre-ART program. This program, however, is in its very early stages of development. While people are duly eligible and registered for it, the actual services are mostly sparse, un-coordinated, or not available at all.
- Finally, SNAP reports 59,496 HIV/AIDS related home-based care person-visits in 2008. However, while some excellent models of community-based and home-based care programs have been implemented, they are mostly driven by small grassroots NGOs or FBOs and very localized and limited in scale. A nation-wide and well-coordinated home-based care program does not exist.

Nevertheless, SNAP and its stakeholders are working tirelessly to tackle the multiple problems and issues discussed above, with a clear goal of implementing a more decentralized, integrated and comprehensive HIV/AIDS-related care and treatment package, while dramatically increasing the quality of service delivery, in the existing ART-centers and in the rest of the health service delivery system.

Over the past few years, several PEPFAR partners have been key members of the National Care & Treatment Technical Working Group (TWG) and the National Palliative Care TWG and participated in the development of policy, technical guidelines, training curricula, etc. for HIV/AIDS-related care and treatment services. PEPFAR has provided considerable support towards the roll-out of the ART program, primarily in the context of PMTCT+, and the implementation of other HIV/AIDS-related care and treatment services. PEPFAR partners have been involved in training and mentoring of key PMTCT and ART program personnel and in actual on-site implementation support to address issues of service quality and treatment adherence. In addition, PEPFAR partners have played a crucial role in planning with SNAP to re-position 'pre-ART' and to develop a 'Comprehensive HIV/AIDS Care Package' that is currently being implemented. PEPFAR has also supported the community-based and home-based extension of service-delivery, through its support to several community-based NGOs and FBOs. Finally, PEPFAR has recently assisted SNAP with an assessment of the current linkages and referrals within HIV/AIDS services. This assessment was part of a multi-step process defined by the National Linkages and Referrals TWG to develop an evidence-based and much-improved referral system to address the country's fragmented continuum of care. Besides direct support to care and treatment service delivery, PEPFAR has also provided considerable technical support to improve the availability and quality of HIV/AIDS-related diagnostics and to address issues around ARV and other OI management drugs availability and consistent drug supplies.

Swaziland has been designated as a FY08 Compact Country, and care and treatment is one of the five key areas for much increased PEPFAR involvement. The PEPFAR care and treatment support will be in line with the new National Strategic Framework (NSF) for 2009-2013 that is currently under development.

In FY09, PEPFAR and its partners (it is expected that additional implementing partners will be contracted) will step up their support for SNAP plans for scale-up and quality improvement of HIV/AIDS related care and treatment services. Support will be centered on the implementation of a more decentralized, more integrated, and comprehensive HIV/AIDS care and treatment package.

1) PEPFAR Partners will continue to work closely with the MOHSW and other stakeholders, including WHO, Clinton Foundation, and Baylor College, through the TWG and/or other stakeholder consultations, on the development of policies and technical guidelines in support of a comprehensive pre ART, ART, nutrition, and end-of-life care package. Critical policy issues to be addressed include, but are not limited to, decentralization of services, linkages and referrals, and task shifting.

- 2) The 'Comprehensive Care Package' that is currently being developed by the MOHSW, with technical assistance from ICAP, includes:
- Provider-Initiated HIV Testing and Counseling (see HVCT)
- Baseline assessment
- Lab & clinical monitoring (see HLAB)
- Regular TB screening (see HVTB)
- Provision of prophylaxis with CMX, INH, Fluconazole
- Managing common symptoms
- · Diagnosis and treatment of Ols
- ART
- Screening for cervical cancer, breast cancer, Kaposi Sarcoma ...
- Sexual and reproductive health (see MTCT)
- Mental health
- Adherence to care & treatment
- Psychosocial support
- Positive prevention (see HVAB)
- Nutrition support
- · Hygiene, water and sanitation support
- End-of-life care and support
- 3) PEPFAR partners will continue their implementation support to the existing ART-centers at hospitals and health centers. The emphasis of their support will be on strengthening quality of services and improving outcomes. Support to facilities will include the improvement of various systems including: patient flow, service scheduling, appointment systems, document of patient information, referrals etc. In addition, the Expert Client program, utilizing 'experienced' PLWHA to provide counseling and psychosocial support to new clients, will be expanded. Finally, new interventions will be designed and implemented to address client retention and treatment adherence, such as monitoring of missed appointments and different approaches to defaulter tracing.
- 4) PEPFAR will focus most of its efforts on assisting SNAP with its decentralization process. Several PEPFAR partners will be involved in supporting the roll-out of the "Comprehensive Care Package" to the primary health care level. PEPFAR will adopt a "grassroots" approach of supporting approximately 25 primary health care clinics within the country, enabling them to provide the Comprehensive HIV/AIDS Care Package. Support to these primary health care clinics will include infrastructural upgrades, equipment, additional staffing (where applicable), adequate lab access, adequate drugs and medical supplies, training, mentoring, supportive supervision, etc. Assuming that most clients access health care at clinic level first, the decentralization of HIV/AIDS related services to that level should ensure greater accessibility and up-take of services. This may result in earlier and increased access to HTC, earlier access to basic care services and, eventually, more timely access to ART. In addition, bringing the service closer to clients would have to result in improved client retention, treatment adherence and, ultimately, better treatment outcomes.
- 5) In addition to the decentralization of HIV/AIDS related care and treatment services to clinics, PEPFAR will also build upon the already existing community-based health care structures to further support the continuum of care concept and to increase the involvement of client families. The MOHSW's Rural Health Motivators and the Home-based Carers from various community-based NGO's and FBO's will be used to create stronger facility-community linkages. These should increase the number of individuals and families accessing HIV/AIDS care and treatment services and should decrease the number of patients who discontinue treatment or become lost to follow-up. These community-workers will also be deployed as care supporters to provide direct home-based services to people living with HIV/AIDS. Besides care, responsibilities could include prevention for positives, psychosocial support, identification and referral for nutritional needs, identification of basic infections and referral to the community clinics.
- 6) PEPFAR partners will continue to support the MOHSW by further developing training curricula and providing in-service training to key personnel on all aspects of HIV/AIDS-related care and treatment. PEPFAR partners will collaborate to explore efficiencies and ways to coordinate different aspects of training in order to minimize the burden on health personnel and their availability for service delivery. In addition, PEPFAR will work with tertiary training institutions for health care workers to incorporate HIV/AIDS-related care and treatment in their training curricula. Working with nursing schools will be the starting point, but this may eventually expand to other health cadre training institutions (see HRH/HCD).
- 7) PEPFAR partners will continue to assist MOHSW with program guidance for adequate referral mechanisms for post-test support, prevention, and care and treatment services for HIV-infected clients. (see HVSI, HVCT, OHSS). This work, under the Referrals Working Group, will build on the outcome of the 'referral assessment' that was recently completed and on previous efforts at establishing 'referral directories', in order to improve the continuum of care. A particular area of emphasis will be the establishment of diagnostic sample transportation systems to reduce the actual referral of patients for diagnosis.
- 8) Through MSH, PEPFAR has developed an ART patient management information system, RxSolution, currently used at the existing ART sites. Besides providing routine site-level data and periodic reports, it allows for better patient management, including the identification of defaulting patients. MSH will ensure that infrastructure, training and mentoring for RxSolution will follow the decentralization of services. Other partners will concentrate on skills development of health facility staff to be able to use the information collected and to make informed care and treatment service improvements, addressing issues of standards of care. PEPFAR partners will assist in the completeness and quality of data recorded on registers, patient records and logs which would also include writing of proper patient notes and observations.
- 9) Through DOD, PEPFAR will undertake dedicated initiatives to support HIV/AIDS care and treatment services, and to implement the Comprehensive Care Package, for the military and other uniformed services. Another initiative will be aimed at providing

HIV/AIDS services throughout the prisons system.

Products/outputs:

- National Guidelines for ART and PEP
- National Guidelines for Community-based Care and Support
- Comprehensive HIV/AIDS Care Package
- Modular training curricula for HIV/AIDS-related care and treatment
- Referral Directories
- Quality assurance plans with supervisor guidelines
- Quality assessment tools

The Compact provides PEPFAR with a significant opportunity to decentralize and extend care and treatment services throughout Swaziland. Refurbishment of facilities, task shifting, recruitment and training of significant numbers of staff in both the public and private sector are heavily dependent on Compact funding. With pre-Compact funding levels, PEPFAR will continue to support quality care and treatment services at the existing national ART sites, including major hospitals and health facilities in urban areas. Execution of the national plan to broaden access to high quality care and treatment services is in large part dependent upon the availability of compact-level PEPFAR technical and material support.

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 11453.09 Mechanism: Care and Support

Prime Partner: African Palliative Care USG Agency: U.S. Agency for International

Association Development

Funding Source: GHCS (State) Program Area: Care: Adult Care and Support

Budget Code: HBHC Program Budget Code: 08

Activity ID: 27877.09 **Planned Funds:** \$180,000

Activity System ID: 27877
Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 11820.09 Mechanism: TB/HIV new award (IQC/HCI)

Prime Partner: University Research USG Agency: U.S. Agency for International

Corporation, LLC Development

Funding Source: GHCS (USAID) Program Area: Care: Adult Care and Support

Budget Code: HBHC Program Budget Code: 08

Activity ID: 29038.09 Planned Funds: \$15,000

Activity System ID: 29038

Activity Narrative: N/A

New/Continuing Activity: New Activity

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$10,600

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 11814.09 Mechanism: PACT / Community Reach

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (State) Program Area: Care: Adult Care and Support

Budget Code: HBHC Program Budget Code: 08

Activity ID: 29024.09 Planned Funds: \$1

Activity System ID: 29024

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 11811.09 Mechanism: Partnership for family-centered

HIV/AIDS programs

Prime Partner: Elizabeth Glaser Pediatric USG Agency: U.S. Agency for International

AIDS Foundation Development

Funding Source: GHCS (USAID) Program Area: Care: Adult Care and Support

Budget Code: HBHC Program Budget Code: 08

Activity ID: 29017.09 Planned Funds: \$30,000

Activity System ID: 29017

Activity Narrative:

New/Continuing Activity: New Activity

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$6,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 11812.09 **Mechanism:** Partnership for Family-

Centered HIV/AIDS Program

Prime Partner: International Center for AIDS USG Agency: U.S. Agency for International

Care and Treatment Programs, Development

Columbia University

Funding Source: GHCS (USAID) Program Area: Care: Adult Care and Support

Budget Code: HBHC Program Budget Code: 08

Activity System ID: 29019
Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5973.09

Prime Partner: US Centers for Disease

Control and Prevention

Funding Source: GAP

Budget Code: HBHC

Activity ID: 26662.09

Activity System ID: 26662

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 11008.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 26365.09

Activity System ID: 26365

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5888.09

Prime Partner: Elizabeth Glaser Pediatric

AIDS Foundation

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 11693.28160.09

Activity System ID: 28160

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18111

Mechanism: PEPFAR staff (salary/benefits)

USG Agency: HHS/Centers for Disease

Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$20,000

Mechanism: Improving Quality of Treatment

Services

USG Agency: HHS/Centers for Disease

Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds:

Mechanism: Partnership for family-centered

HIV/AIDS programs

USG Agency: U.S. Agency for International

Development

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$20,000

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18111	11693.08	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7953	5888.08	Partnership for family-centered HIV/AIDS programs	\$450,000
11693	11693.07	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	5888	5888.07	Partnership for family-centered HIV/AIDS programs	\$450,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 6090.09 Mechanism: TB/HIV new award (IQC/HCI)

Prime Partner: University Research USG Agency: U.S. Agency for International

Corporation, LLC Development

Funding Source: GHCS (State) Program Area: Care: Adult Care and Support

Budget Code: HBHC Program Budget Code: 08

Activity System ID: 25780
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 19350

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19350	19350.08	U.S. Agency for International Development	University Research Corporation, LLC	7975	6090.08	TB/HIV new award (IQC/HCI)	\$627,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5887.09 Mechanism: Umbutfo Swaziland Defense

Force (USDF)

Prime Partner: US Department of Defense USG Agency: Department of Defense

Funding Source: GHCS (State) Program Area: Care: Adult Care and Support

Budget Code: HBHC Program Budget Code: 08

Activity ID: 11712.25832.09 **Planned Funds:** \$70,000

Activity System ID: 25832
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18108	11712.08	Department of Defense	US Department of Defense	7952	5887.08	Umbutfo Swaziland Defense Force (USDF)	\$50,000
11712	11712.07	Department of Defense	To Be Determined	5887	5887.07	DOD/SDF	

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5889.09 Mechanism: PACT / Community Reach

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (USAID) Program Area: Care: Adult Care and Support

Budget Code: HBHC Program Budget Code: 08

Activity ID: 11714.25757.09 **Planned Funds:** \$149,378

Activity System ID: 25757

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18135

Continued Associated Activity Information

Activity System I	•	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18135	11714.08	U.S. Agency for International Development	Pact, Inc.	7969	5889.08	PACT / Community Reach	\$367,648
11714	11714.07	U.S. Agency for International Development	Pact, Inc.	5889	5889.07	PACT / Community Reach	\$442,140

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$111,433

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7999.09 Mechanism: Partnership for Family

Centered HIV AIDS Programs

Prime Partner: International Center for AIDS **USG Agency:** U.S. Agency for International

Development

Care and Treatment Programs, Columbia University

Funding Source: GHCS (State) Program Area: Care: Adult Care and Support

Budget Code: HBHC Program Budget Code: 08

Planned Funds: \$535,000 Activity ID: 19142.25723.09

Activity System ID: 25723 Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Health

Continuing Activity: 19142

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19142	19142.08	U.S. Agency for International Development	International Center for AIDS Care and Treatment Programs, Columbia University	7999	7999.08	Partnership for Family Centered HIV AIDS Programs	\$266,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 11821.09 Mechanism: Strengthening Pharmaceutical

Services (SPS)

Prime Partner: Management Sciences for **USG Agency:** U.S. Agency for International

Development

Funding Source: GHCS (USAID) Program Area: Care: Adult Care and Support Budget Code: HBHC

Activity ID: 29044.09

Activity System ID: 29044

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 08

Planned Funds: \$65,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$19,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 09 - HTXS Treatment: Adult Treatment

Total Planned Funding for Program Budget Code: \$4,473,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 11821.09 Mechanism: Strengthening Pharmaceutical

Services (SPS)

Prime Partner: Management Sciences for USG Agency: U.S. Agency for International Health

Development

Funding Source: GHCS (USAID) Program Area: Treatment: Adult Treatment

Budget Code: HTXS Program Budget Code: 09

Activity ID: 29043.09 Planned Funds: \$65,000

Activity System ID: 29043

Activity Narrative: N/A

New/Continuing Activity: New Activity

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$19,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7999.09 **Mechanism:** Partnership for Family

Centered HIV AIDS Programs

Prime Partner: International Center for AIDS USG Agency: U.S. Agency for International

Care and Treatment Programs, Development

Columbia University

Funding Source: GHCS (State) Program Area: Treatment: Adult Treatment

Budget Code: HTXS Program Budget Code: 09

Activity ID: 19142.25724.09 **Planned Funds:** \$265,000

Activity System ID: 25724
Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 19142

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19142	19142.08	U.S. Agency for International Development	International Center for AIDS Care and Treatment Programs, Columbia University	7999	7999.08	Partnership for Family Centered HIV AIDS Programs	\$266,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5889.09 Mechanism: PACT / Community Reach

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (USAID) Program Area: Treatment: Adult Treatment

Budget Code: HTXS Program Budget Code: 09

Activity ID: 18525.25763.09 **Planned Funds:** \$150,000

Activity System ID: 25763

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18525

Continued Associated Activity Information

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Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds			
18525 Emphasis A	18525.08	U.S. Agency for International Development	Pact, Inc.	7969	5889.08	PACT / Community Reach	\$150,000			
Human Capacity Development										
Estimated an	nount of fundir	ng that is planned t	t \$79,861							

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5887.09 **Mechanism:** Umbutfo Swaziland Defense

Force (USDF)

Prime Partner: US Department of Defense USG Agency: Department of Defense

Funding Source: GHCS (State) Program Area: Treatment: Adult Treatment

Budget Code: HTXS Program Budget Code: 09

Activity System ID: 25833
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18108	11712.08	Department of Defense	US Department of Defense	7952	5887.08	Umbutfo Swaziland Defense Force (USDF)	\$50,000
11712	11712.07	Department of Defense	To Be Determined	5887	5887.07	DOD/SDF	

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 11065.09 Mechanism: Improving Adult Treatment

TBD

Prime Partner: To Be Determined USG Agency: HHS/Centers for Disease

Control & Prevention

Funding Source: GHCS (State) Program Area: Treatment: Adult Treatment

Budget Code: HTXS Program Budget Code: 09

Activity ID: 26593.09 Planned Funds:

Activity System ID: 26593

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 6090.09 Mechanism: TB/HIV new award (IQC/HCI)

Prime Partner: University Research USG Agency: U.S. Agency for International

Corporation, LLC Development

Funding Source: GHCS (State) Program Area: Treatment: Adult Treatment

Budget Code: HTXS Program Budget Code: 09

Activity ID: 19350.25781.09 **Planned Funds:** \$15,000

Activity System ID: 25781

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 19350

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19350	19350.08	U.S. Agency for International Development	University Research Corporation, LLC	7975	6090.08	TB/HIV new award (IQC/HCI)	\$627,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5973.09 Mechanism: PEPFAR staff (salary/benefits)

USG Agency: HHS/Centers for Disease Prime Partner: US Centers for Disease

Control & Prevention

Funding Source: GAP Program Area: Treatment: Adult Treatment

Control and Prevention

Budget Code: HTXS Program Budget Code: 09

Activity ID: 18494.25808.09 Planned Funds: \$60,000

Activity System ID: 25808 **Activity Narrative: N/A**

New/Continuing Activity: Continuing Activity

Continuing Activity: 18494

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18494	18494.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7983	5973.08	PEPFAR staff (salary/benefits)	\$20,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5888.09 Mechanism: Partnership for family-centered

HIV/AIDS programs

Prime Partner: Elizabeth Glaser Pediatric USG Agency: U.S. Agency for International

AIDS Foundation

Development

Funding Source: GHCS (State) Program Area: Treatment: Adult Treatment

Program Budget Code: 09 **Budget Code: HTXS**

Activity ID: 11693.28161.09 Planned Funds: \$20,000

Activity System ID: 28161 **Activity Narrative: N/A**

New/Continuing Activity: Continuing Activity

Continuing Activity: 18111

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18111	11693.08	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7953	5888.08	Partnership for family-centered HIV/AIDS programs	\$450,000
11693	11693.07	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	5888	5888.07	Partnership for family-centered HIV/AIDS programs	\$450,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 11008.09

Activity ID: 26368.09

Mechanism: Improving Quality of Treatment

Services

Prime Partner: To Be Determined **USG Agency:** HHS/Centers for Disease

Control & Prevention

Funding Source: GHCS (State) Program Area: Treatment: Adult Treatment

Budget Code: HTXS Program Budget Code: 09

Planned Funds:

Activity System ID: 26368 **Activity Narrative: N/A**

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 11812.09 Mechanism: Partnership for Family-

Centered HIV/AIDS Program

Prime Partner: International Center for AIDS **USG Agency:** U.S. Agency for International

Development

Funding Source: GHCS (USAID) **Program Area:** Treatment: Adult Treatment

Budget Code: HTXS Program Budget Code: 09

Care and Treatment Programs,

Columbia University

Activity ID: 29020.09 Planned Funds: \$500,000

Activity System ID: 29020 **Activity Narrative: N/A**

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 11811.09

Mechanism: Partnership for family-centered

HIV/AIDS programs

Prime Partner: Elizabeth Glaser Pediatric

AIDS Foundation

Funding Source: GHCS (USAID)

Budget Code: HTXS

Activity ID: 29016.09

Activity System ID: 29016

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

USG Agency: U.S. Agency for International

Development

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$30,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$6,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 11820.09

Prime Partner: University Research

Corporation, LLC

Funding Source: GHCS (USAID)

Budget Code: HTXS

Activity ID: 29040.09

Activity System ID: 29040

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Mechanism: TB/HIV new award (IQC/HCI)

USG Agency: U.S. Agency for International Development

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$15,000

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$8,400

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 10 - PDCS Care: Pediatric Care and Support

Total Planned Funding for Program Budget Code: \$585,000

Program Area Narrative:

The Swaziland HIV Estimates and Projections (2007) estimate that there are approximately 188,000 people living with HIV/AIDS (PLWHA) in 2008. Of these, approximately 15,000 are children. The Swaziland Demographic and Health Survey (SDHS) 2007 reports the HIV prevalence in children to be 5.1% in the 2-4 year age group, 4.2% in the 5-9 year age group, and 2.6% in the 10-14 year age group. Recent estimates also suggest that 4,745 children are in need of ART in 2008.

Despite strong government commitment to the delivery of HIV/AIDS services and extremely impressive achievements to date, the country still faces severe ART as well as other care and treatment service-delivery challenges. Specifically for children, access to HIV testing as an entry point to HIV/AIDS-related care and treatment remains an issue. While the roll-out of DNA-PCR for early infant diagnosis is underway, HIV testing of the slightly older children remains particularly problematic (see HVCT). Thus far, HIV/AIDS care and treatment services for children have been largely limited to young infants within the context of the gradually expanding PMTCT+ program. In addition, there is one private health care provider, Baylor College, who specifically provides pediatric HIV/AIDS care and treatment services for a wider age range of children. The Swaziland National AIDS Program (SNAP) estimates that, thus far, approximately 2,500 children have been started on ART. However, approximately one third of those have been lost to follow-up within the first 12 months of treatment, owing to highly centralized services, ineffective adherence support and poor patient monitoring. It is estimated that 1,700 children remain on ART to date. The inadequate referral from PMTCT+ to mainstream HIV/AIDS care and treatment services appears to also contribute to treatment interruptions and loss to follow-up. The SNAP and its stakeholders are working tirelessly to tackle these issues, with a clear goal of implementing a more decentralized, integrated and comprehensive HIV/AIDS-related care and treatment package, including for children, while dramatically increasing the quality of service delivery in the existing services. Efforts include the appointment of a dedicated Pediatric Care and Treatment Coordinator in SNAP.

Over the past few years, several USG partners have been key members of the PMTCT Technical Working Group (TWG), the National Care & Treatment TWG and the National Palliative Care TWG and participated in the development of policy, technical guidelines, training curricula, etc. for HIV/AIDS-related care and treatment services. Most of these documents contain materials that specifically apply to children. Besides the National Guidelines for Anti-retroviral Treatment for Adults and Adolescents, a dedicated guideline for pediatric ART exists. PEPFAR has provided considerable support towards the roll-out of the ART program, primarily in the context of PMTCT+, including the implementation of pediatric HIV testing for Early Infant Diagnosis and Early Infant Treatment and other pediatric HIV/AIDS-related care services. USG partners have been involved in training and mentoring of key PMTCT and ART program personnel and in actual on-site implementation support to address issues of service quality and care and treatment adherence. In addition, PEPFAR partners have played a crucial role in planning with SNAP to re-position 'pre-ART' and to develop a 'Comprehensive HIV/AIDS Care Package', with a slightly adapted version for children, that is currently being implemented.

PEPFAR has also supported the community-based and home-based extension of service-delivery, through its support to several community-based NGOs and FBOs. PEPFAR has recently assisted the SNAP with an assessment of the current linkages and referrals within HIV/AIDS services. This assessment was part of a multi-step process defined by the National Linkages and Referrals TWG to develop an evidence-based and much-improved referral system to address the country's fragmented continuum

of care. It is also important to note that, besides direct support to care and treatment service delivery, USG has also provided considerable technical support to improve the availability and quality of HIV/AIDS-related diagnostics and to address issues around ARV and other OI management drugs availability and consistent drug supplies.

Swaziland has been designated as a FY08 Compact Country, and care and treatment, including for children, is one of the five key areas for much increased PEPFAR involvement. The PEPFAR pediatric care and treatment support will be in line with the National Strategic Framework (NSF) for 2009-2013 that is currently under development.

In FY09, USG and its partners will step up their support for the SNAP plans for scale-up and quality improvement of HIV/AIDS related care and treatment services for children. Support will be centered on the further roll-out of Early Infant Diagnosis and increased access to Early Infant Treatment through the implementation of a more decentralized, more integrated, and comprehensive HIV/AIDS care and treatment package.

- 1) USG Partners will continue to work closely with the MOHSW and other stakeholders, including WHO, Clinton Foundation, and Baylor College, through the TWGs and/or other stakeholder consultations, on the development of policies and technical guidelines in support of a comprehensive pre ART, ART, and end-of-life care package for children. Critical policy issues to be addressed include, but are not limited to, guardian consent for child services, HIV testing of children (see HVCT), decentralization of services, linkages and referrals, and task shifting.
- 2) The 'Comprehensive Care Package' for infants and children that is currently being developed by SNAP, with technical assistance from ICAP and EGPAF, includes:
- Provider-Initiated HIV Testing and Counseling / Early Infant Diagnosis (see HVCT)
- Baseline assessment
- Growth monitoring
- Neuro-developmental monitoring
- Lab & clinical monitoring (see HLAB)
- TB screening (see HVTB)
- Provision of prophylaxis with CMX, INH, Fluconazole
- Managing common symptoms
- · Diagnosis and treatment of Ols
- Diagnosis and treatment of malnutrition
- ART / Early Infant Treatment
- · Adherence to care & treatment for child / mother / family
- Psychosocial support for child / mother / family
- Early Infant Feeding / Nutrition support
- Hygiene, water and sanitation support
- End-of-life care and support
- 3) USG partners will continue their implementation support to the existing PMTCT+ services and ART-centers. The emphasis of their support will be on strengthening quality of services and improving outcomes. Support to facilities will include the improvement of various systems including: patient flow, service scheduling, appointment systems, document of patient information, referrals etc. Special attention will be given to the development of a system for adequate referrals from PMTCT+ to mainstream HIV/AIDS care and treatment services. Finally, new interventions will be designed and implemented to address client retention and treatment adherence, such as monitoring of missed appointments and different approaches to defaulter tracing.
- 4) In the context of USG support for the SNAP's decentralization of general HIV/AIDS care and treatment services and the roll-out of the "Comprehensive Care Package" to the primary health care level (see HBHC), special attention will be given to inclusion of facilities and services for children beyond PMTCT.
- 5) PEPFAR will also build upon the already existing community-based health care structures to further support the continuum of care concept and to increase the involvement of client families (see HBHC). USG implementing partners will identify links with community-based child support groups and OVC associations and encourage adequate referral of orphans and vulnerable children for HIV testing and/or care and treatment. They will also support infant follow-up services by capitalizing on already existing infant programs in the community.
- 6) USG partners will continue to support the MOHSW by further developing training curricula and providing in-service training to key personnel in the PMTCT and ART programs on all aspects of pediatric HIV/AIDS-related care and treatment. Special attention will be given to improving the skills of health workers in pediatric counseling through training and mentorship to improve provider confidence to handle special pediatric issues on consent, disclosure, and adherence, and psychosocial support activities designed to support the specific needs of HIV-infected adolescents or orphans and vulnerable children. USG partners will collaborate to explore efficiencies and ways to coordinate different aspects of training in order to minimize the burden on health personnel and their availability for service delivery. In addition, USG will work with tertiary training institutions for health care workers to incorporate pediatric HIV/AIDS-related care and treatment in their training curricula. Working with nursing schools will be the starting point, but this may eventually expand to other health cadre training institutions (see OHSS).
- 7) USG partners will support and facilitate the introduction of fixed-dose drug combinations for pediatric ART, and introduce pharmacovigilance measures to ensure the safe and effective use of these ARVs and other medicines used in pediatric HIV/AIDS patients. The training of healthcare workers and on site technical assistance in the identification and reporting of HIV/AIDS medication-related adverse effects in pediatric patients is critical to improving healthcare outcomes in this vulnerable population.
- 8) USG partners will continue to assist MOHSW with program guidance for adequate referral mechanisms for post-test support,

care, and treatment services for HIV-infected children. (see HVSI, HVCT, OHSS). This work, under the Referrals Working Group, will build on the outcome of the 'referral assessment' that was just recently completed and on previous efforts at establishing 'referral directories', in order to improve the continuum of care.

9) Through MSH, the USG has developed an ART patient management information system, RxSolution, currently used at the existing ART sites. Besides providing routine site-level data and periodic reports, it allows for better patient management, including the possibility to identify defaulting patients. MSH will ensure that infrastructure, training and mentoring for RxSolution will follow the decentralization of services. The system will be able to also generate child specific data and reports that could be used to make informed care and treatment service improvements, addressing issues of standards of care specifically for children.

Products/outputs:

- National Guidelines for ART for children
- National Guidelines for Community-based Care and Support
- Comprehensive HIV/AIDS Care Package for children
- Modular training curricula for pediatric HIV/AIDS-related care and treatment
- Referral Directories for pediatric HIV/AIDS-related care and treatment services
- Quality assurance plans with supervisor guidelines
- Quality assessment tools

The Compact provides PEPFAR with a significant opportunity to decentralize and extend care and treatment services for children. Refurbishment of facilities, task shifting, recruitment and training of significant numbers of staff in both the public and private sector are heavily dependent on compact funding. With pre-Compact funding levels, PEPFAR will continue to support services at the existing ART sites, including major hospitals and health facilities in urban areas. Implementation of the national plan to broaden access to high quality care and treatment services for children is in large part dependent upon the availability of compact-level PEPFAR technical and material support.

Association

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 11816.09 Mechanism: Care and Support

Prime Partner: African Palliative Care USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (USAID) Program Area: Care: Pediatric Care and

Support

Budget Code: PDCS Program Budget Code: 10

Activity ID: 29033.09 **Planned Funds:** \$25,000

Activity System ID: 29033

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 11812.09 Mechanism: Partnership for Family-

Centered HIV/AIDS Program

Prime Partner: International Center for AIDS USG Agency: U.S. Agency for International

Care and Treatment Programs, Development

Columbia University

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS Program Budget Code: 10

Activity ID: 29021.09 Planned Funds: \$100,000

Activity System ID: 29021

Funding Source: GHCS (USAID)

Activity Narrative: N/A

New/Continuing Activity: New Activity

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 11820.09 Mechanism: TB/HIV new award (IQC/HCI)

Prime Partner: University Research USG Agency: U.S. Agency for International

Corporation, LLC Development

Funding Source: GHCS (USAID) Program Area: Care: Pediatric Care and

Support

Budget Code: PDCS Program Budget Code: 10

Activity ID: 29039.09 Planned Funds: \$10,000

Activity System ID: 29039
Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$4,200

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 11453.09

Prime Partner: African Palliative Care

Association

Funding Source: GHCS (State)

USG Agency: U.S. Agency for International

Development

Program Area: Care: Pediatric Care and

Mechanism: Care and Support

Support

Budget Code: PDCS Program Budget Code: 10

Activity ID: 27878.09

Activity System ID: 27878

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Planned Funds: \$35,000

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 5893.09

Mechanism: Strenghtening Pharmaceutical

services (SPS)

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and

Support

Budget Code: PDCS

Activity ID: 11728.27459.09

Program Budget Code: 10

Planned Funds: \$5,000

Activity System ID: 27459

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18129

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18129	11728.08	U.S. Agency for International Development	Management Sciences for Health	7964	5893.08	Strenghtening Pharmaceutical services (SPS)	\$300,000
11728	11728.07	U.S. Agency for International Development	Management Sciences for Health	5893	5893.07	SPS	\$150,000

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 11814.09 Mechanism: PACT / Community Reach

Prime Partner: Pact, Inc. USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (State) Program Area: Care: Pediatric Care and

Support

Budget Code: PDCS Program Budget Code: 10

 Activity System ID: 29028

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 5888.09 Mechanism: Partnership for family-centered

HIV/AIDS programs

Prime Partner: Elizabeth Glaser Pediatric USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (State) Program Area: Care: Pediatric Care and

Support

Budget Code: PDCS Program Budget Code: 10

Activity System ID: 28162
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

AIDS Foundation

Continuing Activity: 18111

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18111	11693.08	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7953	5888.08	Partnership for family-centered HIV/AIDS programs	\$450,000
11693	11693.07	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	5888	5888.07	Partnership for family-centered HIV/AIDS programs	\$450,000

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$27,200

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools \$12,800 and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 5973.09 Mechanism: PEPFAR staff (salary/benefits)

Prime Partner: US Centers for Disease **USG Agency:** HHS/Centers for Disease Control and Prevention

Control & Prevention

Funding Source: GAP Program Area: Care: Pediatric Care and

Support

Budget Code: PDCS Program Budget Code: 10

Activity ID: 26664.09 Planned Funds: \$10,000

Activity System ID: 26664 Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 6090.09 Mechanism: TB/HIV new award (IQC/HCI)

Prime Partner: University Research USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (State) Program Area: Care: Pediatric Care and

Support

Budget Code: PDCS Program Budget Code: 10

Corporation, LLC

Planned Funds: \$5,000 Activity ID: 19350.25782.09

Activity System ID: 25782 **Activity Narrative: N/A**

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19350	19350.08	U.S. Agency for International Development	University Research Corporation, LLC	7975	6090.08	TB/HIV new award (IQC/HCI)	\$627,000

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 7999.09 Mechanism: Partnership for Family

Centered HIV AIDS Programs

Prime Partner: International Center for AIDS **USG Agency:** U.S. Agency for International

Development

Care and Treatment Programs, Columbia University

Program Area: Care: Pediatric Care and

Support

Budget Code: PDCS Program Budget Code: 10

Activity ID: 19142.25725.09 Planned Funds: \$65,000

Activity System ID: 25725

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Funding Source: GHCS (State)

Continuing Activity: 19142

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19142	19142.08	U.S. Agency for International Development	International Center for AIDS Care and Treatment Programs, Columbia University	7999	7999.08	Partnership for Family Centered HIV AIDS Programs	\$266,000

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 5889.09 Mechanism: PACT / Community Reach

Prime Partner: Pact, Inc. **USG Agency:** U.S. Agency for International

Development

Funding Source: GHCS (USAID) Program Area: Care: Pediatric Care and

Support

Program Budget Code: 10 Budget Code: PDCS

Planned Funds: \$125,000 Activity ID: 11714.25759.09

Activity System ID: 25759

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

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Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18135	11714.08	U.S. Agency for International Development	Pact, Inc.	7969	5889.08	PACT / Community Reach	\$367,648
11714	11714.07	U.S. Agency for International Development	Pact, Inc.	5889	5889.07	PACT / Community Reach	\$442,140
Emphasis A	reas						
Human Capa	acity Develop	oment					
Estimated an	nount of fundi	ng that is planned	for Human Capac	ity Development	\$73,526		
Public Healt	h Evaluation						
Food and Nu	utrition: Poli	cy, Tools, and Se	rvice Delivery				
Food and Nu	utrition: Com	nmodities					
Economic S	trengthening	I					
Education							
Water							

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 11821.09 Mechanism: Strengthening Pharmaceutical

Services (SPS)

Prime Partner: Management Sciences for USG Agency: U.S. Agency for International

Health Development

Funding Source: GHCS (USAID) Program Area: Care: Pediatric Care and

Support

Budget Code: PDCS Program Budget Code: 10

Activity ID: 29046.09 Planned Funds: \$30,000

Activity System ID: 29046

Activity Narrative: N/A

New/Continuing Activity: New Activity

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$9,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

11 - PDTX Treatment: Pediatric Treatment Program Budget Code:

Total Planned Funding for Program Budget Code: \$460,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 11821.09 Mechanism: Strengthening Pharmaceutical

Services (SPS)

Prime Partner: Management Sciences for **USG Agency:** U.S. Agency for International Health

Development

Funding Source: GHCS (USAID) Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX Program Budget Code: 11

Activity ID: 29045.09 Planned Funds: \$30,000

Activity System ID: 29045

Activity Narrative: N/A

New/Continuing Activity: New Activity

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$9,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 11812.09 Mechanism: Partnership for Family-

Centered HIV/AIDS Program

Prime Partner: International Center for AIDS USG Agency: U.S. Agency for International Care and Treatment Programs,

Development

Funding Source: GHCS (USAID) Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX Program Budget Code: 11

Columbia University

Activity ID: 29022.09 Planned Funds: \$100,000

Activity System ID: 29022 **Activity Narrative:** N/A

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5889.09 Mechanism: PACT / Community Reach

Prime Partner: Pact, Inc. **USG Agency:** U.S. Agency for International

Development

Funding Source: GHCS (USAID) Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX Program Budget Code: 11

Activity ID: 11714.25760.09 Planned Funds: \$125,000

Activity System ID: 25760 **Activity Narrative: N/A**

New/Continuing Activity: Continuing Activity

Continuing Activity: 18135

Continued Associated Activity Information

Activity ystem ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18135	11714.08	U.S. Agency for International Development	Pact, Inc.	7969	5889.08	PACT / Community Reach	\$367,648
11714	11714.07	U.S. Agency for International Development	Pact, Inc.	5889	5889.07	PACT / Community Reach	\$442,140

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7999.09 Mechanism: Partnership for Family

Centered HIV AIDS Programs

Prime Partner: International Center for AIDS **USG Agency:** U.S. Agency for International Development

Care and Treatment Programs,

Columbia University

Funding Source: GHCS (State) Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX Program Budget Code: 11

Activity ID: 19142.25726.09 Planned Funds: \$35,000

Activity System ID: 25726

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 19142

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19142	19142.08	U.S. Agency for International Development	International Center for AIDS Care and Treatment Programs, Columbia University	7999	7999.08	Partnership for Family Centered HIV AIDS Programs	\$266,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 6090.09 Mechanism: TB/HIV new award (IQC/HCI)

Prime Partner: University Research USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (State) Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX Program Budget Code: 11

Activity ID: 19350.25783.09 **Planned Funds:** \$10,000

Activity System ID: 25783

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Corporation, LLC

Continuing Activity: 19350

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19350	19350.08	U.S. Agency for International Development	University Research Corporation, LLC	7975	6090.08	TB/HIV new award (IQC/HCI)	\$627,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5973.09 Mechanism: PEPFAR staff (salary/benefits)

Prime Partner: US Centers for Disease USG Agency: HHS/Centers for Disease

Control and Prevention Control & Prevention

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX Program Budget Code: 11

Activity ID: 18524.25816.09 **Planned Funds:** \$30,000

Activity System ID: 25816
Activity Narrative: N/A

Funding Source: GAP

New/Continuing Activity: Continuing Activity

Continuing Activity: 18524

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18524	18524.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7983	5973.08	PEPFAR staff (salary/benefits)	\$30,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 11814.09 Mechanism: PACT / Community Reach

Prime Partner: Pact, Inc. USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (State) Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX Program Budget Code: 11

Activity ID: 29029.09 Planned Funds: \$75,000

Activity System ID: 29029

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.11: Activities by Funding Mechansim

Mechanism: Strenghtening Pharmaceutical Mechanism ID: 5893.09

services (SPS)

USG Agency: U.S. Agency for International Prime Partner: Management Sciences for Health

Development

Funding Source: GHCS (State) Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX Program Budget Code: 11

Planned Funds: \$5,000 Activity ID: 11728.27460.09

Activity System ID: 27460 Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18129

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18129	11728.08	U.S. Agency for International Development	Management Sciences for Health	7964	5893.08	Strenghtening Pharmaceutical services (SPS)	\$300,000
11728	11728.07	U.S. Agency for International Development	Management Sciences for Health	5893	5893.07	SPS	\$150,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 11820.09 Mechanism: TB/HIV new award (IQC/HCI)

Prime Partner: University Research **USG Agency:** U.S. Agency for International

Corporation, LLC Development

Funding Source: GHCS (USAID) Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX Program Budget Code: 11

Activity ID: 29041.09 Planned Funds: \$10,000

Activity System ID: 29041

Activity Narrative: N/A

New/Continuing Activity: New Activity

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$9,333

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 11811.09 Mechanism: Partnership for family-centered

HIV/AIDS programs

Prime Partner: Elizabeth Glaser Pediatric USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (USAID) Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX Program Budget Code: 11

Activity ID: 19140.29018.09 **Planned Funds:** \$40,000

Activity System ID: 29018
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

AIDS Foundation

Continuing Activity: 19140

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19140	19140.08	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7998	7998.08	Partnership for Family Centered HIV AIDS programs	\$166,500

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$15,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 12 - HVTB Care: TB/HIV

Total Planned Funding for Program Budget Code: \$1,034,400

Program Area Narrative:

According to the World Health Organization (WHO) the TB incidence in Swaziland is the highest in the world. In 2007, Swaziland registered a total of 9,636 TB cases. The 2007 TB notification rate stands at 1,155 cases per 100,000 population – up from 236 cases per 100,000 population in 1997 – an almost five-fold increase in just ten years. TB is a massive contributor to national morbidity and mortality and is a large burden on the overstrained health sector. Approximately 80% of TB cases are estimated to be HIV-infected.

The Ministry of Health and social Welfare's (MOHSW) National TB Program (NTP) has a history of being highly vertical with weak performance. The overall case detection rate is estimated to be as low as 58%, well short of the 70% WHO target. The treatment success rate is 43%, far short of WHO's treatment success target of 85%. The proportion of cases that default from treatment is unacceptably high. However, efforts are being made to address these issues and to rapidly improve program outcomes. Currently, 67% of TB cases (up from 0% less than 2 years ago) and 10% of TB suspects (also up from 0%) are HIV tested and efforts are being made to also test their families. 93% of TB cases who are HIV positive receive CMX preventive therapy. Actual HIV/AIDS care is not currently available at TB treatment clinics. However, in most cases an ART clinic is available within the same health facility. Referrals are being made with mixed results.

Equally, the MOHSW's ART Program, under the Swaziland National AIDS Program (SNAP), has been implemented in a highly vertical fashion. While close to 30,000 people have been initiated on ARV treatment, integrated TB services are still virtually non-existent. Systematic TB screening is not available. A TB screening tool has been developed and is currently being piloted at three ARV treatment sites. However, there are no clear protocols on how to handle and/or refer TB suspects and indeed TB patients on treatment. Interventions to prevent or control TB transmission at the ARV treatment centers are limited and inconsistent. TB preventive Isoniazid (INH) therapy is also not available.

Given the extremely high HIV prevalence, there is a potential for explosive outbreaks of multi-drug resistant (MDR) and extensive drug resistant (XDR) TB among HIV-infected individuals in Swaziland, as has been seen in South-Africa and in other countries. WHO and the International Union against TB and Lung Disease (IUATLD) recommend that countries closely monitor anti-tuberculosis drug resistance, either through ongoing surveillance or periodic surveys. In Swaziland, however, the lab capacity for TB culture and drug susceptibility testing is inadequate. A rapid MDR/XDR-TB assessment in collaboration with WHO and South Africa Medical Research Council (SAMRC) was conducted in 2006 (which revealed existence of XDR-TB in Swaziland) but there are no nationally representative data on anti-tuberculosis drug resistance available in Swaziland.

To date, PEPFAR assistance has played a major role in making crucial improvements to the NTP at large. PEPFAR has strengthened the NTP's basic operations, guiding organizational restructuring and building managerial capacity. PEPFAR has helped MOHSW finalize a five-year National Strategic Plan for TB Control and National TB Program Guidelines, with strategic and program planning. In addition to mentoring of the NTP management, PEPFAR support has included extensive training of publicand private-sector personnel at all levels on basic TB Program operations. PEPFAR made considerable contributions to the strengthening of TB diagnosis through sputum smear microscopy (see HLAB), and supported the NTP with the estimation of TB drug needs, rational drug procurement (including through the Global Drug Facility) and supply chain management for drugs and

other commodities (see HTXD).

PEPFAR has played a major role in initiating integration of certain TB and HIV services. PEPFAR has facilitated the establishment of a TB/HIV Technical Working Group (jointly chaired by NTP and SNAP) and the development of a TB/HIV Policy document. These, however, have not yet been translated in effective integration of actual services for patients across the two programs. Nevertheless, PEPFAR has been successful at supporting HIV counseling and testing services for TB patients and suspects, through training and mentoring of all TB clinic personnel (see HVCT). PEPFAR has also supported the implementation of Cotrimoxozole (CMX) preventive therapy for all HIV-positive TB patients. Actual HIV/AIDS care and treatment are not yet available at TB treatment facilities. Referrals are being made with mixed results. PEPFAR has started training personnel at ANC, MCH and ART clinics for the screening and early detection of TB and is supporting a pilot project on the implementation of INH preventive therapy for HIV-positives. PEPFAR has also supported the development of draft guidelines for TB infection prevention and control, implementation of which is lacking.

PEPFAR has provided assistance to start addressing the imminent problem of drug-resistant TB, resulting in plans for the development of MDR and XDR TB management guidelines, MDR and XDR TB case recording, and MDR and XDR TB laboratory surveillance. In addition, CDC has leveraged with WHO for a joint high-level program review, and technical assistance, to assist Swaziland in working toward meeting the requirements to apply for assistance of the Green Light Committee for the procurement of cheap and quality-assured second-line TB drugs.

PEPFAR support has played a crucial role in improving the performance of Swaziland's Global Fund (GF) TB grant. The Round 3 grant was placed on the Early Alert and Response System due to poor performance. The Principal Recipient (NERCHA), senior MOHSW leadership, the NTP program staff, and the GF's Swaziland Portfolio Manager in Geneva widely acknowledge that dramatic improvements in meeting targets, reporting, and spending disbursements were due in very large part to PEPFAR assistance. Additional PEPFAR leadership and support included assistance with the applications for Round 6. (which was unsuccessful) and Round 8 (which was recently recommended for approvel).

In FY09, the PEPFAR will continue to support the NTP with programmatic and managerial improvements, including building lab capacity and quality assurance, drug tracking and drug supply management strengthening, and monitoring and evaluation support. Most of the support, however, will focus on specific TB/HIV collaborative activities. PEPFAR support will be in line with the new National Strategic Framework for HIV/AIDS (NSF) for 2009-2013 that is currently under development.

- 1) University Research Corporation (URC), Centers for Disease Control and Prevention (CDC), and other PEPFAR Care & Treatment partners will continue assisting the NTP, SNAP, and the ART Program with the developing of national policies and guidelines and their dissemination. These will include, but will not be limited to, TB Policy Guidelines, TB/HIV Policy Guidelines, TB Control Guidelines, TB/HIV Workplace Guidelines, MDR/XDR-TB Control Guidelines, TB Infection Prevention and Control Guidelines, etc.
- 2) The Global Fund (GF) is the most important external source of funding for TB and TB/HIV activities. URC and CDC will continue to assist the NTP in meeting the objectives of the GF TB grants for the country. This will include, but will not be limited to, assisting with the implementation planning and implementation of GF Round 3 and Round 8 TB grant activities, addressing conditions precedents, monitoring of GF indicators, and developing the periodic GF submissions and reports. PEPFAR will also support any future GF TB grant applications.
- 3) URC will continue to build the capacity of the NTP to manage its overall TB control program activities, through continued guidance and mentoring of key personnel at different levels. URC will work with the NTP to finalise the Directly Observed Therapy Short Course (DOTS) scale up plan, decentralisation of treatment to the primary health care clinics, institutionalisation of both facility and community DOTS, and implementation of defaulter tracing strategies. URC and Management Sciences for Health (MSH) will assist the NTP and the MOHSW Central Medical Stores in ensuring an uninterrupted supply of reliable first-line and second-line anti TB medicines and other commodities (such as N95 respirators) and the implementation of an adequate supply chain management system (see HTXD). URC and the National Institute for Communicable Diseases (NICD) will also continue to work with the NTP and the MOHSW National Laboratory Services in strengthening the capacity of laboratory staff in TB smear microscopy and TB culture and first-line drug susceptibility testing (see HLAB).
- 4) PEPFAR will continue to work with the NTP, SNAP, and the ART Program to ensure the implementation of TB/HIV collaborative activities. URC and other PEPFAR Care & Treatment partners will continue to support the TB/HIV working groups at national, regional and health facility level to ensure their effective functioning, leading to the actual implementation of integrated TB/HIV activities.
- URC will continue to train and mentor TB clinic staff on HIV Testing and Counselling (HTC) and will assist with the provision of adequate consultation space (where needed) to ensure confidential and quality HTC services (see HVCT).
- URC will continue to promote the provision of CMX preventive therapy for all HIV-positive TB patients
- While HIV/AIDS treatment may become available at some of the higher-volume TB clinics, this will not be the case at most sites. URC and other partners will explore different models of collaboration where there are TB and ART clinics in the same health facility, and support the development of an effective two-way referral and feed-back system for patients to have easy access to all treatment they require
- URC and other PEPFAR Care & Treatment partners will train HIV/AIDS clinic staff, including all ART providers, on the early detection of TB. At the same time, ICAP and EGPAF will work to implement TB detection activities in PMTCT, ANC and MCH settings. A TB screening tool will be finalized and clear protocols for the management of TB suspects and TB patients will be developed. Both will be widely implemented
- PATH will assist with issues of TB infection prevention and control by carrying out infection control assessments at all the main TB treatment facilities, HIV/AIDS treatment facilities and diagnostic laboratories in the country, and developing TB infection control guidelines and recommendations (as there are curriculum development, training, equipment, etc.) and their implementation.

- Depending on the outcome of the ongoing pilot project, URC will further support the development of guidelines, training and implementation of INH preventive therapy for HIV-positives.
- The implementation of a viable integrated TB/DOTS and HIV comprehensive care program in the community remains a challenge. Increased support to community mobilisation especially to well organised community groups is envisaged to improve treatment outcomes based on community support systems (see HTXS, HBHC).
- 5) URC will continue to assist the NTP to respond to the threat of MDR/XDR-TB and risk of increased mortality associated with MDR/XDR-TB and HIV co-infection. URC will assist with the further development of the MDR/ XDR-TB patient management guidelines, with curriculum development and training for TB program personnel, and with the work planning for the implementation of specific MDR/XDR-TB management activities by the NTP. Through COHSASA and URC, PEPFAR will continue to support the swift and effective utilization of the new TB hospital (once it opens) for the management of MDR/XDR and other complicated TB. URC will also continue to leverage for the assistance of the Green Light Committee for the procurement of cheap and quality-assured second-line TB drugs.
- 6) PEPFAR has assisted with the development and implementation of data collection and analysis tools, including the 'Electronic TB Register', to help the NTP with the monitoring of its TB and TB/HIV collaborative activities. PEPFAR will continue to train and support health facility staff in the use of these tools and the utilization of the data for improving their services.
- 7) PEPFAR will also assist the NTP with the implementation of a nation-wide anti-TB drug resistance survey and the consequent development of an information management system for the routine utilization of TB drug susceptibility test data (see HVSI).
- 8) TB in the workplace is a major challenge, and often related to HIV. Employees with TB frequently miss considerable amounts of work, which negatively impacts livelihood and productivity. Issues of TB transmission in the workplace are also important. Several PEPFAR partners already conduct workplace programs on HIV/AIDS. They will start updating their education and training programs and integrate TB information, TB screening and TB treatment support in the workplace.
- 9) Through the Department of Defense (DOD), and with the assistance of URC, PEPFAR will also support implementation of the above mentioned TB and TB/HIV integration activities for some of the uniformed services such as the Umbutfo Swaziland Defence Force, the Swaziland Police and His Majesty's Correctional Services.
- 10) URC and the Human Capacity Development coalition (SAHCD) will work with training institutions for health care workers to incorporate TB/HIV in their training curricula. Working with nursing schools will be the starting point, but this may eventually expand to other health cadre training institutions.

Products/outputs: National policy, National Strategic Plan, Guidelines, recording and reporting systems for TB, TB/HIV, and MDR/XDR-TB, training curricula, study protocols/data/reports.

There were no significant plans for expansion of TB/HIV activities under the Compact. PEPFAR is a key partner with substantial achievements and will continue to be so with pre-Compact funding levels.

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5889.09 Mechanism: PACT / Community Reach

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (USAID) Program Area: Care: TB/HIV

Budget Code: HVTB Program Budget Code: 12

Activity System ID: 27462

Activity Narrative: N/A

New/Continuing Activity: New Activity

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$13,526

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5973.09 Mechanism: PEPFAR staff (salary/benefits)

Prime Partner: US Centers for Disease **USG Agency:** HHS/Centers for Disease Control and Prevention

Control & Prevention

Funding Source: GAP Program Area: Care: TB/HIV

Program Budget Code: 12 **Budget Code: HVTB**

Activity ID: 26669.09 Planned Funds: \$30,000

Activity System ID: 26669

Activity Narrative: N/A New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 8644.09 Mechanism: Wam Technology TB

Surveillance

Prime Partner: WamTechnology **USG Agency:** HHS/Centers for Disease

Control & Prevention

Funding Source: GHCS (State) Program Area: Care: TB/HIV

Budget Code: HVTB Program Budget Code: 12

Activity ID: 19351.25854.09 Planned Funds: \$25,928

Activity System ID: 25854 Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19351	19351.08	HHS/Centers for Disease Control & Prevention	WamTechnology	8644	8644.08	Wam Technology TB Surveillance	\$0

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 6090.09 Mechanism: TB/HIV new award (IQC/HCI)

Prime Partner: University Research USG Agency: U.S. Agency for International

Corporation, LLC Development

Funding Source: GHCS (State) Program Area: Care: TB/HIV

Budget Code: HVTB Program Budget Code: 12

Activity ID: 12140.25779.09 **Planned Funds:** \$718,400

Activity System ID: 25779

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18150

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18150	12140.08	U.S. Agency for International Development	University Research Corporation, LLC	7975	6090.08	TB/HIV new award (IQC/HCI)	\$0
12140	12140.07	U.S. Agency for International Development	University Research Corporation, LLC	6090	6090.07	HCI	\$240,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$108,744

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 8646.09

Prime Partner: Program for Appropriate

Technology in Health

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 19353.25769.09

Activity System ID: 25769

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 19353

Mechanism: TB/HIV activities

USG Agency: HHS/Centers for Disease

Control & Prevention

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$180,000

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19353	19353.08	HHS/Centers for Disease Control & Prevention	Program for Appropriate Technology in Health	8646	8646.08	TB/HIV activities	\$41,988

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5887.09 Mechanism: Umbutfo Swaziland Defense

Force (USDF)

Prime Partner: US Department of Defense USG Agency: Department of Defense

Funding Source: GHCS (State) Program Area: Care: TB/HIV

Budget Code: HVTB Program Budget Code: 12

Activity ID: 25946.09 **Planned Funds:** \$50,000

Activity System ID: 25946

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 8649.09 Mechanism: Wam Technology TB

Surveillance

Prime Partner: WamTechnology USG Agency: HHS/Centers for Disease

Control & Prevention

Funding Source: GAP Program Area: Care: TB/HIV

Budget Code: HVTB Program Budget Code: 12

Activity ID: 26166.09 **Planned Funds:** \$10,072

Activity System ID: 26166

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 13 - HKID Care: OVC

Total Planned Funding for Program Budget Code: \$1,903,698

Program Area Narrative:

With relatively limited funding and extreme staffing constraints, PEPFAR Swaziland made a difficult, but strategic decision to consolidate and phase out support for the OVC program area during FY08. PEPFAR programming in this area had been very limited and dwarfed by the resources and national efforts of the Global Fund, NERCHA and UNICEF. Without expertise on the team and only nominal financial input, PEPFAR's national contribution to OVC services and support was inconsequential. Instead, PEPFAR Swaziland accelerated its already notable efforts to expand access to care and treatment for parents, other caregivers and children living with HIV. PEPFAR also continued to be a key player in promoting family-centered, holistic PMTCT services and primary prevention.

Sadly however, the number of children made more vulnerable by AIDS in Swaziland continues to increase while their life circumstances worsen due to the combined effects of HIV/AIDS, increasing poverty, recurrent drought and an extreme care deficit. As the nation with the world's highest HIV prevalence, Swaziland is in the midst of a serious crisis for children. Nearly all children have been touched by the AIDS epidemic in some way. The 2007 SDHS estimates that 31% of children are orphaned and/or vulnerable (i.e., living in a household where a parent or adult is too ill to work or perform normal activities). This number is expected to grow to 200,000 by 2010. Only 22% of children in Swaziland live with both parents and one third of all children are not living with either parent. Most children in Swaziland grow up in impoverished households. Approximately 70% of all households live below the poverty line and 40% of the population is in need of external food assistance. Under these circumstances, the rights of children are increasingly unprotected. As a stark example, a recent national survey supported by UNICEF and CDC revealed that one third of girls aged 13-24 had experienced sexual violence.

National level interventions for OVC include the establishment of a National Children's Coordinating Unit (NCCU) and the introduction of several policies and bills including the Children's Policy and Bill and the Children's Justice Act among others. All of these key documents currently rest in draft form awaiting government approval. To protect and deliver services to OVC, the Child Protection Committee and Neighborhood Care Point (NCP) initiatives were developed, but have yet to be fully and consistently implemented. In addition, hundreds of very small scale efforts are undertaken by faith and community based organizations in Swaziland to try and meet the immediate needs of OVC. As there are no national standards for these efforts, they are fragmented and widely varied in terms of quality and types of support.

With greatly increased resources available in FY09 and beyond, PEPFAR will reverse its decision to phase out of the OVC program area and work rapidly to become a significant partner in the OVC response. An urgent priority will be to establish and fill an OVC specialist position on the PEPFAR team. This person will lead the development and implementation of the PEPFAR OVC portfolio and will join various OVC forums at the national level (including the Child Protection Network, NCP Interagency Coordinating meetings and ad hoc working groups established by NERCHA, the NCCU and the Global Fund).

All activities are being developed in line with the National Plan of Action for Orphans and Vulnerable Children 2006-2010 and the National HIV/AIDS Strategic Framework 2009-2013 that is currently under development. Six priority areas have been identified for support in the emerging OVC portfolio:

- 1) Policy and legislation Several key bills and policies related to children and their rights are currently awaiting adoption by government. Through the OVC program area, PEPFAR will become an important advocate in ensuring that the draft Children's Policy and Bill, the Child Justice Act, the Domestic Violence and Sexual Offences Bill and Social Welfare Policy are all approved. In implementing the activities described below, PEPFAR will assist in paving the way for full implementation of these key policies and bills once they are enacted.
- 2) Development of national OVC standards OVC services and support in Swaziland are fragmented, sporadic and varied in terms of both quality and impact. PEPFAR intends to develop an activity to address the need for national standards and quality improvement of OVC programs. Key host country institutions including the NCCU, the Department of Social Welfare (DSW) and NERCHA have expressed interest in this activity. PEPFAR will play a leadership role in partnership with the NCCU and UNICEF to conduct a national consultation on setting standards for OVC programs and services. PEPFAR will support the coordination of this consultation through an existing implementing partner. Prior to the consultation, representatives from the NCCU and DSW will attend a regional conference on OVC standards with the intent of increasing the local knowledge base and momentum for this activity. Following the national consultation, various activities will be pursued to finalize and implement national standards. This will include the provision of TA to strengthen the evolving monitoring database for OVC.
- 3) Community based services and support A key strategy in the national plan of action for OVC in Swaziland is the establishment of NCPs as community-based centers where children eat at least one daily meal, play, participate in early education activities and receive basic services. A 2006 assessment found that NCPs are serving a critical role in OVC care, but coverage is limited, services are uneven and standards are lacking. Government and partners have agreed to greatly expand and

improve the quality of NCPs as centers of care for OVCs. The most recent Global Fund proposal includes support to increase the number of NCPs, from 660 to 2000 in five years. PEPFAR intends to complement this construction work by channeling funds to 200 NCPs for improved and increased provision of services and support, including health care services, early childhood development, psychosocial support and water and sanitation. Strategies to strengthen referrals to other needed services, including HIV testing, will also be developed. Up to 20 per cent of the funding will be allowed for use on infrastructure renovations (e.g., covering kitchens that are currently unusable when it rains and improving water and sanitation). This activity will be carried out in close collaboration with NERCHA and UNICEF.

Through the PACT umbrella, PEPFAR will support World Vision to provide holistic community-based support to OVCs through NCPs and their surrounding communities. World Vision has a long track record of working in communities for children and PEPFAR funding will be used to expand this work in Shiselweni, an underserved, rural region of Swaziland. Interventions will include educational, nutritional and psychosocial support. Home gardens will be promoted to supplement household nutrition and home visitor systems will be established for monitoring and support. World Vision will be funded through the PACT umbrella, sharing expertise and experience with local NGOs working in other underserved communities. In particular, World Vision will model community-based OVC support for Cabrini Ministries, another PACT sub-partner that runs a high volume ART clinic and has great potential for outreach OVC work through its established relationship with the surrounding communities.

In addition to their ongoing work in AB prevention, Peace Corps will expand the work of the volunteers to include participation in the OVC program area. With COP 09 funding, PEPFAR will fully fund seven volunteers as well as small community-based grants for which all volunteers can apply. All volunteers, including the seven PEPFAR-funded volunteers, will work in both AB prevention and the OVC program area and will be encouraged to link with NCPs and other indigenous structures supporting OVCs in their communities.

- 4) Expanding the protection of children from violence and abuse The national "Lihlombe Lekukhalela" (shoulder to cry on) initiative, supported by UNICEF and NGO partners, works to protect children from violence and abuse. Save the Children Swaziland coordinates the work of several NGOs implementing this project. Child protectors and child protection committees are trained to identify and assist victims of child abuse in both rural and urban communities. The police service is engaged and trained to effectively deal with child abuse cases. Parliamentarians have also received training through this initiative. With COP 09 funding, PEPFAR intends to pursue a PPP involving Save the Children Sweden, UK and Swaziland to expand this activity.
- 5) Increasing access to secondary education for OVCs The U.S. Ambassador's Girls Scholarship Program currently provides disadvantaged girls with primary school tuition, uniforms, other fees and psychosocial support. When these girls reach secondary school (age 12-14), the support is discontinued as no secondary school scholarships are currently available. To promote the continuum of care and further protect these primary school graduates through the vulnerable teen years, PEPFAR intends to provide additional funding. Caritas (an NGO body of the Roman Catholic Church) currently implements the primary school scholarship program and will be funded through PACT to extend this support to secondary school. To be eligible, beneficiaries will need to successfully complete their final year of primary school education in 2008, or have successfully completed it in 2007, and not have other means of paying for school fees such as through household income or other bursary programmes offered by government or by other NGOs. To provide a safety net and ensure their success, beneficiaries will also be provided with psychosocial support through periodic mentoring workshops.
- 6) Economic strengthening for vulnerable households With initial support from USAID through Technoserve, Caritas is implementing an income generating activity focused on beekeeping and honey production. The activity is well-structured and closely monitored. Market analysis reveals tremendous unmet demand. PEPFAR will fund Caritas through PACT to extend this activity to child and grandparent headed households. To be eligible, beneficiaries will need to be from a child or grandparent headed household within a high productivity beekeeping area, have no other source of income and a demonstrated interest in beekeeping. Priority of participation will be given to out of school youth. Training delivered to grandparents will also include modules on caring for OVCs.

Products/Outputs: Approved Children's Policy and Bill, Child Justice Act, Domestic Violence and Sexual Offences Bill and Social Welfare Policy; Established PPP for child protection.

In an effort to consolidate the program under pre-Compact funding levels, PEPFAR phased out of OVC programming in Swaziland. Additional funding offered through a Compact would provide PEPFAR with the important opportunity to re-engage and become a key national partner in the OVC program area. Without Compact funding, an OVC Program Specialist will not be recruited and new OVC activities will not be pursued. Support for additional Peace Corps Volunteers to serve in expanded community-based OVC and prevention activities are not included in the pre-Compact program budget.

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 11814.09 Mechanism: PACT / Community Reach

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (State) Program Area: Care: OVC

Budget Code: HKID Program Budget Code: 13

Activity ID: 29031.09 **Planned Funds:** \$476,798

Activity System ID: 29031
Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5872.09 Mechanism: Peace Corps Volunteers

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State) Program Area: Care: OVC

Budget Code: HKID Program Budget Code: 13

Activity ID: 11754.25852.09 **Planned Funds:** \$396,900

Activity System ID: 25852
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18176

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18176	11754.08	Peace Corps	US Peace Corps	7989	5872.08	Peace Corps Volunteers	\$24,000
11754	11754.07	Peace Corps	US Peace Corps	5872	5872.07	Peace Corps Volunteers	\$20,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism: Orphans & Vulnerable Children

Activities

Prime Partner: To Be Determined USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (State) Program Area: Care: OVC

Budget Code: HKID Program Budget Code: 13

Activity ID: 27871.09 Planned Funds:

Activity System ID: 27871

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 11822.09 Mechanism: Technical Assistance

Prime Partner: US Agency for International USG Agency: U.S. Agency for International

Development

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Development

Funding Source: GHCS (State) Program Area: Care: OVC

Budget Code: HKID Program Budget Code: 13

Activity ID: 29049.09 Planned Funds: \$55,000

Activity System ID: 29049

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 14 - HVCT Prevention: Counseling and Testing

Total Planned Funding for Program Budget Code: \$1,454,989

Program Area Narrative:

The National Strategic Plan for HIV and AIDS (2006-2008) and the Health Sector Response Plan for HIV and AIDS (2006-2008) commit 'to increase the proportion of people who have received HIV Testing and Counseling (HTC) services and know their HIV status from 10% to 40% by the end of 2008'. In order to achieve this, the Ministry of Health and Social Welfare (MOHSW) is (1) strengthening national capacity to provide HTC at all levels, (2) implementing fully integrated, routine, provider-initiated HTC in preventive and clinical care services, (3) strengthening the expansion of HTC services beyond health facilities, and (4) increasing public awareness and uptake of HTC services.

The Swaziland Demographic and Health survey (SDHS) 2007 estimates that, among the population age 15-49, 36% of women and 17% of men reported having ever been tested and receiving HIV test results at some time: one in five women (22%) and one in ten men (9%) were tested and received HIV test results in the 12 months preceding the survey. This is far short of the targets mentioned above. Client-initiated HTC services have historically been provided in 42 public and private facilities throughout the country. Some of these are free-standing and run by NGO's, while others are integrated in existing government health facility structures. Many of them have additional outreach services. While the MOHSW Swaziland National AIDS Program (SNAP) is working with all involved parties to further strengthen the existing client-initiated HTC services, it has also launched a bold initiative to introduce provider-initiated HTC services at all levels of public health facilities throughout the country. This initiative is still in its early stages, with human resource limitations being one of the main obstacles. While many health care workers have already been trained to provide HTC, actual service delivery is mostly limited to ANC clinics (see MTCT), TB diagnostic and treatment facilities (see HVTB) and, most recently, STI treatment centers.

Over the past few years, PEPFAR and its partners have provided significant assistance to SNAP in HTC promotion and quality assurance and the establishment of the currently available HTC services. The PEPFAR has been instrumental in establishing the National HTC Technical Working Group (several PEPFAR partners are part of its 'Core Team') and in the development of the National HTC Policy, HTC Technical Guidelines and Standard Operating Procedures (SOP's), and an HTC Training Curriculum. For client-initiated HTC the SNAP has adopted SOP's that were developed in PEPFAR partner settings and is working with PEPFAR partners to sustain the franchised network of 'New Start' branded client-initiated HTC centers, with outreach facilities, throughout the country. Equally, the SNAP has relied heavily on PEPFAR partners to establish provider-initiated HTC services at ANC, TB and STI clinics. PEPFAR collaboration with the SNAP has included joint activities on HTC promotion, training of counselors, supervision and quality-assurance of services, lab support and supply chain management, and efforts to standardize data collection across HTC centers. PEPFAR has also worked with the SNAP to organize stakeholder conferences on the importance of HIV- infected clients' access to adequate prevention, support, care and treatment services and the compilation of regional 'referral directories'.

In FY09, PEPFAR will continue to support client-initiated HTC services while, at the same time, taking a leading role in the establishment of provider-initiated HTC. PEPFAR HTC support will be in line with the new National Strategic Framework for HIV/AIDS (NSF) for 2009-2013 that is currently under development.

- 1) PEPFAR and its partners will continue to support dialogue at national level on policy issues that are critical for the further expansion and national scale-up of HTC services. PEPFAR partners, in collaboration with other stakeholders, will provide technical assistance to MOHSW and SNAP to streamline policies on integration of provider-initiated HTC in clinical services, task shifting of HIV testing and counseling to lay cadres, blood sample collection through finger prick, and issues of HIV testing in children.
- 2) PEPFAR and its partners will continue to provide extensive technical assistance in the development and/or implementation of an adapted national HTC policy document, an HTC expansion strategy, up-to-date HTC standard operating procedures, including adequate testing procedures and quality assurance (see HLAB), and a modular HTC training curriculum. PEPFAR partners will facilitate, together with SNAP, the formation of an HTC forum for sharing best practices.

- 3) In line with the SNAP communication strategy for HTC, PSI will work to develop and disseminate communications to increase awareness on the availability of both client initiated and provider initiated HTC services. Mass campaigns, such as a "National HIV Testing Week" will be integrated in the overall communication strategy.
- 4) PEPFAR partners will provide considerable support to enhance the lab capacity to provide adequate and quality assured HIV testing (see HLAB). ICAP and EGPAF will continue to support, in close collaboration with Clinton Foundation and Baylor College, the rapid expansion of access to early infant diagnosis.
- 5) Through PSI, PEPFAR will continue to operate its client-initiated HTC sites and increase outreach programs to the general population, through the chieftainships and community- and faith-based organizations, and to the workplace setting. In addition it will continue to support the franchise network of 'New Start' branded client-initiated HTC centers.
- 6) PEPFAR partners will actively engage in health worker training, on-the-job mentoring and supervision and assist public health facilities in establishing high-uptake and quality-assured provider-initiated HTC services. EGPAF will continue its long-standing support to ANC service providers (see MTCT), URC will further support TB diagnostic and treatment facilities (See HVTB), and PSI will continue focusing its efforts on STI clinics. In addition, within the context of a decentralized, comprehensive and integrated HIV/AIDS care and treatment package, ICAP and other PEPFAR partners will increase support for HTC and all aspects of post-test support, prevention, care and treatment services at the primary clinic level (see HBHC, PDCS).
- 7) Several of the PEPFAR partners will collaborate with SNAP to provide comprehensive workplace programs to increase access of corporate, agricultural and factory workers to HTC services. Through DOD, PEPFAR will also support the development of HTC services for the Umbutfo Swaziland Defense Force (USDF) and some of the other uniformed services. An important aim of these programs is to increase utilization of services by men who otherwise do not access health settings for care and treatment.
- 8) PEPFAR will continue to support HTC services for correctional facilities to target prisoners. Rather than providing outreach services to prisons, PEPFAR will assist with the set up of dedicated, in-house VCTs.
- 9) Pact and PSI/TASC, partnering with several community-based organizations, will continue to pursue innovative approaches to provide mobile outreach and community-based, door-to-door, and family-centered HTC services, in order to reach youth (especially out-of-school youth), men, couples, and client family members.
- 10) Special consideration will be given to the integration of HTC within the context of male circumcision services (see CIRC)
- 11) PEPFAR will continue to assist in the development and implementation of a routine data collection, analysis and reporting system for HTC services. PSI will continue to support and mentor SNAP's quality assurance officer who will be responsible for monitoring and evaluation, and support for HTC sites to adhere to national standards and protocols
- 12) PEPFAR partners will continue to assist MOHSW with program guidance for adequate referral mechanisms for post-test support, prevention, and care and treatment services for HIV infected clients. (see HVSI, HBHC, PDCS, OHSS). This work, under the Referrals Working Group, will build on the outcome of the 'referral assessment' that was just recently completed and on previous efforts at establishing 'referral directories', in order to improve the continuum of care.
- 13) PEPFAR will work with training institutions for health care workers to incorporate HTC in their training curricula. Working with nursing schools will be the starting point, but this may eventually expand to other health cadre training institutions (see OHSS).

Products/outputs: HTC Policy, HTC Expansion Strategy, National HTC Guidelines, HTC Referral Directory, Standard Operating Procedures, HTC Training Curriculum, HTC Recording and Reporting System, HTC promotion campaigns, National HTC Forum

Plans to task-shift HTC to lower level cadres of health workers and expand services into rural areas are dependent on Compact funding. With pre-compact budget levels, scale-up of provider-initiated HTC and work to improve referrals will be very limited. HTC in the context of MC scale up is also dependent on Compact funding.

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7992.09 Mechanism: Counselling and Testing

Prime Partner: University Research USG Agency: HHS/Centers for Disease

Corporation, LLC Control & Prevention

Funding Source: GHCS (State) Program Area: Prevention: Counseling and

Testing

Budget Code: HVCT Program Budget Code: 14

Activity ID: 11723.28536.09 **Planned Funds:** \$410,000

Activity System ID: 28536
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18151

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds			
18151	11723.08	HHS/Centers for Disease Control & Prevention	University Research Corporation, LLC	7992	7992.08	Counselling and Testing	\$180,000			
11723	11723.07	HHS/Centers for Disease Control & Prevention	University Research Corporation, LLC	5869	5869.07	Cooperative agreement for PI counselling and testing	\$180,000			
Emphasis A	reas									
Human Capacity Development										
Estimated am	nount of fundi	ng that is planned	for Human Capacit	y Development	\$50,300					
Public Healt	h Evaluation									
Food and Nu	ıtrition: Poli	icy, Tools, and Se	rvice Delivery							
Food and Nu	ıtrition: Con	nmodities								
Economic Strengthening										
Education										

Table 3.3.14: Activities by Funding Mechansim

Water

Mechanism ID: 5873.09 Mechanism: HIV/AIDS in the workplace

Prime Partner: International Labor USG Agency: Department of Labor

Organization

Funding Source: GHCS (State) Program Area: Prevention: Counseling and

Testing

Budget Code: HVCT Program Budget Code: 14

Activity ID: 11725.28528.09 **Planned Funds:** \$70,000

Activity System ID: 28528
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18123	11725.08	Department of Labor	International Labor Organization	7961	5873.08	HIV/AIDS in the workplace	\$50,000
11725	11725.07	Department of Labor	International Labor Organization	5873	5873.07	HIV/AIDS in the workplace	\$20,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 11814.09 Mechanism: PACT / Community Reach

Prime Partner: Pact, Inc. **USG Agency:** U.S. Agency for International

Development

Funding Source: GHCS (State) Program Area: Prevention: Counseling and

Testing

Budget Code: HVCT Program Budget Code: 14

Activity ID: 29025.09 Planned Funds: \$50,000

Activity System ID: 29025 **Activity Narrative: N/A**

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5865.09 Mechanism: Counselling and testing

Prime Partner: Population Services **USG Agency:** HHS/Centers for Disease

International Control & Prevention

Funding Source: GHCS (State) Program Area: Prevention: Counseling and

Testing

Budget Code: HVCT Program Budget Code: 14

Activity ID: 11722.25772.09 Planned Funds: \$833,000

Activity System ID: 25772

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18143

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18143	11722.08	HHS/Centers for Disease Control & Prevention	Population Services International	7971	5865.08	Counselling and testing	\$592,154
11722	11722.07	HHS/Centers for Disease Control & Prevention	Population Services International	5865	5865.07	Cooperative Agreement for counselling and testing	\$618,603

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$95,953

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5889.09 Mechanism: PACT / Community Reach

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (USAID) Program Area: Prevention: Counseling and

Testing

Budget Code: HVCT Program Budget Code: 14

Activity ID: 11724.25761.09 **Planned Funds:** \$21,989

Activity System ID: 25761
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18137

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18137	11724.08	U.S. Agency for International Development	Pact, Inc.	7969	5889.08	PACT / Community Reach	\$21,989
11724	11724.07	U.S. Agency for International Development	Pact, Inc.	5889	5889.07	PACT / Community Reach	\$27,675

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$21,989

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5887.09 Mechanism: Umbutfo Swaziland Defense

Force (USDF)

Prime Partner: US Department of Defense **USG Agency:** Department of Defense

Funding Source: GHCS (State) Program Area: Prevention: Counseling and

Testing

Budget Code: HVCT Program Budget Code: 14

Activity ID: 18520.25836.09 Planned Funds: \$40,000

Activity System ID: 25836 **Activity Narrative:** N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18520

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18520	18520.08	Department of Defense	US Department of Defense	7952	5887.08	Umbutfo Swaziland Defense Force (USDF)	\$50,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5973.09 **Mechanism:** PEPFAR staff (salary/benefits)

Prime Partner: US Centers for Disease **USG Agency:** HHS/Centers for Disease Control and Prevention

Control & Prevention

Funding Source: GAP Program Area: Prevention: Counseling and

Testing

Budget Code: HVCT Program Budget Code: 14

Activity ID: 11721.25811.09 Planned Funds: \$30,000 Activity System ID: 25811

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18167

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18167	11721.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7983	5973.08	PEPFAR staff (salary/benefits)	\$30,000
11721	11721.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5973	5973.07	CDC USDH staff in Swaziland	\$50,000

Program Budget Code: 15 - HTXD ARV Drugs

Total Planned Funding for Program Budget Code: \$520,000

Program Area Narrative:

The Ministry of Health and Social Welfare (MOHSW) introduced free antiretroviral treatment in December 2003, with the full cost of the ARVs (and some other medicines for opportunistic infections) covered by the Global Fund (PEPFAR/Swaziland does not procure ARVs). The Swaziland National AIDS Program (SNAP) estimates that, thus far, close to 30,000 people had been initiated on treatment, out of a total estimated 62,769 eligible.

National and facility-level stock-outs of medicines, medical supplies and lab reagents are not uncommon. Procurement and supply chain management of medicines and medical supplies is typically handled by the MOHSW's Central Medical Stores (CMS). However, CMS has a long-standing history of weak and inconsistent performance due to a number of challenges, including severe infrastructural and human resource limitations. The same applies to the MOHSW's National Laboratory Services (NLS) which is responsible for the procurement and management of lab reagents and supplies. Because of the above, for the commodities that are procured with Global Fund funding a parallel system was put in place. The Principal Recipient, the National Emergency Response Council for HIV/AIDS (NERCHA), directly procures the commodities based on requisitions from the MOHSW's CMS or NLS. Once procured, the commodities are routed through CMS or NLS to the clinics and labs. It is clear, however, that there are critical communication gaps between NERCHA and the MOHSW and that the parallel system has resulted in additional layers of bureaucracy and not necessarily produced the expected results. Of recent, there appears to be a general consensus that efforts should be directed at addressing the long term issues of CMS and NLS, rather than adding even more parallel and/or temporary systems to try and resolve problems.

Since January 2006, through Management Sciences for Health (MSH), PEPFAR has worked with the MOHSW to implement a drug supply management and tracking system (initially for ARVs only) at the public and private ARV clinics. In addition to helping meet the Global Fund conditions precedent regarding Swaziland's eligibility for ARV procurement, this system has strengthened the accountability of ARV stocks at all levels and optimized the quantification of drug needs and the estimation of re-order levels. The roll-out of the drug supply management and tracking system is following the roll-out of ARV treatment services to a gradually increasing number of health facilities in the country. Using the same successful approach, PEPFAR has also started working on the quantification and supply chain management of other products (i.e. for PMTCT+, TB, other OI prophylaxis and management, pain management, and lab). In addition, the PEPFAR has worked with the MOHSW on policy changes to strengthen the National Drug Advisory Committee (NDAC) and to review the procurement practices for medicines and other commodities in order to implement a transparent and efficient tendering and procurement system. MSH has revised existing formularies, promoted adverse drug event reporting, and implemented pharmaceutical and therapeutics committees in treatment facilities.

All these successes have been achieved through close, ongoing collaboration between the PEPFAR, NERCHA, MOHSW (SNAP, ART Program, TB Program, CMS, NLS, etc.) and other partners and stakeholders. PEPFAR has played a crucial role in strengthening communication and collaboration within the MOHSW, between the MOHSW and NERCHA, and sometimes, between NERCHA and Global Fund/Geneva.

With FY09 funding, support in this area will continue and will be in line with the new National Strategic Framework for HIV/AIDS (NSF) for 2009-2013 that is currently under development.

1) In collaboration WHO, MSH has been working with the MOHSW and other stakeholders to review existing regulations and

legislation relevant to the procurement and distribution of medicines. This work is already well on the way as the first draft of the medicines legislation is almost completed. However this is a long term activity. In FY09, MSH will continue to assist the MOHSW to complete legislation and to implement the Swaziland Medicines Regulatory Authority (SMRA) to regulate the importation, procurement, storage and distribution of medicines for the public and private sector.

- 2) MSH has been working with the NDAC to review procurement practices for medicines and other commodities in order to implement a transparent and efficient tender system and to ensure access to cost-effective product of the highest quality from reliable suppliers. In FY09, MSH will continue to strengthen the tendering process and assist the NDAC in monitoring supplier performance, reviewing facilities expenditures and improving financing mechanism. A cost comparison analysis will be carried out and presented.
- 3) MSH will continue to strengthen medicine and commodity needs quantification practices and the monitoring of needs estimate vs. purchase vs. morbidity data for medicines and other commodities. The decentralization of the quantification process is one of the key success factors; therefore facility level procedures will be further developed and implemented.
- 4) MSH will continue to expand and roll-out its drug supply management and tracking systems (both manual and computerized) to ensure availability of essential medicines, optimize reorder level, monitor expenditures and strengthen the accountability of stock at all levels. To date, MSH has implemented its computerized inventory and dispensing system (RxSolution) at 19 sites (including private sites) to support access to ART. The system is expected to be deployed to additional sites during FY09. MSH will continue to provide support to the system implementation and improvement and to building capacity at the site level to ensure that the system is fully functional and used to collect data to support management. The implementation of the drug supply management and tracking system is expected to go beyond the management of ARVs and will progressively include other medicines and commodities.
- 5) MSH will assist the MOHSW in developing key performance indicators to monitor critical areas of the delivery of pharmaceutical services at all levels (Central, district and facility). These indicators will feed into the national indicators. Standard operating procedures (SOPs) will be developed to report on these indicators on a quarterly basis and will be included in the overall M&E plan. SPS will also train pharmacy personnel in monitoring and evaluation principles.

Products/outputs:

- Medicines legislation and functional National Medicines Regulatory Authority
- Improved drug tendering process and functional National Medicines Advisory Committee
- National standard treatment protocols and guidelines and revisions of formularies
- Drug supply management and tracking system producing reports at facility, district and central level.
- Drug Committees formed and operational at treatment facilities
- M&E plan for pharmaceutical services

Planned activities in this program area are included within pre-Compact funding levels.

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 5973.09 Mechanism: PEPFAR staff (salary/benefits)

Prime Partner: US Centers for Disease

USG Agency: HHS/Centers for Disease

Control and Prevention Control & Prevention

Funding Source: GAP Program Area: ARV Drugs

Budget Code: HTXD Program Budget Code: 15

Activity System ID: 25812
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18523

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18523	18523.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7983	5973.08	PEPFAR staff (salary/benefits)	\$20,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 5893.09

Mechanism: Strenghtening Pharmaceutical

Development

services (SPS) **USG Agency:** U.S. Agency for International

Prime Partner: Management Sciences for

Health

Funding Source: GHCS (State)

Program Budget Code: 15

Budget Code: HTXD

Activity ID: 11726.27456.09

Planned Funds: \$200,000

Program Area: ARV Drugs

Activity System ID: 27456

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18128

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18128	11726.08	U.S. Agency for International Development	Management Sciences for Health	7964	5893.08	Strenghtening Pharmaceutical services (SPS)	\$300,000
11726	11726.07	U.S. Agency for International Development	Management Sciences for Health	5893	5893.07	SPS	\$250,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 11821.09

Mechanism: Strengthening Pharmaceutical

Services (SPS)

Prime Partner: Management Sciences for

Health

USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (USAID)

Program Budget Code: 15

Budget Code: HTXD

Planned Funds: \$300,000

Program Area: ARV Drugs

Activity ID: 29042.09

Activity System ID: 29042

Activity Narrative: N/A

New/Continuing Activity: New Activity

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$90,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 16 - HLAB Laboratory Infrastructure

Total Planned Funding for Program Budget Code: \$1,125,000

Program Area Narrative:

Swaziland faces a severe shortage of trained laboratory personnel and an inadequate lab infrastructure to deal with the rapidly growing demand for HIV/AIDS and TB related diagnostic and clinical lab testing. Underlying the capacity deficits are a host of problems that include a lack of cohesive human resource policy, lack of lab training institutions in country, a history of poor lab systems management, and lack of career enhancement opportunities. Investments in laboratory services to support HIV/AIDS and TB program expansion have been neglected at virtually every level, which is crippling the rapidly increasing program (both public and non-public sector) implementation. There is one referral laboratory covering all lab services (move into a newly constructed facility likely to be considerably delayed), five regional laboratories, eight health center laboratories and three private laboratories. These labs are completely overwhelmed by the increasing demand for HIV/AIDS and TB related diagnostic and clinical lab services, in addition to the other routine services that they are providing. Critical areas are HIV testing, CD4 cell count, DNA PCR for infant diagnosis and TB sputum microscopy. Periodic stock-outs of lab reagent have been an ongoing problem. As with the ARVs, some of the lab reagents are procured with Global Fund resources. The National Emergency response Council for HIV/AIDS (NERCHA) orders these based on requisitions from the Ministry of Health and Social Welfare (MOHSW). However, the communication within the MOHSW, and between the MOHSW and NERHCA, is far from ideal (see HTXD)

To date, there has not been much laboratory support, apart from PEPFAR. The Italian Cooperation has a limited program to make renovations to lab infrastructure and to purchase equipment for the existing National Reference Laboratory (NRL) in Mbabane and for some of the laboratories in VCT and ART centers. Clinton Foundation, together with some of the PEPFAR partners, in an effort to promote early infant diagnosis and treatment, has been strengthening the collection and transport of DBS samples and facilitated DNA PCR testing in South Africa.

PEPFAR, and some of its implementing partners, have been collaborating with the MOHSW's National Laboratory Services (NLS) since 2006. PEPFAR has worked with the World Health Organization (WHO) and other stakeholders to assist the NLS in the development of a National Laboratory Policy document. Unfortunately, this document has now been in draft for a long time and has not been finalized. Recently, PEPFAR has moved forward from a short-term assistance plan to facilitating a broad stakeholder process to develop a five- year National Laboratory Development Plan. This includes a detailed one-year National Laboratory Action Plan for the first year of implementation. This plan is currently used as the blueprint for the implementation of much needed improvements across the service. PEPFAR has provided extensive in-service training and on-site mentoring of existing laboratory personnel on basic laboratory operations, chemistry, hematology, HIV testing, CD4 cell count testing, and TB microscopy. With PEPFAR support, a new cadre of lab phlebotomists was developed to assist the more senior lab personnel with phlebotomy services. Some of these phlebotomists were also trained and deployed to perform TB sputum microscopy, which has started to relieve the pressure on TB diagnostic services. In addition, a pilot program is underway whereby phlebotomists are deployed to more remote health clinics, without laboratories, to perform a minimum package of basic lab tests, including HIV testing. PEPFAR is also supporting the development and implementation of systems and protocols for standard operating procedures, quality assurance, supervision/mentoring, and strengthened laboratory management.

In FY09, the PEPFAR will continue to support the strengthening of the national lab capacity and services through technical assistance, training and supervision.

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- 1) The American Society of Clinical Pathologists (ASCP) and the Centers for Disease Control and Prevention (CDC) will provide technical assistance, in collaboration with the WHO, to finalize the existing National Laboratory Policy document (including national standards) and assist the process of converting it in legislation. ASCP will implement a schedule of periodic reviews to assess the implementation and adherence to the National Laboratory Policy.
- 2) ASCP and CDC will provide ongoing assistance with the implementation of the five-year National Laboratory Development Plan. ASCP will implement a schedule of periodic reviews to evaluate progress on implementation. ASCP will help conduct meetings of laboratory stakeholders to apprise them of the successes and challenges with the implementation of the development plan, and will assist in the drafting of the next year's Action Plan.
- 3) ASCP will begin work on developing clear standards and requirements for certification of laboratory personnel. Standards for pre-service requirements, scope of practice, and competency assessment will be established. In addition, ASCP will also work with the MOH to help develop and implement a national continuing education program for laboratory personnel. Standards will be enforced by the regulatory body of health personnel in Swaziland to certify all individuals working in medical laboratories.
- 4) ASCP will repeat its three day training workshop in Basic Laboratory Operations that is based on the new CDC task-based guidelines for best laboratory practices. The training is targeted towards laboratory assistants and laboratory technicians who must manage themselves under the direction of an on-site medical officer. This training has been conducted previously, with a 'training of trainers' component. With time, it will be conducted with increasing involvement of four local trainers; the ASCP role will be gradually reduced to technical oversight only. Refresher training of those previously trained will be considered.
- 5) PEPFAR will continue to support the training and deployment of lab phlebotomists to perform basic lab functions
- ASCP will continue to conduct its trainings on phlebotomy (including both venipuncture and finger prick). This training has been conducted previously, with a 'training of trainers' component. It will be conducted by local trainers; the ASCP role will be limited to technical oversight only. Refresher training of those previously trained will be considered.
- The National Institute for Communicable Diseases (NICD) will continue the assistance with the training of lab phlebotomists on TB sputum microscopy using the CDC protocol and teaching guidelines. This training has been conducted previously, with a 'training of trainers' component. It will be conducted by local trainers; the NICD role will be limited to technical oversight only. Refresher training of those previously trained will be considered.
- ASCP will continue to conduct its trainings of lab phlebotomists on basic lab tests (including HIV testing). This training has been conducted previously, with a 'training of trainers' component. With time, it will be conducted with increasing involvement of four local trainers; the ASCP role will be gradually reduced to technical oversight only. Refresher training of those previously trained will be considered.
- 6) ASCP will continue to help build CD4 testing capacity in Swaziland and further support the CD4 testing sites with technical assistance and training. ASCP will conduct a CD4 testing training for laboratory professionals, and will provide periodic on-site mentoring and technical support to 12 testing sites. ASCP will work with instrument vendors to explore emerging technologies in CD4 testing.
- 7) NICD will increase its support to build TB diagnostic capacity in Swaziland
- NICD will strengthen capacity for TB sputum microscopy by providing additional training, mentoring and quality assurance at all sites, a smear microscopy re-checking program and external proficiency testing. In addition, NICD will gradually upgrade TB labs (high volume labs first) through the introduction of new technology i.e. the concentration of sputum samples and fluorescence microscopy
- NICD will provide training, mentoring and quality assurance for TB culture and drug susceptibility testing at the Mbabane NRL. Performance will be monitored through an external quality assurance program of the South African Medical Research Council (SAMRC). Once full capacity of current equipment is reached, NICD will provide additional equipment to increase the volume of tests that can be performed. Depending on feasibility and experience in South Africa and other developing countries, introduction of line probe identification of drug-resistant TB may be considered.
- 8) NICD is currently performing the DNA PCR testing for early infant diagnosis in Swaziland (facilitated by Clinton Foundation). Samples are being sent to South Africa and results take approximately four to six weeks to return. NICD will offer SA-based training in the performance of DNA PCR to selected lab personnel so that, with time, this test will be made available in Swaziland so that turn-around times may be reduced.
- 9) The NICD will continue to assist with the implementation of a comprehensive, and integrated quality management system by training and supporting the newly appointed NLS Quality Improvement Manager. The Quality Improvement Manager will be assisted to provide training and on-site mentoring to all laboratories in the country, and a routine supervision system will be developed to focus on performance assessment and improvement. In addition, NICD will assist with the implementation of external quality assurance (proficiency testing) for chemistry, CD4, HIV serology. The final stage of their intervention will be performing of internal audits to determine readiness for accreditation, followed by facilitation of a formal accreditation process.
- 10) Management Sciences for Health (MSH) will considerably increase its support to the management of laboratory reagents and equipments for the National Laboratory Services (NLS) more specifically by addressing the following: 1) the improvement of selection, procurement and storage practices for laboratory reagents and equipments; 2) the development and implementation of quantification models; 3) the determination of optimized reorder levels for the NLS "clients" and implementation of a monitoring and evaluation system for commodity management (checks and balances, audit). Moreover, the implementation of the integrated patient management and drug tracking system by MSH will assist with the estimation of the needs as the tests (CD4 Count, Viral Load, and others) performed for patients on ART (and other patients) can be recorded.

- 11) The Department of Defense (DOD) will continue its support to the Umbutfo Swaziland Defense Force (USDF) military clinic and lab. Laboratory related activities will be funded through non-PEPFAR funds (Foreign Military Financing, approximately \$25,000). Activities will include finalization of laboratory infrastructure improvements, provision of equipment, and technical assistance.
- 12) The Southern Africa Human Capacity Development Coalition (SAHCD) will strengthen the management and leadership capacity within the NLS and assist with the development of a human resources plan. The plan will incorporate strategies to strengthen mid-level laboratory management capacity through short external training, on-site mentorship, sharing of best practices and study tours for laboratory management, policy formulation, and budgeting. Furthermore, SAHCD will support the leadership to advocate for the expansion of the current laboratory workforce, a review of the current conditions of service, and the creation of a supervisory structure with top management at MOHSW and Public Service.

Products/outputs:

- National Laboratory Policy
- National Laboratory Development Plan, with updated Action Plan
- Laboratory personnel certification program
- · Laboratory personnel continuing education program
- Modular training guidelines and local training capacity (BLOT, Phlebotomy, HIV testing, TB microscopy, Basic lab test package)
- Lab management protocols and guidelines
- Site-level standard operation procedures, quality assurance plans with supervisor guidelines, quality assessment tools, proficiency testing
- National and facility level QA audit reports leading towards accreditation

PEPFAR will continue to be a key donor for improving laboratory services under either budget scenario. However, plans to task shift, train phlebotomists and expand basic laboratory services into the rural areas are dependent on Compact funding. The roll out of DNA PCR testing for early infant diagnosis will be much slower with pre-Compact funding levels.

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 11804.09 Mechanism: Technical assistance

Prime Partner: HHS/Centers for Disease USG Agency: HHS/Centers for Disease

Control & Prevention Control & Prevention

Funding Source: GHCS (State) Program Area: Laboratory Infrastructure

Budget Code: HLAB Program Budget Code: 16

Activity ID: 11731.28519.09 **Planned Funds:** \$50,000

Activity System ID: 28519

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18162

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18162	11731.08	HHS/Centers for Disease Control & Prevention	HHS/Centers for Disease Control & Prevention	7982	5867.08	Technical assistance	\$150,000
11731	11731.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5867	5867.07	Technical assistance	\$150,000

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 5973.09 Mechanism: PEPFAR staff (salary/benefits)

Prime Partner: US Centers for Disease USG Agency: HHS/Centers for Disease

Control and Prevention Control & Prevention

Funding Source: GAP Program Area: Laboratory Infrastructure

Budget Code: HLAB Program Budget Code: 16

Activity ID: 26674.09 Planned Funds: \$75,000

Activity System ID: 26674

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 5868.09 Mechanism: Lab support, QA, auditing

Prime Partner: American Society of Clinical **USG Agency:** HHS/Centers for Disease

Control & Prevention Pathology

Funding Source: GHCS (State) Program Area: Laboratory Infrastructure

Budget Code: HLAB Program Budget Code: 16

Planned Funds: \$400,000 Activity ID: 19356.25703.09

Activity System ID: 25703 Activity Narrative: N/A.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19356

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19356	19356.08	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	7957	5868.08	Lab support, QA, auditing (NHLS?)	\$31,988

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 11006.09 Mechanism: Ministry of Health Capacity

Building

Prime Partner: Ministry of Health and Social **USG Agency:** HHS/Centers for Disease Welfare-Swaziland

Control & Prevention

Funding Source: GHCS (State) Program Area: Laboratory Infrastructure

Budget Code: HLAB Program Budget Code: 16

Activity ID: 26360.09 Planned Funds: \$200.000

Activity System ID: 26360

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 7991.09 Mechanism: TB Surveillance, MDR-TB,

Infection Control

USG Agency: HHS/Centers for Disease Prime Partner: National Institute for

> Communicable Diseases Control & Prevention

Funding Source: GHCS (State) Program Area: Laboratory Infrastructure

Budget Code: HLAB Program Budget Code: 16

Planned Funds: \$400,000 Activity ID: 19354.25749.09

Activity System ID: 25749 Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 19354

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19354	19354.08	HHS/Centers for Disease Control & Prevention	National Institute for Communicable Diseases	7991	7991.08	TB Surveillance, MDR-TB, Infection Control (MRC?)	\$110,000

17 - HVSI Strategic Information Program Budget Code:

Total Planned Funding for Program Budget Code: \$2,089,923

Program Area Narrative:

Improving Strategic Information (SI) capacity and supporting the delivery of key information products were strongly emphasized in the recent 2008 Joint Review of the National HIV/AIDS Strategic Plan (2004-2008) and in the draft National Strategic Framework (NSF) for HIV/AIDS (2009-2013). While some progress has been made over the last year in implementation of both routine and periodic data collection and use activities, much remains to be done and M&E capacity remains very limited in the country. The development and maintenance of an evidence base for public health program planning and policy development are mentioned frequently in national forums, but the institutional culture around its practice remains rudimentary and advocacy for adequate resource allocation episodic at best.

In 2006, NERCHA launched the Swaziland HIV/AIDS Program Monitoring System (SHAPMoS). SHAPMoS is a major element of the overall national "M&E Roadmap," and has health sector and non health sector components. A challenge to SHAPMoS implementation is that it's effectiveness largely hinges on the MIS at the MOHSW, which is severely under-resourced in terms of trained staff, infrastructure, and technical assistance. PEPFAR has been working with the national Health Information System Coordinating Committee (HISCC) and USG funded partners to build off existing initiatives (e.g. WHO-Health Metrics Network -HMN) and inject targeted technical interventions to improve routine systems and bring together the key elements of a functioning HIS, including survey and surveillance data. A crucial element to this support will be in the area of data synthesis and packaging of information for use by program managers in the Ministry It is understood that this focus on the principle users of data is important to ensure adequate MOHSW budget to a sustainable system.

Within the MOHSW, M&E for the Swaziland National AIDS Program (SNAP) has operated largely in isolation of the Health Statistics Unit, responsible for HMIS; thus, there has been little integration of information systems across health program areas. Since 2007, with USG assistance, SNAP has been working closely with Health Statistics (HMIS) unit in the MOHSW to build practical and integrated systems to collect, process, and use data for program improvement and advocacy. Computer networks have been developed (though not fully implemented yet) to move information among MOHSW program offices and among central offices , regional offices and the large ARV service sites. The Quarterly (HIV) Service Coverage Reports (QSCR), have provided local stakeholder groups including NERCHA and the CCM (Country Coordinating Mechanism of the Global Fund) with up-to-date service statistics, although there remains some data transmission problems that result in occasional delays in report publication. As well, while data tabulation is now automated, data quality audits and more in-depth analysis of the data are not yet routinized.

The USG remains the main bilateral donor actively supporting SI-related activities in Swaziland and has, since 2005, partnered with UNAIDS, WHO, UNICEF and especially the World Bank's Global AIDS M&E Team (GAMET) to provide technical assistance, planning and implementation support to the M&E/HMIS units at NERCHA and MOHSW.

The following summarizes the current status of national SI within PEPFAR SI focus areas:

Sentinel HIV Surveillance. Antenatal clinic-based HIV sentinel surveillance has been supported financially by the MOHSW itself with WHO technical assistance. PEPFAR staff have provided some limited technical assistance but are challenged to provide more support due to existing MOHSW methods that contravene accepted international standards concerning extra blood collection at ANC sites. The 2008 ANC round is currently in the field, with preliminary data available before end 2008.

Population-based Surveys. The final report from the 2007 Swaziland DHS+ (the first survey of its kind in Swaziland) was published early in 2008, and has been widely regarded as an example of effective collaboration between Swazi Institutions (Central Statistics and the MOHSW) and USG Technical Assistance. National population-based HIV prevalence rates were produced as were indicators of HIV/STI risk behaviors and HIV/AIDS program coverage. The USG was the leading donor in support of the SDHS.

Service Availability Surveys. A Service Availability Mapping (SAM) survey was implemented in FY08 with financial support through Global Fund and technical inputs from the WHO and USG. Preliminary findings are expected in November 2008.

Other surveys for program improvement. The national Linkages and Referrals Study was conducted in FY08 and preliminary findings released in September 2008. Substantial financial and technical assistance was provided by USG and MEASURE Evaluation. Referral directories will be revised based on the study data (see Care section).

Health Management Information Systems. The National TB Control Program (NTCP), supported by PEPFAR staff and URC/HCI, has made remarkable progress to integrate key HIV/AIDS data (e.g. HIV Testing and Counseling (HTC)) into the TB registers, computerize the system (ETR.net), and improve data flow between regional and national levels.

The MOHSW Human Resource Information System (HRIS) is supported by PEPFAR through the Southern Africa Human Capacity Development (SAHCD) Coalition. HRIS Workforce data is used for allocating nurses to facilities and for planning workforce trainings (See HSS section), although much remains to be done to improve data use by planners at the decentralized (regional) level.

Other Data Utilization Activities. HIV Estimates and Projections Project (using EPP and SPECTRUM), and a Modes of Transmission (MOT) study were conducted with findings released in 2008, and are used frequently in national planning and evaluation exercises. PEPFAR provided technical assistance for both.

Note: Due to USG delays in the M&E program procurement process, PEPFAR Swaziland lacked an M&E implementation partner to conduct planned capacity building activities for SHAPMoS and the MOHSW, and to build the PEPFAR programmatic database and implement internal PEPFAR program partner capacity building and data quality assurance activities. Enhance Strategic Information (ESI, with John Snow Inc as prime partner) was awarded in FY08 and is now available for involvement in these PEPFAR Swaziland M&E activities.

Due to delays in the protocol review, conducted by in the Swaziland HIV/AIDS Research Committee, the Swazi military sero-surveillance work was postponed until late 2008/early 2009.

PEPFAR Swaziland will continue to play a leading assistance role in building M&E, surveillance, and HMIS systems. The following activities and expected results are planned using FY09 funds:

- 1) A programmatic database will be developed with ESI assistance for the management and analysis of PEPFAR-related data for use in portfolio review, COP and periodic reporting to National stakeholders, USG agencies and OGAC. As well, ESI will work with PEPFAR Swaziland to establish an internal data quality assurance system.
- 2) MEASURE DHS+ and PEPFAR staff will provide technical assistance and USG will provide local costs for the design and early sampling/listing activities related to the 2010 Swaziland AIDS Indicator Survey (AIS), in collaboration with the Central Statistical Office (CSO) and the MOHSW. This activity is included in the draft 2009-2013 national HIV/AIDS Strategic Framework, along with a 2013 SDHS.
- 3) PEPFAR will, with WHO, UNAIDS and others, support the MOHSW/SNAP, in the design and implementation of epidemiologic and demographic data use activities to strengthen epidemic tracking, program monitoring, and impact analysis. This support will be implemented in the context of a PEPFAR-MOHSW cooperative agreement, in turn an important element of the overall PEPFAR Partnership Compact. Based on a specific request from MOHSW leadership, a PEPFAR epidemiologist/statistician will be locally employed to work with the MOHSW to build capacity in data utilization.
- 4) PEPFAR SI staff and ESI will provide direct technical assistance and mentoring to the NERCHA- and MOHSW-sponsored HIV/AIDS M&E Technical Working Group.
- 5) ESI will also support training and mentoring for improved data collection and data utilization methods for the MOHSW and NERCHA's multi-sectoral SHAPMoS. By doing so, the USG also strengthens the program monitoring system for Global Fund reporting, nested within SHAPMoS. A collaborative agreement with the World Bank's Global AIDS M&E Team (GAMET) is being developed towards these ends.

- 6) MEASURE Evaluation will provide technical assistance and limited local costs to support development of referral directories through analysis of data from a national HIV/AIDS program Linkages and Referral systems study.
- 7) DOD and partners will provide technical assistance to support collection and analysis of HIV survey data in the military population.
- 8) Local HTC partner (PSI) and PMTCT partner (EGPAF) will increase its support to capacity building in HTC- and PMTCT-related M&E at the MOHSW/SNAP unit to develop high quality information products to monitor and improve programs.
- 9) PACT, ESI and the USG staff will develop and maintain simple methods for PEPFAR program monitoring, reporting, and planning purposes. Additionally they will provide training workshops and ongoing support to the USG partners in PEPFAR strategic information to monitor and improve programs. ESI and the USG SI Liaison will focus on prime partners (including PACT). PACT, in turn, will focus on its sub-grantees.
- 10) PEPFAR will continue to provide technical assistance for training and support to ETR.net, the national electronic TB register, and through URC/HCI, overall support to the improvement and integration of National TB/HIV program data. This PEPFAR intervention will continue to bolster the NTP and leverage a continuance of Global Fund resources.
- 11) The Southern Africa Human Capacity Development (SAHCD) Coalition will continue to support for the Human Resource Information System (HRIS) and will build the capacity of MOHSW and HIV/AIDS implementing organizations to maintain and use data for decision-making for HR policy formulation and management decisions (see HSS).
- 12) ICAP and MSH will provide continued support at a national level and at facilities to strengthen M&E systems that monitor ART program progress, supporting improvements in the management of clinics and of patients. (See ARV Services)

This COP requests funds to support an epidemiologist/statistician, who will work part-time from PEPFAR offices on management of some PEPFAR SI objectives and part-time with the MOHSW on projects to be written into the USG-MOHSW cooperative agreement developed in FY09.

Products/Outputs for FY09: Programmatic Database for PEPFAR Swaziland; improved PEPFAR data quality; Swazi personnel at NERCHA, MOHSW and NGOs trained in data collection, use, and dissemination; improved National HIV/AIDS and TB Program and GFATM reporting, HIV surveillance data on military, improved use of workforce data for human resource planning, revised referral directories, in-depth analysis and reports on HIV/AIDS program outcomes and impact, sample frame developed and survey instruments designed for the 2010 AIDS Indicator Survey.

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 9343.09 **Mechanism:** Enhance Strategic Information

Prime Partner: John Snow, Inc. USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (USAID) Program Area: Strategic Information

Budget Code: HVSI Program Budget Code: 17

Activity System ID: 25738

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 21525

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21525	21525.08	U.S. Agency for International Development	John Snow, Inc.	9343	9343.08	John Snow Inc.	\$200,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism: PACT / Community Reach

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (USAID) Program Area: Strategic Information

Budget Code: HVSI Program Budget Code: 17

Activity ID: 11737.25766.09 **Planned Funds:** \$250,000

Activity System ID: 25766

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18138

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18138	11737.08	U.S. Agency for International Development	Pact, Inc.	7969	5889.08	PACT / Community Reach	\$277,923
11737	11737.07	U.S. Agency for International Development	Pact, Inc.	5889	5889.07	PACT / Community Reach	\$177,923

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$105,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5897.09 Mechanism: Human Capacity Develoipment

Prime Partner: IntraHealth International, Inc USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (USAID) Program Area: Strategic Information

Budget Code: HVSI Program Budget Code: 17

Activity ID: 18577.25734.09 **Planned Funds:** \$70,000

Activity System ID: 25734
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18577

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18577	18577.08	U.S. Agency for International Development	IntraHealth International, Inc	7962	5897.08	Human Capacity Develoipment	\$70,000
Emphasis A	reas						
Human Capa	acity Develop	ment					
Estimated an	nount of fundir	ng that is planned	for Human Capacit	y Development	\$70,000		
Public Healt	h Evaluation						
Food and Nu	utrition: Polic	cy, Tools, and Se	rvice Delivery				
Food and Nu	utrition: Com	modities					
Economic S	trengthening						
Education							
Water							

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 11806.09 Mechanism: University Technical

Assistance Project (UTAP)

Prime Partner: To Be Determined USG Agency: HHS/Centers for Disease

Control & Prevention

Funding Source: GHCS (State) Program Area: Strategic Information

Budget Code: HVSI Program Budget Code: 17

Activity ID: 29011.09 Planned Funds:

Activity System ID: 29011
Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 11819.09 Mechanism: Human Capacity Development

Prime Partner: IntraHealth International, Inc USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (State) Program Area: Strategic Information

Budget Code: HVSI Program Budget Code: 17

Activity System ID: 29036

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5887.09 Mechanism: Umbutfo Swaziland Defense

Force (USDF)

Prime Partner: US Department of Defense USG Agency: Department of Defense

Funding Source: GHCS (State) Program Area: Strategic Information

Budget Code: HVSI Program Budget Code: 17

Activity ID: 18573.25839.09 **Planned Funds:** \$70,000

Activity System ID: 25839
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18573

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18573	18573.08	Department of Defense	US Department of Defense	7952	5887.08	Umbutfo Swaziland Defense Force (USDF)	\$30,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5973.09 Mechanism: PEPFAR staff (salary/benefits)

Prime Partner: US Centers for Disease USG Agency: HHS/Centers for Disease

Control and Prevention Control & Prevention

Funding Source: GAP Program Area: Strategic Information

Budget Code: HVSI Program Budget Code: 17

Activity ID: 11833.25817.09 **Planned Funds:** \$50,000

Activity System ID: 25817
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18168	11833.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7983	5973.08	PEPFAR staff (salary/benefits)	\$50,000
11833	11833.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5973	5973.07	CDC USDH staff in Swaziland	\$50,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 11006.09 Mechanism: Ministry of Health Capacity

Building

USG Agency: HHS/Centers for Disease Prime Partner: Ministry of Health and Social Welfare-Swaziland

Control & Prevention

Funding Source: GHCS (State) Program Area: Strategic Information

Budget Code: HVSI Program Budget Code: 17

Activity ID: 26361.09 Planned Funds: \$100,000

Activity System ID: 26361

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 11814.09 Mechanism: PACT / Community Reach

Prime Partner: Pact, Inc. USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (State) Program Area: Strategic Information

Program Budget Code: 17 Budget Code: HVSI

Activity ID: 29026.09 Planned Funds: \$27,923

Activity System ID: 29026

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 11011.09 Mechanism: University Technical

Assistance Project (UTAP)

Prime Partner: To Be Determined **USG Agency:** HHS/Centers for Disease

Control & Prevention

Funding Source: GAP Program Area: Strategic Information

Budget Code: HVSI Program Budget Code: 17 Activity ID: 26378.09

Activity System ID: 26378

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5876.09 Mechanism: PEPFAR staff (salary/benefits)

Prime Partner: US Department of State USG Agency: Department of State / African

Affairs

Planned Funds:

Funding Source: GHCS (State) Program Area: Strategic Information

Budget Code: HVSI Program Budget Code: 17

Activity ID: 18574.25845.09 **Planned Funds:** \$22,000

Activity System ID: 25845

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18574

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18574	18574.08	Department of State / African Affairs	US Department of State	7987	5876.08	PEPFAR staff (salary/benefits)	\$16,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5896.09 Mechanism: MEASURE DHS+

Prime Partner: Macro International USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (State) Program Area: Strategic Information

Budget Code: HVSI Program Budget Code: 17

Activity System ID: 28532

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5873.09 Mechanism: HIV/AIDS in the workplace

Prime Partner: International Labor USG Agency: Department of Labor

Organization

Funding Source: GHCS (State) Program Area: Strategic Information

Budget Code: HVSI Program Budget Code: 17

Activity ID: 28531.09 Planned Funds: \$20,000

Activity System ID: 28531

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 12225.09 Mechanism: N/A

Prime Partner: International Center for AIDS USG Agency: HHS/Centers for Disease

Care and Treatment Programs, Control & Prevention Columbia University

Funding Source: GAP Program Area: Strategic Information

Budget Code: HVSI Program Budget Code: 17

Activity ID: 29787.09 **Planned Funds:** \$150,000

Activity System ID: 29787
Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 11805.09 Mechanism: Ministry of Health Capacity

Building

Prime Partner: Ministry of Health and Social USG Agency: HHS/Centers for Disease

Welfare-Swaziland Control & Prevention
GAP Program Area: Strategic Information

Budget Code: HVSI Program Budget Code: 17

Frogram Budget Code. 17

Activity ID: 29010.09 Planned Funds: \$100,000

Activity System ID: 29010
Activity Narrative: N/A

Funding Source: GAP

-

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 18 - OHSS Health Systems Strengthening

Total Planned Funding for Program Budget Code: \$2,667,027

Program Area Narrative:

Swaziland's HIV and AIDS response suffers from severe deficits in infrastructure and human resources. The scale of the epidemic has placed undue stress on an already overburdened health care system. Challenges include a lack of sufficient

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number of personnel with skills in planning and management; crumbling facilities; inadequate equipment; a vertical HIV service delivery approach that limits access; and, insufficient systems and capacity for data-driven decision making. These constraints result in slow implementation, lack of coordination and unspent HIV and health sector allocations.

The Government of Swaziland, with significant support from the Global Fund, United Nations agencies and PEPFAR among other donors, is making efforts to address these deficiencies. The country has in place a National Multisectoral Policy and Action Plan on HIV and AIDS 2206-2008 and is currently developing the follow-on National Strategic Framework for 2009-2013. The managerial structures of the national coordinating body, NERCHA, have been strengthened. Regions and sectors are now involved in planning, managing coordinating, monitoring and evaluating the response. A national monitoring and evaluation system has been established; however, quality, timeliness and coordination remain significant challenges. Although efforts have been made towards workforce planning and absorption of new posts, the lack of qualified human resources in all cadres and at all levels remains an overarching constraint.

Since 2006, PEPFAR has been working to develop local organizational and human capacity through work with government, NGOs, the military, Peace Corps volunteers and the private sector. The quality assurance program has empowered public sector health staff to provide integrated HIV and AIDS care. At a national level, PEPFAR provided leadership development and support to the core Performance Improvement (PI) champion teams and trained managers to use it at national and facility level. The program continued to expand and focus on community-based workforce development through in-service training, supportive supervision and mentoring programs. PEPFAR has supported the implementation of a drug procurement and management system to help meet Global Fund requirements. The USG has also provided on-going TA to the CCM and NERCHA to strengthen the support systems for planning, delivery, monitoring and evaluation around Global Funds. Significant TA was provided to strengthen laboratory services. PEPFAR partners also supported the development and costing of policies and information systems to help drive decisions around HR, drug supply, male circumcision and provider-initiated counseling and testing.

Swaziland has been designated as a FY 08 Partnership Compact Country. HSS is one of the five key areas under development with the government. The PEPFAR HSS approach prioritizes human capacity development as well as the decentralization of HIV and AIDS services. Policy priorities include task shifting to increase access to services and translating several key national policies and bills that are currently awaiting government approval into accelerated action. PEPFAR's efforts to strengthen the health care system are in line with the National Strategic Framework currently under development and cut across all program areas.

In FY 09, PEPFAR will significantly expand its efforts in HSS, especially in terms of human capacity development. HSS activities in the various program areas will also focus on improving service quality, leadership and management, training, logistics and knowledge management for evidence-based decision making.

1) Strengthening the capacity of host country government institutions to plan, manage, and implement HIV programs (including national procurement and logistics systems)

PEPFAR will directly increase its support to strengthen the leadership, capacity and coordination activities of the MOHSW in the areas of human capacity development, prevention, care and treatment service delivery including referral mechanisms, laboratory services, blood safety, fiscal budgeting, health sector planning, pharmaceutical management, information management and epidemiology. One element of the strategy is to establish a cooperative agreement with MOHSW to empower and foster internal management capacity. As part of its systems strengthening efforts, PEPFAR and its partners will continue to serve on the various national Technical Working Groups. Of the many public sector HSS areas supported by PEPFAR, human capacity development and national procurement and logistics systems are described in further detail below.

In terms of human capacity development, PEPFAR will continue to emphasize workforce planning, development and support including assistance to the MOHSW in recruitment and deployment, using HR data for decision-making, implementing the human resources development plan and improving HR Management policies, especially with respect accreditation and task shifting required for national scale up. PEPFAR and its partners will engage in a consultative process with Government and other stakeholders to standardize scopes of work, training and compensation for different cadres of community health workers. PEPFAR will also focus on strengthening pre-service and in-service training and curricula across the program areas. PEPFAR will continue to work with government towards decentralizing the human resources information system. (HRH/HCD)

Since 2005, USG Swaziland has been carrying out activities to improve pharmaceutical management. In FY09, PEPFAR through MSH will continue to assist the Pharmacy Services to implement the Swaziland Medicines Regulatory Authority to standardize the importation, procurement, storage and distribution of medicines for the public and private sector. This activity also implies interactions/negotiations with all stakeholders and establishing link with other regulatory authorities within and outside the SADC region (HTXD).

2) Strengthening local partner organizations, particularly in management, leadership and policy development

In FY09, Pact will continue its primary focus on the development of human and organizational capacity of local NGO sub-grantees to promote the participation of viable and sustainable civil society organizations in the HIV and AIDS response. Pact's capacity building activities will continue to be: assessment of sub-recipient organizational and technical capacity, development of institutional strengthening plans, delivering capacity building services, reassessment and refinement of institutional strengthening plans. Pact has recognized that management skills among the leadership of many of the NGOs need to be further developed. With FY 08 and 09 funding, Pact will identify short term management courses in Swaziland or South Africa that will enhance leadership and management skills. Attendance to leadership courses will be made available to priority sub-grantees, such as FLAS, which are experiencing difficulty in transitioning to increased funding levels or have new management staff and structures. Pact will also provide technical assistance and mentoring to the Coordinating Assembly of Non-Governmental Organizations

(CANGO), a local umbrella group, to ensure effective absorption of Global Funds.

The DOL/ILO project will continue to support the enforcement of the multisectoral HIV/AIDS National Policy, which has now been approved by parliament. This will include the development of HIV/AIDS workplace guidelines to support Ministry of Enterprise & Employment - Department of Labour, the Federation of Swaziland Employers & Chamber of Commerce, the Swaziland Federation of Trade Unions, the Swaziland Federation of Labour as well as all other Project Advisory Board (PAB) members in the implementation of the national policy. For this purpose, capacity building will be pursued through training of labor inspectors.

Other partners will also be engaged in capacity development of local organizations. SAHCD will provide the Institution for Development Management (IDM) with TA to establish partnerships with Ministries and other stakeholders to obtain buy in for their training and tools. Capacity building for IDM will also focus on their capacity to document and disseminate best practices. Working with local sub-grantees to promote HCT and prevention, PSI will build their capacity in planning, management and implementation.

3) Strengthen leadership and the policy environment to reduce stigma and discrimination, including addressing key gender issues

DOL/ILO will link to the PACT grantee Swaziland Network of People Living with HIV/AIDS to participate in the Project Advisory Board and build their capacity on how to use the ILO Code of Practice on HIV/AIDS in the workplace to reduce stigma and discrimination. PSI will train outreach communication agents to provide leadership in the community on reducing stigma and discrimination against people living with HIV.

During FY09, PEPFAR will pursue several activities to address gender issues that are deeply entrenched in Swazi society and present significant challenges for the HIV and AIDS response. The USG along with other key donors will advocate for the approval of the National Gender Policy and the National Domestic Violence and Sexual Offences Bill. PACT and PSI will begin to gender mainstream in their programs during FY 09. DOL/ILO will provide training and TA on gender equity as one of 10 key HIV policy principles in the workplace. Partners will be supported with TA to improve gender disaggregated data collection, analysis and use to improve programming. (Gender)

4) Strengthening leadership and policy environment to expand access to HIV care and treatment services for children.

PEPFAR's priority focus on decentralization of HIV care and treatment services through task shifting, improving guidelines, strengthening regional offices, integration and quality of services and expanding the number of sites that provide HIV services will be the foundation for expanding access for children. PEPFAR will continue to work closely with the MOHSW and a consortium of stakeholders, to develop policies, technical guidelines and training curricula in support of comprehensive HIV care and treatment for children. PEPFAR will also continue to support capacity development for roll-out of Early Infant Diagnosis and increased access to Early Infant Treatment. Improvements in pharmaceutical management and patient monitoring will allow better analysis of pediatric treatment. Efforts to strengthen capacity for community-based and home-based extension of service delivery will provide an important gateway for children to access testing and services. The evolving OVC portfolio will also provide opportunity to improve policies and referrals for access to HIV services (PDCS, HKID).

5) Strengthening the GFATM management structure and improving donor coordination

With FY 09 funding, PEPFAR will continue to provide TA and support to strengthen the GFATM management structure and organizational capabilities of the MOHSW and Global Fund sub-recipients to effectively perform their functions. In particular, PEPFAR will support:

- Improvements in sub-granting by the principal recipient NERCHA, CCM oversight/M&E and the management structure for NERCHA and SNAP.
- The establishment of a functional Global Fund Secretariat, and
- Increased quality and timeliness of national reporting, including information to the CCM and GF Geneva (Global Fund Supplemental).

PEPFAR will continue to work in partnership with UN agencies to coordinate program planning and technical assistance interventions.

6) Support for construction and renovation

Infrastructure and renovation work will be supported to expand access to care and treatment into the rural areas (HBHC) and to improve the quality of OVC services and support provided through Neighborhood Care Points (HKID).

Products/Outputs

- * National Policies (HVCT, HVTB, HKID, HLAB, HMBL, Gender, HRH/HCD)
- * National Guidelines (HBHC, PDCS, HVCT, HVTB, HLAB, HTXD, HRH/HCD)
- * Training Curricula (HBHC, HVCT, HVTB, PDCS, HRH/HCD)
- * Referral Directories (HVCT, PDCS, HBHC, HVSI)
- * Quality Management System/Plan/Tools (HBHC, PDCS, HMBL, HLAB, HRH/HCD)
- * HRIS networked to the regional level (HRH/HCD)
- * Operational TMIS (HRH/HCD)
- * 24 workplace enterprises with a written HIV workplace policy in effect and an active committee addressing HIV and AIDS issues (HVAB).
- * Functional Global Fund Secretariat (Global Fund Supplemental)

Much of the expanded activity in human capacity development was designed on the basis of increased funding levels under a

Compact. Specifically, expansion of the HRIS to regional levels, recruitment and training of additional staff for MC scale up and decentralization of care and treatment, streamlining of pre and in-service training and task shifting would be scaled way back. Efforts to standardize scopes of practice and compensation for community-based workers are entirely dependent on Compact funding. The cooperative agreement with the Ministry of Health for capacity building in epidemiology, laboratory services and health systems strengthening would be considerably scaled back in scope.

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 12226.09 Mechanism: N/A

Prime Partner: International Center for AIDS USG Agency: HHS/Health Resources

Care and Treatment Programs, Services Administration Columbia University

Funding Source: GHCS (State) Program Area: Health Systems Strengthening

Budget Code: OHSS Program Budget Code: 18

Activity ID: 29788.09 **Planned Funds:** \$100,000

Activity System ID: 29788

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11822.09 Mechanism: Technical Assistance

Prime Partner: US Agency for International USG Agency: U.S. Agency for International

Development Development

Funding Source: GHCS (State) Program Area: Health Systems Strengthening

Budget Code: OHSS Program Budget Code: 18

Activity ID: 29047.09 **Planned Funds:** \$45,000

Activity System ID: 29047

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11819.09 Mechanism: Human Capacity Development

Prime Partner: IntraHealth International, Inc USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (State) Program Area: Health Systems Strengthening

Budget Code: OHSS Program Budget Code: 18

Activity System ID: 29037

Activity Narrative: N/A

New/Continuing Activity: New Activity

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5873.09 Mechanism: HIV/AIDS in the workplace

Prime Partner: International Labor USG Agency: Department of Labor

Organization

Funding Source: GHCS (State) Program Area: Health Systems Strengthening

Budget Code: OHSS Program Budget Code: 18

Activity ID: 11748.28529.09 **Planned Funds:** \$20,000

Activity System ID: 28529
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18124

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18124	11748.08	Department of Labor	International Labor Organization	7961	5873.08	HIV/AIDS in the workplace	\$50,000
11748	11748.07	Department of Labor	International Labor Organization	5873	5873.07	HIV/AIDS in the workplace	\$65,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11451.09 Mechanism: Human Capacity Development

Prime Partner: To Be Determined USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS Program Budget Code: 18

Activity ID: 27872.09 Planned Funds:

Activity System ID: 27872

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5889.09 Mechanism: PACT / Community Reach

Prime Partner: Pact, Inc. USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (USAID) Program Area: Health Systems Strengthening

Budget Code: OHSS Program Budget Code: 18

Activity System ID: 27469
Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$88,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11814.09 Mechanism: PACT / Community Reach

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (State) Program Area: Health Systems Strengthening

Budget Code: OHSS Program Budget Code: 18

Activity ID: 29027.09 Planned Funds: \$77,027

Activity System ID: 29027

Activity Narrative: N/A

New/Continuing Activity: New Activity

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11006.09 Mechanism: Ministry of Health Capacity

Building

Prime Partner: Ministry of Health and Social USG Agency: HHS/Centers for Disease

Welfare-Swaziland Control & Prevention

Funding Source: GHCS (State) Program Area: Health Systems Strengthening

Budget Code: OHSS Program Budget Code: 18

Activity System ID: 26362

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5876.09 Mechanism: PEPFAR staff (salary/benefits)

Prime Partner: US Department of State USG Agency: Department of State / African

Affairs

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS Program Budget Code: 18

Activity ID: 26173.09 **Planned Funds:** \$75,000

Activity System ID: 26173

Activity Narrative: HCD Program Specialist Position

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5887.09 Mechanism: Umbutfo Swaziland Defense

Force (USDF)

Prime Partner: US Department of Defense USG Agency: Department of Defense

Funding Source: GHCS (State) Program Area: Health Systems Strengthening

Budget Code: OHSS Program Budget Code: 18

Activity ID: 11741.25840.09 **Planned Funds:** \$30,000

Activity System ID: 25840

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18110	11741.08	Department of Defense	US Department of Defense	7952	5887.08	Umbutfo Swaziland Defense Force (USDF)	\$20,000
11741	11741.07	Department of Defense	To Be Determined	5887	5887.07	DOD/SDF	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 7994.09 Mechanism: Human Capacity Development

Prime Partner: To Be Determined USG Agency: HHS/Health Resources

Services Administration

Funding Source: GHCS (State) Program Area: Health Systems Strengthening

Budget Code: OHSS Program Budget Code: 18

Activity ID: 26048.09 Planned Funds:

Activity System ID: 26048

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5891.09 Mechanism: Technical Assistance

Prime Partner: US Agency for International USG Agency: U.S. Agency for International

Development Development

Funding Source: GHCS (USAID) Program Area: Health Systems Strengthening

Budget Code: OHSS Program Budget Code: 18

Activity ID: 18500.25787.09 **Planned Funds:** \$45,000

Activity System ID: 25787

Activity Narrative: N/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 18500

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18500	18500.08	U.S. Agency for International Development	US Agency for International Development	7981	5891.08	Technical Assistance	\$50,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5897.09 Mechanism: Human Capacity Develoipment

Prime Partner: IntraHealth International, Inc USG Agency: U.S. Agency for International

Development

Funding Source: GHCS (USAID) Program Area: Health Systems Strengthening

Budget Code: OHSS Program Budget Code: 18

Activity ID: 11744.25735.09 **Planned Funds:** \$604,200

Activity System ID: 25735
Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18125

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18125	11744.08	U.S. Agency for International Development	IntraHealth International, Inc	7962	5897.08	Human Capacity Develoipment	\$604,200
11744	11744.07	U.S. Agency for International Development	IntraHealth International, Inc	5897	5897.07	HCD Coalition	\$421,235

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$604,200

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 19 - HVMS Management and Staffing

Total Planned Funding for Program Budget Code: \$1,751,000

Program Area Narrative:

The general oversight and management body for the entire PEPFAR Swaziland program is the PEPFAR Advisory Council (PAC), consisting of a representative from each agency participating in the program. The Ambassador is the head of the PAC, but meetings are generally convened and chaired by the PEPFAR Coordinator. The PAC provides leadership and guidance for strategy and compact development, public diplomacy/public relations, and sharing of information regarding operational challenges and opportunities. PAC meetings focus on high-level issues and decisions related to the PEPFAR program, to relations with Washington, and to relations with the Swazi Government. The Ambassador has final authority on major planning and reporting decisions, and on relations with the Government and major national organizations. The PEPFAR Steering Committee meets

more frequently and is responsible for ongoing PEPFAR program planning, oversight, and management. Lastly, the PEPFAR Office or core team is responsible for day-to-day program implementation and communication.

PEPFAR Swaziland includes the Department of Defense (DOD), Department of Labor (DOL), Department of State (DOS), Department of Health and Human Services (HHS) - Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA), Peace Corps (PC) and the U.S. Agency for International Development (USAID). The DOS, HHS/CDC, USAID and PC are represented by staff resident in Swaziland, while DOD and DOL currently manage their program from Pretoria and Washington, DC respectively. The installation of a DOD program representative is expected by end 2008.

Following the October 2006 recommendations of the PEPFAR Under-Principal's management and staffing team, the PEPFAR program began the process of transitioning to an 8-person in-country PEPFAR Team to be based in the Embassy. In anticipation of further program expansion under a National Scale-up Partnership Compact, beginning in FY09, a larger 13-person management team will be needed. This includes:

- PEPFAR Coordinator (PSC, USAID-supported);
- USAID Program Manager (PSC), and three additional program specialists (1 PSC; 2 FSNs),
- CDC Country Director (USDH), and three additional program specialists (1 USDH, 2 FSNs),
- DOD HIV/AIDS Program Manager (FSN),
- PEPFAR Program Assistant (FSN),
- PEPFAR Administrative Assistant (FSN), and
- Management Officer (CDC-supported, USDH) to handle local cross-agency procurement issues.

Peace Corps, while not officed at the Embassy compound, participates fully in PEPFAR team meetings and plays an important role in implementation and coordination of the program. DOL will continue to liaise with the PAC and Steering Committee through its US-based staff.

The PEPFAR team believes these changes will ultimately translate to a more responsive, better managed and more cohesive program to respond to high-priority needs that are within the USG's strategic advantage.

The administrative staffing actions to realize this unique '1 USG' model for PEPFAR management are still in process. With the arrival of the PEPFAR Coordinator and USAID Program Manager in September 2008 and imminent installation of DOD and CDC FSN positions, 5 of the 13 proposed positions will remain vacant as of first quarter 2009 and are being requested in this FY09 COP:

- 2 USAID FSNs (administered by DOS),
- 1 USAID PSC (administered by USAID Pretoria),
- 1 CDC FSN (administered by DOS), and
- 1 CDC USDH (administered by CDC Atlanta).

The core team is currently situated in the library of the Ryan House (Public Affairs Office) at the Kent Rock Embassy compound. Growth in team composition necessitates urgent identification of new office accommodations for PEPFAR. Renovation of a building ("corner house") at the same Kent Rock compound has been in planning process since 2007. Funds to accomplish this renovation were included in FY07 and FY08 COP requests. Further funds to satisfy increased costs associated with OBO-specified physical security and building safety requirements are included in this COP request.

PEPFAR Swaziland program planning and management will be organized around five technical management areas: Prevention, OVC, Human Capacity Development, Care and Treatment, and Strategic Information. The first three of these are led by a USAID person and the last two by a CDC person. Technical area leads are members of the Steering Committee.

The PEPFAR Coordinator and other administrative/management support staff form the operational backbone of PEPFAR Swaziland Office. Co-location of USG agencies, co-location of implementing partners (where feasible), standardization of all work plans and reporting tools across agencies, and regular technical meetings with implementing partners and stakeholders will all help to unify and strengthen this unique model of PEPFAR program implementation.

Local support and procurement services for the PEPFAR offices and USDH/PSC housing will be administered by Embassy staff through full ICASS subscription. Funding for services not covered by ICASS will be split three ways: (1) DOS will fund office-related costs for all PEPFAR staff, and all costs for DOS-funded and administered FSN/LES staff (program assistant, administrative assistant, prevention specialist, and HCD specialist); (2) CDC will fund salaries/benefits, all travel, and all non-office-related costs for its USDH, PSC, and FSN employees; and (3) USAID will fund salaries/benefits, all travel, and all non-office-related costs for its PSC employees and the PEPFAR Coordinator who is detailed to the Embassy.

The CDC Regional Office/SARAP has ceased operation as of end FY07, although CDC Atlanta and CDC Pretoria will continue to provide limited administrative support to CDC Mbabane until the PEPFAR management officer assumes post late in FY09. USAID/RHAP (Pretoria) will provide limited management support to the Swazi programs in FY09, and this support will be evaluated over time as the team grows and duties are transferred over to USAID/Swaziland staff.

All sections of the Embassy are dedicated to fighting against HIV/AIDS. The Embassy's Public Diplomacy section takes the lead on engaging the Swazi public on all issues related to HIV/AIDS. The Embassy's health officer divides her time equally between her role as the Embassy nurse and as a PEPFAR care and treatment program specialist. The Embassy's self-help coordinator manages small grants programs, some which strengthen community-level responses to HIV/AIDS. The Political/Economic section works to ensure the success of economic development programs, including heightening HIV/AIDS awareness and protection. The General Services Office provides significant logistical support to the USG PEPFAR Team. And, as mentioned above, the PEPFAR Coordinator position is detailed to DOS with supervision and management continuing under the Ambassador.

DOD has primary responsibility for a wide range of HIV/AIDS activities conducted with the Swaziland Defense Force (SDF) and other uniformed services. Swaziland has received assistance from the USDOL/ILO International HIV/AIDS Workplace Education Program. The program contributes to the prevention of new HIV infections by promoting "Abstinence, Be faithful; Correct and Consistent Condom Use" (ABC) workforce policies.

The Peace Corps Swaziland program began in 2003 and currently has 35 Peace Corps Volunteers (PCVs). At the request of the Swaziland government, the Peace Corps program is devoted entirely to HIV/AIDS prevention, mitigation and care and support. This year, PEPFAR Swaziland is requesting 7 PEPFAR PCVs, who will be funded (2 years) by the PEPFAR Swaziland program budget under the OVC program area. Other PCV support and activity costs fall under prevention. All PCVs are involved in community-based HIV prevention and OVC-related interventions.

During FY08, HHS/CDC has transitioned from its previous regional base in Pretoria to an entirely Swazi-based and managed program. Areas of CDC program and technical support have included: innovative client- and provider-initiated approaches to HIV counseling and testing, TB/HIV program strengthening, laboratory systems strengthening, and strategic information support (M&E, HMIS, and surveillance). In this COP, CDC proposes to increase its involvement in broader assistance efforts in Care and Treatment and a limited role to increase the supply of safe blood. CDC in-country staff will be responsible for management of program partners and technical assistance in two of the five main technical management areas: Strategic Information and Care and Treatment. In addition, the CDC Country Director and CDC program manager provide overall support to the M&E and Tuberculosis components of sizable Global Fund planning and oversight activities. The CDC Management Officer, while assuming some CDC-specific tasks around program procurement and human resource management, will serve the entire PEPFAR core team in PEPFAR budget tracking and local procurement in collaboration with Financial and Budget Office and GSO of the Embassy. A FSN laboratory program specialist and a FSN epidemiologist, as part of the Care and Treatment and SI teams of PEPFAR Swaziland, will work closely with the MOHSW and NGO partners on local capacity-building activities.

USAID/RHAP (Pretoria) continues to provide valuable support to PEPFAR Swaziland in the area of program procurement and technical assistance. In addition, key services will be furnished from USAID/Southern Africa's Contracting Office, Executive Office and Financial Management Office. Areas of USAID program and technical support within PEPFAR Swaziland include: scale-up of prevention/behavior change programs; male circumcision activities; high quality PMTCT service delivery; workforce development including human resources for health and capacity building in public, NGO, and private sectors; pharmaceutical supply-chain management; and community-based HIV/AIDS care and support. In this COP is proposed increased emphasis on OVC program. The USAID Program Manager will be responsible for management of program partners and technical assistance related to HIV Prevention. Three USAID-supervised program specialists will manage activities in the areas of OVC, HCD, and HIV prevention.

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8250.09 Mechanism: PEPFAR staff (local support

costs)

Prime Partner: US Centers for Disease **USG Agency:** HHS/Centers for Disease Control and Prevention

Control & Prevention

Funding Source: GAP Program Area: Management and Staffing

Budget Code: HVMS Program Budget Code: 19

Activity ID: 18793.25827.09 Planned Funds: \$190,500

Activity System ID: 25827

Activity Narrative: This allocation includes the housing costs (rent, utilities, cell phones, upgrading and physical security) and

other miscellaneous local support costs for the CDC Country Director and CDC Program Specialists (Care and Treatment, Laboratory). As well, it includes costs of residential guard services for CDC Country Director, CDC PSC Program Specialist, and the CDC/PEPFAR Management Specialist. All non-guard service (local) costs for the CDC/PEPFAR Management Specialist and CDC program specialist

(Epidemiologist) were covered in the FY08 reprogramming request.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18793	18793.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8250	8250.08	PEPFAR staff (local support costs)	\$120,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8111.09 Mechanism: PEPFAR staff (salary/benefits)

Prime Partner: US Agency for International USG Agency: U.S. Agency for International

Development Development

Funding Source: GHCS (USAID) Program Area: Management and Staffing

Budget Code: HVMS Program Budget Code: 19

Activity ID: 11755.25793.09 **Planned Funds:** \$300,000

Activity System ID: 25793

Activity Narrative: This includes salary and benefits costs for the three USAID-funded USG team members: the USG

Coordinator and the USAID Program Manager (Prevention Lead). The USAID Program Specialist (OVC Lead), was recently added to the PEPFAR staffing plan will be recruited as soon as is feasible; funding for the position was requested in the FY08 Compact "reprogramming" request. The USG Coordinator and USAID Program Manager have recently arrived at post and are contracted by USAID/Pretoria/RHAP as USPSC. The Coordinator is detailed to DOS/Embassy Mbabane, which provides direct supervision (COM or designee). He will be a member of both the PEPFAR Advisory Committee and the Steering Committee,

and typically will chair the meetings of both bodies.

The positions of USAID Program Manager and USAID Program Specialist (OVC) are recruited, managed and supervised by USAID/Pretoria/RHAP. The USAID Program Manager coordinates the overall USAID program in Swaziland, and manages the critical technical area of Prevention. The USAID Program Specialist (OVC) will be supervised by the USAID Program Manager and will technically oversee the new PEPFAR Swaziland area of OVC.

The USG program management attribution of salaries and benefits for the Coordinator and USAID Program manager are reflected here. Programmatic attribution for the Program Manager is reflected in the narrative and budget of the prevention program areas. Both the USAID Program Manager and USAID Program Specialist (OVC) will be members of the PEPFAR Steering Committee and the USAID Program Manager will as well participate in the PEPFAR Advisory Committee.

Note: Two PEPFAR staff (program specialists for prevention and human capacity development), will be supported through DOS mechanisms, although supervised by the USAID Program Manager in the context of USAID purview within those program areas

New/Continuing Activity: Continuing Activity

Continuing Activity: 18160

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18160	11755.08	U.S. Agency for International Development	US Agency for International Development	8111	8111.08	PEPFAR staff (salary/benefits)	\$348,750
11755	11755.07	U.S. Agency for International Development	US Agency for International Development	5891	5891.07	USAID funded staff in Swaziland	\$185,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8253.09 Mechanism: PEPFAR staff (ICASS)

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Prime Partner: US Agency for International **USG Agency:** U.S. Agency for International Development

Development

Funding Source: GHCS (USAID) Program Area: Management and Staffing

Budget Code: HVMS Program Budget Code: 19

Activity ID: 18796.25795.09 Planned Funds: \$150,000

Activity System ID: 25795

Activity Narrative: This allocation includes the full ICASS subscription costs for the USAID Program Manager and PEPFAR

Coordinator. The ICASS costs for the USAID Program Specialist (OVC) were been included in the FY08

Development

Development

New/Continuing Activity: Continuing Activity

Continuing Activity: 18796

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18796	18796.08	U.S. Agency for International Development	US Agency for International Development	8253	8253.08	PEPFAR staff (ICASS)	\$141,845

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8254.09 Mechanism: PEPFAR staff (CSCS Tax)

USG Agency: U.S. Agency for International **Prime Partner:** US Agency for International

Development

Funding Source: GHCS (USAID) Program Area: Management and Staffing

Budget Code: HVMS Program Budget Code: 19

Activity ID: 18797.25796.09 Planned Funds: \$12,794

Activity System ID: 25796

Activity Narrative: This allocation includes the CSCS tax for the USAID Program Manager and PEPFAR Coordinator. CSCS

tax for the USAID Program Specialist (OVC) was included in the FY08 "reprogramming" request

New/Continuing Activity: Continuing Activity

Continuing Activity: 18797

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18797	18797.08	U.S. Agency for International Development	US Agency for International Development	8254	8254.08	PEPFAR staff (CSCS Tax)	\$12,782

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8255.09 Mechanism: PEPFAR staff (local support

Prime Partner: US Agency for International **USG Agency:** U.S. Agency for International

Development

Funding Source: GHCS (USAID) Program Area: Management and Staffing

Budget Code: HVMS Program Budget Code: 19

Generated 9/28/2009 12:07:05 AM Swaziland Page 130 **Activity ID:** 18795.25798.09 **Planned Funds:** \$172,000

Activity System ID: 25798

Activity Narrative: This allocation includes the housing costs (rent, utilities, cell phones, upgrading and physical security) and

other miscellaneous local support costs for the USAID Program Manager and PEPFAR Coordinator. As well, it includes costs of residential guard services for USAID Program Manager, PEPFAR Coordinator, and the USAID Program Specialist (OVC). All non-guard service (local) costs for the USAID Program Specialist

(OVC) were covered in the FY08 reprogramming request

New/Continuing Activity: Continuing Activity

Continuing Activity: 18795

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18795	18795.08	U.S. Agency for International Development	US Agency for International Development	8255	8255.08 PEPFAR staff (local support costs)		\$74,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8249.09 Mechanism: PEPFAR staff (CSCS Tax)

Prime Partner: US Department of State USG Agency: Department of State / African

Affairs

Funding Source: GHCS (State) Program Area: Management and Staffing

Budget Code: HVMS Program Budget Code: 19

Activity ID: 26160.09 **Planned Funds:** \$25,594

Activity System ID: 26160

Activity Narrative: This allocation represents the CSCS tax for four LES team members funded by DOS/Embassy Mbabane:

the Program Assistant, Administrative Assistant, Driver, USAID Program Specialist (Human Capacity Development). CSCS costs for the DOS LES Program Specialist (Prevention) was included in the FY08

"reprogramming" request.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8252.09 Mechanism: PEPFAR staff (CSCS Tax)

Prime Partner: US Centers for Disease USG Agency: HHS/Centers for Disease

Control and Prevention Control & Prevention

Funding Source: GAP Program Area: Management and Staffing

Budget Code: HVMS Program Budget Code: 19

Activity ID: 26154.09 **Planned Funds:** \$19,203

Activity System ID: 26154

Activity Narrative: This allocation includes the CSCS tax for the CDC Country Director and two CDC Program Specialists

(Care and Treatment and Laboratory). CSCS costs for the CDC LES Program Specialist (Epidemiologist)

and PEPFAR/CDC Management Specialist were included in the FY08 "reprogramming" request.

New/Continuing Activity: New Activity

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 5876.09 Mechanism: PEPFAR staff (salary/benefits)

Prime Partner: US Department of State USG Agency: Department of State / African

Affairs

Funding Source: GHCS (State) Program Area: Management and Staffing

Budget Code: HVMS Program Budget Code: 19

Activity ID: 26159.09 **Planned Funds:** \$103,000

Activity System ID: 26159

Activity Narrative: This allocation covers the salaries and benefits of the PEPFAR Program Assistant (PA), PEPFAR

Administrative Assistant (AA), and PEPFAR Driver. The PA and AA are responsible for providing program and administrative support to help ensure that program activities are implemented effectively, and that the USG office systems operate smoothly in support of the overall program. The PA has special responsibilities in the area of PEPFAR Strategic Information. The PA. AA, and Driver are supervised by the PEPFAR

Coordinator.

Note: Two new positions are proposed: the PEPFAR prevention specialist and PEPFAR Human Capacity Development Specialist. Based on arrangements between USAID (Pretoria) and Embassy Mbabane, it was agreed that these LES positions would be better administered (and funded) through the DOS, while working within program areas covered by USAID. They will be supervised by the USAID Program manager.

Salaries and benefits for these two positions are requested in the relevant program areas

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8247.09 Mechanism: PEPFAR staff (ICASS)

the U.S. Global AIDS

Coordinator

Funding Source: GHCS (State) Program Area: Management and Staffing

Budget Code: HVMS Program Budget Code: 19

Activity ID: 26161.09 **Planned Funds:** \$15,830

Activity System ID: 26161

Activity Narrative: This allocation represents the ICASS subscription costs for the LES DOS positions: Administrative

Assistant, Program Assistant, Driver, and USAID Program Specialist (Human Capacity Development.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8246.09 Mechanism: PEPFAR staff (local support

costs)

Prime Partner: US Department of State USG Agency: Department of State / African

Affairs

Funding Source: GHCS (State) Program Area: Management and Staffing

Budget Code: HVMS Program Budget Code: 19

Activity System ID: 26163

Activity Narrative: This budget includes the local costs for the Program Assistant, Administrative Assistant, Driver, and

Program Specialist (Human Capacity Development). Local costs for the other DOS/Embassy-funded LES

program specialist (prevention) were covered in the FY08 reprogramming request.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 10946.09 Mechanism: PEPFAR Staff (CSCS tax)

Prime Partner: US Department of Defense **USG Agency:** Department of Defense

Funding Source: GHCS (State) Program Area: Management and Staffing

Budget Code: HVMS Program Budget Code: 19

Planned Funds: \$6,397 **Activity ID: 26132.09**

Activity System ID: 26132

Activity Narrative: This allocation represents the CSCS tax for the DOD LES Program Specialist.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 10947.09 Mechanism: PEPFAR staff (ICASS)

Prime Partner: US Department of Defense **USG Agency:** Department of Defense

Funding Source: GHCS (State) Program Area: Management and Staffing

Budget Code: HVMS Program Budget Code: 19

Planned Funds: \$3.535 Activity ID: 26138.09

Activity System ID: 26138

Activity Narrative: This allocation represents the ICASS subscription costs for the LES DOD position.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism: PEPFAR Staff(Local Support Mechanism ID: 10951.09

Costs)

Prime Partner: US Department of Defense **USG Agency:** Department of Defense

Funding Source: GHCS (State) Program Area: Management and Staffing

Program Budget Code: 19 **Budget Code: HVMS**

Activity ID: 26148.09 Planned Funds: \$10,500

Activity System ID: 26148

Activity Narrative: This budget includes the local costs for the DOD Program Specialist.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 5973.09 Mechanism: PEPFAR staff (salary/benefits)

Prime Partner: US Centers for Disease **USG Agency:** HHS/Centers for Disease

Control and Prevention Control & Prevention

Program Area: Management and Staffing

Program Budget Code: 19 Budget Code: HVMS

Activity ID: 11752.25818.09 Planned Funds: \$150,000

Activity System ID: 25818

Funding Source: GAP

Activity Narrative: This includes three-quarters of costs associated with salary and benefits for the USDH CDC Country

Director who arrived at post inSeptember 2007 and whose role includes overall coordination and management of the CDC program in Swaziland, as well as specific responsibilities for the PEPFAR SI

activities (the latter is reflected in the SI narrative and budgets).

Note: Salary and benefits for the PEPFAR/CDC Management Specialist (100% attribution to M&S) are not covered here, as the request for these costs was included in the FY08 Compact "reprogramming".

Note: Salary and benefits for the CDC Program Specialists (USPSC in Care and Treatment, LES in Laboratory, and LES in Epidemiology), are covered exclusively under relevant program areas.

All CDC PEPFAR staff will participate as members of the PEPFAR Steering Committee and will coordinate partners in their respective technical areas to ensure complementary and synergistic activities. The CDC Country Director will be a member of the PEPFAR Advisory Committee.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18169

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18169	11752.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7983	5973.08	PEPFAR staff (salary/benefits)	\$200,000
11752	11752.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5973	5973.07	CDC USDH staff in Swaziland	\$36,950

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8112.09 Mechanism: PEPFAR staff (ICASS)

Prime Partner: US Centers for Disease **USG Agency:** HHS/Centers for Disease Control and Prevention

Control & Prevention

Funding Source: GAP Program Area: Management and Staffing

Budget Code: HVMS Program Budget Code: 19

Activity ID: 18582.25819.09 Planned Funds: \$155,225

Activity System ID: 25819

Activity Narrative: This allocation represents the full ICASS subscription costs for the CDC Country Director, the CDC Program

Specialist (Care and Treatment), and the LES CDC Program Specialist (Laboratory). The ICASS costs for

the CDC/PEPFAR Management Specialist were included in the FY08 "reprogramming" request.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18582

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18582	18582.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8112	8112.08	PEPFAR staff (ICASS)	\$180,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 10941.09 Mechanism: PEPFAR Staff (Salary &

Benefits)

Prime Partner: US Department of Defense USG Agency: Department of Defense

Funding Source: GHCS (State) Program Area: Management and Staffing

Budget Code: HVMS Program Budget Code: 19

Activity ID: 26130.09 Planned Funds: \$30,000

Activity System ID: 26130

Activity Narrative: These funds will cover partial salary and benefits associated with the resident Swaziland DOD Program

Specialist, who will be installed by end of year 2008. This DOD Program Specialist will serve as the PEPFAR liaison for the military and uniformed services programs, manage DOD funded program activities, and will assistance within the overall PEPFAR prevention portfolio (partial salary in prevention). The DOD

Program Specialist will be a member of the PEPFAR Steering Committee.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 10953.09 Mechanism: CDC/South Africa

Administration

Prime Partner: US Centers for Disease USG Agency: HHS/Centers for Disease

Control and Prevention Control & Prevention

Funding Source: GAP Program Area: Management and Staffing

Budget Code: HVMS Program Budget Code: 19

Activity ID: 26157.09 **Planned Funds:** \$50,000

Activity System ID: 26157

Activity Narrative: This allocation will fund partial salary and benefits of a Pretoria-based management officer and associated

travel during FY09.

Development

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 11671.09 Mechanism: USAID/South Africa Mission

administration

Prime Partner: US Agency for International USG Agency: U.S. Agency for International

Development

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Funding Source: GHCS (USAID) Program Area: Management and Staffing

Budget Code: HVMS Program Budget Code: 19

Planned Funds: \$60,000 **Activity ID: 28565.09**

Activity System ID: 28565

Activity Narrative: This allocation will fund administration and management costs (including travel) associated with

involvement of the business offices of USAID Pretoria in management of PEPFAR Swaziland. This includes management of personnel (PSC) contracts and regional program procurements as well as

participation on ICASS committees and provision of fiscal data

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 11672.09 Mechanism: PEPFAR Office Support

Prime Partner: US Department of State USG Agency: Department of State / African

Affairs

Funding Source: GHCS (State) Program Area: Management and Staffing

Budget Code: HVMS Program Budget Code: 19

Planned Funds: \$267,666 Activity ID: 28567.09

Activity System ID: 28567

Activity Narrative: This allocation includes all PEPFAR Office support costs, aside from those specifically assigned to

individual PEPFAR staff. Under this budget are included: Invitational travel, PEPFAR LES staff performance awards, local personal services contracts including those for PEPFAR partner meetings and

technical working groups, 2 PEPFAR vehicles purchase and vehicle fuel and maintenance costs.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 11823.09 Mechanism: PEPFAR staff (CSCS)

Prime Partner: US Agency for International USG Agency: U.S. Agency for International

Development Development

Funding Source: GHCS (State) Program Area: Management and Staffing

Program Budget Code: 19 Budget Code: HVMS

Activity ID: 29048.09 Planned Funds: \$6

Activity System ID: 29048

Activity Narrative: This allocation includes the CSCS tax for the USAID Program Manager and PEPFAR Coordinator. CSCS

tax for the USAID Program Specialist (OVC) was included in the FY08 "reprogramming" request

New/Continuing Activity: New Activity

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?	X	Yes		No
If yes, Will HIV testing be included?	Χ	Yes		No
When will preliminary data be available?			9/30/2	2010
Is an Demographic and Health Survey(DHS) planned for fiscal year 2009?		Yes	X	No
If yes, Will HIV testing be included?		Yes	Х	No
When will preliminary data be available?				
Is a Health Facility Survey planned for fiscal year 2009?		Yes	X	No
When will preliminary data be available?				
Is an Anc Surveillance Study planned for fiscal year 2009?		Yes	X	No
If yes, approximately how many service delivery sites will it cover?		Yes		No
When will preliminary data be available?				
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2009?	x	Yes		No

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
Gender Final COP 09.doc	application/msword	11/12/2008		Gender Program Area Narrative*	NNyoni
FY09 HRH Narrative SZ FINAL .doc	application/msword	11/13/2008		HRH Program Area Narrative*	NNyoni
GF Suppl Final COP 09.doc	application/msword	11/12/2008		Global Fund Supplemental	NNyoni
COP 09 OVC justification.doc	application/msword	11/14/2008		Budgetary Requirement Justifications	NNyoni
Compact concept paper.doc	application/msword	11/14/2008		Other	NNyoni
swazCOP09_8percjust_PSI.doc	application/msword	11/14/2008		Single Partner Funding	NNyoni
Swaziland FINAL FY 09 Mini- COP staffing spreadsheet.xls	application/vnd.ms-excel	11/14/2008		Staffing Analysis	NNyoni
PEPFAR Swaziland Org chart FY09.doc	application/msword	11/14/2008		Other	NNyoni
Swazi-5yr-strategy-FINAL.doc	application/msword	11/14/2008		Other	NNyoni
Budgetary Requirements Worksheet Swaziland FINAL.xls	application/vnd.ms- excel	11/14/2008		Budgetary Requirements Worksheet*	NNyoni
Ambassodor's Letter.pdf	application/pdf	11/15/2008		Ambassador Letter	NNyoni
Swaziland FY09 COP Target explanations.doc	application/msword	11/15/2008	"Swaziland FY09 COP Target Explanations" in the Supporting Dcouments Folder, for use in Table 2	Summary Targets and Explanation of Target Calculations	NNyoni
Swazi CN Numbers Final COP 09_cleand.doc	application/msword	11/29/2008		Executive Summary	MLee
COP 09 CT justification.doc	application/msword	11/26/2008	Care and Treatment Budgetary Justification	Budgetary Requirement Justifications	SStewart
Swaziland_Summary Targets and Explanations Table.xls	application/vnd.ms- excel	11/26/2008	Table 3 targets & explanations / Table 2 target explanations	Summary Targets and Explanation of Target Calculations	MLee
Salary Support Table Swaziland .xls	application/vnd.ms- excel	3/25/2009		Other	NNyoni