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2008

Swaziland

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Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
Congressional notification (GHA).doc	application/msword	10/4/2007		PVranken

Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

Yes No

Description:

The United States Government's President's Emergency Plan for AIDS Relief: Five-Year HIV/AIDS Strategy (2006-2010), submitted in early 2006, remains the guiding strategic document for Emergency Plan programming. The outlined strategy remains entirely relevant. There are three changes to this year's COP, however, that are worth mentioning in the context of strategic repositioning:

- Predictably, male circumcision (MC) will receive much increased focus this year, following the release of results from the Kenya and Uganda studies, (supporting the findings of the Orange Farm, south Africa, clinical trial), and the publication of formal recommendations by the joint WHO/UNAIDS expert consultation in Montreux, Switzerland, in March 2007. Considerable funding has been set aside for MC programming in FY08 (see MC Supplemental Form). A detailed description of planned MC activities is available in the Other Prevention program narrative.
- As part of program consolidation, recommended during the UP's visit to Swaziland in October 2007, the USG team has decided to end its funding to support Orphans and Vulnerable Children (OVC) programming in FY08. The Global Fund and UNICEF OVC resources massively dwarf those of PEPFAR. The USG support in this area has been limited in the past and there is strong sentiment that the USG lacks comparative advantage on this issue. The USG will, however, continue to invest in PMTCT to avoid orphanhood and it will strengthen linkages across all USG partners to impact the delivery system of services to the family at the community level. This will indirectly support children living in the context of HIV and AIDS in Swaziland.
- As part of the same program consolidation, the USG will also end PEPFAR funding to the area of Medical Transmission / Blood Safety. Past USG support in this area has been minimal. The Global Fund and Safe Blood for Africa (SBFA), on the other hand, are providing considerable support to Blood Transfusion Services (BTS) in Swaziland. The USG will continue to invest in laboratory strengthening and in human capacity development of laboratory personnel, including those that work in BTS. In addition, the USG will continue to provide ad hoc technical assistance to national level Blood Safety programming and to SBFA as requested

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
Swaziland FY08 COP Amb Letter.pdf	application/pdf	10/5/2007	None	PVranken

Country Contacts

Contact Type	First Name	Last Name	Title	Email
PEPFAR Coordinator	Christine	Stevens	Ms.	christine@usghivaid.org.sz
HHS/CDC In-Country Contact	George	Bicego	Mr.	bicegog@state.gov
Peace Corps In-Country Contact	Nwando	Diallo	Mrs.	ndiallo@sz.peacecorps.gov
USAID In-Country Contact	Allan	Foose	Mr.	alanfoose@usghivaid.org.sz
U.S. Embassy In-Country Contact	Sarah	Morrison	Mrs.	morrison@state.gov
Ambassador	Maurice	Parker	Ambassador	parkerms2@state.gov

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2008? \$50000

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, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
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	5,424	23,352
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	7,827	2,378	10,205
Care (1)				
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	22,513	97,487	120,000
***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	3,000	5,631	8,631
8.1 - Number of OVC served by OVC programs	0	4,000	0	4,000
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	62,112	62,888	125,000
Treatment				
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	14,165	9,835	24,000
Human Resources for Health				
End of Plan Goal				
	0			

2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	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	21,172	5,294	26,466
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	8,257	2,064	10,321
Care (1)				
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	37,620	94,380	132,000
***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	2,331	9,171
8.1 - Number of OVC served by OVC programs	0	0	0	0
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	91,052	77,698	168,750
Treatment				
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	21,120	5,280	26,400
Human Resources for Health				
End of Plan Goal				
	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-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Lab training

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5870.08
System ID: 7958
Planned Funding(\$): \$150,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: American Society of Clinical Pathology
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8648.08
System ID: 8648
Planned Funding(\$): \$68,012
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: American Society of Clinical Pathology
New Partner: No

Mechanism Name: Lab support, QA, auditing (NHLS?)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5868.08
System ID: 7957
Planned Funding(\$): \$31,988
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

Mechanism Name: C-Change

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9344.08
System ID: 9344
Planned Funding(\$): \$150,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: C- Change
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Male Circumcision

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6209.08
System ID: 7960
Planned Funding(\$): \$199,060
Procurement/Assistance Instrument: Cooperative Agreement
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: 7998.08
System ID: 7998
Planned Funding(\$): \$1,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5888.08
System ID: 7953
Planned Funding(\$): \$450,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Mechanism Name: Nutrition, Infant and Child Feeding new award

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8000.08
System ID: 8000
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Food and Nutrition Technical Assistance
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Human Capacity Development

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7994.08
System ID: 7994
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: Georgetown University
New Partner: Yes

Mechanism Name: Technical assistance

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5867.08
System ID: 7982
Planned Funding(\$): \$150,000
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: Partnership for Family Centered HIV AIDS Programs

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7999.08
System ID: 7999
Planned Funding(\$): \$800,000
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
New Partner: No

Mechanism Name: HIV/AIDS in the workplace

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5873.08
System ID: 7961
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of Labor
Funding Source: GHCS (State)
Prime Partner: International Labor Organization
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Human Capacity Development

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5897.08

System ID: 7962

Planned Funding(\$): \$924,000

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: \$230,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Training Resources Group

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Foundation for Professional Development

Planned Funding: \$108,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

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

Planned Funding: \$125,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

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

Planned Funding: \$151,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Institute of Development Management Swaziland

Planned Funding: \$30,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Table 3.1: Funding Mechanisms and Source

Mechanism Name: John Snow Inc.

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9342.08
System ID: 9342
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: John Snow, Inc.
New Partner: Yes

Mechanism Name: John Snow Inc.

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9343.08
System ID: 9343
Planned Funding(\$): \$250,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: John Snow, Inc.
New Partner: Yes

Mechanism Name: MEASURE DHS+

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5896.08
System ID: 7963
Planned Funding(\$): \$30,000
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Macro International
New Partner: No

Mechanism Name: Strengthening Pharmaceutical services (SPS)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5893.08
System ID: 7964
Planned Funding(\$): \$600,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Management Sciences for Health
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Behavioural Change Communication new award

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8011.08
System ID: 8011
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: M&E new award

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8018.08
System ID: 8018
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: M&E new award (IQC/TASCIII?)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5895.08
System ID: 7973
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: Yes

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8647.08
System ID: 8647
Planned Funding(\$): \$140,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: National Institute for Communicable Diseases
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TB Surveillance, MDR-TB, Infection Control (MRC?)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7991.08
System ID: 7991
Planned Funding(\$): \$110,000
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

Mechanism Name: Male circumcision

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6213.08
System ID: 7968
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Pact, Inc.
New Partner: No

Mechanism Name: PACT / Community Reach

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5889.08
System ID: 7969
Planned Funding(\$): \$1,477,249
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: African Palliative Care Association
Planned Funding: \$175,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Family Life Association of Swaziland
Planned Funding: \$400,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Nhlngano AIDS Training Information and Counseling CenterSwaziland
Planned Funding: \$60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Swaziland Action Group Against Abuse
Planned Funding: \$95,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support

Sub-Partner: Swaziland Business Coalition Against HIV/AIDS
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Salvation Army Swaziland
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support

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 Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support

Sub-Partner: World Vision Swaziland
Planned Funding: \$80,509
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support

Sub-Partner: Voice of the Church Swaziland
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Cabrini Ministries Swaziland
Planned Funding: \$80,510
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Pact,Inc.

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9353.08
System ID: 9353
Planned Funding(\$): \$250,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Pact, Inc.
New Partner: No

Mechanism Name: TB/HIV activities

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8645.08
System ID: 8645
Planned Funding(\$): \$108,012
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: PATH
New Partner: No

Mechanism Name: TB/HIV activities

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8646.08
System ID: 8646
Planned Funding(\$): \$41,988
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: PATH
New Partner: No

Mechanism Name: Counselling and testing

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5865.08
System ID: 7971
Planned Funding(\$): \$1,089,129
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 Area Programs: HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Church Forum Swaziland
Planned Funding: \$8,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Swaziland National Youth Council
Planned Funding: \$35,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: AIDS Health Foundation Swaziland
Planned Funding: \$33,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Mechanism Name: Male circumcision

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7990.08
System ID: 7990
Planned Funding(\$): \$230,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Population Services International
New Partner: No

Mechanism Name: Counselling and testing

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5869.08
System ID: 7976
Planned Funding(\$): \$150,000
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Counselling and Testing

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7992.08
System ID: 7992
Planned Funding(\$): \$180,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: University Research Corporation, LLC
New Partner: No

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6090.08
System ID: 7975
Planned Funding(\$): \$627,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: University Research Corporation, LLC
New Partner: Yes

Mechanism Name: Technical Assistance

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5891.08
System ID: 7981
Planned Funding(\$): \$300,000
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: USAID/SA mission administration

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8019.08
System ID: 8019
Planned Funding(\$): \$5,000
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: PEPFAR staff (CSCS Tax)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8254.08
System ID: 8254
Planned Funding(\$): \$12,782
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 (ICASS)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8253.08
System ID: 8253
Planned Funding(\$): \$141,845
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: 8255.08
System ID: 8255
Planned Funding(\$): \$74,000
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: 8111.08
System ID: 8111
Planned Funding(\$): \$475,000
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: US Agency for International Development

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9363.08
System ID: 9363
Planned Funding(\$): \$0
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

Mechanism Name: US Agency for International Development

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9364.08
System ID: 9364
Planned Funding(\$): \$0
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

Mechanism Name: US Agency for International Development

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9345.08
System ID: 9345
Planned Funding(\$): \$200,000
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: US Agency for International Development

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9354.08
System ID: 9354
Planned Funding(\$): \$0
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: US Agency for International Development

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9355.08
System ID: 9355
Planned Funding(\$): \$0
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

Mechanism Name: US Agency for International Development

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9356.08
System ID: 9356
Planned Funding(\$): \$0
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

Mechanism Name: US Agency for International Development

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9358.08
System ID: 9358
Planned Funding(\$): \$221,891
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

Mechanism Name: US Agency for International Development

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9361.08
System ID: 9361
Planned Funding(\$): \$0
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: US Agency for International Development

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9362.08
System ID: 9362
Planned Funding(\$): \$0
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

Mechanism Name: PEPFAR staff (salary/benefits)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5973.08
System ID: 7983
Planned Funding(\$): \$400,000
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: US Centers for Disease Control

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9347.08
System ID: 9347
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: US Centers for Disease Control and Prevention

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9349.08
System ID: 9349
Planned Funding(\$): \$76,845
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Lab Support, QA, Auditing

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8544.08
System ID: 8544
Planned Funding(\$): \$0
Procurement/Assistance Instrument: IAA
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
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: 8252.08
System ID: 8252
Planned Funding(\$): \$12,782
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: 8112.08
System ID: 8112
Planned Funding(\$): \$180,000
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 (local support costs)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8250.08
System ID: 8250
Planned Funding(\$): \$120,000
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

Table 3.1: Funding Mechanisms and Source

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

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8543.08

System ID: 8543

Planned Funding(\$): \$0

Procurement/Assistance Instrument: IAA

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Mechanism Name: Technical Assistance

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8542.08

System ID: 8542

Planned Funding(\$): \$0

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Mechanism Name: US Centers for Disease Control and Prevention

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 9346.08

System ID: 9346

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

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Mechanism Name: US Centers for Disease Control and Prevention

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 9350.08

System ID: 9350

Planned Funding(\$): \$203,000

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: US Centers for Disease Control and Prevention

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9352.08
System ID: 9352
Planned Funding(\$): \$12,782
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
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: 5887.08
System ID: 7952
Planned Funding(\$): \$444,000
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10664.08
System ID: 10664
Planned Funding(\$): \$75,000
Procurement/Assistance Instrument: USG Core
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: PEPFAR Office

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5874.08

System ID: 7988

Planned Funding(\$): \$618,746

Procurement/Assistance Instrument: USG Core

Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Prime Partner: US Department of State

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	11759.08	Our Management & Staffing program narrative states that the process of identifying and renovating suitable embassy office space for the PEPFAR Team has experienced major delays. However, our new ambassador is committed to resolving the impasse and moving ahead urgently with both our temporary office relocation and the required permanent-office renovations. Recent discussions with the embassy indicate that the cost of renovation and physical security upgrades will exceed earlier estimates, and that there will also be unanticipated infrastructural requirements. Therefore, we added \$202,000 to our office transition budget to cover these contingencies. Our early funding request represents 100% of the total FY08 funds requested for office transition costs, since we anticipate needing these funds by March 2008 to fund the overall renovation A&E contract. Total renovation expenditures from FY07 funding have been minimal, so our office-transition pipeline is approximately \$250,000.	\$202,000	\$618,746

Mechanism Name: PEPFAR staff (CSCS Tax)

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8249.08

System ID: 8249

Planned Funding(\$): \$19,173

Procurement/Assistance Instrument: USG Core

Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Prime Partner: US Department of State

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: PEPFAR staff (ICASS)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8247.08
System ID: 8247
Planned Funding(\$): \$93,690
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 (local support costs)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8246.08
System ID: 8246
Planned Funding(\$): \$89,986
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: 5876.08
System ID: 7987
Planned Funding(\$): \$100,000
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: Peace Corps Volunteers

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5872.08
System ID: 7989
Planned Funding(\$): \$144,000
Procurement/Assistance Instrument: USG Core
Agency: Peace Corps
Funding Source: GHCS (State)
Prime Partner: US Peace Corps
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Wam Technology TB Surveillance

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8644.08
System ID: 8644
Planned Funding(\$): \$22,782
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: WamTechnology
New Partner: No

Mechanism Name: Wam Technology TB Surveillance

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8649.08
System ID: 8649
Planned Funding(\$): \$7,218
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: WamTechnology
New Partner: Yes

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5897.08	7962	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (USAID)	Council for Health Services Accreditation in Southern Africa	N	\$151,000
5897.08	7962	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (USAID)	Eastern, Central and Southern African Health Community Secretariat	N	\$125,000
5897.08	7962	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (USAID)	Foundation for Professional Development	N	\$108,000
5897.08	7962	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (USAID)	Institute of Development Management Swaziland	N	\$30,000
5897.08	7962	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (USAID)	Management Sciences for Health	N	\$230,000
5897.08	7962	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (USAID)	Training Resources Group	N	\$0
5889.08	7969	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	African Palliative Care Association	N	\$175,000
5889.08	7969	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Cabrini Ministries Swaziland	N	\$80,510
5889.08	7969	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Family Life Association of Swaziland	N	\$400,000
5889.08	7969	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Nhlangano AIDS Training Information and Counseling Center Swaziland	N	\$60,000
5889.08	7969	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Salvation Army Swaziland	N	\$100,000
5889.08	7969	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Swaziland Action Group Against Abuse	N	\$95,000
5889.08	7969	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Swaziland Business Coalition Against HIV/AIDS	N	\$100,000
5889.08	7969	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Swaziland National Network of People Living with HIV/AIDS	N	\$150,000
5889.08	7969	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Voice of the Church Swaziland	N	\$100,000
5889.08	7969	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	World Vision Swaziland	N	\$80,509
5865.08	7971	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	AIDS Health Foundation Swaziland	N	\$33,000
5865.08	7971	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Church Forum Swaziland	N	\$8,000
5865.08	7971	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Swaziland National Youth Council	N	\$35,000
5865.08	7971	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	The AIDS Information and Support Centre Swaziland	N	\$70,000

Table 3.3: Program Planning Table of Contents

MTCT - PMTCT

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Total Planned Funding for Program Area: \$1,444,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Program Area Context:

Swaziland's antenatal care (ANC) sero-prevalence rate is 31.3% (DHS 2007). It is estimated that approximately two-thirds of the nation's ANC and labor and delivery sites offer some form of PMTCT service, with 110 out of 158 health facilities providing PMTCT service or referral for service. In 2006, 8,221 HIV+ pregnant women received prophylaxis, representing 67% coverage of the estimated 12, 276 HIV-positive women delivering annually in the country. Coverage has continued to expand in 2007, with uptake of counseling and testing and prophylaxis now being greater than 90% at most sites. 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.

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.

The USG is a major provider of technical assistance and funding for PMTCT service-delivery in the country and in FY07 began to shift its program to more sustainable, government led implementation. The Family-Centered HIV/AIDS Service Partnership Program (referred to as the Partnership), led by Elizabeth Glazer Pediatric AIDS Foundation (EGPAF), includes the International Center for HIV Care and Treatment (ICAP)/Columbia University, and will include an infant, young child nutrition component in FY08. The Partnership works closely with UNICEF and the Baylor College Center of Excellence. The USG was the initiator of PMTCT in Swaziland when service delivery began at three hospitals in 2004. In FY05, the Partnership 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, coordinated with UNICEF and Baylor, where EGPAF was providing PMTCT services at a total of 31 sites. Twelve of those 31 include expanded care and treatment services under ICAP.

The Partnership provides integrated, comprehensive, high-quality PMTCT services, including CTX prophylaxis and combined AZT and NVP prophylaxis within regular maternal and child health services. The Partnership has provided assistance for HIV and TB treatment for pregnant and postnatal women, spouses/partners, exposed babies, and family members. Linkages with USG support to TB-HIV through URC are established and continue to deepen and expand. In FY08, ICAP will expand into PMTCT services at UNICEF sites in the Lubombo region to reduce pediatric HIV infection and increase access of HIV Care and Treatment services to women, children and their families.

PMTCT services in the country are heavily dependent on donor-funding from the USG, UNICEF, and the Global Fund, and management of the program. In FY07, the USG began transitioning management and funding of the program to the MOHSW. ICAP and EGPAF worked with the MOHSW to develop a clear transition plan to improve government leadership and management of the national program and to expand basic coverage. In FY08, EGPAF will gradually handover some of the direct support roles to the MOHSW such as PMTCT supplies, human resource in selected sites and supportive supervision through the sub grant schemes in order to promote program sustainability. EGPAF will partner with other partners like the Human Capacity Development Coalition to strengthen the capacity of the national PMTCT program and regional health management team staff in program management and leadership skills. EGPAF will further support SRHU and regional managers to impart management skills to site managers in order to ensure delivery of quality HIV services within the decentralization policy of the MOHSW.

At the national level, the Partnership, Baylor and UNICEF work together within the national HIV technical working group to assist MOHSW to develop policies guidelines and provide coordinated technical assistance in PMTCT. In FY08, the USG will also continue to strongly advocate for the national rollout of more efficacious ARVs for PMTCT, early infant diagnosis using DNA PCR and procurement and uninterrupted supply of drugs for opportunistic infections at least for cotrimoxazole. The Partnership will continue to advocate for the decentralization of care and treatment services to ensure continuum of care and support using the family-centered care model. The Partnership will continue to advocate for implementation of primary prevention and avoiding unintended pregnancies at all the levels including with special emphasis to community mobilization.

At site level the major support roles include training of service providers, continuous regular supportive supervision and clinical mentorship, provision of essential PMTCT supplies, renovations to improve service delivery areas and supporting some sites with human resource to ensure continuity of services. ICAP will collaborate with UNICEF to strengthen the basic PMTCT package and ensure that all users of these services are linked with care services and when eligible, treatment. A new partner working with infant and young child feeding will be added to the Partnership in FY08. The health facility level support includes;

1) Provide quality Provider-initiated HIV testing and counseling using the opt – out approach to pregnant women/mothers at ANC, labor and delivery, postnatal clinics and other points of contact within the health care settings with same-day results, counseling and support on infant feeding and maternal nutrition, counseling and support on family planning, for HIV-positive pregnant women, CD4 testing, clinical staging, screening for TB, STI, ARVs for prophylaxis for MTCT or for treatment when eligible (as per guidance in the revised national PMTCT Guidelines) and safer delivery practices at the maternity units.

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	55
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	21171

1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	8257
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	255

Custom Targets:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 7999.08	Mechanism: Partnership for Family Centered HIV AIDS Programs
Prime Partner: International Center for AIDS Care and Treatment Programs, Columbia University	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 19143.08	Planned Funds: \$267,000
Activity System ID: 19143	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5887.08	Mechanism: Umbutfo Swaziland Defense Force (USDF)
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 11692.08	Planned Funds: \$10,000
Activity System ID: 18107	
Activity Narrative: None	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11692	
Related Activity:	

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5888.08 **Mechanism:** Partnership for family-centered HIV/AIDS programs
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (USAID) **Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT **Program Area Code:** 01
Activity ID: 11693.08 **Planned Funds:** \$450,000
Activity System ID: 18111
Activity Narrative: None
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11693
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28162	11693.2816 2.09	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	11533	5888.09	Partnership for family-centered HIV/AIDS programs	\$100,000
28161	11693.2816 1.09	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	11533	5888.09	Partnership for family-centered HIV/AIDS programs	\$20,000
28160	11693.2816 0.09	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	11533	5888.09	Partnership for family-centered HIV/AIDS programs	\$20,000
28159	11693.2815 9.09	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	11533	5888.09	Partnership for family-centered HIV/AIDS programs	\$383,000
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 Mechanism

Mechanism ID: 8111.08 **Mechanism:** PEPFAR staff (salary/benefits)
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (USAID) **Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT **Program Area Code:** 01
Activity ID: 18482.08 **Planned Funds:** \$20,000
Activity System ID: 18482
Activity Narrative: None
HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 7998.08	Mechanism: Partnership for Family Centered HIV AIDS programs
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 18484.08	Planned Funds: \$667,000
Activity System ID: 18484	
Activity Narrative: None	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 10664.08	Mechanism: N/A
Prime Partner: US Department of State	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 25103.08	Planned Funds: \$30,000
Activity System ID: 25103	
Activity Narrative: 10/29 At request of country, added from a USAID Mech. 9354.08 activity # 21538.08	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 9354.08	Mechanism: US Agency for International Development
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 21538.08	Planned Funds: \$0
Activity System ID: 21538	
Activity Narrative: 10/29 At request of country, removed \$30,000 to put into new State mechanism 10664.08	
N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

HVAB - Abstinence/Be Faithful

Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02

Total Planned Funding for Program Area: \$1,332,823

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

Swaziland has the world's highest HIV prevalence. The 2007 DHS+ indicates that 26% of adults (15-49) are HIV-positive. 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. Churches have a mixed track record.

NERCHA has exhibited national leadership with the implementation of Global Fund-resourced AB-focused mass media campaigns over the past two years, the latest of which focuses on intergenerational, transactional sex. Last year's provocative campaign addressed the issue of multiple concurrent extra marital affairs. of illicit, non-martial sexual affairs ('your secret over can kill you.'). The campaign previous to that focused on encouraging delay of sexual debut. Global Fund resources have also support AB programs for youth, including life skills programs. UNFPA is also a major supporter of youth prevention programs and ABC services for youth. NERCHA plays the major role in trying to improve AB leadership with the royal family, traditional rulership, and other national leaders.

The USG continues to fill a major gap by promoting AB at community-level. The USG's sexual prevention programs for adults are integrated ABC programs, but with a very strong emphasis on partner reduction and gender issues. The overall USG strategy is to promote AB(C) 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. Programs have wide geographic coverage.

In 2006-07, the USG established and strengthened AB programs in range of partners. For FY08, the partners remain; activities will be strengthened and expanded. Two new AB partners are World Vision Swaziland (WVS) and Voice of the Church (VOC). In FY08,

(1) Pact will continue to build technical and institutional strength of grantees (see OPSS), many of whom work in AB: Swaziland Business Coalition Against HIV/AIDS (BCHA); Family Life Association of Swaziland (FLAS); Nhlanguano AIDS Training, Information, and Counseling Center (NATICC); The Salvation Army (TSA); Swaziland Action Group Against Abuse (SWAGAA); World Vision Swaziland; and Voice of the Church (VOC).

(a) BCHA remains a national leader of the private sector response, assisting small and medium enterprises to develop and implement HIV/AIDS workplace policies and prevention action plans. BCHA will continue to select and train SME employees to provide ABC peer education to the co-workers. Through a referral resource manual, peer educators assist co-workers to access services for HTC and treatment.

(b) FLAS's program with strong focus on fidelity and partner reduction will continue to operate in all four regions of the country working at community level through community dialogues and one-on-one sessions, working with faith-based organizations and the traditional rulership. FLAS remains a national leader in community-based AB programming, including documentation and dissemination of role model examples of responsible behavior of the 'life stories' of community leaders.

(c) NATICC, a faith-based organization, will continue to work to prevent HIV infection among youth in 17 chiefdoms in Shiselweni region, working through peer educators and community-based youth groups which focus on delay of sexual debut, abstinence until marriage, and discouraging high-risk behavior among sexually active youth. PCVs in Nhlanguano participate in these activities.

(c) TSA Salvation Army, a faith-based organization, will continue its community-based programming for youth and for pastors. TSA works with youth on AB prevention and lifeskills through activity-based clubs, with ongoing support from teachers. TSA also trains pastors to engage congregations on AB prevention through sermons and youth/men's/women's groups.

(d) SWAGAA will continue to play a national role on prevention through education, advocacy, outreach, and counseling activities that focus on the links between HIV, gender issues, and gender-based violence. SWAGAA integrates HIV prevention into family- and couples-based counseling. An outreach component of its work focuses on male involvement in AB, working with community leaders and community members through workshops, community activities, and materials distribution. In primary and secondary schools, SWAGAA conducts age-appropriate AB activities with a focus on gender norms, family violence, and sexual abuse.

(e) WVS, in partnership with the national Church Forum and the Scripture Union, promotes AB with congregations, youth, and community leaders. Cultural, political, traditional, civic, and community leaders will be trained to serve as role models and to influence positively community members. WVS will also train teachers and student peer educators to promote delay in sexual debut/abstinence until marriage clubs. Media such as posters, dramas, essay competitions, debates and quizzes in schools, churches and communities support messaging.

(f) VOC's broadcast in Swaziland is extremely popular and is heard throughout almost the entire country. VOC has been implementing an AB-focused one-hour, thrice-weekly radio call-in program for youth and adults with core funding. The program sometimes features special guests, some of whom are other PEPFAR partners, and receives great listener feedback from letters, email, and cell phone text-messaging. In FY 08, this work will continue by establishing VOC as a Pact grant will create partnerships that facilitate the leveraging of USG resources to amplify current AB programming at community level.

(2) The Peace Corps Volunteers (PCVs) will continue to focus their efforts on grassroots AB prevention through mentoring and teaching youth through schools, community care points, clinics, and reaching adults through HTC centers, churches, and workplaces. Ongoing activities include the Girls and Boys Mentoring Program; the Faith-Based Training Program; the Bucopho (Traditional Leader) Training; and Volunteer Activity and Support Grants.

(3) The Department of Labor/ILO program will continue and expand. Twenty-two enterprises from the agriculture, retail, manufacturing, and textile sectors are currently part of this program. In FY08, DOL will add an additional ten enterprises. The program works to promote behavior change for HIV prevention, reduce stigma and discrimination, and refer for services. Each enterprise has developed workplace HIV/AIDS policies, conducted workplace-based comprehensive ABC prevention, distributed condoms, and offered (through PSI) or provided referral for HTC. Part of the program's success is its "tripartite" approach, working with business, unions and government. The program is closely coordinated with BCHA and PSI.

(4) PSI will continue its work in ABC prevention with AB-focused work with youth and church groups, with support provided by MOHSW's Rural Health Motivators and the Ministry of Regional Development and Youth Affairs. At community level, PSI will work with youth to encourage primary and secondary abstinence. Working with Church Forum, PSI will continue to promote youth abstinence and to work with pastors and their wives to increase communication on marital fidelity (for monogamous and polygamous couples). Partner reduction activities will be conducted at traditional national cultural events. PSI will work with Swaziland National Youth Council on AB prevention at youth centers, with a focus on leadership skills, gender issues, and self esteem. PSI will play a lead role on the National Male Circumcision Task Force in developing and implementing a comprehensive communications strategy on male circumcision (see Other Prevention), building on work that began with FY07 Plus Up funding. The strategy will include strong emphasis on ABC prevention as part of comprehensive risk reduction, and will emphasize clear, accurate information on the potential but limited benefits of MC for infection prevention. The strategy will include national media and IPC strategies for multiple target audiences and one-on-one risk reduction ABC counseling in the context of MC-service provision.

(5) DOD will continue integrated ABC prevention with the Umbutfo Swaziland Defense Force (USDF) and the Swaziland Uniformed Services Alliance for HIV/AIDS (SUSAH) (USDF, Police, Fire and Rescue, Border and Excise, and Corrections Services). The program promotes partner reduction and condom use and addresses gender relations (particularly in the context of the military, to reduce female service personnel HIV risk) through leadership training, peer education and IEC materials and will conduct Prevention with Positives (PwP) training. AB will be promoted as part of the male circumcision strategy (see HVOP).

Partners working in PMTCT and Care/Treatment sites will integrate ABC prevention into patient-provider interactions regardless of patient HIV status. PwP will be promoted as community-based care (see Care-Basic).

NERCHA intends to stop leading and implementing national prevention campaigns, so the USG has budgeted a small amount for use to-be-determined. NERCHA is in discussions with Soul City to build the technical and managerial assistance of a nascent Swazi NGO, Lusweti, to develop and implement mass media prevention campaigns. Soul City is approaching donors (USG and other) regionally for support. Alternatively, a global USG BCC prevention procurement might provide support.

The USAID Program Manager will serve as technical coordinator on prevention. A Regional Prevention Advisor at USAID/RHAP will provide technical assistance to the USG team, its partners, and other national stakeholders.

Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	268640
*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	164060
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2061

Custom Targets:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 9355.08	Mechanism: US Agency for International Development
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 21539.08	Planned Funds: \$0
Activity System ID: 21539	
Activity Narrative: 10/29 At request of country, removed \$30,000 to add to State Mech. 10664.08	
N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 10664.08	Mechanism: N/A
Prime Partner: US Department of State	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 25104.08	Planned Funds: \$30,000
Activity System ID: 25104	
Activity Narrative: 10/29 At request of country, added \$30,000 from a USAID mech. 9355.08 activity #21539.08	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7990.08	Mechanism: Male circumcision
Prime Partner: Population Services International	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 18622.08	Planned Funds: \$43,000
Activity System ID: 18622	
Activity Narrative: None	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 9344.08	Mechanism: C-Change
Prime Partner: C- Change	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 21527.08	Planned Funds: \$150,000
Activity System ID: 21527	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5872.08	Mechanism: Peace Corps Volunteers
Prime Partner: US Peace Corps	USG Agency: Peace Corps
Funding Source: GHCS (State)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02

Activity ID: 11704.08 **Planned Funds:** \$120,000
Activity System ID: 18175
Activity Narrative: None
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11704
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25851	11704.2585 1.09	Peace Corps	US Peace Corps	10882	5872.09	Peace Corps Volunteers	\$144,000
11704	11704.07	Peace Corps	US Peace Corps	5872	5872.07	Peace Corps Volunteers	\$100,000

Table 3.3.02: Activities by Funding Mechanism

<p> Mechanism ID: 8111.08 Prime Partner: US Agency for International Development Funding Source: GHCS (USAID) Budget Code: HVAB Activity ID: 18489.08 Activity System ID: 18489 Activity Narrative: None HQ Technical Area: New/Continuing Activity: New Activity Continuing Activity: Related Activity: </p>	<p> Mechanism: PEPFAR staff (salary/benefits) USG Agency: U.S. Agency for International Development Program Area: Abstinence and Be Faithful Programs Program Area Code: 02 Planned Funds: \$30,000 </p>
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Table 3.3.02: Activities by Funding Mechanism

<p> Mechanism ID: 5887.08 Prime Partner: US Department of Defense Funding Source: GHCS (State) Budget Code: HVAB Activity ID: 18485.08 Activity System ID: 18485 </p>	<p> Mechanism: Umbutfo Swaziland Defense Force (USDF) USG Agency: Department of Defense Program Area: Abstinence and Be Faithful Programs Program Area Code: 02 Planned Funds: \$60,000 </p>
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Activity Narrative: None
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5891.08
Prime Partner: US Agency for International Development
Funding Source: GHCS (USAID)
Budget Code: HVAB
Activity ID: 11706.08
Activity System ID: 18157
Activity Narrative: None
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11706
Related Activity:

Mechanism: Technical Assistance
USG Agency: U.S. Agency for International Development
Program Area: Abstinence and Be Faithful Programs
Program Area Code: 02
Planned Funds: \$100,000

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25785	11706.25785.09	U.S. Agency for International Development	US Agency for International Development	10854	5891.09	Technical Assistance	\$35,000
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 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5873.08
Prime Partner: International Labor Organization
Funding Source: GHCS (State)
Budget Code: HVAB
Activity ID: 11708.08
Activity System ID: 18122
Activity Narrative: None

Mechanism: HIV/AIDS in the workplace
USG Agency: Department of Labor
Program Area: Abstinence and Be Faithful Programs
Program Area Code: 02
Planned Funds: \$75,000

HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11708
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28526	11708.2852 6.09	Department of Labor	International Labor Organization	11664	5873.09	HIV/AIDS in the workplace	\$100,000
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: 5889.08
Prime Partner: Pact, Inc.
Funding Source: GHCS (USAID)
Budget Code: HVAB
Activity ID: 11705.08
Activity System ID: 18134
Activity Narrative: None
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11705
Related Activity:

Mechanism: PACT / Community Reach
USG Agency: U.S. Agency for International Development
Program Area: Abstinence and Be Faithful Programs
Program Area Code: 02
Planned Funds: \$501,382

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25756	11705.2575 6.09	U.S. Agency for International Development	Pact, Inc.	10846	5889.09	PACT / Community Reach	\$399,652
11705	11705.07	U.S. Agency for International Development	Pact, Inc.	5889	5889.07	PACT / Community Reach	\$478,724

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5865.08
Mechanism: Counselling and testing

Prime Partner: Population Services International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 11703.08

Planned Funds: \$223,441

Activity System ID: 18141

Activity Narrative: None

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11703

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25770	11703.25770.09	HHS/Centers for Disease Control & Prevention	Population Services International	10849	5865.09	Counselling and testing	\$342,046
11703	11703.07	HHS/Centers for Disease Control & Prevention	Population Services International	5865	5865.07	Cooperative Agreement for counselling and testing	\$149,969

HVOP - Condoms and Other Prevention

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Total Planned Funding for Program Area: \$863,790

Amount of total Other Prevention funding which is used to work with IDUs \$0

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

With an adult HIV prevalence rate of 26%, most new HIV infections in Swaziland occur in the general population. 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 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), PEP, and counseling and testing, as well as the need to strengthen national capacity to ensure that quality male and female condoms are available, accessible, acceptable, affordable, and used. Current USG partners distribute condoms at community level, at workplaces, and in the military, and are beginning to work with the MOHSW to promote and distribute condoms part of service delivery. National-level distribution and tracking at is problematic, but the UN agencies are working to assist the government with this, particularly UNFPA working with the MOHSW/SRHU. The USG plan mirrors the NSP in calling for expanded prevention programs, including support for a

comprehensive ABC approach, with linkages to HIV testing and care.

Consistent condom use continues to be low, especially in regular partnerships. 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 prone to transactional sex or non-consensual sex to help meet basic needs, along with desires for consumer items.

In FY 08, the USG strategy will continue to focus on promotion of correct and consistent condom use.

(1) PSI will continue to provide national support to condom distribution (including USG condom donations) and support community-based condom distribution and promotion through interpersonal communications. PSI receives important additional support from the Royal Netherlands for condom social marketing.

(2) DOL will continue to conduct integrated ABC prevention programming and to ensure availability of male and female condoms by distributing condoms to workers and at workplaces. (See AB)

(3) DOD will continue to conduct integrated ABC prevention programming and to ensure availability of condom supply by distributing condoms to USDF barracks and SUSAH outlets (See AB).

It is estimated that of the total estimated 953,000 Swazi population, approximately 200,000 are sexually men. The vast majority of males are not circumcised (estimates: 97-85%). Swaziland has established a National MC Task Force that aims to scale up MC service delivery as part of an HIV prevention strategy. The MOHSW has stated it intends to scale up service provision and welcomes donor (including USG) assistance in this regard. A significant amount of work in MC has taken place over the course of the past year. A National Male Circumcision Task Force (MC TF) has been established. It is chaired by the MOHSW Deputy Director of Health Services and contains representatives from NERCHA, MOHSW, the USG, the UN agencies, PSI, FLAS, and service providers. The TF has two subcommittees: Clinical (Chaired by a Urologist from Mbabane Government Hospital (MGH)) and Communications (with PSI as Secretariat). The Clinical Subcommittee has been addressing issues such as standardized training, accreditation, draft national clinical protocols and standard operating procedures (including pre-screening to determine HIV status 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 and the ongoing importance of ABC behaviors. Although a draft national MC policy does not yet exist, its development and dissemination are imminent.

Meanwhile, NERCHA and MOHSW repeatedly state the government's commitment and desire to move MC forward. Even in the absence of no national level efforts to promote the service (due to the severe constraints at the moment on supply), demand 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.

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 (approximately \$43) 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, and the remainder at FLAS. The MOHSW's unwritten but stated policy for the foreseeable future is to require that the service can be provided only by doctors. An increase in the number of doctors performing the service in the public sector is needed to reach desired and needed coverage rates. Another unwritten but stated policy is to focus service delivery efforts on the 15-29 year old age group.

A delegation from the Gates Foundation very recently visited Swaziland to explore opportunities for support for MC service provision. The GOKS (NERCHA and MOHSW), the USG, and partners such as PSI and FLAS eagerly await Gates' decision. The Jerusalem AIDS Project has been running a pilot program of sending volunteer doctors to Swaziland to perform primarily neonatal circumcisions.

In FY 08, 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.

(1) Pact grantee FLAS will continue to provide MC services, with a primary focus on youth, and will expand service delivery to an additional clinic site in Manzini, near the industrial area which employs male youth. FLAS will continue to improve and disseminate information on MC, conduct outreach, and participate in the national MC TF with an emphasis on the importance of ABC risk reduction in conjunction with MC.

(2) PSI will build on FY 07 Plus Up funds and support policy development, strategic planning, and stakeholder consultations and development and implementation of the Communications strategy and serve as Secretariat to the Communications Subcommittee of the MC TF. PSI will also develop and begin to implement a strategy regarding the bi-directional relationship between MC service delivery and HTC. As a matter of GOKS/MOHSW standard practice, HTC will be an integrated part of MC service delivery. Given the short supply of trained doctors to perform MC services, patients seeking MC must come with evidence of their HIV-negative status. (Those found to be HIV-positive will be referred elsewhere and counseled.) PSI will establish a partnership with the public sector regarding HTC service provision in the context of MC service delivery. In addition, given the fact that testing rates among Swazis in general, and among Swazi male youth in particular, remains extremely low, PSI will explore linkages between the offer of MC services for males age 15-29 as an incentive for testing. PSI will provide assistance with regard to forecasting, procurement, and supply chain management on MC consumables. (Swaziland included a budget line item for a limited number of MC consumables in its Round 7 application for the Global Fund.) PSI will also provide training and quality assurance around the HTC and ABC/risk reduction counseling components of MC service delivery.

(3) Constella Futures/HPI will build on its FY 06 costing and impact study and its FY07 Plus Up funds. With FY 07 funds, the USG will provide the MOHSW with a Coordinator for MC. The MOHSW has severe human resource constraints in all areas at national, regional, and service delivery levels. The current human resource supply at MOHSW headquarters does not permit any one individual to devote the time and energy needed to move forward all of the many 'moving parts' of MC programming and service delivery. Hence, for a period of two years (FY 07 and FY 08), the USG will provide the MOHSW with a focal person/coordinator who can lead, convene and chair the MC TF and the work of its two subcommittees; work on policy issues, stakeholder consultations, and relations with political and cultural leaders, the press, other donors; resource mobilization and tracking; monitoring and evaluation; and so on. In FY 07, HPI will provide support to the costing of the national MC strategic plan. In FY08, HPI will explore options for financing and pricing MC service delivery. These pieces of work will be coordinated under the MC TF, working closely with PSI, and will draw upon USG core funds.

(4) DOD will also explore MC service- delivery and informed consent MC policies in the USDF, while also promoting the importance of ABC behaviors and HTC in the context of USDF's efforts to increase MC service availability for USDF personnel.

The USAID Program Manager will serve as technical coordinator on prevention. A Regional Prevention Advisor at USAID/RHAP will provide technical assistance to the USG team, its partners, and other national stakeholders.

Program Area Downstream Targets:

5.1 Number of targeted condom service outlets	1054
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	56780
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	695

Custom Targets:

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5865.08	Mechanism: Counselling and testing
Prime Partner: Population Services International	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 11710.08	Planned Funds: \$87,730
Activity System ID: 18142	
Activity Narrative: None	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11710	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25771	11710.25771.09	HHS/Centers for Disease Control & Prevention	Population Services International	10849	5865.09	Counselling and testing	\$154,967
11710	11710.07	HHS/Centers for Disease Control & Prevention	Population Services International	5865	5865.07	Cooperative Agreement for counselling and testing	\$235,738

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 6213.08	Mechanism: Male circumcision
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 12587.08	Planned Funds: \$300,000
Activity System ID: 18133	
Activity Narrative: None	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 12587	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12587	12587.07	U.S. Agency for International Development	Pact, Inc.	6213	6213.07	Male circumcision	\$77,544

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 6209.08	Mechanism: Male Circumcision
Prime Partner: Constella Futures	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 12588.08	Planned Funds: \$199,060
Activity System ID: 18121	
Activity Narrative: None	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 12588	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25708	12588.25708.09	U.S. Agency for International Development	Constella Futures	10831	6209.09	Male Circumcision	\$125,000
12588	12588.07	U.S. Agency for International Development	Constella Futures	6209	6209.07	Male Circumcision	\$50,000

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5891.08
Mechanism: Technical Assistance
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 11711.08
Planned Funds: \$50,000
Activity System ID: 18158
Activity Narrative: None
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11711
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11711	11711.07	U.S. Agency for International Development	US Agency for International Development	5891	5891.07	USAID funded staff in Swaziland	\$92,500

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5873.08
Mechanism: HIV/AIDS in the workplace
Prime Partner: International Labor Organization
USG Agency: Department of Labor
Funding Source: GHCS (State)
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 18491.08
Planned Funds: \$25,000
Activity System ID: 18491

Activity Narrative: None
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 8111.08	Mechanism: PEPFAR staff (salary/benefits)
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 18493.08	Planned Funds: \$20,000
Activity System ID: 18493	
Activity Narrative: None	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 7990.08	Mechanism: Male circumcision
Prime Partner: Population Services International	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 18492.08	Planned Funds: \$117,000
Activity System ID: 18492	
Activity Narrative: None	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5887.08	Mechanism: Umbutfo Swaziland Defense Force (USDF)
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 18490.08	Planned Funds: \$50,000
Activity System ID: 18490	
Activity Narrative: None	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 9356.08	Mechanism: US Agency for International Development
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 21540.08	Planned Funds: \$0
Activity System ID: 21540	
Activity Narrative: 10/29 At request of country, removed \$15,000 to add to State Mech. 10664.08 N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 10664.08	Mechanism: N/A
Prime Partner: US Department of State	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05

Activity ID: 25105.08

Planned Funds: \$15,000

Activity System ID: 25105

Activity Narrative: 10/29 At request of country, added \$15,000 from a USAID Mech. 9356.08 activity #21540.08

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HBHC - Basic Health Care and Support

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Total Planned Funding for Program Area: \$1,170,148

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

The USG supports a holistic, family-centered approach that begins with diagnosis and extends throughout the course of illness and beyond end-of-life care. While the capacity of the health system is under severe strain and the continuum of care is fragmented, FY08 investments will continue to advocate for the development and implementation of a minimum standard of HIV-related care services provided to HIV-positive adults and children at facility settings that includes all elements of the preventive care package for adults and children. These services will be provided along the continuum of care through community organizations. The national Malaria Control Program works to prevent and treat seasonal malaria (found only in Lubombo region).

Swaziland estimates having over 290,000 people living with HIV/AIDS (PLWHA) including 15,000 children in 2008 that need palliative care services. Data on key services such as numbers of persons accessing CTX, pain relief or nutritional support are not available. In FY08, 20, 634 PLWHA will receive palliative care and a total of 321 people will be trained to provide direct services and manage the delivery of palliative care.

In 2007 with USG technical assistance, the MOHSW budgeted for national distribution and use of free CTX for HIV-positive adults and children with CD4 less than 350. The MOHSW also initiated planning for OI care in partnership with the USG and partners, resulting in: (1) improved forecasting and supply chain management systems of OI drug availability with technical support from Rational Pharmaceutical Management/RPM+; and (2) planning with GOKS to re-position "pre-ART care" and OI care with technical support from ICAP-Columbia University, Human Capacity Development (HCD) Coalition and Elizabeth Glazer Pediatric AIDS Foundation (EGPAF). In addition, the USG supported community-based care service-delivery, including social, psychological and spiritual care through six community-based organizations under Pact. The African Palliative Care Association (APCA) held a stakeholders meeting to discuss the elements of palliative care and their inclusion in national programs and community organizations.

However, national leadership and implementation of essential pre-ART clinical care services in Swazi facilities is less clear than MOHSW support for ARV rollout. National guidelines for OI prophylaxis and management for adults and children are outdated and do not reflect current WHO recommendations such as the use of CTX. Implementation of "pre-ART care" (a stated priority in the Health Sector Response to the National HIV/AIDS Strategic Plan) is fragmented, and there is limited consideration for routine OI and symptom management for those on ART. The majority of ART sites do not include OI prophylaxis or management services. Physicians, nurses and pharmacists in non-ART sites have not been trained in OI management or referrals for ART. Comprehensive HIV/AIDS palliative care is further complicated by a vertical TB care system that is not linked to ART sites and not linked to public facilities that manage other OIs. Basic OI prophylaxis and management for infants, children and adolescents is

limited to facilities supported by Baylor and the International Center for HIV Care and Treatment (ICAP), and not mainstreamed into the public health system or all ART or PMTCT sites. In addition to clinical care issues, services provided within the other components of palliative care (psychological, spiritual, and social care) need to be improved to achieve comprehensive palliative care. These issues are to be addressed in 2008.

In FY08, the USG will reinforce its advocacy for essential care services in both facility- and community-based palliative care, identified in partnership with the MOHSW. Particularly in community care settings, focus will be placed in integrated prevention with positives (PwP) strategies including ABC prevention messaging, support disclosure, referral for family planning & PMTCT, reduction in alcohol use and gender-based violence; psychological care; additional child survival interventions for HIV-positive kids and referrals for spiritual and other social care services.

1) The USG will continue to support EGPAF and ICAP to expand palliative care services at their sites and improve the uptake and quality of services. At their sites, the major support roles include training of service providers, continuous regular support supervision and clinical mentorship, provision of CTX suspension for prophylaxis, and strengthen and support existing psychosocial groups and partner with other organizations to support the psychosocial needs of HIV positive women and their family members. Both USG partners will support the MOHSW, via the TWG, to draft, adapt, and launch a National Preventive Care Package policy for adults and children that outlines the menu of clinical and psychosocial services to be offered to PLWHA at the health service and community level. RPM+ and ICAP will continue technical support resulting in updated national pharmacy guidelines for OI care, OI sensitization and training targeted at health providers in 15 public facilities, and revision of the national adult and pediatric guidelines for OI care.

2) The HCD Coalition will assist MOHSW and the University of Swaziland to integrate basic OI care for adults and children into in-service training for nurses and partner with MOHSW and ICAP to facilitate development of national training in OI prophylaxis and management. The HCD Coalition will continue national community health worker in-service training and supervision program and strategic planning on prevention for positives interventions in partnership with SNAP, nationally. They will continue to partner with APCA to finalize and support implementation of the supportive supervision system. Support will include training of community health worker (CHW) trainers from MOHSW and NGOs, including PACT sub-grantees, to provide supportive supervision to improve the performance of the CHW. HCD will collaborate with PSI and M & E Follow-on program to support strengthening referral at the community level and primary facilities through training of trainers/supervisors who will in turn orient and monitor community health workers and service providers on use of the referral system.

3) The MOHSW are supportive of the ongoing activities from APCA which are being coordinated through Swaziland Hospice At Home, the organization mandated by the Government of Swaziland to provide palliative care training and services. APCA will continue to support the scaling up of Palliative Care in Swaziland through technical assistance in support of the development of a functional National Palliative Care Association. They will provide technical support to the National Steering Committee and Hospice at Home for its role in policy development, training and quality standards in palliative care service delivery nationally.

4) The Swaziland Defense Force will continue inpatient (USDF) and outpatient care and HBC. Professional staff and HBC caregivers (soldiers and police officers) are training to be care extenders for the few health care providers available to the uniformed services training and become experts on palliative/home based care. The USDF is renovating clinic and inpatient facilities for providing care to provide professional linkages to home based care.

5) The USG plans to support infant and young child feeding through a TBD. This program will develop a package of services for the critical ages of 0-5 including infant feeding counseling, leveraging nutritional support through WFP, clean water interventions, access to infant diagnosis, CTX and routine child health services. This program will be linked to the ICAP and EGPAF efforts in pediatric HIV care, in close collaboration with Clinton Foundation and Baylor College, to rapidly expand access. This TBD program will work with facility and community based partners to address a major gap in preventative care for children.

6) Pact will continue direct service delivery through community-based organizations: Nhlanguano AIDS Training, Information and Counseling Centre to strengthen post-test PLWHA care and support groups in 17 chiefdoms; Salvation Army to continue clinical service delivery and expand technical support, training in 22 Swazi communities through their home-based care program; Swaziland Action Group Against Abuse to address critical gender-based HIV-related issues including psychological care and counseling for survivors of sexual abuse, strengthened development of support groups for survivors of gender-based violence, and improved psychological care in PLWHA support groups; Swaziland Network of People Living With HIV and AIDS for national scale-up of their ART adherence technical assistance program, Cabrini Ministries have 36 community outreach care givers (24 rural health motivators (RHMs) and 12 Parish Care Givers (PCGs)) providing disease management and basic health care services in collaboration with APCA. Across all Pact grantees, the USG will integrate prevention strategies and elements of the preventive care package (outlined above), basic screening and management for pain and symptoms, and strengthen ART and OI adherence support. The USG will also support technical assistance to Pact community-care grantees to strengthen supportive supervision, communication skills and standardization of care services. The FY08 program will continue to improve linkages among the partners and between TB sites, ART sites and public health facilities and will ensure CTX availability in these sites.

Products/outputs: National palliative care guidelines, national OI care guidelines, national advisory group for MOHSW, prevention for positives outreach materials, quality standards document for palliative care services, training manuals and training module updates.

Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	75
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	30780
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	596

Custom Targets:

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 7998.08	Mechanism: Partnership for Family Centered HIV AIDS programs
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 19141.08	Planned Funds: \$166,500
Activity System ID: 19141	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 9353.08	Mechanism: Pact, Inc.
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 21537.08	Planned Funds: \$250,000
Activity System ID: 21537	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5973.08	Mechanism: PEPFAR staff (salary/benefits)
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06

Activity ID: 18494.08 **Planned Funds:** \$20,000
Activity System ID: 18494
Activity Narrative: None
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 8000.08	Mechanism: Nutrition, Infant and Child Feeding new award
Prime Partner: Food and Nutrition Technical Assistance	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 18499.08	Planned Funds: \$0
Activity System ID: 18499	
Activity Narrative: Funding transferred to FANTA project.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5891.08	Mechanism: Technical Assistance
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 18500.08	Planned Funds: \$50,000
Activity System ID: 18500	
Activity Narrative: None	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 7999.08	Mechanism: Partnership for Family Centered HIV AIDS Programs
Prime Partner: International Center for AIDS Care and Treatment Programs, Columbia University	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 19142.08	Planned Funds: \$266,000
Activity System ID: 19142	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5889.08	Mechanism: PACT / Community Reach
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 11714.08	Planned Funds: \$367,648
Activity System ID: 18135	
Activity Narrative: None	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11714	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25760	11714.25760.09	U.S. Agency for International Development	Pact, Inc.	10846	5889.09	PACT / Community Reach	\$125,000
25759	11714.25759.09	U.S. Agency for International Development	Pact, Inc.	10846	5889.09	PACT / Community Reach	\$125,000
25757	11714.25757.09	U.S. Agency for International Development	Pact, Inc.	10846	5889.09	PACT / Community Reach	\$149,378
11714	11714.07	U.S. Agency for International Development	Pact, Inc.	5889	5889.07	PACT / Community Reach	\$442,140

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 8000.08	Mechanism: Nutrition, Infant and Child Feeding new award
Prime Partner: Food and Nutrition Technical Assistance	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 19358.08	Planned Funds: \$0
Activity System ID: 19358	
Activity Narrative: Funding transferred from TBD to FANTA project.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5887.08	Mechanism: Umbutfo Swaziland Defense Force (USDF)
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 11712.08	Planned Funds: \$50,000
Activity System ID: 18108	
Activity Narrative: None	

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11712

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25833	11712.2583 3.09	Department of Defense	US Department of Defense	10875	5887.09	Umbutto Swaziland Defense Force (USDF)	\$53,000
25832	11712.2583 2.09	Department of Defense	US Department of Defense	10875	5887.09	Umbutto Swaziland Defense Force (USDF)	\$70,000

HVTB - Palliative Care: TB/HIV

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Total Planned Funding for Program Area: \$1,086,600

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Program Area Context:

According to the World Health Organization (WHO) the TB incidence in Swaziland is the highest in the world. In 2006, Swaziland registered a total of 9,145 TB cases. The 2006 TB notification rate stands at 881 cases per 100,000 population – up from 236 cases per 100,000 population in 1996 – a more than three-fold increase in just ten years. The overall case detection rate is estimated to be as low as 59%, well short of the 70% WHO target. TB is a massive contributor to national morbidity and mortality and is a large burden on the overstrained health sector.

The MOHSW's National TB Program (NTP) has a history of being highly vertical with weak performance. Not only do the majority of TB cases remain undetected and untreated, the treatment success rate among those treated is only 49% (far short of WHO's treatment success target of 85%). The proportion of cases that default from treatment is unacceptably high. At least 80% of TB cases are estimated to be HIV-infected. Although HIV is not thought to be a risk factor for the development of anti-TB drug resistance, there is a potential for explosive outbreaks of multi-drug resistant (MDR) and extensive drug resistant (XDR) TB in 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 not yet adequate. A rapid MDR/XDR-TB assessment with collaboration of WHO and South Africa Medical Research Council (SAMRC) is ongoing but there is no nationally representative data on anti-tuberculosis drug resistance available in Swaziland.

So far, USG assistance has played a major role in making crucial improvements to the NTP at large. Through the University Research Council Quality Assurance Project (URC/QAP), USG has strengthened the NTP's basic operations, guiding

organizational restructuring and building managerial capacity. USG has helped MOHSW finalize a five-year National Strategic Plan for TB Control and National TB Program Guidelines, with strategic and program planning (see OPSS). In addition to mentoring of the NTP management, USG support has included training of public- and private-sector personnel on basic TB Program operations. Through MSH/RPM+, USG has 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. The USG is also playing a major role in strengthening support for HIV Testing and Counseling services for TB suspects and patients (see Care-C&T), through the training of TB clinic personnel and improving previously near-nonexistent communication and collaboration between the NTP and the Swaziland National AIDS Program (SNAP). The USG has also started training personnel at ANC, MCH and ART clinics for the screening and early detection of TB. Finally, the USG 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-profile work visit and program review, and technical assistance, to assist Swaziland in working toward meeting the requirements to apply for assistance of the GreenLight Committee for the procurement of cheap and quality-assured second-line TB drugs.

USG support has played crucial role in improving the performance of Swaziland's Global Fund (GF) TB grant. The Round 3 grant had been placed on the Early Alert and Response System due to poor performance. The Principal Recipient (NERCHA), senior MOHSW leadership, the NTP program staff, and Swaziland's GF Portfolio Manager in Geneva widely acknowledge that dramatic improvements in meeting targets, reporting, and spending disbursements are due in very large part to USG assistance. Additional USG leadership and support included assistance with the application for release of Phase 2 (which was successful) and for Round 6. (which, unfortunately, was unsuccessful). The USG has also fed crucial program information to the GF Portfolio Manager (both directly and via the Principal Recipient) in order to help her advocate appropriately to release Phase 1 disbursements and to make the case to avoid a "no-go" recommendation for Phase 2.

In FY08, the USG will continue to support the NTP with programmatic and managerial improvements, including building lab capacity and quality assurance, drug tracking and drug management strengthening, and monitoring and evaluation support. Most of the support, however, will focus on specific TB/HIV related issues.

1) USG, through its different partners, will continue assisting the NTP and the Swaziland National AIDS Program (SNAP) with the developing of national policies and their dissemination. These will include, but will not be limited to, TB policy guidelines, TB/HIV policy guidelines, TB control guidelines, TB/HIV control guidelines, TB/HIV workplace guidelines, MDR/XDR-TB control guidelines, MDR/XDR-TB infection control guidelines.

2) The Global Fund (GF) is the most important external source of funding for NTP activities. CDC technical support and URC Health Care Improvement Project (HCI), the follow-on to URC/QAP, will assist NTP in meeting the objectives of the GF grant for the country. This will include, but will not be limited to, addressing conditions precedent for the Round3/Phase2 grant, assisting in the implementation of GF grant activities, assisting in developing the periodic GF submissions and reports and in monitoring GF indicators

3) USG and its partners 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. USG 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 N95 respirator masks, and the implementation of an adequate supply chain management system (see ARV Drugs). USG 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 Lab).

4) USG 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. USG partners 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. USG will continue to leverage for the assistance of the Green Light Committee for the procurement of cheap and quality-assured second-line TB drugs. USG will also assist the NTP with issues of TB infection control by carrying out infection control assessments at all the main TB diagnosis and treatment facilities in the country, and developing TB infection control guidelines and recommendation (as there are curriculum development, training, equipment, etc.) and their implementation.

5) CDC, SAMRC and URC/HCI will continue to work with SNAP and NTP to ensure the implementation of TB/HIV collaborative activities. USG has assisted the two programmes to jointly develop TB/HIV policy and program implementation guidelines, and to do joint planning and training activities. USG will continue to support the TB/HIV working groups at national, regional and health facility level to ensure their effective functioning. URC/HCI will continue to train 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 Counselling and Testing). USG, along with SNAP and NTP, will also train HIV clinic staff, including all ART providers, on the early detection of TB. ICAP and EGPAF will work to implement integrated TB activities in PMTCT, ANC and MCH settings. Finally, the implementation of a viable integrated TB/DOT and HIV chronic care program in the community is still a challenge in Swaziland. Increased support to community mobilisation especially to well organised community groups is envisaged to improve treatment outcomes based on community support systems (see Care Basic).

6) USG 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. URC/HCI 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. In addition, USG will assist the NTP with the implementation of its limited operational research activities. SAMRC 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 TB drug susceptibility test data (see SI).

7) HCD Coalition and URC/HCI 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 and 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.

Program Area Downstream Targets:

7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or 24 presumed) in a palliative care setting	
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	6840
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	413
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	7140

Custom Targets:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 8543.08	Mechanism: TB Surveillance, MDR-TB, Infection Control
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 19146.08	Planned Funds: \$0
Activity System ID: 19146	
Activity Narrative: Funding transferred to other TB/HIV program activities	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 6090.08	Mechanism: TB/HIV new award (IQC/HCI)
Prime Partner: University Research Corporation, LLC	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 19350.08	Planned Funds: \$627,000
Activity System ID: 19350	
Activity Narrative: Funding transferred from TBD to URC, LLC for IQC/HCI	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Related Activity:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 8644.08	Mechanism: Wam Technology TB Surveillance
Prime Partner: WamTechnology	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 19351.08	Planned Funds: \$22,782
Activity System ID: 19351	
Activity Narrative: Funding transferred from CDC to WamTechnology for TB Surveillance.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 8645.08	Mechanism: TB/HIV activities
Prime Partner: PATH	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 19352.08	Planned Funds: \$108,012
Activity System ID: 19352	
Activity Narrative: Funding transferred from CDC to PATH.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 8646.08	Mechanism: TB/HIV activities
Prime Partner: PATH	USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Palliative Care: TB/HIV
Budget Code: HVTB **Program Area Code:** 07
Activity ID: 19353.08 **Planned Funds:** \$41,988
Activity System ID: 19353
Activity Narrative: Funding transferred from TBD to PATH.
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 8649.08 **Mechanism:** Wam Technology TB Surveillance
Prime Partner: WamTechnology **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Palliative Care: TB/HIV
Budget Code: HVTB **Program Area Code:** 07
Activity ID: 19359.08 **Planned Funds:** \$7,218
Activity System ID: 19359
Activity Narrative: Funding transferred from TBD to WamTech for TB surveillance activities.
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 6090.08 **Mechanism:** TB/HIV new award (IQC/HCI)
Prime Partner: University Research Corporation, LLC **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (USAID) **Program Area:** Palliative Care: TB/HIV
Budget Code: HVTB **Program Area Code:** 07
Activity ID: 12140.08 **Planned Funds:** \$0
Activity System ID: 18150
Activity Narrative: Funding transferred to URC, LLC-IQC
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 12140

Activity Narrative: None
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 7991.08	Mechanism: TB Surveillance, MDR-TB, Infection Control (MRC?)
Prime Partner: National Institute for Communicable Diseases	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 18505.08	Planned Funds: \$0
Activity System ID: 18505	
Activity Narrative: Funding transferred to other TB/HIV program activities.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 5869.08	Mechanism: Counselling and testing
Prime Partner: University Research Corporation, LLC	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 18507.08	Planned Funds: \$150,000
Activity System ID: 18507	
Activity Narrative: None	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 5897.08 **Mechanism:** Human Capacity Deveolpment
Prime Partner: IntraHealth International, Inc **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (USAID) **Program Area:** Palliative Care: TB/HIV
Budget Code: HVTB **Program Area Code:** 07
Activity ID: 18508.08 **Planned Funds:** \$49,600
Activity System ID: 18508
Activity Narrative: None
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 5867.08 **Mechanism:** Technical assistance
Prime Partner: HHS/Centers for Disease Control & Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Palliative Care: TB/HIV
Budget Code: HVTB **Program Area Code:** 07
Activity ID: 11718.08 **Planned Funds:** \$0
Activity System ID: 18161
Activity Narrative: Transfer funding to WamTechnology for TB Surveillance TA
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11718
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11718	11718.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5867	5867.07	Technical assistance	\$0

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 8542.08 **Mechanism:** Technical Assistance

Prime Partner: US Centers for Disease
Control and Prevention

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 19145.08

Planned Funds: \$0

Activity System ID: 19145

Activity Narrative: Funding transferred to WamTechnology for TB Surveillance TA

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HKID - OVC

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Total Planned Funding for Program Area: \$200,000

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

The issue of Orphans and Vulnerable Children (OVC) is one of extreme concern in Swaziland. It is estimated that there are over 130,000 OVC. About 66% of these have been orphaned by AIDS deaths. It is estimated that by 2010, this number will have increased to 198,000, nearly 20% of the country's total population. Nationally, the National Emergency Response Council on HIV/AIDS (NERCHA) has established community-based programs with Global Funds in a four-pillar approach that includes physical well-being (food, clothing, shelter, water), educational support (formal and non-formal), emotional care/counseling, and care for the caregivers, at centers known as "kaGogo" (at Granny's place). UNICEF is the other major provider of OVC services, through its Neighborhood Care Points (NCPs).

The USG Five-Year HIV/AIDS Strategy for Swaziland (Feb. 2006) identified the need to expand community-based services, to provide technical assistance to improve service quality, and to support national level coordination and advocacy efforts. However, the USG team has decided to scale back its strategy and plans in this area because Global Fund and UNICEF OVC resources massively dwarf those of the USG, the USG lacks a comparative advantage in Swaziland on this issue, and the USG team is consolidating its entire program for management reasons.

In FY06, the USG supported three Pact grantees for OVC service delivery and institutional strengthening. In FY07, we funded two OVC grantees, the Swaziland Action Group Against Abuse (SWAGAA) and Swaziland's Schools Health and Population Education (SHAPE). The USG will end funding to this program area in FY08. The Global Fund and UNICEF will continue to be the primary support to OVC programming with USG assistance through technical assistance to national level OVC programming. The USG will continue to invest in PMTCT to avoid orphanhood and it will strengthen linkages across all USG partners to impact the delivery system of services to the family at the community level. This will indirectly support children living in the context of HIV and AIDS in Swaziland. Ongoing USG support to building the capacity to monitoring and evaluation on livelihood-based social protection and care programs is already being supported through PACT, UNICEF and other NGOs (see SI) in close collaboration with NERCHA.

Program Area Downstream Targets:

8.1 Number of OVC served by OVC programs	0
*** 8.1.A Primary Direct	0
*** 8.1.B Supplemental Direct	0
8.2 Number of providers/caregivers trained in caring for OVC	0

Custom Targets:

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 9345.08

Mechanism: US Agency for International Development

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 21528.08

Planned Funds: \$200,000

Activity System ID: 21528

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HVCT - Counseling and Testing

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Total Planned Funding for Program Area: \$1,014,643

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

The Health Sector Response Plan (2006-2008) is committed 'to increase the proportion of people who have been tested and know their HIV status from 10% to 40% by 2008'. In order to achieve this, the 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 MOHSW estimates that approximately 18% of the Swazi population has been tested for HIV to date; more than 175,000 Swazi's have undergone HTC and received their results. The MOHSW further reports that, in 2007 thus far, an average 12,000 additional clients were being tested every quarter. Client-initiated HTC services have historically been provided in 38 public and private facilities throughout the country. Some of these are free-standing and ran by NGO's, while others are integrated in existing government health facility structures. Most of them have additional outreach services. All of these services are provided through external funding, some of which may not be sustained much longer. So while the MOHSW National AIDS Program (SNAP) is working with all involved parties to find solutions to secure the existing client-initiated HTC services, it also launched a bold initiative to introduce provider-initiated HTC services at public health facilities throughout the country. However, this initiative is still in its infant stages, with human resource limitations being one of the main obstacles. While many health care workers have already been trained to provide the service, actual service delivery is limited to ANC clinics (see PMTCT), TB diagnostic and treatment facilities (see Care-TB/HIV) and, most recently, STI treatment centers.

For the past three years, the USG and its partners have provided significant assistance to the MOHSW/SNAP in the promotion and quality assurance of HTC and the establishment of the currently available HTC services. The USG has been instrumental 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 MOHSW has adopted SOP's that were developed in USG partner settings and is working with USG partners to sustain the franchised network of 'New Start' branded client-initiated HTC centers, with outreach facilities, throughout the country. Equally, the MOHSW has relied heavily on USG partners to establish provider-initiated HTC services at ANC clinics initially (see PMTCT) but also, more recently, at different types of public health care facilities. The USG collaboration with the MOHSW 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. The USG has also worked with the MOHSW to organize stakeholder conferences on the importance of HIV- infected clients' access to adequate support, care and treatment services and the compilation of regional 'referral directories'.

In FY08, USG will continue to support the MOHSW-led transition to provider-initiated HTC services and will pursue the expansion of cost-effective and quality models of service,

1) USG and its partners will continue to provide extensive technical assistance in the development and/or implementation of an adapted national HTC policy, an HTC expansion strategy, up-to-date HTC standard operating procedures, including adequate testing procedures and quality assurance (see Lab), and a modular HTC training curriculum. USG partners will facilitate, together with MOHSW/SNAP, the formation of an HTC forum for sharing of best practices.

2) Generic communications will be developed and disseminated to increase awareness on the availability of both client initiated and provider initiated HTC services, in support of the MOHSW/SNAP communication strategy for HTC under PSI support.

3) USG partners will provide considerable support to enhance the lab capacity to provide adequate and quality assured HIV testing (see Lab). ICAP will continue to support, in close collaboration with Clinton and Baylor, the rapid expansion of access to HTC for infants and children.

4) Through PSI, USG 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.

5) USG 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/ICAP continue their long-standing support to ANC service providers (see PMTCT), URC is supporting TB diagnostic and treatment facilities (See Care-TB/HIV), and PSI has recently started focusing its efforts on STI clinics. A strong emphasis will be given to the integration of HTC and all aspects of post-test support, prevention, care and treatment services for the HIV infected.

6) The most important challenge with scaling up provider-initiated HTC services, thus far, has been human resource limitations. Through the HCD Coalition, USG will assist MOHSW to explore different options of task shifting and to review existing health worker job descriptions, in order to address this issue (see OPSS)

7) Several of the USG partners will collaborate with MOHSW/SNAP to provide comprehensive workplace programs to increase access of corporate, agricultural and factory workers to HTC services. Through DOD, USG will also support the development of HTC services for the Umfutfo Swaziland Defense Force (USDF) and some of the other uniformed services. A lot of these programs are aimed at increasing utilization of services by men who otherwise would not access health settings for care and treatment

8) USG will continue to strengthen HTC services to correctional services with the set up of a dedicated VCT, rather than outreach services, to target prisoners.

9) Pact and PSI/TASC, partnering with several community-based organizations, will continue to pursue innovative approaches to provide community-based and family-centered HTC services, in order to reach discordant couples and client family members

10) Special consideration will be given to the integration of HTC within the context of male circumcision services (see Prevention-Other)

11) USG will continue to assist in the development and implementation of a routine data collection, analysis and reporting system for HTC services. In addition, PSI will provide MOHSW/SNAP with a quality assurance officer who will be responsible for monitoring and evaluation, and support to HTC sites to adhere to national standards and protocols

12) USG 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 SI, Care Basic, OPSS). This work, under the Referrals Working Group, will build on the outcome of the 'referral assessment' that is currently carried out and previous efforts at establishing 'referral directories', in order to improve the continuum of care.

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

Program Area Downstream Targets:

9.1 Number of service outlets providing counseling and testing according to national and international standards	111
9.3 Number of individuals trained in counseling and testing according to national and international standards	581
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	91052

Custom Targets:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5887.08	Mechanism: Umbutfo Swaziland Defense Force (USDF)
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 18520.08	Planned Funds: \$50,000
Activity System ID: 18520	
Activity Narrative: None	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5897.08	Mechanism: Human Capacity Deveopment
Prime Partner: IntraHealth International, Inc	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 18521.08	Planned Funds: \$37,500
Activity System ID: 18521	
Activity Narrative: None	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7990.08	Mechanism: Male circumcision
Prime Partner: Population Services International	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 18629.08	Planned Funds: \$53,000
Activity System ID: 18629	
Activity Narrative: None	
HQ Technical Area:	

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5973.08 **Mechanism:** PEPFAR staff (salary/benefits)
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Counseling and Testing
Budget Code: HVCT **Program Area Code:** 09
Activity ID: 11721.08 **Planned Funds:** \$30,000
Activity System ID: 18167
Activity Narrative: None
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11721
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25811	11721.2581 1.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10867	5973.09	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

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7992.08 **Mechanism:** Counselling and Testing
Prime Partner: University Research Corporation, LLC **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Counseling and Testing
Budget Code: HVCT **Program Area Code:** 09
Activity ID: 11723.08 **Planned Funds:** \$180,000
Activity System ID: 18151
Activity Narrative: None
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11723

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28536	11723.2853 6.09	HHS/Centers for Disease Control & Prevention	University Research Corporation, LLC	11666	7992.09	Counselling and Testing	\$410,000
28535	11723.2853 5.09	HHS/Centers for Disease Control & Prevention	University Research Corporation, LLC	11666	7992.09	Counselling and Testing	\$20,000
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

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5865.08

Mechanism: Counselling and testing

Prime Partner: Population Services International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 11722.08

Planned Funds: \$592,154

Activity System ID: 18143

Activity Narrative: None

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11722

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25772	11722.2577 2.09	HHS/Centers for Disease Control & Prevention	Population Services International	10849	5865.09	Counselling and testing	\$833,000
11722	11722.07	HHS/Centers for Disease Control & Prevention	Population Services International	5865	5865.07	Cooperative Agreement for counselling and testing	\$588,603

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5889.08

Mechanism: PACT / Community Reach

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 11724.08

Planned Funds: \$21,989

Activity System ID: 18137

Activity Narrative: None

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11724

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25761	11724.25761.09	U.S. Agency for International Development	Pact, Inc.	10846	5889.09	PACT / Community Reach	\$21,989
11724	11724.07	U.S. Agency for International Development	Pact, Inc.	5889	5889.07	PACT / Community Reach	\$27,675

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5873.08

Mechanism: HIV/AIDS in the workplace

Prime Partner: International Labor Organization

USG Agency: Department of Labor

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 11725.08

Planned Funds: \$50,000

Activity System ID: 18123

Activity Narrative: None

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11725

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28528	11725.28528.09	Department of Labor	International Labor Organization	11664	5873.09	HIV/AIDS in the workplace	\$70,000
11725	11725.07	Department of Labor	International Labor Organization	5873	5873.07	HIV/AIDS in the workplace	\$20,000

HTXD - ARV Drugs

Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10

Total Planned Funding for Program Area: \$320,000

Percent of Total Funding Planned for Drug Procurement	0%
Amount of Funding Planned for Pediatric AIDS	\$0
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

The MOHSW introduced free antiretroviral treatment in December 2003, with the full cost of the ARVs (and some other drugs for opportunistic infections) covered by the Global Fund. (PEPFAR/Swaziland does not procure ARVs). At the end of the first quarter of 2007, the MOHSW reported that 19,200 people were receiving treatment, out of a total estimated 40,000 eligible.

The Principal Recipient, NERCHA, requests Global Fund grant disbursements to procure the drugs based on requisitions received from the MOHSW's Central Medical Stores (CMS). Once procured, the drugs are routed through CMS to the ART clinics. Because the drugs are free and procured by NERCHA, this ARV system is parallel to the national MOHSW drug procurement/tendering system, which covers all other drugs and medical supplies and equipment for the country. Being on a different supply system, ART clinics frequently run out of drugs to treat opportunistic infections, causing added burden and cost for patients. Procurement and supply chain management of non-ARV, HIV-related drugs and commodities pose an ongoing, massive challenge to the country. National and facility-level stock-outs of drugs, including TB and other OI drugs, as well as lab reagents, are not uncommon.

Since January 2006, through the Rational Pharmaceutical Management Plus program (RPM+), the USG has worked with the MOHSW to implement a drug supply management system (both manual and computerized) 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 helped to strengthen the accountability of ARV stocks at all levels and to optimize the estimation of re-order levels. The decentralization of the quantification of drug needs has been an important focus, including quantification and supply chain management of other drugs for PMTCT+, TB, other OI prophylaxis and management, and pain management. The USG is working with the MOHSW on policy change and is providing systemic support for introducing these drugs into ARV sites. In addition, RPM+ has assisted the MOHSW with development of national standard treatment protocols and guidelines for HIV/AIDS, TB, and OIs for both adults and pediatrics, in line with international recommendations, and in collaboration with other USG partners, WHO, Clinton Foundation, and the Baylor Center of Excellence. RPM+ has revised the existing formulary, promoted adverse drug event reporting, and implemented pharmaceutical and therapeutics committees. Finally, the USG has also worked with the MOHSW to introduce the ARV clinics as cost centers into the general procurement system.

All these successes have been achieved through the close, ongoing collaboration between the USG, NERCHA and the MOHSW (the Chief Pharmacist, CMS staff, and the National ART Coordinator at the Swaziland National AIDS Program). The USG has played, and continues to play, a crucial role in filling critical gaps of communication and collaboration within the MOHSW, between the MOHSW and NERCHA, and sometimes, between NERCHA and Global Fund/Geneva.

With FY08 funding, support in this area will continue through the RPM+ follow-on Strengthening Pharmaceutical Services (SPS).

1) SPS will continue to strengthen drug need quantification practices and the monitoring of estimates vs. purchases vs. morbidity data for ARV drugs. Additional models will be introduced to quantify drug needs for the other priority diseases (PMTCT+, TB, OIs, STIs) and commodities (lab reagents). The decentralization of the quantification remains one of the key priorities; therefore facility level procedures will be further developed and implemented.

2) RPM+ has implemented its computerized drug inventory, dispensing, and tracking system (RxSolution) at all 19 ART sites. During FY08, SPS will continue to provide support to further implementation and improvement of the system, building capacity at site level to ensure that the system is fully functional and that health personnel utilize the collected data to support management. At the same time, SPS will step up its investment in building national level counterpart capacity to maintain and support the system in the long term. SPS will also implement a centralized data repository at the national level to assist with the monitoring of availability and use of a number of essential commodities throughout the country.

3) RPM+ has been working with the National Drug Advisory Committee (NDAC) to review procurement practices for medicines and other commodities (i.e. laboratory supplies) 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 FY08, SPS will continue to support the tendering process and assist the NDAC in monitoring supplier performance, reviewing facilities expenditures and improving financing mechanism.

4) In collaboration with WHO, RPM Plus has been working with the MOHSW to review existing regulation and legislation relevant to the procurement and distribution of medicines. In FY08, SPS will continue to assist the MOHSW Pharmacy Services to implement the Swaziland Medicines Regulatory Authority (MRA) to regulate the importation, procurement, quality assurance, storage and distribution of medicines for the public and private sector.

Products/outputs: Drug tracking system producing reports in ART sites and centrally, site level Drug Committees formed and operational, national standard treatment protocols and guidelines, revisions of formularies, national medicine information center, improved national drug tendering process, functional Medicines Regulatory Authority

Program Area Downstream Targets:

Custom Targets:

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 5893.08

Mechanism: Strengthening Pharmaceutical services (SPS)

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 11726.08

Planned Funds: \$300,000

Activity System ID: 18128

Activity Narrative: None

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11726

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27456	11726.27456.09	U.S. Agency for International Development	Management Sciences for Health	11433	5893.09	Strengthening Pharmaceutical services (SPS)	\$200,000
11726	11726.07	U.S. Agency for International Development	Management Sciences for Health	5893	5893.07	SPS	\$250,000

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 5973.08

Mechanism: PEPFAR staff (salary/benefits)

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 18523.08

Planned Funds: \$20,000

Activity System ID: 18523

Activity Narrative: None

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HTXS - ARV Services

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Total Planned Funding for Program Area: \$943,500

Amount of Funding Planned for Pediatric AIDS	\$0
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

The Government of the Kingdom of Swaziland has made a massive commitment to providing antiretroviral treatment for the nation. The MOHSW introduced free antiretroviral treatment in December 2003. Currently, sites that provide ART include 7 hospitals, 7 health centers and 26 outreach clinics, many in rural areas. Most of those sites are public sector ART clinics. Some sites are private (industry clinic, private clinic, or private provider), but they operate under MOHSW auspices and also receive drugs covered by the Global Fund. The ART clinics are a mixture of large, government or mission hospitals with large patient loads, as well as smaller clinics and small, rural health centers. At the end of the first quarter of 2007, the MOHSW reported that 19,200 people were receiving treatment, out of a total estimated 40,000 eligible.

Despite strong government commitment to the delivery of HIV treatment services and extremely impressive achievements to date, the country faces several ARV service-delivery challenges. In its effort to roll out treatment rapidly, the MOHSW rolled out services, with Global Fund resources, in an extremely vertical fashion, almost parallel to the existing primary health service delivery system. The MOHSW/Swaziland National AIDS Program (SNAP) is now working to tackle the multiple issues arising from this situation, with the goal of improving overall, comprehensive HIV-related care and treatment in the ART-clinics and in the rest of the health service delivery system. There are severe gaps in the rationalized planning for short- and long-term human resources, including ART training for the medical and nursing professionals, training of front-line laboratory personnel, and other unmet needs in logistics systems and quality assurance for HIV/AIDS-related lab services. Adherence to ART poses an enormous challenge. ART sites do not have systems and resources to identify directly, contact, trace, and support defaulting patients. At community level, there is insufficient and sometimes inaccurate information concerning availability and quality of ART services. Referral mechanisms between ART services and community-level care and support services are very weak. PLWHA want and deserve a substantially stronger role in the formation of a national ART program that includes treatment literacy, support and adherence.

In the past, the primary USG partner for direct treatment provision and technical assistance has been the International Center for HIV Care and Treatment (ICAP)/Columbia University as part of the USG Partnership for Family-Centered HIV/AIDS Services. ICAP coordinates closely with the MOHSW, other major treatment stakeholders including Baylor, WHO and the Clinton Foundation, and some of the other USG partners. Treatment services under ICAP include identifying eligible HIV+ pregnant women, mothers, infants, children and other family members for ART using WHO clinical staging and/or CD4+ cell counts, monthly follow-up for those on ART, treatment of OI's, psychosocial support including adherence counseling.. ICAP is strongly advocating for decentralization of ART to public health units and clinics, and exploring linkages to community programs and community health workers. ICAP has also taken the lead on developing services for early infant diagnosis and treatment.

Through RPM+, the USG initiated the development of an ART patient management information system for use at the existing ART sites. This system was built upon the already successful drug tracking system (see ARV Drugs) and replaced an earlier EpiInfo system, developed by WHO, that had not been very satisfactory. The new ART patient management information system was also part of the requirement to meet the Global Fund Conditions Precedent regarding Swaziland's eligibility for ARV procurement. In addition, it allows for better patient management, including the possibility to identify defaulting patients, and site-level data analysis and adequate reporting on patients on ARV's. RPM+ has also assisted the MOHSW with development of national standard treatment protocols and guidelines for HIV/AIDS, TB, and OIs for both adults and pediatrics, in line with international recommendations, and in collaboration with other USG partners, WHO, Clinton Foundation, and the Baylor Center of Excellence. RPM+ has revised the existing formulary, promoted adverse drug event reporting, and implemented pharmaceutical and therapeutics committees.

In addition to the above, USG has undertaken to assist the MOHSW in ensuring the existence, consistent supply, and appropriate deployment of a skilled workforce for quality HIV/AIDS service delivery, through national planning for, and management of, skilled human resources and rapid expansion of training. USG has also provided considerable support to treatment literacy and adherence services, including the development of treatment support and adherence materials, stakeholder consultation meetings, and the establishing of best practices for supporting ART. USG has supported the Umbutfo Swaziland Defense Force (USDF) with upgrades of a clinic, lab and hospice which enabled the SDF to conform to MOHSW facility requirements for ART provision and monitoring. Finally, USG has assisted MOHSW/SNAP with an assessment of current HIV/AIDS service linkages and referrals. This assessment was part of a multi-step process defined by the Swaziland Referrals Working Group to develop an evidence-based referral system to improve the nation's highly fragmented continuum of care.

In FY08, the USG will continue providing direct and indirect support to the MOHSW/SNAP national ART program.

1) The USG Partnership for Family-Centered HIV/AIDS Services, comprised of ICAP and the Elizabeth Glazer Pediatric AIDS Foundation (EGPAF), will continue to provide treatment services within the context of PMTCT (see PMTCT). They will closely collaborate with other important treatment partners such as WHO, UNICEF, Baylor and Clinton Foundation. Besides overall assistance to the MOHSW/SNAP national ART program with the development of policies, guidelines and program implementation and management, both agencies will provide and/or support service delivery at sites throughout the country (some re-positioning, to include previously less supported areas, is currently going on). Main focus will be on aggressive case finding, through the decentralization of counseling and testing and early infant diagnosis services (see Counseling and Testing), the prioritizing of HAART and other clinical services for the eligible pregnant women, and comprehensive care services for the exposed child. USG and its partners will continue to advocate for decentralizing ARV treatment to public health units and clinics to enhance access and adherence. In addition, extensive investments will be made in the field of psycho-social and adherence support, both at the level of the family and the community at large.

2) USG partners will provide considerable support to enhance the lab capacity to provide adequate and quality assured HIV testing, CD4 counts and other clinical laboratory support requirements (see Lab)

3) Through the RPM+ follow-on, Strengthening Pharmaceutical Services (SPS), MSH will continue to develop and roll out the ART patient management information system and will build national counterpart capacity to manage and sustain the system in the long run.

4) MSH will also continue to provide technical assistance and build the capacity of the NDAC to ensure that it can assume its critical roles and functions such as: the development and compilation of national standard treatment protocols and guidelines (STGs) for HIV/AIDS, OI's, TB and other diseases in line with international recommendations; to ensure that the selection of essential medicines is in line with evidence based medicine approaches (e.g. the use of Pharmacoeconomics principles). This activity will also include the implementation of a national medicine information center, the promotion of adverse drug event reporting through post market surveillance (pharmacovigilance) and the implementation/strengthening of Pharmaceutical Therapeutic Committees (PTCs) at district and facility levels in support of the ART and other priority programs.

5) The HCD Coalition will help the MOHSW to ensure a skilled workforce for quality HIV/AIDS service delivery. (See OPSS)

6) Pact will continue to build the organizational capacity and support the programming of SWANNEPHA (treatment literacy and adherence counseling, community support groups, advocacy campaign). The institutional strengthening support extends well beyond the Pact grant activities because SWANNEPHA is a recipient of Global Funds for programming and implementation of the National HIV/AIDS Strategic Plan. MOHSW/SNAP has officially designated SWANNEPHA as a key national stakeholder/partner on treatment literacy and adherence.

7) The DOD will support one physician to provide HIV/AIDS care and treatment in the USDF military clinic and hospice. Meanwhile, it will train USDF personnel and build in-house capacity in ART management

Products/outputs: Finalized policy on ART and pre-ART, training curricula, patient management information system producing reports in ART sites and centrally, national standard treatment protocols and guidelines, revisions of formularies, national medicine information center, site level drug committees formed and operational.

Program Area Downstream Targets:

11.1 Number of service outlets providing antiretroviral therapy	27
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	4200
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	28090
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	21120
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	1662

Custom Targets:

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5973.08	Mechanism: PEPFAR staff (salary/benefits)
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 18524.08	Planned Funds: \$30,000
Activity System ID: 18524	

Activity ID: 11727.08 **Planned Funds:** \$30,000
Activity System ID: 18109
Activity Narrative: None
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11727
Related Activity:

Table 3.3.11: Activities by Funding Mechansim

<p> Mechanism ID: 5889.08 Prime Partner: Pact, Inc. Funding Source: GHCS (USAID) Budget Code: HTXS Activity ID: 18525.08 Activity System ID: 18525 Activity Narrative: none HQ Technical Area: New/Continuing Activity: New Activity Continuing Activity: Related Activity: </p>	<p> Mechanism: PACT / Community Reach USG Agency: U.S. Agency for International Development Program Area: HIV/AIDS Treatment/ARV Services Program Area Code: 11 Planned Funds: \$150,000 </p>
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Table 3.3.11: Activities by Funding Mechansim

<p> Mechanism ID: 7999.08 Prime Partner: International Center for AIDS Care and Treatment Programs, Columbia University Funding Source: GHCS (USAID) Budget Code: HTXS Activity ID: 18526.08 Activity System ID: 18526 Activity Narrative: n/a HQ Technical Area: New/Continuing Activity: New Activity Continuing Activity: Related Activity: </p>	<p> Mechanism: Partnership for Family Centered HIV AIDS Programs USG Agency: U.S. Agency for International Development Program Area: HIV/AIDS Treatment/ARV Services Program Area Code: 11 Planned Funds: \$267,000 </p>
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Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 7998.08	Mechanism: Partnership for Family Centered HIV AIDS programs
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 19140.08	Planned Funds: \$166,500
Activity System ID: 19140	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

HLAB - Laboratory Infrastructure

Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12

Total Planned Funding for Program Area: \$887,700

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

Swaziland faces a severe shortage of trained laboratory personnel and inadequate lab infrastructure to deal with the rapidly growing demand for HIV-related lab testing. Underlying the capacity deficits are a host of problems that include principally a lack of cohesive human resource policy, lack of lab training institutions in country, a history of poor lab systems management, and no career enhancement opportunities. Investments in laboratory services to support HIV/AIDS program expansion has been neglected at virtually every level and is crippling both public and NGO sector programs including USG-funded HIV/AIDS program implementation in Swaziland. There are 3 referral laboratories covering general lab services and tuberculosis, 5 regional laboratories, 8 health clinic laboratories and 3 private laboratories. Lab reagent stock-outs have been an ongoing problem. As with ARV drugs, lab reagents are covered under Global Fund resources. NERCHA orders these based on requisitions from the MOHSW. However, the communication within the Ministry, and between the Ministry and NERHCA, is far from ideal; both are all-too-often facilitated and hastened by USG partners and the USG agency staff.

Currently there are no USG-supported laboratories in Swaziland. Italian Cooperation has a limited program to renovate lab infrastructure and purchase equipment for the National HIV/AIDS Reference Laboratory (NRL) in Mbabane and for laboratories in VCT and ART centers. The NRL, while having adequate equipment suffers from grossly inadequate staffing, chronic reagent stock-outs, and very weak quality-assurance mechanisms. It conducts CD4 counts for a large part of the entire country; patients wait 2-4 weeks for results. Infant diagnostic tests are sent out of the country for processing; an arrangement with South Africa's

National Institute of Communicable Disease (NICD) facilitated by the Clinton Foundation and USG Swaziland.

For FY07, USG, in collaboration with the Laboratory Services Office of the MOHSW, has developed short-term assistance plans and is now in the process of elaborating a long-term laboratory system assistance plan. New laboratory personnel are being trained to perform TB smear microscopy and phlebotomy to better support laboratories in TB facilities. A new initiative to perform rapid HIV testing using the finger prick method has been started to improve efficiency in clinics that now rely on the use of the more complicated venipuncture method. Venipuncture can only be performed by phlebotomist cadre who are in short supply or nurses. The long-term plans include the establishment of and the pre-service training of many needed new positions, e.g. laboratory technicians, TB smear microscopists and phlebotomists. Plans contained in-service support and long-term lab training in quality assurance protocols, supervision/mentoring, standard operating procedures, chemistry, hematology, CD4 testing, logistics and management.

In FY08, the USG will support strengthening of national lab capacity and services through technical assistance, training and supervision.

1) CDC lab activities will be coordinated through technical assistance provided by the CDC Regional Technical Advisor. CDC will work with the USG funded lab partners (described below) to develop a training plan, lab-strengthening implementation plan, and to implement laboratory training in country.

2) The National Institute for Communicable Diseases (NICD) will offer training programs in the performance of PCR and Viral Load testing and quality assurance. The NICD is a division of the National Health Laboratory Services in South Africa. It also offers comprehensive microbiological laboratory support for epidemiologic surveillance and monitoring. The NICD will assist the plan to implement a comprehensive, integrated quality management system throughout their network of laboratories by providing laboratory-based training at NICD to Swaziland's laboratory technologists/technicians and will assist with training events held in Swaziland, by providing laboratory test support for PCR and viral load testing, helping to develop an external quality assessment program for all Swaziland laboratories and developing an auditing program in-country for these labs to ensure continuing quality of services.

3) The American Society for Clinical Pathology (ASCP) is a not-for-profit medical society organized for educational, scientific, and charitable purposes. ASCP will continue to work with CDC and MOHSW in the development, implementation, and deployment of clinical lab training in the areas of clinical chemistry, haematology, lab management and CD4 count. ASCP will work with other USG partners and agencies (DOD for military labs) to provide assistance in the development of a national approach to quality systems, the implementation of comprehensive lab quality services and continued laboratory training/continuing education. In addition to these training activities, ASCP will provide personalized mentoring and consultation in the development of quality assurance programs, writing standard operating procedures for testing methods and lab management.

4) The Rational Pharmaceutical Management Plus program (RPM Plus) activities in Swaziland started in 2005 through). In July 2007, MSH was awarded the follow-on Strengthening Pharmaceutical Services (SPS). SPS will assist the Swazi laboratory services in strengthening their procurement/tracking practices.

5) DOD will support renovations for a military clinic and lab. Laboratory related activities will be funded through non – PEPFAR funds (Foreign Military Financing) of approximately \$250,000. Activities will include comprehensive technical assistance provided through use of the CDC CoAg with ASCP and DOD FMF funding, finalization of laboratory infrastructure improvements and based on TA recommendations provision of equipment to allow TB smear microscopy, biochemistry, hematology and CD4 counts.

6) Population Services International (PSI) will implement a new project that is part of a larger initiative to strengthen laboratory services since they are central to the success of HIV services. Phlebotomists training activities will be done by the NRL with technical support from CDC. Equipping of laboratory testing facilities will be done by PSI using a guide from the NRL. QA will be joint activity implemented by the National QA officer and the national laboratory. This activity has been requested by both SNAP and the NRL. Laboratory services are central to scaling up of HIV service delivery. Strengthen the Phlebotomist cadre is will support rapid scale up of Provider initiated HTC (see CT) and further render available other diagnostic tests within Swaziland's health facilities including hematology and RPR. Support has been sought from the National Director of Laboratory Services who has pledged commitment in this shift - which he has termed a "legacy". PSI will partner with the NRL in conducting this training and rolling it out nationally. A constraint that has been identified in the rollout of HIV testing is a human resource gap for rapid testing and counseling. But the emergent need is rapid testing which contributes to the scale up of services. Scaling up counseling services without testing will not lead to knowledge of HIV status. Therefore, the approach of using a phlebotomist cadre serves as an entry point to developing similar training for a lay counselor's cadre. The initial role out of VCT followed this same pattern. First, counselors were trained in Phlebotomy then introduced to counseling skills, resulting in limited resistance within the health system in Swaziland.

7) University Research Corporation Health Care Improvement Program (URC/HCI) will provide assistance to the National Tuberculosis Program and the National Reference Laboratory to increase capacity of the national TB lab and support surveillance studies for resistant Mycobacterium tuberculosis (MDR and XDR strains).

8) The HCD Coalition through MSH and in consultation with the CDC Laboratory Technical Advisor will support the management and leadership of Laboratory Services to develop a human resources (HR) plan. The plan will also incorporate strategies to strengthen laboratory management capacity through short external training, on-site mentorship, sharing of best practices and study tours for laboratory management, policy formulation, and budgeting. Long term advocacy and training plans to expand the existing laboratory workforce will also be developed and implemented to strengthen the laboratory services. MSH 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.

9) Short term training will be provided for identified supervisors and the Quality Improvement Manager to prepare them for these tasks. COHSASA will continue to provide on-site support for Quality improvement, which will include development of operational

policy guidelines and mentorship of the Laboratory Quality Improvement Manager. A routine supervision system will be developed to focus on performance improvement. In order to maintain sustained and continuous mentorship the project proposes to recruit and place one staff person who has extensive experience in Laboratory management. This will be done in consultation with the CDC Technical Advisor.

Products/outputs: Lab management protocols and guidelines, training modules, site-level standard operation procedures, quality assurance plans with supervisor guidelines, national and facility level QA audit reports

Program Area Downstream Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	21
12.2 Number of individuals trained in the provision of laboratory-related activities	150
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	37600

Custom Targets:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5897.08	Mechanism: Human Capacity Develoipment
Prime Partner: IntraHealth International, Inc	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 18532.08	Planned Funds: \$162,700
Activity System ID: 18532	
Activity Narrative: None	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5973.08	Mechanism: PEPFAR staff (salary/benefits)
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 18528.08	Planned Funds: \$20,000
Activity System ID: 18528	
Activity Narrative: None	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5868.08	Mechanism: Lab support, QA, auditing (NHLS?)
Prime Partner: American Society of Clinical Pathology	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 18529.08	Planned Funds: \$0
Activity System ID: 18529	
Activity Narrative: Transfer of funding to other Lab activities.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 8544.08	Mechanism: Lab Support, QA, Auditing
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 19147.08	Planned Funds: \$0
Activity System ID: 19147	
Activity Narrative: Funding transferred to other Lab program activities.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 7991.08	Mechanism: TB Surveillance, MDR-TB, Infection Control (MRC?)
Prime Partner: National Institute for Communicable Diseases	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure

Budget Code: HLAB
Activity ID: 19354.08
Activity System ID: 19354
Activity Narrative: Funding transferred from TBD to NICD.
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Program Area Code: 12
Planned Funds: \$110,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 8648.08
Prime Partner: American Society of Clinical Pathology
Funding Source: GHCS (USAID)
Budget Code: HLAB
Activity ID: 19357.08
Activity System ID: 19357
Activity Narrative: Funding transferred from CDC to ASCP.
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: N/A
USG Agency: U.S. Agency for International Development
Program Area: Laboratory Infrastructure
Program Area Code: 12
Planned Funds: \$68,012

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 8647.08
Prime Partner: National Institute for Communicable Diseases
Funding Source: GHCS (USAID)
Budget Code: HLAB
Activity ID: 19355.08
Activity System ID: 19355
Activity Narrative: Funding transferred from CDC to NICD.
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: N/A
USG Agency: U.S. Agency for International Development
Program Area: Laboratory Infrastructure
Program Area Code: 12
Planned Funds: \$140,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5868.08 **Mechanism:** Lab support, QA, auditing (NHLS?)
Prime Partner: American Society of Clinical Pathology **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Laboratory Infrastructure
Budget Code: HLAB **Program Area Code:** 12
Activity ID: 19356.08 **Planned Funds:** \$31,988
Activity System ID: 19356
Activity Narrative: Funding transferred from TBD to ASCP.
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5870.08 **Mechanism:** Lab training
Prime Partner: American Society of Clinical Pathology **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Laboratory Infrastructure
Budget Code: HLAB **Program Area Code:** 12
Activity ID: 11730.08 **Planned Funds:** \$150,000
Activity System ID: 18117
Activity Narrative: None
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11730
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11730	11730.07	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	5870	5870.07	Cooperative agreement for lab training	\$328,920

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5867.08 **Mechanism:** Technical assistance
Prime Partner: HHS/Centers for Disease Control & Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Laboratory Infrastructure
Budget Code: HLAB **Program Area Code:** 12
Activity ID: 11731.08 **Planned Funds:** \$150,000
Activity System ID: 18162
Activity Narrative: None
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11731
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28519	11731.2851 9.09	HHS/Centers for Disease Control & Prevention	HHS/Centers for Disease Control & Prevention	11804	11804.09	Technical assistance	\$50,000
28518	11731.2851 8.09	HHS/Centers for Disease Control & Prevention	HHS/Centers for Disease Control & Prevention	11663	5867.09	Technical assistance	\$50,000
11731	11731.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5867	5867.07	Technical assistance	\$150,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5865.08 **Mechanism:** Counselling and testing
Prime Partner: Population Services International **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Laboratory Infrastructure
Budget Code: HLAB **Program Area Code:** 12
Activity ID: 18531.08 **Planned Funds:** \$55,000
Activity System ID: 18531
Activity Narrative: None
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

HVSI - Strategic Information

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Total Planned Funding for Program Area: \$934,504

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Improving Strategic Information capacity and supporting the delivery of key information products are priorities under Swaziland's National HIV/AIDS Strategic Plan. A recurrent conclusion of national assessments points to the lack of functioning information systems as a bottleneck in effective program planning, evaluating, and reporting.

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 a weak health sector management information system (HMIS). The USG has begun working with National M&E bodies 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 the strengthening of national programs.

M&E for the Swaziland National AIDS Program (SNAP) has operated largely in isolation of the MOHSW unit responsible for HMIS; thus, little integration of information systems across health program areas. Since last year, with USG assistance, SNAP is partnering with NERCHA and with HMIS unit in the MOHSW to build practical systems to collect, process, and use data for program improvement and advocacy. An early example of success in this area is the production of the first Quarterly (HIV) Service Coverage Report (QSCR) in 2007. It is important that the USG be prepared to continue to fill gaps in function when they arise, and effectively promote sound HMIS policy and practice.

The USG is the only bilateral donor actively supporting SI-related activities in Swaziland and has, since 2005, partnered with UNAIDS and the World Bank's Global AIDS M&E Team (GAMET) to provide technical assistance, planning and implementation support to the M&E unit at NERCHA. With the movement of USG management and technical staff, including an SI liaison (25% time), to the country-level, and the assignment of a UNAIDS M&E advisor to Mbabane, a more stable assistance framework is provided for SI capacity building activities in the country. The USG and World Bank M&E assistance has been mutually supportive and will continue to provide the foundation for NERCHA's progress in multi-sectoral and health sector HIV/AIDS program monitoring.

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

1) Antenatal clinic-based HIV sentinel surveillance. The 2006 round activities were recently completed, with final report published in second quarter of 2007. MOHSW financed; TA provided by WHO.

2) The 2006/2007 Swaziland DHS+ (the first survey of its kind) was recently completed and preliminary finding released in June 2007. National general population-based HIV prevalence rates were produced as were indicators of high-risk sexual behavior and HIV service coverage. The USG is the leading donor supporting the SDHS.

3) A Service Availability Mapping (SAM) supported in part through the Global Fund and WHO was conducted in mid-2006. The USG provided sampling support. Preliminary findings were released early 2007.

4) Region-based and national trainings for improving implementation of the SHAPMoS is ongoing. MEASURE Evaluation has provided valuable support to NERCHA in this area, focusing data quality improvements.

5) Recent health sector M&E assessments, supported by HMN/WHO and USG/MEASURE Evaluation, have formed the basis for SNAP's M&E capacity building plan.

6) The National HIV M&E Technical Work Group, proven essential to the timely delivery of key national information products and advocacy for adequate funding for M&E "roadmap" activities, has been assisted by the World Bank, UNAIDS, and the USG.

7) The MOHSW Human Resource Information System (HRIS) is supported by the USG/ SAHCD Coalition. HRIS Workforce data is used for allocating nurses to facilities and for planning workforce trainings (See OPSS), although much remains to be done to improve data use by planners at the decentralized (regional) level.

8) The National TB Program, supported by CDC 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.

9) The USG/PSI, is working with the MOHSW/SNAP to transfer a simplified version of its data-use oriented HTC MIS "dashboard" model to public and private HTC sites in the country. FY07 USG resources is being used to place a HTC QA advisor in the SNAP, with a principle objective to improve the standardization of data collection across HTC service setting (i.e. provider and client initiated).

10) To date, PEPFAR program and financial data have been managed by agencies (largely in Pretoria). The improvement and integration of systems to form a single PEPFAR planning and reporting system is a top priority for the USG team.

The USG-Swaziland HIV/AIDS Program 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 FY08 funds:

- 1) A programmatic database will be developed for the management and analysis of PEPFAR-related data for use in portfolio review, COP and periodic reporting to National stakeholders and USG agencies and OGAC.
- 2) ORC Macro and CDC resident staff will provide technical assistance and limited local costs in collaboration with the Central Statistical Office (CSO), the MOHSW/SNAP and UNAIDS to provide to support in-depth analysis, report writing, data dissemination for the SDHS+.
- 3) CDC will, with UNAIDS, support the MOHSW/SNAP, in the design and implementation of surveillance and demographic data use activities to strengthen epidemic tracking and impact analysis.
- 4) CDC, in collaboration with the IQC M&E awardee, will provide direct technical assistance and mentoring to the NERCHA-sponsored HIV/AIDS M&E Technical Working Group. CDC staff will also support training and mentoring for improved data collection and data utilization methods for the SHAPMoS. By doing so, the USG also strengthens the program monitoring system for Global Fund reporting, which is nested within NERCHA/SHAPMoS.
- 5) The IQC M&E awardee will provide technical assistance and limited local costs to support an analysis of data from a national HIV/AIDS program linkages and quality of referral systems study. (See Care-Basic.)
- 6) DOD will provide technical assistance to support analysis of HIV survey (prevalence and behavior) data in the military population.
- 7) Local HTC partner (PSI) will increase its support to capacity building in HTC M&E at the MOHSW/SNAP unit to develop high quality information products to monitor and improve HTC programs. This includes placement of a HTC QA advisor in SNAP.
- 8) Pact, the IQC M&E awardee 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. The IQC M&E awardee and the USG SI Liaison will focus on prime partners (including Pact). Pact, in turn, will focus on its sub-grantees.
- 9) CDC (local and Pretoria-based) will 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. (See Palliative Care: TB/HIV). This USG intervention will continue to bolster the NTP and leverage a continuance of Global Fund resources to this focus area.
- 10) The Swaziland Steering Committee has decided to prioritize the implementation of program evaluations with FY 2008 funds. Funds have been budgeted to support studies that will help to answer key programmatic questions to improve service delivery. The SI liaison will work with each of the other USG Swaziland Technical Working Groups to identify programmatic gaps and review opportunities to engage in studies as per recommendations from the OGAC PHE thematic groups. This process will take place over the next several months. At this time, there is insufficient time to develop a strategy for PHE implementation so this COP entry is currently to be determined. Funds will be reprogrammed and approval requested as this effort becomes more fully conceived.
- 11) A triangulation data analysis project will be developed to strengthen local data use capacity and provide for better, evidence-based public health decisions. Partners and mechanisms will be developed over the next several months and FY08 funds will be used to support this activity.
- 12) The Human Capacity Development (HCD) Coalition will continue to support for the 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 OPSS).
- 13) ICAP will provide continued support at a national level and at facilities to strengthen M&E systems that monitor quality and program progress, supporting improvements in the management of ART clinics and of patients. (See ARV Services.)

Products/Outputs: Programmatic Database for USG HIV/AIDS Program, Final DHS+ Report, Swazi personnel trained in data collection, use, and dissemination, improved National HIV/AIDS Program and GFATM reporting, HIV surveillance data on military, improved use of workforce data for HR planning, in-depth analysis and reports on HIV/AIDS program outcomes and impact.

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	96
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	298

Custom Targets:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5887.08	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 Area Code: 13
Activity ID: 18573.08	Planned Funds: \$30,000
Activity System ID: 18573	
Activity Narrative: None	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5897.08	Mechanism: Human Capacity Development
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 Area Code: 13
Activity ID: 18577.08	Planned Funds: \$70,000
Activity System ID: 18577	
Activity Narrative: None	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5973.08	Mechanism: PEPFAR staff (salary/benefits)
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 11833.08	Planned Funds: \$50,000
Activity System ID: 18168	

Activity Narrative: None

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11833

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25817	11833.25817.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10867	5973.09	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 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5889.08

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 Area Code: 13

Activity ID: 11737.08

Planned Funds: \$277,923

Activity System ID: 18138

Activity Narrative: None

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11737

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25766	11737.25766.09	U.S. Agency for International Development	Pact, Inc.	10846	5889.09	PACT / Community Reach	\$250,000
11737	11737.07	U.S. Agency for International Development	Pact, Inc.	5889	5889.07	PACT / Community Reach	\$177,923

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5865.08 **Mechanism:** Counselling and testing
Prime Partner: Population Services International **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Strategic Information
Budget Code: HVSI **Program Area Code:** 13
Activity ID: 11736.08 **Planned Funds:** \$85,581
Activity System ID: 18144
Activity Narrative: None
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11736
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11736	11736.07	HHS/Centers for Disease Control & Prevention	Population Services International	5865	5865.07	Cooperative Agreement for counselling and testing	\$69,563

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5896.08 **Mechanism:** MEASURE DHS+
Prime Partner: Macro International **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (USAID) **Program Area:** Strategic Information
Budget Code: HVSI **Program Area Code:** 13
Activity ID: 11739.08 **Planned Funds:** \$30,000
Activity System ID: 18126
Activity Narrative: None
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11739
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11739	11739.07	U.S. Agency for International Development	Macro International	5896	5896.07	MEASURE DHS+	\$100,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 9346.08	Mechanism: US Centers for Disease Control and Prevention
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 21529.08	Planned Funds: \$75,000
Activity System ID: 21529	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5876.08	Mechanism: PEPFAR staff (salary/benefits)
Prime Partner: US Department of State	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 18574.08	Planned Funds: \$16,000
Activity System ID: 18574	
Activity Narrative: None	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 9343.08	Mechanism: John Snow Inc.
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 Area Code: 13
Activity ID: 21525.08	Planned Funds: \$200,000

Activity System ID: 21525

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Total Planned Funding for Program Area: \$1,200,980

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Swaziland has a severe human capacity crisis and a weakening healthcare system. Challenges include a lack of sufficient number of personnel with skills in planning and management, and lack of data to support action and move policies and plans from draft to implementation. Improving human capacity and strengthening HIV/AIDS health care delivery systems cross-cuts all USG efforts and is identified as a priority focus area for the USG program. The key focus areas include human resource management, training, quality improvement, and organizational development

In FY07, the USG continued to build momentum around large human capacity and human resource reform programs. Activities included establishment of a national Quality Assurance Team and development of Quality and Performance Standards, development of a HIV/AIDS workplace policy, assistance to the Reorganization Task Force of MOHSW to review the organizational functions and structure, support to maintain the HRIS database and align this with the payroll database at Public Service and to assist the MOHSW in better decision making for HR planning, workforce management and support strategies, training of senior nurse managers skills for comprehensive HIV/AIDS management. Information from MOHSW shows that the Health Service Commission (HSC) will be launched by the end of August 2007 and that support will be needed to help build its capacity to focus on key HR issues.

Developing and training the health care work force is a primary focus of FY08 USG support. The USG quality assurance program empowers staff to provide quality HIV/AIDS care by using QI methods and participatory management. Focus will be on on-site facilitation to integrate HIV/AIDS services and increase access to services. The Coalition will leverage support from other USG partners working at these facilities: ICAP, EGPAF, and URC. The USG will continue to develop indigenous organizational and human capacity through work with local organizations, the military, Peace Corp volunteers and private sector. Community health volunteer/lay workers contribute significantly to USG activities, especially in OVC, palliative care, OI management, testing and counseling, and treatment adherence. In FY08, the HCD Coalition will continue to assist the MOHSW with human resource management of the health care system. The Coalition is made up of seven organizations; IntraHealth, Management Sciences for Health (MSH), Foundation for Professional Development (FPD), Council of Health Service Accreditation of Southern Africa (COHSASA), The Eastern, Central, and Southern African (ECSA) Health Community -HR, Training Resource Group (TRG) and Institute of Development Management (IDM).

1) ECSA will assist with skills development for policy formulation where COHSASA, FPD and other partners will ensure utilization of these policies and guidelines during the facilitation of QI and mentorship activities. ECSA will assist the newly launched HSC and its management within MOHSW.

2) MSH will develop plans to build the capacity of the HSC to effectively perform their HR functions. These focus on recruitment of key staff such as medical officers, lab technicians and nurses coupled with training in HIV/AIDS management.

3) ECSA, in partnership with EQUINET, has documented issues and best practices on migration and retention in the southern

Africa region. The Coalition will bring this partnership to facilitate development of a retention strategy.

4) In support of the people delivering HIV/TB services, ECSA supported the development of a HIV/AIDS Workplace Policy for MOHSW staff.

5) IntraHealth will help build the capacity of the Swaziland Nurses Association to conduct a study to inform implementation of HIV/AIDS workplace programs making services more available at facilities for MOHSW staff.

6) The Coalition will implement an institutional capacity building plan for IDM to include off-site training, co-facilitation in MSH-led training workshops, on-site mentoring, new business development and program management strengthening, and facilitation of a virtual leadership development program. MSH will work with the IDM Regional Office to build their capacity to support country level plans.

7) FPD has started developing the capacity to strengthen HIV/AIDS pre-service training including review of the HIV/AIDS and TB components of the curricula.

8) Trainers from Swaziland participated in ECSA's regional workshop to strengthen pediatric HIV/AIDS in pre-service training (PST). ECSA will follow up and support plans to incorporate pediatric HIV/AIDS in PST and work with participants and other partners, such as Baylor College and ICAP.

9) FPD will also provide TA to the training institutions and SNAP to develop training standards for HIV/AIDS training. FPD will work with SNAP to develop in-service training (IST) capacity at SNAP regional level in collaboration with other partners.

10) Georgetown University Nurses SOAR program will provide 2- 3 monthly follow up visits to consolidate the skills of trainers to strengthen IST and PST facilitation, ensure implementation, and improve the quality of HIV/AIDS training. The SOAR program will provide continuous on-site mentoring for the preceptors. External preceptors can be sourced within the region through ANAC. FPD and SOAR Nurses will collaborate with Swaziland National Network for People Living with HIV/AIDS for utilization of the expert patient to strengthen training with a focus on stigma reduction.

11) To focus on shifting some of the HIV/AIDS prevention and counseling tasks to nursing assistants, HCD Coalition will work to apply the WHO guidelines on task shifting as a pilot at two hospitals. Activities will include training of trainers and training of nursing assistants for the new tasks, development of job aids and on-site support to ensure quality.

12) IntraHealth will continue to partner with African Palliative Care Association (APCA) to finalize and support implementation of the supportive supervision system. Support will include training of community health worker (CHW) trainers from MOHSW and NGOs, including PACT sub-grantees, to provide supportive supervision to improve the performance of the CHW.

13) IntraHealth will continue to support the core Performance Improvement (PI) champion team to expand PI training to the regions and cascade the training to the service areas. The QI program will place particular emphasis on infection prevention (IP).

14) COHSASA will adapt the QI database and train managers to use it at national and facility level. COHSASA will facilitate the development and implementation of a central Ministry driven "performance-based recognition system" to motivate staff to improve and maintain quality. A Swaziland hospital was twinned with a hospital in South Africa for benchmarking and support in QI. Lessons learned from the initiative will be used possible expansion to other health facilities in the country.

15) IntraHealth, in partnership with PSI, will provide technical assistance to review and strengthen the current referral system on the basis of findings from the USG-funded Referral Study. The support will begin with strengthening referral at the community level and primary facilities through training of trainers/supervisors who will in turn orient community health workers (CHW) and service providers on use of the referral system and monitor its application.

16) COHSASA, FPD, and Georgetown University who will be providing on site support for mentorship and quality improvement at the facility level will orient the Quality Assurance and LDP teams, mentors and service providers on the referral system as part of their work with facilities.

17) ECSA will host a regional workshop on Mainstreaming Gender Based Violence (GBV) in HIV/AIDS programs with support from Health Africa 2010. ECSA and IntraHealth will follow up and support in-country implementation of plans from this regional workshop.

18) The Swazi military has formed a civilian-military HIV/AIDS alliance including all uniformed services. The military will co-chair this organization, provide leadership and develop HIV policy.

19) Pact will continue to be the lead USG organization building institutional capacity in communities to increase grantees' effectiveness to achieve expanded, high quality services and strengthen financial management, strategic planning, and monitoring and reporting systems.

20) USAID through staff in-country and at the regional level will continue to provide technical advising and assistance to Swaziland in HCD and HR programming.

21) The Swaziland Business Coalition Against HIV/AIDS (BCHA) assists small and medium enterprises (SMEs) to develop and implement HIV/AIDS workplace policies, trains SME employees to provide comprehensive peer education/prevention, and assist co-workers in accessing services, including counseling, testing and treatment.

22) The DOL will continue working with Swazi private enterprises to enforce national HIV/AIDS workforce policies and guidelines for the Ministry of Enterprise & Employment.

23) The USG will continue to provide TA to strengthen the organizational capabilities of MOHSW and Global Fund sub-recipients to effectively perform their functions. Several of the Pact grantees are Global Fund sub-recipients and serve as umbrella bodies for implementation of the National Strategic Plan. HCD Coalition partners are using resources from the Global Fund set-aside TA funds to help strengthen the management and capacity of the MOHSW to use its Global Fund resources, and to strengthen collaboration and coordination between the PR and the MOHSW.

Products/outputs: HRIS, TIMS, training curriculum, supervision protocols, Workforce Policy, retention strategy, recruitment protocols, training manuals, QI tools and database

Program Area Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	71
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	110
14.3 Number of individuals trained in HIV-related policy development	281
14.4 Number of individuals trained in HIV-related institutional capacity building	318
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	610
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	196

Custom Targets:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 9343.08	Mechanism: John Snow Inc.
Prime Partner: John Snow, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 21526.08	Planned Funds: \$50,000
Activity System ID: 21526	
Activity Narrative: N/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5865.08	Mechanism: Counselling and testing
Prime Partner: Population Services International	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 11743.08	Planned Funds: \$45,223
Activity System ID: 18145	

Activity Narrative: None

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11743

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11743	11743.07	HHS/Centers for Disease Control & Prevention	Population Services International	5865	5865.07	Cooperative Agreement for counselling and testing	\$57,223

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5889.08

Prime Partner: Pact, Inc.

Funding Source: GHCS (USAID)

Budget Code: OHPS

Activity ID: 11745.08

Activity System ID: 18139

Activity Narrative: Reduced by \$68,040 for Recission.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11745

Related Activity:

Mechanism: PACT / Community Reach

USG Agency: U.S. Agency for International Development

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$158,307

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11745	11745.07	U.S. Agency for International Development	Pact, Inc.	5889	5889.07	PACT / Community Reach	\$226,347

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5873.08

Prime Partner: International Labor Organization

Mechanism: HIV/AIDS in the workplace

USG Agency: Department of Labor

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 11748.08

Planned Funds: \$50,000

Activity System ID: 18124

Activity Narrative: None

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11748

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28529	11748.2852 9.09	Department of Labor	International Labor Organization	11664	5873.09	HIV/AIDS in the workplace	\$20,000
11748	11748.07	Department of Labor	International Labor Organization	5873	5873.07	HIV/AIDS in the workplace	\$65,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5897.08

Mechanism: Human Capacity Development

Prime Partner: IntraHealth International, Inc

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 11744.08

Planned Funds: \$604,200

Activity System ID: 18125

Activity Narrative: None

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11744

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25735	11744.2573 5.09	U.S. Agency for International Development	IntraHealth International, Inc	10838	5897.09	Human Capacity Development	\$604,200
11744	11744.07	U.S. Agency for International Development	IntraHealth International, Inc	5897	5897.07	HCD Coalition	\$421,235

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5887.08	Mechanism: Umbutfo Swaziland Defense Force (USDF)
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 11741.08	Planned Funds: \$20,000
Activity System ID: 18110	
Activity Narrative: None	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11741	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25840	11741.25840.09	Department of Defense	US Department of Defense	10875	5887.09	Umbutfo Swaziland Defense Force (USDF)	\$30,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5891.08	Mechanism: Technical Assistance
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 11746.08	Planned Funds: \$100,000
Activity System ID: 18159	
Activity Narrative: None	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11746	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11746	11746.07	U.S. Agency for International Development	US Agency for International Development	5891	5891.07	USAID funded staff in Swaziland	\$0

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7994.08
Prime Partner: Georgetown University
Funding Source: GHCS (State)
Budget Code: OHPS
Activity ID: 18579.08
Activity System ID: 18579
Activity Narrative: None
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: Human Capacity Development
USG Agency: HHS/Health Resources Services Administration
Program Area: Other/Policy Analysis and System Strengthening
Program Area Code: 14
Planned Funds: \$100,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 8111.08
Prime Partner: US Agency for International Development
Funding Source: GHCS (USAID)
Budget Code: OHPS
Activity ID: 18580.08
Activity System ID: 18580
Activity Narrative: None
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: PEPFAR staff (salary/benefits)
USG Agency: U.S. Agency for International Development
Program Area: Other/Policy Analysis and System Strengthening
Program Area Code: 14
Planned Funds: \$56,250

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7990.08	Mechanism: Male circumcision
Prime Partner: Population Services International	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 18630.08	Planned Funds: \$17,000
Activity System ID: 18630	
Activity Narrative: None	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

HVMS - Management and Staffing

Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15

Total Planned Funding for Program Area: \$2,833,272

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

The oversight and management body for the entire Swaziland PEPFAR program is the USG HIV/AIDS Task Force, consisting of a representative from each agency participating in the program. The Ambassador is the head of the Task Force, but meetings are generally convened and chaired by the USG Coordinator. The Task Force provides leadership and guidance for program planning, strategy development, budgeting, implementation, and monitoring and evaluation activities for the PEPFAR Program. Task Force meetings focus on high-level issues and decisions related to the 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. A recent PEPFAR Team retreat recommendation has been implemented to establish a second body, the Steering Committee, which meets more frequently than the Task Force and is responsible for ongoing quality PEPFAR program planning and management.

The USG PEPFAR team in Swaziland includes the Department of Defense (DOD), Department of Labor (DOL), Department of State (DOS), Department of Health and Human Services - Centers for Disease Control and Prevention (CDC), Peace Corps (PC) and the U.S. Agency for International Development (USAID). The DOS, CDC and PC have been represented by staff resident in Swaziland, but USAID, CDC, and DOD have been managing their respective Swaziland programs from their regional programs in Pretoria, and the DOL has been doing so from Washington.

Following the October 2006 recommendations of the PEPFAR Under-Principal's management and staffing team, the USG HIV/AIDS program began the process of transitioning to a full in-country PEPFAR Team to be based in the Embassy. This process is still underway, and the transition is likely to last well into the coming year. When fully staffed, the team will be composed of the Ambassador representing the DOS, a PEPFAR Coordinator, a CDC Country Director and CDC Program

Specialist, a USAID Program Manager and USAID Program Specialist, the Peace Corps Director, a DOD HIV/AIDS Program Manager, a DOL HIV/AIDS Program Manager (non-resident), a PEPFAR Program Assistant, and a PEPFAR Administrative Assistant.

A core team of seven members will be situated in offices on an Embassy compound being renovated in order to meet specified physical security and building safety requirements. Four of these team members are or will soon become US-direct hires or PSCs: the USG PEPFAR Coordinator, the CDC Country Director, the CDC Program Specialist, and the USAID Program Manager. The remaining three are FSN positions administered by the Embassy: the USAID-funded Program Specialist, the PEPFAR Program Assistant, and the PEPFAR Administrative Assistant. A short-term consultant, the Interim USAID Program Manager, currently provides backup support to this team, and this assistance will probably be extended through March 2008 to allow for continuing short-term, intermittent technical assistance to address key team transition issues.

In FY08, DOD will recruit and hire an in-country DOD PEPFAR Program Manager who will be based at the Swaziland Defense Force Headquarters near Mbabane, and who will also be a member of the PEPFAR Steering Committee. DOL will continue to liaise with the Task Force and Steering Committee through US-based staff. The USG team believes these changes will build a more responsive, better managed and more cohesive program to respond to high-priority needs that are within the USG's strategic advantage.

Because resources and staffing are limited, PEPFAR Swaziland will become more focused in fewer high priority areas; to this end, both OVC and Blood Safety have been phased out in COP08. PEPFAR Swaziland program planning and management will be organized around four main technical management areas: Prevention, Care and Treatment, Human Capacity Development, and Strategic Information. Each of these is led by a USAID or CDC staff person on the PEPFAR Swaziland team reporting to the Task Force. Co-location of USG agencies, co-location of implementing partners, standardization of all work plan 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.

As noted, the core team of seven members was to be co-located in Embassy office space in FY07. Unfortunately, owing to delays in the process of identifying and renovating suitable space, this process has been delayed for a variety of reasons. With the arrival of the new Ambassador, a revised plan is emerging that will accomplish this transition in FY08. Because of the continuing one-time costs inherent in the overall management, staffing and office transition (especially the physical security component), the FY08 budget request is still considerably higher than it will be in succeeding years.

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, all costs for the USG Coordinator other than salaries/benefits/assignment travel (funded by USAID), and all costs for the program assistant and administrative assistant; (2) CDC will fund salaries/benefits, all travel, and all non-office-related costs for its USDH and PSC employees (one each); and (3) USAID will fund salaries/benefits, all travel, and all non-office-related costs for its PSC and FSN employees (one each).

The CDC Regional Office/SARAP will cease operation at the end of FY07, although certain minimal administrative support related to budget and management of multi-country cooperative agreements will continue as needed from the CDC-SA office in Pretoria. USAID/RHAP will provide limited management support to the Swazi programs in FY08, and this support will diminish as the in-country team expands to full strength. USAID/RHAP will continue to provide technical assistance in FY08 and beyond through its team of technical specialists who will support all of the Southern Africa PEPFAR programs. Beginning in FY08, these services will be purchased by the country programs, including Swaziland.

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 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 will provide significant logistical support to the USG PEPFAR Team. The USG Coordinator position will be 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 41 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.

Beginning in FY08, CDC support to Swaziland will have transitioned to an entirely Swazi-based program. Areas of CDC program and technical support include: innovative HIV counseling and testing approaches, TB/HIV program strengthening, laboratory systems strengthening, and strategic information support (M&E, HMIS, and surveillance). CDC in-country staff will be responsible for management of program partners and technical assistance in two of the four main technical management areas: Strategic Information and Care and Treatment.

USAID support from RHAP has begun to decrease as indicated above, but RHAP will continue to procure and manage regional technical programs which support PEPFAR Swaziland programs. In addition, Contracting Office, Executive Office and Financial Management Office services will continue to be provided by the USAID/Southern Africa mission. Areas of USAID program and technical support within PEPFAR Swaziland include: scale-up of prevention/behavior change programs, workforce development including human resources for health and capacity building to local NGOs, CBOs, and FBOs; HIV/AIDS advocacy involving traditional leadership, churches, traditional healers, and other key opinion leaders; pharmaceutical supply-chain management; community-based HIV/AIDS care; and assistance to the Global Fund to Fight AIDS, Tuberculosis and Malaria. The USAID

Program Manager and USAID Program Specialist will be responsible for management of program partners and technical assistance in the other two main PEPFAR/Swaziland technical management areas: Prevention and Human Capacity Development.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 5872.08 **Mechanism:** Peace Corps Volunteers
Prime Partner: US Peace Corps **USG Agency:** Peace Corps
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Area Code:** 15
Activity ID: 11754.08 **Planned Funds:** \$24,000
Activity System ID: 18176

Activity Narrative: At the request of the Swaziland government, the Peace Corps (PC) program is devoted exclusively to HIV/AIDS prevention, mitigation, care and support. Currently PC has 41 volunteers (PCVs) supporting four main programs: (1) Girls mentoring program, (2) clergy training, (3) Bucopho training and (4) volunteer activity support training. The AB Prevention and OVC program area narratives provide the program details for these activities. This funding shown here covers the cost of PC's HIV/AIDS Technical Trainer, who both implements and facilitates PEPFAR programming and trains the PCVs in HIV/AIDS technical subjects during their pre- and in-service training programs. The PC Country Director is a member of the USG HIV/AIDS Task Force and Steering Committee, and PC collaborates closely with the USAID/RHAP regional technical advisors and the PACT/Swaziland program in both training and program implementation.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11754

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25852	11754.25852.09	Peace Corps	US Peace Corps	10882	5872.09	Peace Corps Volunteers	\$396,900
11754	11754.07	Peace Corps	US Peace Corps	5872	5872.07	Peace Corps Volunteers	\$20,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 8112.08 **Mechanism:** PEPFAR staff (ICASS)
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Management and Staffing
Budget Code: HVMS **Program Area Code:** 15
Activity ID: 18582.08 **Planned Funds:** \$180,000
Activity System ID: 18582

Activity Narrative: This allocation represents the full ICASS subscription costs for the CDC Country Representative and the CDC Program Specialist

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 5887.08	Mechanism: Umbutfo Swaziland Defense Force (USDF)
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 18581.08	Planned Funds: \$94,000
Activity System ID: 18581	
Activity Narrative: The DOD works primarily with the Umbutfo Swaziland Defense Force and other uniformed services in Swaziland on HIV/AIDS prevention, care and treatment programs. FY08 will be a transition year for the management of the DOD program. Because of the expansion of the DOD's three Southern Africa programs, in FY08 they will hire a program manager for each country. The resident Swaziland Program Manager will provide DOD/USDF program management and assistance to the USG PEPFAR Team. DOD/Pretoria will oversee the Swaziland program and senior staff in San Diego will continue to assist with program management and technical advice, as well as remain the DOD member of the PEPFAR Swaziland Steering Committee. The new DOD Swaziland Program Manager will occupy office space provided by the USDF, and DOD will provide needed furniture, computer, internet access and telephone as required for effective program operation and management.	

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8019.08	Mechanism: USAID/SA mission administration
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 18584.08	Planned Funds: \$5,000
Activity System ID: 18584	
Activity Narrative: This allocation represents the USG Swaziland HIV/AIDS Program share of unpaid traffic tickets for which USAID/Pretoria is responsible	

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 8111.08 **Mechanism:** PEPFAR staff (salary/benefits)
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (USAID) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Area Code:** 15
Activity ID: 11755.08 **Planned Funds:** \$348,750

Activity System ID: 18160

Activity Narrative: This includes salary and benefits costs for the three USAID-funded USG team members: the USG Coordinator, the USAID Program Manager and the USAID Program Specialist. The current USG Coordinator has been at post since FY06 under the USAID-IAP mechanism, but she was recently selected as the new USAID USPSC Program Manager and will transition to that position once her contract has been negotiated and executed. Beginning in FY08 the USG Coordinator position will also be contracted by USAID/Pretoria/RHAP as a USPSC, but USAID involvement will be limited to funding, contracting and administering payroll and assignment travel. The Coordinator will be detailed to DOS/Embassy Mbabane, which will provide direct supervision (COM or DCM) and all local support. S/he will be a member of both the USG PEPFAR Task Force and Steering Committee, and typically will chair the meetings of both bodies. The first USG Coordinator contract solicitation did not yield candidates with sufficient qualifications and skills, and the position was re-advertised in late FY07. The selection process is currently underway, and the USG Coordinator should be in place by the third quarter of FY08.

Both the USAID Program Manager and USAID Program Specialist will be recruited, managed and supervised by USAID/Pretoria/RHAP, and will be responsible for USAID's HIV/AIDS portfolio. The USPSC Program Manager will coordinate the overall USAID program in Swaziland, and will also manage the critical technical area of Prevention. The FSN Program Specialist will be hired by DOS/Embassy Mbabane, will be supervised by the USAID Program Manager, and will manage the technical area of Human Capacity Development. The Program Specialist position is currently ready for advertising and should also be filled by the third quarter of FY08. The USG program management attribution of salaries and benefits for both these positions are reflected here, and the programmatic attributions are reflected in the narratives and budgets of the relevant technical program areas. Both the USAID Program Manager and USAID Program Specialist will be members of both the USG PEPFAR Task Force and Steering Committee.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11755

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25793	11755.2579 3.09	U.S. Agency for International Development	US Agency for International Development	10856	8111.09	PEPFAR staff (salary/benefits)	\$300,000
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 3.3.15: Activities by Funding Mechanism

Mechanism ID: 5973.08 **Mechanism:** PEPFAR staff (salary/benefits)
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 11752.08

Planned Funds: \$200,000

Activity System ID: 18169

Activity Narrative: As planned, CDC posted a USDH Country Director to Swaziland in September 2007, whose role includes overall responsibility for the CDC program presence and coordination in Swaziland, as well as specific responsibilities for the PEPFAR SI activities (the latter is reflected in the SI narrative and budgets). The initial year of salary and benefits for this USDH position was not covered by FY07 mini-COP funds, but they are included in FY08 and will be in future years as well. The CDC HIV/AIDS Program Specialist, who was funded for the first two years under COMFORCE will become a USPSC by September 2007. The Program Specialist primarily covers activity management in the technical areas of Care and Treatment (reflected in those narratives and budgets), as well as PEPFAR management (reflected here). Both the CDC Country Director and CDC Program Specialist will continue to be members of both the USG PEPFAR Task Force and Steering Committee, and will coordinate all partners in their respective technical areas to ensure complementary and synergistic activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11752

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25818	11752.2581 8.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10867	5973.09	PEPFAR staff (salary/benefits)	\$150,000
11752	11752.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5973	5973.07	CDC USDH staff in Swaziland	\$50,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 5876.08

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 Area Code: 15

Activity ID: 11758.08

Planned Funds: \$84,000

Activity System ID: 18173

Activity Narrative: This allocation covers the salaries and benefits of the USG Program Assistant and USG Administrative Assistant. These two key USG Team members 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11758

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11758	11758.07	Department of State / African Affairs	US Department of State	5876	5876.07	USAID funded staff in Swaziland: local support costs	\$212,391

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 5874.08 **Mechanism:** PEPFAR Office
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 Area Code:** 15
Activity ID: 11759.08 **Planned Funds:** \$618,746

Activity System ID: 18174

Activity Narrative: Although there have been some complications in implementing the plan for the USG Team to occupy USG office space provided by DOS/Embassy Mbabane in FY07, arrangements are now going forward to achieve this objective in FY08. This budget includes funds for continuing to lease commercial office space until the Embassy office facilities are ready for occupancy, as well as additional costs for renovating and upgrading the physical security of the new Embassy office space. This budget also includes funds for USG HIV/AIDS program office supplies, in-country travel, invitational travel and USG partner meeting costs. Added more funds for renovations and upgrade(\$366,746)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11759

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11759	11759.07	Department of State / African Affairs	US Department of State	5874	5874.07	PEPFAR Office (admin staff, equipment, supplies, rent, utilities, security, etc)	\$229,472

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8247.08 **Mechanism:** PEPFAR staff (ICASS)
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 Area Code:** 15
Activity ID: 18790.08 **Planned Funds:** \$93,690
Activity System ID: 18790
Activity Narrative: This allocation includes the full ICASS subscription costs for the USG Coordinator, Program Assistant and Administrative Assistant.
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8249.08 **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 Area Code:** 15
Activity ID: 18791.08 **Planned Funds:** \$19,173
Activity System ID: 18791
Activity Narrative: This allocation represents the CSCS tax for the team members funded by DOS/Embassy Mbabane: the USG Coordinator, Program Assistant and Administrative Assistant.
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8255.08 **Mechanism:** PEPFAR staff (local support costs)
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (USAID) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Area Code:** 15
Activity ID: 18795.08 **Planned Funds:** \$74,000
Activity System ID: 18795
Activity Narrative: This allocation includes the housing costs (rent, utilities, upgrading and physical security) and other miscellaneous local support costs for the USAID Program Manager and USAID Program Specialist.
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8253.08	Mechanism: PEPFAR staff (ICASS)
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 18796.08	Planned Funds: \$141,845
Activity System ID: 18796	
Activity Narrative: This allocation includes the full ICASS subscription costs for the USAID Program Manager and USAID Program Specialist. Also additional ICASS for additional USAID staff(50,000)	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8246.08	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 Area Code: 15
Activity ID: 18788.08	Planned Funds: \$89,986
Activity System ID: 18788	
Activity Narrative: 10/29 At request of country, added \$6,391 from USAID Mech. 9364.08 10/29 At request of country, added \$1,845 from USAID Mech. 9362.08 10/29 At request of country, added \$10,500 from USAID Mech. 9358.08 This budget includes the local costs for the three USG Team members funded by DOS/Embassy Mbabane: the USG Coordinator, Program Assistant and Administrative Assistant.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 8254.08	Mechanism: PEPFAR staff (CSCS Tax)
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 18797.08	Planned Funds: \$12,782

Activity System ID: 18797

Activity Narrative: This allocation includes the CSCS tax for the USAID Program Manager and USAID Program Specialist.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 8250.08	Mechanism: PEPFAR staff (local support costs)
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 18793.08	Planned Funds: \$120,000

Activity System ID: 18793

Activity Narrative: This allocation includes the housing costs (rent, utilities, upgrading and physical security) and other miscellaneous local support costs for the CDC Country Director and CDC Program Specialist.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 8252.08	Mechanism: PEPFAR staff (CSCS Tax)
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 18794.08	Planned Funds: \$12,782

Activity System ID: 18794

Activity Narrative: This allocation includes the CSCS tax for the CDC Country Director and CDC Program Specialist.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 9347.08

Mechanism: US Centers for Disease Control

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 21530.08

Planned Funds: \$200,000

Activity System ID: 21530

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 9349.08

Mechanism: US Centers for Disease Control and Prevention

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 21533.08

Planned Funds: \$76,845

Activity System ID: 21533

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 9358.08	Mechanism: US Agency for International Development
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 21554.08	Planned Funds: \$140,500
Activity System ID: 21554	
Activity Narrative: 10/29 at request of country: removed \$10,500 from USAID to put into State/AF mechanism ID 8246.08	
N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 9358.08	Mechanism: US Agency for International Development
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 21559.08	Planned Funds: \$75,000
Activity System ID: 21559	
Activity Narrative: 10/29 At request of country: removed \$1,845 to put into State Mech. ID 8245.08	
N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 9358.08	Mechanism: US Agency for International Development
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 21560.08

Planned Funds: \$6,391

Activity System ID: 21560

Activity Narrative: 10/29 At request of country, removed \$6,391 to put into State Mech. 8246.08

N/A

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 9350.08

Mechanism: US Centers for Disease Control and Prevention

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 21534.08

Planned Funds: \$203,000

Activity System ID: 21534

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 9352.08

Mechanism: US Centers for Disease Control and Prevention

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 21536.08

Planned Funds: \$12,782

Activity System ID: 21536

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:**Table 5: Planned Data Collection**

Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?	Yes	X	No
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?	Yes	X	No
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is a Health Facility Survey planned for fiscal year 2008?	Yes	X	No
When will preliminary data be available?			
Is an Anc Surveillance Study planned for fiscal year 2008?	X	Yes	No
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			10/1/2008
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 2008?	X	Yes	No

Other Significant Data Collection Activities

Name: Anti-TB Drug Resistance Survey

Brief Description of the data collection activity:

A nation-wide survey will be carried out to determine anti-TB drug resistance levels among new and re-treatment TB cases.

Preliminary Data Available:

12/15/2008

Name: Routine vertical HIV/AIDS data collection systems

Brief Description of the data collection activity:

The majority of HIV/AIDS related data are collected routinely within the health sector, through a series of different vertical data collection systems. Separate systems exist for HIV Counseling and Testing (HTC), Prevention of Mother to Child Transmission (PMTCT), ARV Treatment, Community-based Care, and TB/HIV. Most of these systems are relatively new and largely focusing on data collection; data analysis and dissemination remain limited. A more integrated approach to HIV/AIDS related data collection, possibly within the Health Management Information System (HMIS), is being considered but may be a long way off.

Preliminary Data Available:

4/15/2008

Name: Swaziland HIV/AIDS Programme Monitoring System (SHAPMoS)

Brief Description of the data collection activity:

The Swaziland HIV/AIDS Programme Monitoring System (SHAPMoS) is a routine data system for the collection, analysis and dissemination of multi-sectoral HIV/AIDS related data. Data are collected on a quarterly basis from all implementing partners of HIV/AIDS related interventions, across all sectors. The system was introduced in 2006 with a strong focus on data collection. Data analysis and dissemination are still limited.

Preliminary Data Available:

4/15/2008

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
Congressional notification (GHA).doc	application/msword	10/4/2007		Executive Summary	PVranken
Swaziland FY08 COP Amb Letter.pdf	application/pdf	10/5/2007	None	Ambassador Letter	PVranken
Swaziland FY08 COP Budgetary Requirment Worksheet.xls	application/vnd.ms-excel	10/5/2007	None	Budgetary Requirements Worksheet*	PVranken
Swaziland FY08 COP Target explanations.doc	application/msword	10/5/2007	None	Explanation of Targets Calculations*	PVranken
Swaziland Global Fund Supplemental.doc	application/msword	10/8/2007		Global Fund Supplemental*	PVranken
AB Justification.doc	application/msword	10/8/2007		Justification for AB Budgetary Requirements	PVranken
09_02_2007 MC FY08 Supplemental UPDATE.xls	application/vnd.ms-excel	10/8/2007	MC supplemental form	Other	PVranken
Swaziland FY08 COP Staffing Worksheet.xls	application/vnd.ms-excel	10/15/2007		Other	ALatour