

FY 2014

**COUNTRY
OPERATIONAL
PLAN GUIDANCE
APPENDICES**

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Appendix 1: Acronyms

A – Bureau of Administration (State Department Bureau)

A&A – Acquisition and Assistance

AB – abstinence and be faithful

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

AF – African Affairs (State Department Bureau)

AIDS – Acquired Immune Deficiency Syndrome

ANC – antenatal clinic

APR – Annual Program Results

APS – Annual Program Statement

ART – antiretroviral therapy

ARV – antiretroviral

CBO – community-based organization

CCM – country coordinating mechanism

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

CN – Congressional Notification

CODB – Costs of Doing the U.S. government’s PEPFAR Business

COP – Country Operational Plan

CoR – Continuum of Response

CP – Combination Prevention

CQI – Continuous Quality Improvement

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

CSTL – Country Support Team Lead

CSW/SW – Commercial Sex Worker

DFID – Department for International Development (UK)

DOD – U.S. Department of Defense

DOL – U.S. Department of Labor

DOS – U.S. Department of State

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

EUM – End use monitoring

EUR – European and Eurasian Affairs (State Department Bureau)

F - The Office of U.S. Foreign Assistance Resources

FBO – faith-based organization

FDA – Food and Drug Administration (part of HHS)

FJD – Framework Job Description

FP – Family Planning

FSN – foreign service national

FTE – full-time equivalent

FY – fiscal year

GAP – Global AIDS Program (CDC)

GFATM – The Global Fund to Fight AIDS, Tuberculosis, and Malaria (also “Global Fund”)

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

GHCS – Global Health Child Survival funds (funding account)

GHI – Global Health Initiative

HCN – Host Country National

HCW – Health Care Workers

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

HIV – Human Immunodeficiency Virus

HMIS – Health Management Information System

HQ - headquarters

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

HRH – Human Resources for Health

HTC – HIV Testing and Counseling

ICASS – International Cooperative Administrative Support Services

ICF – Intensified Case Finding

INR – Intelligence and Research (State Department Bureau)

IRM – information resources management

LES – Locally Employed Staff

LCI – Local Capacity Initiative

LOE – Level of effort

LTFU – Lost to follow up

M&E – monitoring and evaluation

M&O – Management and Operations

MARPs – Most-at-risk populations

MC – Male Circumcision

MOA – Memorandum of Agreement

MOU – Memorandum of Understanding

NEA – Near Eastern Affairs (State)

NIH – National Institutes of Health (part of HHS)

OE – operating expense

OGA – Office of Global Affairs (part of HHS)

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

OMB – Office of Management and Budget

OS – Office of the Secretary (part of HHS)

OU – Operating Unit

OVC – orphans and vulnerable children

PASA – Participating Agency Service Agreement

PEPFAR – President’s Emergency Plan for AIDS Relief

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

PM – Political-Military Affairs (State Department Bureau)

PMTCT – prevention of mother-to-child HIV transmission

PPP – Public-Private Partnership

PR – Principal Recipient

PRH – Population and Reproductive Health

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

PSC – Personal Services Contract

PWID – People who inject drugs

PWUD – People who use drugs

QA – quality assurance

RFA – Request for Application

RFC – Request for Contracts

RFP – Request for Proposal

ROP – Regional Operational Plan

SAPR – Semi-Annual Program Results

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

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

SCMS – Partnership for Supply Chain Management

SI – Strategic Information

TAN – Technical Area Narrative

TB –Tuberculosis

TBD – To Be Determined

TCN – Third Country National

TWG – Technical Working Group

UNAIDS – Joint United Nations Program on HIV/AIDS

UNDP – United Nations Development Program

UNICEF – United Nations Children’s Fund

USAID – U.S. Agency for International Development

USDA – U.S. Department of Agriculture

USDH – U.S. direct hire

USPSC – U.S. personal services contractor

UTAP – University Technical Assistance Project

VCT – voluntary counseling and testing

WHA - Western Hemisphere Affairs (State Department Bureau)

WHO – World Health Organization

Appendix 2: Core Principles for the Continuum of Response (CoR): from prevention to care and treatment

The CoR approach is expected to:

- Assure and improve upon the sustainability of existing service systems;
- Improve access and distribution of services;
- Reduce HIV transmission;
- Improve retention and adherence of HIV+ clients in care/treatment programs; and
- Improve client, family and community health and well-being outcomes.

The primary goal of a Continuum of Response approach is to provide clients and their families with essential prevention, care/support, and treatment services to reduce HIV transmission and disease progression and to maximize health and well-being outcomes. In doing so, strategies are defined locally based on epidemiological and health and social needs data of target populations: such as, young women through pregnancy and motherhood with infants and young children; key populations – PWIDs, CSW, and MSMs; and at risk adolescents and adults clients and their families.

The CoR approach addresses the lifetime needs of the target populations to assure adequate access to a wide range of prevention, care (acute and chronic care management), and treatment services and based on the changing needs and circumstances of these populations as clients and families.

The CoR approach should be set within an organized and coordinated network system of community and facility based services and providers.

- Target populations should be routinely assessed for risk factors, and provided HTC and evidence-based prevention services to reduce risk of transmission or acquisition of HIV infection
- For HIV-infected clients, evidence-based services should be linked/integrated to maximize access, including the use of clinical and essential social services and providers
- Services should be affordable, evidence-based, and cost-effective
- Services sites may vary based on local resources and strategies, and can be provided at home, within communities, and/or at health care facilities

The CoR builds on existing public and private structures (including government, FBOs, NGOs, CBOs) to establish a functional network with active tracking and referrals procedures, and ideally collocated or closely linked service sites. The use of a multidisciplinary team of providers (professionals, community health care workers, expert clients, and family members) is an important component to assure efficiency in the use of providers and services.

National and local laws, policies and regulatory frameworks should be aligned in order to support a CoR approach. In doing so, the PEPFAR U.S. government team will need to work in close collaboration with host governments and other international organizations/donors to leverage and build on existing services in order to establish an integrated, comprehensive system of sustainable services based on population based health and social service needs.

The CoR engages key stakeholders (government, civil society including public, private, FBO/NGO providers and organizations, PLWHA and families) to play a critical role in the design and planning, organization and monitoring of the services, and delivery of a full array of services.

Continuous Quality Improvement (CQI) should be a key element of a CoR.

Appendix 3: Building Partner Capacity and Sustainability – Guidance for Program Acquisition and Assistance

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

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

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

PEPFAR policies that encourage the use of local partners include:

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

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

Objectives:

Please integrate (as appropriate) the following objectives:

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

This appendix provides information on:

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

TBD Partners

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

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

Approval of Identified TBD Partners

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

OU teams can name TBDs at any time by submitting the correct form to their CSTL. However updates will only be reflected in the FACTS Info – PEPFAR Module during formal update cycles.

Local Partners

Definition of "Local Partner" for PEPFAR

Under PEPFAR, a "local partner" may be an individual or sole proprietorship, an entity, or a joint venture or other arrangement. However, to be considered a local partner in a given country served by PEPFAR, the partner must meet the criteria under paragraph (1), (2), or (3) below¹:

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

¹ HHS will only implement paragraph 2 (entity) of the definition.

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

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

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

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

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

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

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

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

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

Implementation Guidance for Local Partner Definition

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

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

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

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

Eligibility Determinations During Implementation: PEPFAR implementing agencies have the option of using any or all of the three sub definitions of a local partner (individual/sole proprietorship, entity, or joint venture) in its solicitations for grants and cooperative agreements, as appropriate for the intent of the award or in compliance with agency policies and regulations². The agency will specify in the request for applications (RFA), request for proposals (RFP), or funding opportunity announcement (FOA) which types of partners may be considered for award as appropriate. Prior to issuing an RFA, RFP or FOA that limits eligibility to local partners, OU teams and PEPFAR implementing agencies shall consult with their contracting officer and legal advisor to resolve any competition and source, origin and nationality issues.

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

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

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

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

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

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

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

Excluding Individuals and Sole Proprietorships in Counting Local Partners: Only partners that meet the definition criteria should be reported as local partners in the COP. A single partner can only be considered “local” in the country in which it meets the definition criteria; in other countries, it should be listed as “international.” There will be categories for local individual, local sole proprietorship, local entity, and local joint venture/association/consortium. See Section 7.5: Manage Partners and Manage Implementing Mechanisms.

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

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

Strengthening Local Partners

Good measures of “strengthened” and “sustainable” local partners include:

- *Strategic Planning* - organizations that have a Board of Directors³, mission statement, and strategies for the short- and long-term (5-10 years), including diversification of funding sources and ability to write their own grant proposals;
- *Registration* - organizations that are registered with U.S. government agencies or as legal entities in their own country;
- *Financial Management* - organizations that have a practical accounting system in place and are able to account for all expenditures in accordance with U.S.

³ Oversight Committee/ Task Teams/ Leadership Group

government and in-country audit requirements, analyze unit costs, make financial projections, and track expenditures against budgets;

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

Examples of how OU teams and PEPFAR partners can work to strengthen the technical capacities of local partners for service provision include:

- Developing, disseminating, and implementing appropriate treatment and care protocols and prevention programs;
- Developing and strengthening health infrastructure;
- Improving laboratory capacity to perform HIV testing;
- Implementing monitoring and evaluation systems and fostering data use;
- Promoting collaboration and coordination among partners providing prevention, care and treatment services;
- Linking local partners to international policy and service delivery networks;
- Developing, disseminating and sharing curriculum; and
- Building human capacity through training.

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

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

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

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

- Avoid duplication of resources programmed by different U.S. government agencies to the same implementing organization for the same purposes (e.g., two U.S. government agencies funding the same partner to provide the same assistance to orphans or antiretroviral treatment). This will minimize the burden on the partner as well as U.S. government staff.
- Select Annual Program Statements (APSs), or other funding instruments, directed entirely at local partners or set aside a portion of funding for new partners that are local with an existing in-country presence or relationship.
- The language used in funding announcements, such as Requests for Application (RFAs) and APSs, is critical in determining what types of organizations respond. Word choices can encourage the participation of FBOs, CBOs, and local partners. A useful practice is to issue a draft solicitation for comment or hold a country pre-bidders conference to determine if there are impediments to participation by FBOs/CBOs.
- The dollar values and size of grants may also influence which organizations apply. Statements indicating dollar value awards “up to \$5 million” may discourage local CBOs because they are often viewed as “set-asides” for international organizations. Language such as “small awards to local organizations will be a priority” may encourage local C/FBOs to apply for the grants.
- Ensure within all solicitations a level playing field for all potential bidders, including those with limited previous experience working with the U.S. government. Posting solicitations on the web for comment is a best practice in this regard. In addition, as part of the review process, new procurements may be identified as requiring a review of the scope of work at headquarters.
- Consider using umbrella awards, small grant programs, and linking and graduating partners throughout varying levels of funding mechanisms.

- Many solicitations now include specific objectives for capacity building within statements of work and assign points for capacity-building plans as part of review criteria and scoring systems. (Examples will be posted on the PEPFAR Extranet.) During implementation, all U.S. government implementing agencies are required to review partner performance annually to strengthen local partners and PEPFAR partners. Additionally, PEPFAR partners are required to address their plans for, and results of, capacity building within their annual work plans and annual program performance reports.
- In the acquisition arena, if an international organization is essential to provide technical leadership and oversight, use all available tools in award evaluation criteria and performance assessments to encourage use of local partners. The award evaluation criteria can include points for including local partners as sub-contractors or implementing partners. The evaluation of how broadly and effectively a contractor utilized and included local partners during the performance assessment of that contractor has been effective when done rigorously.

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

Appendix 4: Cross-Cutting Attributions

Definitions

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

Human Resources for Health (HRH)

This cross-cutting attribution includes the following:

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

- Twinning and Volunteers
- Salary Support

Construction or Renovation (two separate attributions)

These cross-cutting attributions are meant to capture construction and renovation costs. Construction refers to projects to build new facilities, such as a health clinic, laboratory, or hospital annex or to expand an already existing facility (i.e. adds on a new structure or expands the outside walls). Renovation refers to projects with existing facilities intended to accommodate a change in use, technical capacity, or other infrastructure improvements. PEPFAR-funded construction projects should serve foreign assistance purposes, will involve facilities that are provided to the partner government (or potentially to another implementing partner) as a form of foreign assistance, and are considered necessary to the delivery of HIV/AIDS-related services. U.S. government. Note, any funding attributed to these cross-cutting codes must have a corresponding should be identified in a Construction/Renovation Project Plan completed directly in FACTS Info. For more information about project plans and details concerning the “bundling” of renovation requests, please consult Section 7.5.10 of the COP Guidance.

For U.S. government-occupied rented or owned properties, the cost of renovating should be captured in the Agency Cost of Doing Business (CODB) section and a U.S. government narrative completed under Interagency M&O Narratives (Narrative 3). None of these costs should be captured in cross-cutting attributions within Implementing Mechanisms.

Motor Vehicles: Purchased or Leased (two separate attributions)

Countries need to provide the total amount of funding by Implementing Mechanism, which can be attributed to the purchase and/or lease of motor vehicle (s) under an implementing mechanism. The term Motor Vehicle refers to motorcycles, cars, trucks, vans, ambulances, mopeds, buses, boats, etc. that are used to support a PEPFAR Implementing Mechanism overseas.

Key Populations: Men who have sex with Men (MSM) and Transgender Persons (TG)

This cross-cutting budget attribution is meant to capture activities that focus on gay men, other men who have sex with men including male sex workers, and those who do not conform to male gender norms and may identify as a third gender or transgender (TG). Broader definitions can be found in Appendix 4. These activities may include 1) implementation of core HIV prevention interventions for MSM/TG that are consistent with the current PEPFAR technical guidance; 2) training of health workers and community outreach workers; 3) collection and use of strategic information; 4) conducting epidemiologic, social science, and operational research among MSM/TG and their sex partners; 5) monitoring and evaluation of MSM/TG programs; and 6)

procurement of condoms, lubricants, and other commodities essential to core HIV services for MSM/TG.

NEW: Activities marked as Key Population: MSM/TG will now be required to provide additional information on activities. Teams should select all that apply and must select at least one tick-box if there is funding in this crosscutting attribution.

Please include the amount of the budget allocated to MSM and TG activities and check all of the following boxes that apply:

- Implementation of core HIV prevention interventions for MSM/TG that are consistent with the current PEPFAR technical guidance
- Training of health workers and community outreach workers
- Collection and use of strategic information
- Conducting epidemiologic, social science, and operational research among MSM/TG and their sex partners
- Monitoring and evaluation of MSM/TG programs
- Procurement of condoms, lubricants, and other commodities essential to core HIV services for MSM/TG

Key Populations: Sex Workers (SW)

This cross-cutting budget attribution is meant to capture activities that focus on sex workers. Relevant activities include: 1) implementation of core HIV prevention interventions for SWs consistent with PEPFAR guidance on sexual prevention; 2) training of health workers and community outreach workers; 3) collection and use of strategic information on SWs and clients; 4) conducting epidemiologic, social science, and operational research among SWs, their partners, and clients; 5) monitoring and evaluation of SW programs; and 6) procurement of condoms, lubricants, and other commodities essential to core HIV services for SWs.

NEW: Activities marked as Key Population: SW will now be required to provide additional information on activities. Teams should select all that apply and must select at least one tick-box if there is funding in this crosscutting attribution.

Please include the amount of the budget allocated to SW activities and check all of the following boxes that apply:

- Implementation of core HIV prevention interventions for SWs consistent with PEPFAR guidance on sexual prevention
- Training of health workers and community outreach workers
- Collection and use of strategic information on SWs and clients
- Conducting epidemiologic, social science, and operational research among SWs, their partners, and clients
- Monitoring and evaluation of SW programs

- Procurement of condoms, lubricants, and other commodities essential to core HIV services for SWs

Key populations: People Who Inject Drugs (PWID)

Investments in programs for this key population are captured in the IDUP budget code.

Food and Nutrition: Policy, Tools, and Service Delivery

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

- Development and/or Adaptation of Food and Nutrition Policies and Guidelines – The cost of developing or adapting guidelines that provide a framework for integrating food and nutrition activities within the care and support of people infected and affected by HIV/AIDS, including OVC. This includes policies and guidelines that foster linkages with “wraparound” programs that address food security and livelihood assistance needs in the targeted population. This also includes activities that improve quality assurance and control for production and distribution of therapeutic and fortified foods for use in food and nutrition activities.
- Training and Curricula Development – The cost of training for health care workers, home-based care providers, peer counselors, and others to enhance their ability to carry out nutritional assessment and counseling. This includes developing appropriate nutrition-related curricula for inclusion in pre- and post-service training programs and development of appropriate job aids for health care workers.
- Nutritional Assessment and Counseling – The cost of providing anthropometric, symptom, and dietary assessment to support clinical management of HIV-positive individuals before and during ART as well as exposed infants and young children. This includes nutrition education and counseling to maintain or improve nutritional status, prevent and manage food- and water-borne illnesses, manage dietary complications related to HIV infection and ART, and promote safe infant and young child feeding practices. It also includes nutritional assessment, counseling and referral linked to home-based care support.
- Equipment – The cost of procurement of adult and pediatric weighing scales, stadiometers, MUAC tapes, and other equipment required to carry out effective nutritional assessment. This also includes more general procurement, logistics and inventory control costs.

Food and Nutrition: Commodities

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

- Micronutrient Supplementation – The cost of micronutrient supplement provision according to WHO guidance or where individual assessment determines a likelihood of inadequate dietary intake of a diverse diet to meet basic vitamin and mineral requirements.
- Therapeutic, Supplementary, and Supplemental Feeding – The cost of facility- and community-based food support for nutritional rehabilitation of severely and moderately malnourished PLWHA, as well as supplemental feeding of mothers in PMTCT programs and OVC.
- Replacement Feeding and Support – The cost of antenatal, peri- and postpartum counseling and support to HIV-positive mothers concerning infant feeding options and vertical transmission; on-going nutritional and clinical assessment of exposed infants; replacement feeding support, including limited provision of infant formula where warranted; and associated counseling and program support through at least the first year of life, per national policies and guidelines.

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

Economic Strengthening

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

- Economic Strengthening - The portfolio of strategies and interventions that supply, protect, and/or grow physical, natural, financial, human and social assets. For PEPFAR generally, this refers to programs targeting HIV-infected individuals in care and treatment programs, OVC due to HIV/AIDS, and their caregivers. These activities can include a variety of microfinance, vocational training and/or income generation.
- Microfinance - The range of financial products and services, tailored to meet the needs and demands of low-income or otherwise vulnerable populations. This includes group and individual lending, savings, insurance, and other financial products. Microfinance is distinguished from mainstream finance by its outreach to isolated and poor populations and its efforts to make financial services accessible and approachable to them, in terms of product design and delivery systems.

- Microenterprise - A very small-scale, informally organized business activity undertaken by poor people. Generally refers to enterprises with 10 or fewer workers, including the micro-entrepreneur and any unpaid family workers; many income generating activities fall into this category.
- Microcredit - A form of lending which involves very small sums of capital targeted towards micro-entrepreneurs and poor households. Microcredit can take the form of individual or group loans, and have varying terms, interest rates and degrees of formality. Microcredit is a *type* of microfinance.
- Market Development - A fundamental approach to economic development that recognizes and takes advantage of the fact that products and services are most efficiently and sustainably delivered through commercial systems. Market development encompasses more targeted strategies such as microfinance and microenterprise development.

Education

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

Water

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

Condoms: Policy, Tools, and Service Delivery

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

- Development and/or Adaptation of National Condom Policies and Guidelines – The cost of developing or adapting national guidelines for condom procurement, distribution and promotion. This also includes activities that improve forecasting, procurement and distribution systems.
- Training and Curricula Development – The cost of training for health care workers, HIV prevention program staff, peer educators, and others to enhance

their ability to promote and distribute condoms effectively and efficiently. This includes developing appropriate condom-related curricula for inclusion in pre- and post-service training programs and development of appropriate job aids.

- Condom promotion, distribution and provision – The cost of programs that promote, distribute and provide condoms (but NOT the cost of procuring condoms – this should be captured in the Condoms: Commodities cross-cutting budget attribution). This includes programs nested within existing clinical and community programs, such as programs for HIV-positive individuals or PMTCT programs, as well as costs for programs that focus exclusively on condom promotion.
- Equipment – The cost of procurement of any tools or equipment necessary to carry out condom programs, such as distribution boxes or dispensing machines, display stands, etc. This also includes more general procurement, logistics and inventory control costs.

Condoms: Commodities

This secondary cross-cutting budget attribution is meant to capture the cost condoms **procured using bilateral funds** including:

- Condoms for free distribution – The cost of condoms procured with bilateral funds for free distribution in clinical, community or other settings.
- Socially marketed condoms – The cost of condoms procured with bilateral funds for socially marketed condoms clinical, community or other settings.

Please note: most PEPFAR OUs order condoms through USAID's Commodity Fund (CF) and do NOT pay for condoms using bilateral funds. Only those few OUs that are not eligible to order condoms through the CF and are therefore purchasing condoms with bilateral funds should be reporting through this secondary cross-cutting budget attribution.

Gender: Preventing and Responding to Gender-based Violence (GBV)

This secondary cross-cutting attribution should capture all activities aimed at preventing and responding to GBV, For PEPFAR, GBV is defined as any form of violence that is directed at an individual based on his or her biological sex, gender identity or expression, or his or her perceived adherence to socially-defined expectations of what it means to be a man or woman, boy or girl. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life. GBV is rooted in gender-related power differences, including social, economic and political inequalities. It is characterized by the use and abuse of physical, emotional, or financial power and control. GBV takes on many forms and can occur across childhood, adolescence,

reproductive years, and old age. It can affect women and girls, men and boys, and other gender identities. Women, girls, including men who have sex with men and transgendered individuals are often at increased risk for GBV. While GBV encompasses a wide range of behaviors, because of the links with HIV, PEPFAR is most likely to address physical and sexual intimate partner violence, including marital rape; sexual assault or rape; female genital cutting/mutilation; sexual violence against children and adolescents; and child marriage.

Examples of activities for “Preventing and Responding to Gender-Based Violence” include:

- Collection and Use of Gender-related Strategic Information: assess differences in power and gender norms that perpetuate GBV as well as gender and societal norms that may facilitate protective actions against GBV and changes in attitude and behaviors; analysis of existing data on different types of GBV disaggregated by sex, age and geography, and in relation the HIV epidemiology in order to identify priority interventions and focus in the context of PEPFAR programs; analysis of treatment, care and referral services data by sex and age to ensure the unique needs of actual and potential victims are being met; employ rapid assessment, situational analyses and other quantitative and qualitative methods to understand norms and inequalities perpetuating GBV
- Implementation: Screening and counseling for gender-based violence (GBV) within HIV/AIDS prevention, care, and treatment programs; strengthening referrals from HIV/AIDS services to GBV services and vice-versa; strengthening post-rape care services, including the provision of HIV PEP; interventions aimed at preventing GBV, including interpersonal communication, community mobilization and mass media activities; programs that address societal and community norms that perpetuate violence against women and girls and other marginalized populations; that promote gender equality; and that build conflict resolution skills; strengthening linkages between health, legal, law enforcement, and judicial services and programs to prevent and mitigate gender-based violence; interventions that seek to reduce gender-based violence directed at children and related child protection programs; support for review, revision, and enforcement of laws and for legal services relating to gender-based violence, including strategies to more effectively protect young victims and punish perpetrators
- Capacity building: capacity building for U.S. government staff and implementing partners on how to integrate GBV into HIV prevention, care and treatment programs; capacity building for Ministry of Women’s Affairs, Ministry of Health or other in-line Ministries to strengthen national GBV programs and guidelines; pre and in-service training on the identification, response to and referral for cases of intimate-partner violence, sexual violence and other types of GBV; assist in

development and implementation of agency-, government-, or portfolio-wide GBV strategy

- Monitoring and Evaluation: strengthening national and district monitoring and reporting systems to capture information on provision of GBV programs and services, including HIV PEP within health facilities
- Operation Research: to better understand the associations and pathways between GBV and HIV/AIDS; identify promising practices in training and protocol for the effective delivery of GBV screening and services and of GBV prevention programs; evaluate the impact of comprehensive GBV programming on HIV and GBV outcomes of interest

NEW: Activities marked as GBV will now be required to provide additional information on specific acuties supported. Upon ticking the GBV crosscutting attribution box a drop-down menu of activities will appear. Teams should select **all** that apply.

- GBV Prevention
 - Collection and Use of Gender-related Strategic Information
 - Implementation
 - Capacity building
 - Monitoring and Evaluation
 - Operation Research
- GBV Care
 - Collection and Use of Gender-related Strategic Information
 - Implementation
 - Capacity building
 - Monitoring and Evaluation
 - Operation Research

Gender: Gender Equality

This secondary cross-cutting attribution should capture all activities aimed at ensuring that men and women have full rights and potential to be healthy, contribute to health development and benefit from the results by taking specific measures to reduce gender inequities within HIV prevention, care and treatment programs. This would consist of all activities to integrate gender into HIV prevention, care, and treatment and activities that fall under PEPFAR's gender strategic focus areas:

- - Changing harmful gender norms and promoting positive gender norms
 - Promoting gender-related policies and laws that increase legal protection
 - Increase gender-equitable access to income and productive resources, including education
 - Equity in HIV prevention, care, treatment and support

Examples of these activities include:

- Collection and use of Gender-related Strategic Information: Analysis of existing HIV prevention, care, and treatment portfolios and/or individual programs to understand and ensure appropriate response to: gender norms, relations and inequities that affect health outcomes; variation across populations and population subsets (by sex and age) in terms of gender norms, roles and resource needs; differences in power that affect access to and control over resources between women and men, girls and boys, which are relevant to health objectives; key gaps and successful programs in gender integration across HIV prevention, care and treatment; analysis of access and adherence to treatment includes analysis of data by sex and age and assessment of barriers to service by men and women; employ rapid assessment, situational analyses and other quantitative and qualitative methods to understand gender norms and inequalities in the context of HIV prevalence and programming
- Implementation of: HIV prevention interventions redressing identified gender inequalities; Legal, financial or health literacy programs for women and girls; programs designed to reduce HIV that addresses the biological, cultural, and social factors that disproportionately impact the vulnerability of women, men or transgender individuals to the disease, depending of the setting and type of epidemic; a PMTCT or HTC program that implement interventions to increase men's meaningful participation in and use of services; specific programming for out-of-school adolescent and pre-adolescents who are often the most vulnerable, including males and married adolescent girls; male circumcision programs that include efforts to reach female partners, mothers and other women in the community and incorporate messages around gender norms in pre and post counseling
- Capacity building: assist in development and implementation of agency-, government-, or portfolio-wide gender strategy; conduct training for U.S. government staff and implementing partners on women, girls, and gender equality issues, as well as capacity building on how to integrate gender into HIV prevention, care and treatment programs; capacity building for Ministry of Women's Affairs or the Gender Unit within a Ministry of Health; capacity building interventions for HIV-positive women to assume leadership roles in the community and programs; training for health service providers on unique needs and risks of specific sub-populations such as adolescent girls and older, sexually-active men
- Operational Research: to better understand gender-related barriers and facilitators to HIV prevention, care and treatment programs; identify HIV-related needs and risks specific to adolescent girls and young women; promote constructive male engagement strategies to increase uptake of male circumcision, other prevention strategies, HTC, treatment, and care among adult men

- Monitoring and Evaluation: of programs and services through the use of standardized indicators and strengthening monitoring systems be able to document and report on accessibility, availability, quality, coverage and impact of gender equality activities; ensure that data is disaggregated by sex and age

NEW: Activities marked as GBV will now be required to provide additional information as part of a drop-down menu. Teams should select all that apply.

- Changing harmful gender norms and promoting positive gender norms
 - Collection and Use of Gender-related Strategic Information
 - Implementation
 - Capacity building
 - Monitoring and Evaluation
 - Operation Research
- Promoting gender-related policies and laws that increase legal protection
 - Collection and Use of Gender-related Strategic Information
 - Implementation
 - Capacity building
 - Monitoring and Evaluation
 - Operation Research
- Increase gender-equitable access to income and productive resources, including education
 - Collection and Use of Gender-related Strategic Information
 - Implementation
 - Capacity building
 - Monitoring and Evaluation
 - Operation Research
- Equity in HIV prevention, care, treatment and support
 - Collection and Use of Gender-related Strategic Information
 - Implementation
 - Capacity building
 - Monitoring and Evaluation
 - Operation Research

Appendix 5: Key Issues

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

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

Definitions

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

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

- **Child Survival Activities:** The goal of child survival activities is to support the availability and use of proven life-saving interventions that address the major killers of children and improve their health status. Examples of wraparound services include care, routine immunization, polio eradication, safe water and hygiene, micronutrients, growth monitoring, improved infant and young child feeding, and treatment of life-threatening childhood illnesses.
- **Family Planning:** PEPFAR is a strong supporter of linkages between HIV/AIDS and voluntary family planning and reproductive health programs. Voluntary family planning should be part of comprehensive quality care for persons living with HIV. HIV-positive women who desire to have children should have access to safe pregnancy counseling in order to protect their own health and reduce the risk of HIV transmission to their partners and children. PEPFAR programs can work to expand access to family planning/reproductive health services through wraparound programming, i.e., providing counseling and referrals (linkages) to family planning programs for women and men in HIV/AIDS prevention, treatment, and care programs – ideally at the same site; providing family

planning clients with HIV prevention including HIV testing and counseling, particularly in areas with high HIV prevalence and strong voluntary family planning systems – again, ideally at the same site; integrating family planning services (funded from non-HIV accounts: both U.S. government and non-U.S. government) in PEPFAR-funded PMTCT and HIV care and treatment programs; provision of HIV prevention messaging and support, as well as HIV counseling and testing (funded by PEPFAR), within antenatal care, maternal and child health, and family planning programs (funded from other accounts) for both men and women; ensuring strong referrals for PMTCT and appropriate care and treatment for women who test HIV positive in any of these venues; and monitoring enrollment and receipt of services when referrals are made to capture linkages and ensure uptake of high quality services consistent with the principles for integrating family planning and HIV programs.

- **Malaria:** Strengthening the interface between PEPFAR and PMI mutually benefits both programs and expands the platform of services to target populations. The goal of PMI is to strengthen malaria control programs and malaria research activities to reduce malaria-related mortality. Development of effective malaria vaccines, new malaria treatment drugs, and targeted operations research are key interventions that would also fall under this emphasis area. Relative to HIV, this would include wraparound activities that target people living with HIV/AIDS and OVC for malaria services.
- **Safe Motherhood:** The goal of safe motherhood programs is to reduce maternal mortality and disability by following a continuum of care through the postpartum period. Wraparound activities would support efforts such as improving pre- and postnatal care services with PMTCT programs to help improve maternal and child health outcomes. Wraparounds could also support facility-based and outreach services to improve the quality and equitable coverage of antenatal care, especially as PMTCT services are taken to scale. Delivery and postpartum care services, including periodic evaluation of the progress of pregnancy, labor support and active management of the third stage of labor, should be addressed in all PMTCT programming through such wraparound approaches.
- **TB:** The goal is to reduce the number of deaths caused by TB by increasing detection of cases of TB, and by successfully treating detected cases, as well as addressing issues of multi-drug resistant TB, TB/HIV, and investing in new tools for TB. In addition, if GHCS-USAID TB funds are being leveraged for this implementing mechanism, TB should be marked.

End-of-Program Evaluation: This measurement uses quantitative and/or qualitative scientific methods and informs improvements in service delivery by measuring the

effectiveness, efficiency, and/or quality of services that are delivered by a project. It may be conducted at specific times or throughout the life of a project.

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

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

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

Appendix 6: Small Grants Program

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

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

Construction/Renovation:

- OU teams that have small grant applications for construction/renovation need to submit a ***Small Grants Program - Construction/Renovation Project Plan*** form for each construction/renovation project (under an already approved COP implementing mechanism) for review/approval throughout the year (there is no set time for submission, but is as needed based on the country's small grants award timeline).

- Please send the project plan form applications directly to your OGAC CSTL (copy Javon Williams from the Management and Budget team at WilliamsJL5@state.gov) throughout the year during your small grant proposal review periods. Note, all form fields need to be completed.
- The form(s) will be uploaded into the **FACTS Info – PEPFAR Module Document Library** as part of the COP Submission after it is reviewed and approved.
- Once the OU receives confirmation from OGAC that the small grant applications have been approved, the OU team needs to upload the approved application forms (for construction/renovation only) into the **FACTS Info – PEPFAR Module Document Library** under the approved COP cycle (e.g., if the 'small grants program' implementing mechanism was approved in the FY 2013 COP, then the OGAC approved small grant applications need to be uploaded in the Facts Info Document Library under the FY 2013 COP cycle).
- N.B. Documents can be uploaded into the Facts Info Document Library throughout the year even after a cycle is closed.
- The ***Small Grants Program - Construction/Renovation Project Plan*** form template is located at www.pepfarii.net within the COP 14 Planning and Reporting cycle folder.

Proposed Parameters and Application Process

Eligibility Criteria

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

Accountability

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

Submission and Reporting

- Funds for the program should be included in the COP under the appropriate budget category.
- Individual awards are not to exceed \$50,000 per organization per year; the approximate number of grants and dollar amount per grant should be included in the narrative. Grants should normally be in the range of \$5,000 - \$25,000. In a few cases, some grants may be funded at up to the \$50,000 level for stronger applicants. The labor-intensive management requirements of administering each award should be taken into account.
- Once individual awards are made, the country or regional program will notify their core or regional team leader of which partners are awarded and at what funding level. This information will be added in the sub-partner field for that activity.
- Successes and results from the Small Grants Program award should be included in the Annual Program Results and Semi-Annual Program Results due to OGAC. These results should be listed as a line item, like all other COP activities, including a list of partners funded with the appropriate partner designation.

Appendix 7: Strategic Staffing

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

Position Management

Position management is a systematic approach for determining the number of positions needed, the grouping and duties among positions, and the required knowledge, skills, and abilities of all positions.

Good position management ensures managers can adjust positions and organization structures to meet local conditions, the mission can be accomplished effectively, the available labor market can be used effectively to staff the mission, employees can use their full capabilities, and employee morale and motivation can improve. The characteristics of sound position management are that:

- A logical balance exists between employees needed to carry out the major functions of the organization and those needed to provide adequate support.
- Employees understand the mission and responsibilities of the organization.
- The organization is designed to utilize and develop the capabilities of its employees effectively.
- Lines of authority are clear from the top to the bottom of the organization.
- Responsibility is coupled with corresponding authority.
- The number of levels of authority is kept at a minimum.

Agency human resources offices are available to help OU teams implement good position management. For more information, please see the Fast Fact I - Position Management and training video on position management available on the PEPFAR Extranet Human Resources page:

<https://www.pepfar.net/C15/C9/Human%20Resources%20Issues/default.aspx>:

Engagement and Support of Locally Employed Staff (LE Staff)

The recruitment, retention, and empowerment of Locally Employed Staff (LE Staff) are crucial to accomplishing our goals. LE Staff may be host country nationals, locally

resident Americans, or locally recruited Third Country Nationals (TCNs). Approximately 80% of our field-based workforce is locally hired: 75% host country nationals, 3% locally resident American citizens, and 4% TCNs (unknown which TCNs were locally or internationally recruited).

OU teams should look for opportunities to train, engage, and empower LE Staff. Good practices include promoting additional leadership roles, such as naming LE Staff to be TWG chairs, creating an interagency LE Staff advisory council for PEPFAR in country, and providing training and international travel opportunities. Providing a work environment that fosters collaboration, respect, and professional development is an essential element in supporting the long-term retention of these staff who maintain critical relationships with the host government and partners and are essentially the institutional knowledge for our programs.

The PEPFAR Interagency Working Group on Issues Affecting LE Staff (LE Staff WG) continues its efforts to assist teams in addressing LE Staff recruitment, retention, and empowerment. The group includes headquarters and field staff from State, USAID, CDC, and DoD who have programmatic, management, and human resources expertise and are available to assist and advise OU teams. The LE Staff WG has created a number of tools to help OU teams, including Framework Job Descriptions (FJDs). FJDs are standardized position descriptions for common PEPFAR LE Staff positions that can help supervisors to (1) describe new positions more accurately, (2) update and reclassify previously established positions, and (3) complete the required classification paperwork (including the local position description and Job Discussion Help Sheet). The overall goal is to ensure all positions working under PEPFAR are properly classified. The FJDs cover specific duties and responsibilities of the more common PEPFAR-funded positions. They allow for flexibility to make the job more mission-specific (80% is predetermined; 20% is post specific). The FJDs can be used "as is" or as guides for local positions.

As of August 2013, 32 FJDs have been approved for senior- and mid-level technical, management, and administrative LE Staff positions:

Approved Senior-Level FJDs

- Senior Public Health Specialist for
 - Prevention
 - Care
 - Treatment
 - TB/HIV
 - Surveillance
 - Monitoring and Evaluation
 - Health Management and Information Systems
 - Lab Liaison
 - Lab Advisor

- PMTCT/pediatric AIDS
- Emerging Infectious Diseases (non-PEPFAR)
- Public Health Administrative Management Specialist (LE Staff Deputy for Operations)
- Senior Public Health Specialist (LE Staff Deputy for a branch/office)
- Senior Orphans and Vulnerable Children (OVC) Specialist
- Senior Human Resources for Health (HRH) Specialist
- DoD Program Manager

Approved Mid-level FJDs

- Behavioral Scientist
- Public Health Administrative Management Assistant
- Public Health Administrative Management Specialist (Finance)
- Public Health Specialist for
 - Prevention
 - PMTCT/pediatric AIDS
 - Monitoring and Evaluation
 - Care and Support
 - HMIS
 - TB/HIV
 - Treatment
 - Surveillance
 - Lab Assistant
 - OVC
- Agreements Administrator (CDC)
- PEPFAR Deputy Coordinator
- Public Health Specialist for
 - Treatment
 - Surveillance
 - Lab Assistant
 - OVC
- Public Health Specialist
- Human Resources for Health Specialist

The LE Staff WG also has created 15 “fast facts” (1-2 page desktop references) and 9 training videos on important topics. Those resources, guidance on FJDs, the FJDs, and other human resource documents are available in the reference library on the Extranet TWG Locally Employed Staff page at:

<https://www.pepfar.net/twg/les/Reference/Forms/AllItems.aspx>.

OU teams can contact working group chair Alison Griffith for more information (GriffithAB@state.gov).

President’s Emergency Plan for AIDS Relief

FY 2012 COP Guidance Appendices

In addition, it is important that OU teams submit data on LE Staff recruitment and retention challenges related to compensation in the mission's annual local compensation questionnaire (LCQ), which is distributed in the spring of each year.

Hiring PEPFAR Country Coordinators

A standardized position description (PD) for the interagency PEPFAR Country Coordinator position with defined roles and responsibilities was approved in July 2013 and can be found at:

<https://www.pepfar.net/C15/C9/Human%20Resources%20Issues/default.aspx> or through your Country Support Team Lead (CSTL). The PD should be used when recruiting new Country Coordinators. A key element of the PD is the delegation of day-to-day supervisory authority and performance review to the Ambassador or the DCM. Sample PDs incorporating the roles and responsibilities have been developed by several OU teams and are posted on the PEPFAR Extranet.

There is a new process being rolled out in 2014 which seeks to fill new vacancies of PEPFAR Country Coordinators through the State Department Limited Non-Career Appointment (LNA) program. The program will be rolled out in a phased approach which will fill vacancies in prioritized countries first. The PEPFAR LNA program will run in concert with previously utilized options for hiring in-country PEPFAR Coordinators as vacancies are filled over the course of the next five years:

- Department of State Limited Non-Career (LNA) program: Beginning in January 2014, new PEPFAR Coordinators will be hired through OGAC for an 18-month period up to a maximum of five years. General information on the Department of State LNA program can be found in the CA/LNA program guide at the following link on PEPFARii.net
- **U.S. Direct Hires (USDH).** In exceptional circumstances, PEPFAR Coordinators have been hired through other agencies through an FTE. Countries who continue to be able to support Coordinators through these mechanisms are encouraged to do so. OGAC will offer USDH FTE slots through the LNA program described above.
- **U.S. Based Personal Services Contractors (USPSCs).** Until such time that all country coordinators can be hired through the PEPFAR LNA program, the most common means remains to recruit U.S. citizens as USPSCs through USAID or HHS/CDC with the understanding that the agency hiring mechanism is for

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

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

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

Appendix 8: Construction and Renovation of Laboratories

A supplemental document will be required for any laboratory construction or renovation projects that indicate a biosafety level (BSL) of enhanced-2 or BSL-3 in in the construction or renovation project plan, in order to comply with the new interagency assessment process as discussed below.

A new interagency assessment process applies when the U.S. government is funding the **construction or renovation of laboratories that are of higher containment levels**. The purpose of the assessment is to (1) identify or address biosafety and biosecurity concerns, (2) identify and address any foreign policy concerns, and (3) increase transparency and improve coordination across U.S. government agencies. **This new assessment is a requirement of National Security Staff.**

To comply with the interagency assessment process, all new construction or renovation project proposals **for biosafety level (BSL)-3 or enhanced BSL-2 laboratories** will need to provide a supplementary document. Please refer to the Biosafety in Microbiological and Biomedical Laboratories (BMBL) 5th edition (<http://www.cdc.gov/biosafety/publications/bmb15/BMBL.pdf>) for the criteria that apply to BSL-2 and BSL-3 labs. For the purposes of the assessment, BSL-2 laboratories are considered "enhanced BSL-2" if they include the following features:

1. Breathing air system/compressors or a manifold tank system/pre-piping for such system
2. Redundant facility HEPA-filtered exhaust
3. Integral liquid effluent treatment system/ pre-piping for such system
4. Class III biological safety cabinet (BSC)
5. Shower in/out capabilities
6. Airlock entry

For all BSL-3 and enhanced BSL-2 laboratory projects, please provide the following as a supplement to your project proposal:

- Receiving institution information:
 - Name of receiving institution
 - Address of receiving institution
 - A point of contact at the institution
- Purpose of proposed lab:
 - Expected containment level (BSL-2 enhanced or BSL-3)
 - If enhanced BSL-2, what specific enhancements are planned?
 - Rationale for why that containment level is required
 - Presentation of an analysis of alternatives, if appropriate, or plans to conduct one
 - List of Select Agents (if any) and toxins (if any) that the lab anticipates handling
- Proposed timeline:
 - Including additional planning, funding, design and construction
 - For transition to host country oversight
- Sustainability:
 - What Ministry/organization/institution will be responsible for the long term sustainability of the lab?
 - Involvement of other domestic/international partners

Appendix 9: Technical Assistance Resources Available for Global Fund Activities

While some countries have staff and partners already working closely with CCMs and PRs on the ground, other U.S. government resources are available depending on your needs. Should you have any questions about the options below, please reach out to the Multilateral Technical Assistance (TA) team at OGAC – TA Coordinator, Emily Hughes (hughesej1@state.gov) and the TA Advisor, Christy Wahle (wahlecs@state.gov):

1) Short Term:

- a) **Grant Management Solutions (GMS)** – In addition to the short term technical support to PRs and CCMs that can be requested by the countries through this [link](#), if your team would like to utilize GMS for work in **governance, M&E, PSM and grant management** (including financial management), the project accepts field support. Please contact Laurie Rushton (larushton@usaid.gov), COR for GMS for assistance in developing a scope of work (SOW).
- b) **UNAIDS Technical Support Facilities (TSFs)** – Located regionally in southern and western Africa as well as Asia, TSFs have extensive experience

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in providing **short term, HIV technical support to Ministries and NACs, PRs, CCMs**. U.S. government teams may buy in for specific scopes of work in areas related to Global Fund, National Strategic Planning and the Investment Approach. Please contact Lisa Luchsinger (lluchsinger@usaid.gov) for assistance in developing a scope of work (SOW).

2) Medium to Longer Term: For the mechanisms below, please contact Christy Wahle for help in developing a SOW – if you want to put field support into specific mechanisms, we will work with you and the AOR/COR to expedite the process. The following is an illustrative list and not a full list of projects that countries may find relevant upon working through some of the issues.

- a) Leadership Management Government (LMG)** - Designed to support health systems strengthening by addressing the gap for **sustainable leadership, management, and governance capacity** of health care providers, program managers, and policy makers to implement quality health services at all levels of the health system. This mechanism has expertise through its body of consultants in addressing Global Fund governance issues and some countries have utilized LMG to obtain a medium term technical advisor to help in PEPFAR-Global Fund engagement at the country level.
- b) Health Finance and Governance (HFG) Project** – Designed to support country teams in the overarching movement towards improving **financing** by mobilizing domestic resources, reducing financial barriers, etc., which is germane to the UNAIDS Investment Approach and activities growing from that discussion.
- c) Supply Chain Management Solutions Project and Systems for Improved Access to Pharmaceuticals and Services Program (SIAPS)**– Designed to support both short and longer term technical assistance needs around **procurement and supply chain management (PSM)**. While SCMS has considerable bilateral presence in PEPFAR countries, the project can also help provide embedded technical advisors for PSM needs.
- d) Staffing - Global Fund Liaisons (GFL)** – If your U.S. government team is interested in a liaison position, the TA team can help walk you through developing a tailored position description to meet the needs facing your country.

3) Short and medium- to long-term support

- a) CDC TA Services Award (pending)** - This mechanism will be intended to support Global Fund implementing partners in assessing HIV service delivery and will develop technical assistance plans and strategies, with a focus in five technical areas: Prevention of Mother-to-Child Transmission of HIV/AIDS (PMTCT); HIV Care and Treatment Clinical Services for adults and children; HIV Pediatric Care and Treatment (PEDs); Surveillance and Strategic Information (SI); and Laboratory. Though not finalized, it is anticipated that this mechanism

will provide support through central resources, and will also be available for countries to direct activities utilizing field funds.

4) OGAC Multilateral Technical Assistance Team: The OGAC's Multilateral Diplomacy Team, through its advisors across agencies, may also be helpful in providing technical assistance. Please do not hesitate to reach out directly to the TA team for further assistance.

Appendix 10: PEPFARii.net Contact and Help Info

For any questions related to access to or the use of PEPFARii.net in support of this year's COP process, please contact the PEPFARii.net help desk at help@pepfarii.net

NOTE: The PEPFARii.net site is fully supported by the Microsoft Internet Explorer web browser ONLY. While other popular browsers, such as Google Chrome or Mozilla Firefox, may allow you to view PEPFARii.net, full site functionality cannot be guaranteed using those browsers.

Logging in to PEPFARii.net (Users *with* existing PEPFARii.net accounts):

Please use this link to access <https://www.pepfarii.net>.

Your user name and password are required to enter the site. For most users, your user name is **LastNameFirstInitial**

Users who have an account but have not yet logged into PEPFARii.net will need to create their own password upon logging in for the first time. To do so, navigate to [PEPFARii.net](https://www.pepfarii.net) and click "Forgot your password." For most users, your user name is **LastNameFirstInitial**. For example: the user name for John Smith is **SmithJ**. You will then need to follow the on-screen prompts to create your new password.

Logging in to PEPFARii.net (Users *needing* PEPFARii.net accounts):

Field Users:

First time field team users will need to have an account established by a designated representative at their location. Contact your country team's PEPFARii.net Power User (or PEPFAR Coordinator if the Power User is unknown or not yet established), who will contact the PEPFARii.net Help Desk by sending an email to help@pepfarii.net, to request an account. After your account has been established, you will receive an email with a temporary password and instructions for resetting your password.

Agency Headquarters Users:

If you are based at headquarters, you will need to send an email to the Help Desk at help@pepfarii.net requesting access to the site. Please note: for HQ personnel, your request must include the name of an individual who can verify your involvement/role within the PEPFAR community, for example, a County Support Team Lead.

For any questions regarding access to or use of the site, email the Help Desk at help@pepfarii.net. Users can also request training on using the new site by emailing the Help Desk. Training materials, as well as a calendar of upcoming live training sessions, are available under the Help section of PEPFARii.net (<https://www.pepfarii.net/help/SitePages/Home.aspx>).