



United States Department of State

Washington, D.C. 20520

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May 27, 2021

MEMO FOR JEANNE MALONEY, U.S. AMBASSADOR TO ESWATINI

SUBJECT: PEPFAR Eswatini Country Operational Plan 2021 Approval

This memo represents the successful completion of the PEPFAR Eswatini Country Operational Plan (COP) 2021 planning, development and submission. PEPFAR Eswatini, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2021 in alignment with the directives from the COP 2021 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval for the PEPFAR Eswatini Country Operational Plan (COP) 2021 with a total approved budget of **\$73,335,158**, including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

	New Funding (All Accounts)	Pipeline	Total Budget FY 2022 Implementation
TOTAL	66,951,837	6,383,321	73,335,158
Bilateral	66,451,837	6,383,321	72,835,158
Central	500,000		500,000

The total FY 2022 outlay for COP 2021 implementation shall not exceed the total approved COP 2021 budget of **\$73,335,158** without additional written approval. Any prior year funds that are not included within this COP 2021 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2022 without additional written approval. The new FY 2021 funding and prior year funds approved within this memo as a part of the total COP 2021 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2022 – must be submitted to and approved by S/GAC.

Approved funding will be made available to agencies for allocation to country platform to implement COP 2021 programming and priorities as outlined below and in the appendix.

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Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, local and global stakeholders and partners during the April 20-21, 2021 Virtual Planning Meetings and participants in the virtual approval meeting; the final COP 2021 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

Program Summary

With the support of PEPFAR, Eswatini has achieved and maintained high HIV treatment coverage and advanced strong HIV prevention services. In partnership with the Government of the Kingdom of Eswatini (GKoE), funding for PEPFAR Eswatini's Country Operational Plan (COP) 2021 will support a vision to sustain epidemic control by interrupting HIV transmission through targeted HIV prevention interventions and providing quality care and treatment services across a coordinated set of community and facility-based services. PEPFAR funding and technical support covers ~90% of the national treatment program and equally high percentages of core HIV prevention programs. By September 2021, the country will have an estimated 220,144 persons living with HIV (PLHIV). As of March 2021, 206,924 persons are receiving antiretrovirals (ART). The COP 2021 HIV treatment target to be achieved by the end of FY2022 is 220,136, which represents 99% of all PLHIV with a 97% viral load suppression rate. To maintain high treatment coverage of >95% in all age groups and across males and females, people must be retained in care, receiving quality services, and HIV positive people not yet diagnosed must be reached and linked to treatment. To address persistent new HIV infections and further reduce HIV incidence, COP 2021 will continue to focus on prioritized and expanded prevention activities specifically for adolescent girls and young women (AGYW) 10-29 years and men 25-39 years who are most at risk of acquiring HIV as determined through HIV testing surveillance activities carried out in FY2021. Sustaining epidemic control will be supported by continuous improvements in crucial systems for capturing patient data, disease surveillance, and laboratory diagnostics.

The PEPFAR Eswatini strategy for programming to be implemented in FY 2022 will augment the interface between HIV prevention interventions and care and treatment programs. To do this, PEPFAR Eswatini will use four overarching strategies. The first strategy seeks to break down barriers and improve linkages between different service delivery areas to prevent new infections, including integrating PrEP provision at various HIV entry points; referring men testing negative for HIV to VMMC services; and linking clinical programs with the OVC/DREAMS programs to break transmission cycle among children, AGYW and KPs. The second strategy uses recency data to monitor trends in recent infections to inform prevention interventions, targeting medium to high-risk priority populations with tailored services and a strong focus on structural interventions to reduce discrimination and increase access to essential services. The third strategy utilizes treatment as prevention (maintain PLHIV on ART and virally suppressed) by maintaining treatment continuity through differentiated models of service delivery, optimal ARV regimens, and employing viral load, index testing, and recency data to identify and interrupt patterns of ongoing HIV transmission. The fourth strategy promotes linkages from HIV testing to treatment by reinforcing the importance of strong 'test and start' approaches, and improving

client monitoring systems to facilitate re-engagement to care for those clients who have experience treatment interruptions.

In COP21, PEPFAR Eswatini will address the low completion rates of the DREAMS package resulting from COVID-19 lockdowns and the inability to provide face-to-face curricula on HIV prevention and social support measures for AGYW. Under DREAMS, PEPFAR Eswatini will improve uptake of PrEP among AGYW, increase access to services for vulnerable AGYW, leverage the DREAMS platform to respond to cases of gender-based violence, and strengthen the role of DREAMS Ambassadors to ensure the voices of AGYW are represented at local and national levels. PEPFAR Eswatini will also ensure that services are tailored towards the specific and unique needs and interests of AGYW.

In COP21, PEPFAR Eswatini will continue health system investments in laboratory systems through support to national, regional and facility level laboratories with the provision of human resources, technical mentoring, reagent forecasting, quality assurance (QA) and continuous quality improvement (CQI), specimen transport, and laboratory information system through SMS results reporting. PEPFAR will also support viral load and early-infant diagnostic (EID) testing, expansion of dried blood sample (DBS) testing, and introduction of point of care viral load for pregnant and breastfeeding women at six high volume sites.

Other health system support includes finalizing the scaling of CMIS (Client Management Information System) ART facility coverage, introducing a new modality (CMIS Lite); data triangulation to support program decision making - full eLMIS (lab) and LIS (logistics) integration; data exchange with EswaVax (mobile data collection for COVID-19 vaccination); improving real-time data quality by eliminating network downtime through APN backup, and enhancing data use through training and DHIS2 dashboard deployment. As the national Eswatini HIV program is now focused on sustaining epidemic control, systems investments and approaches to the delivery of prevention and treatment services must be optimized as part of a longer term approach to ensuring sustainable financing of the HIV response. In FY22, PEPFAR Eswatini will plan for how health information systems investments to date will be optimized to ensure strong and consistent data availability and monitoring. PEPFAR Eswatini will undertake an analysis of current service delivery models with the goal of optimizing service quality and controlling program costs.

During COP 2021, PEPFAR Eswatini will continue and sharpen use of highly targeted HIV testing strategies – including index/partner testing – to find unidentified, untreated, or clients lost to follow-up from HIV treatment programs; sustain high quality treatment coverage through a continuum of client centered services delivered through community and facility access points; interrupt transmission of new HIV infections in vulnerable AGYW ages 15-29 and advance voluntary medical male circumcision (VMMC) services for men aged 15 to 29 years. A few notable changes from COP20 to COP21 include expanded support for viral load reagents and human resources for health to offset gaps created from a shift in the new Global Fund grant. The country is experiencing a fiscal crisis resulting from the COVID-19 pandemic that has directly reduced the Government's ability to procure ARVs with domestic resources. As a result, the GoKE requested the Global Fund grant cover the national ARV procurement in year one of the grant followed by more modest funding levels for ARV procurement in years two and three of the grant under the assumption that the GoKE would resume greater responsibility for ARV

procurement in this time period. Additionally, COP21 will make a significant shift to implement specific approaches to retain and ensure viral suppression of men over 50. To attract this group into regular care, PEPFAR Eswatini will offer screening and treatment for HIV comorbidities, such as screening for diabetes and hypertension, to its community care programs. These services are relatively low cost with treatment for comorbidities covered by the GoKE.

American Rescue Plan Act of 2021 Summary Description

This memo approves \$3,575,000 in ARPA funds in the Economic Support Fund (ESF) account to be implemented for activities during COP20 and COP21. Of the total \$3,575,000 in ARPA funds, \$1,835,158 is expected to be implemented in COP 2021. The remaining \$1,739,842 is expected to be implemented in COP 2020. The table below shows the estimated breakout of outlays in COP 2021 versus COP 2020 by implementing agency and operational division.

Agency/OPDIV	ARPA Funds Programmed in COP21 FAST for COP21 Outlay	ARPA Funds To be Added to COP20 for COP20 Outlay	TOTAL ARPA Funds
TOTAL	\$1,835,158	\$1,739,842	\$3,575,000
DOD	\$0	\$0	\$0
HHS/CDC	\$1,557,146	\$0	\$1,557,146
HHS/HRSA	\$0	\$0	\$0
PC	\$0	\$0	\$0
USAID	\$278,012	\$1,739,842	\$2,017,854
USAID/WCF	\$0	\$0	\$0

Any ARPA funds not outlayed in COP 2020 will be allowed to outlay in COP 2021, and this will be accounted for in the End of Fiscal Year exercise in the Fall of 2021. The entire ARPA amount must be obligated by September 30, 2022 and should, except in extraordinary circumstances, be outlayed during COP 2021.

ARPA funds are provided specifically to address the intersection of HIV and COVID-19, specifically to prevent, prepare for, and respond to coronavirus (including prevention of COVID-19 infection, illness, and death among PEPFAR beneficiaries and staff), mitigate COVID-19 impact on PEPFAR programs and beneficiaries and support PEPFAR program recovery from the impacts of coronavirus. Over the course of COP20 and COP21, the ARPA funds will support:

- Infection prevention and control (IPC) to reduce risk of infection from both COVID-19 and TB. Successful reduction of the number of clients contracting COVID-19 at facilities while seeking other services protects beneficiaries and reduces the burden that may be placed on already stretched resources. PEPFAR IPC support will target 90% of supported ART sites across all four regions of Eswatini.
- Operation of a new oxygen pressure swing adsorption (PSA) plant. The Kirsh Foundation's matching contribution will help offset the plant's installation and up-front operating costs, while PEPFAR will provide assistance to use the plant excess medical oxygen generation capacity to provide 40,000 delivered cylinder oxygen refills (up to 285 cylinders per day) to nearby public ART facilities.

- Laboratory strengthening support to expand laboratory space for SARS-CoV-2 testing, SMS reporting of COVID results, improvement of the laboratory transport system, and personnel and reagents to expand the TB sequencing lab to also sequence SARS-CoV-2.
- The national vaccine deployment plan through making use of the PEPFAR service delivery platform. HIV infection was a leading co-morbidity in the country's COVID-19 case fatalities. This investment has a potential of reducing the number of COVID-19 cases in Eswatini through increasing the proportion of vaccinated individuals (herd immunity). Low COVID-19 cases will allow the Eswatini health system to focus on its core function, including PEPFAR supported activities.

Faith and Communities Initiative (FCI)

The implementation of the FCI has been delayed by COVID. Accordingly, any remaining FCI funds at the end of COP20 will be allowed to carry over into COP21. After exact amounts of carryover are determined during the End of Fiscal Year process in fall of 2021, COP 21 envelopes will be updated to account for this carryover.

Recency

The implementation of the Recency activities has also been delayed by COVID. Accordingly, any remaining Recency funds at the end of COP20 will be allowed to carry over into COP21. After exact amounts of carryover are determined during the End of Fiscal Year process in fall of 2021, COP 21 envelopes will be updated to account for this carryover.

Funding Summary

All COP 2021 funding summarized in the charts below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in all PEPFAR systems and summarized in the appendix.

	Total	of which, Bilateral								Applied Pipeline	Total COP21 Budget (Bilateral + Central)
		New Funding									
		Total	FY 2021				FY 2020	FY 2019			
	Total	Total	GHP-State	GHP-USAID	GAP	ESF	GHP-State	GHP-State			
TOTAL	72,835,158	66,451,837	66,451,837	64,129,179	-	487,500	1,835,158	-	-	6,383,321	73,335,158
DOD Total	2,342,390	1,693,588	1,693,588	1,693,588	-	-	-	-	-	648,802	2,342,390
DOD	2,342,390	1,693,588	1,693,588	1,693,588	-	-	-	-	-	648,802	2,342,390
HHS Total	25,232,198	22,454,078	22,454,078	20,409,432	-	487,500	1,557,146	-	-	2,778,120	25,232,198
HHS/CDC	25,232,198	22,454,078	22,454,078	20,409,432	-	487,500	1,557,146	-	-	2,778,120	25,232,198
PC Total	1,618,899	-	-	-	-	-	-	-	-	1,618,899	1,618,899
PC	1,618,899	-	-	-	-	-	-	-	-	1,618,899	1,618,899
STATE Total	1,433,592	733,592	733,592	733,592	-	-	-	-	-	700,000	1,433,592
State	681,608	681,608	681,608	681,608	-	-	-	-	-	-	681,608
State/AF	751,984	51,984	51,984	51,984	-	-	-	-	-	700,000	751,984
USAID Total	42,208,079	41,570,579	41,570,579	41,292,567	-	-	278,012	-	-	637,500	42,708,079
USAID, non-WCF	35,026,067	34,388,567	34,388,567	34,110,555	-	-	278,012	-	-	637,500	35,026,067
USAID/WCF	7,182,012	7,182,012	7,182,012	7,182,012	-	-	-	-	-	-	7,682,012

1/Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.

2/Economic Support Fund (ESF) funding is authorized in the American Rescue Plan Act of 2021 and must be used for a combined HIV and COVID purpose.

	Total	of which, Central								Applied Pipeline	Total COP21 Budget (Bilateral + Central)
		New Funding									
		Total	FY 2021				FY 2020	FY 2019			
	Total	Total	GHP-State	GHP-USAID	GAP	ESF	GHP-State	GHP-State			
TOTAL	500,000	500,000	500,000	-	500,000	-	-	-	-	-	73,335,158
DOD Total	-	-	-	-	-	-	-	-	-	-	2,342,390
DOD	-	-	-	-	-	-	-	-	-	-	2,342,390
HHS Total	-	-	-	-	-	-	-	-	-	-	25,232,198
HHS/CDC	-	-	-	-	-	-	-	-	-	-	25,232,198
PC Total	-	-	-	-	-	-	-	-	-	-	1,618,899
PC	-	-	-	-	-	-	-	-	-	-	1,618,899
STATE Total	-	-	-	-	-	-	-	-	-	-	1,433,592
State	-	-	-	-	-	-	-	-	-	-	681,608
State/AF	-	-	-	-	-	-	-	-	-	-	751,984
USAID Total	500,000	500,000	500,000	-	500,000	-	-	-	-	-	42,708,079
USAID, non-WCF	-	-	-	-	-	-	-	-	-	-	35,026,067
USAID/WCF	500,000	500,000	500,000	-	500,000	-	-	-	-	-	7,682,012

1/Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.

2/Economic Support Fund (ESF) funding is authorized in the American Rescue Plan Act of 2021 and must be used for a combined HIV and COVID purpose.

GHP-State Funds: Upon the clearance of a FY 2021 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

GHP-USAID Funds: With the receipt of this signed memo, USAID is approved to use GHP-USAID funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, GHP-USAID funding may be made available to country teams per USAID internal processes and following agency requirements.

ARP ESF Funds: ESF funds must have both an HIV and COVID related purpose as laid out in relevant S/GAC guidance. Upon the clearance of a FY 2021 PEPFAR ESF Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt, agency headquarters will move the funds to the country platform via each agency's internal process.

Applied Pipeline Funds: With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Additional or remaining pipeline from previous year's activities that are not currently captured in the COP 2021 total budget level and documented within COP 2021 partner budgets are not to be executed or outlayed without written approval from S/GAC.

Earmarks: Eswatini has planned for programming for FY 2021, FY 2020, and/or FY 2019 GHP-State funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during COP may exceed the original controls assigned to the Eswatini. Upon approval of this memo, the amounts below will become the new earmark controls for Eswatini. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmarks	COP21 Funding Level			
	TOTAL	FY 2021	FY 2020	FY 2019
Care & Treatment	35,000,817	35,000,817	-	-
Orphans and Vulnerable Children	15,201,981	15,201,981	-	-
Preventing and Responding to Gender-based Violence	1,140,888	1,140,888	-	-
Water	150,000	150,000	-	-

AB/Y Earmark Budget Justification

AB/Y Earmark	COP21 Funding Level				
	TOTAL	FY 2021	FY 2020	FY 2019	Applied Pipeline
TOTAL Prevention Programming	5,615,635	5,615,635	-	-	-
Of which, AB/Y	3,454,042	3,454,042	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	61.5%	61.5%	N/A	N/A	N/A

1/Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.

AB/Y Requirement Met.

COP 21 Initiatives by Agency

	Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Bilateral - New Funding	Total COP21 Budget
TOTAL	-	6,383,321	500,000	66,451,837	73,335,158
<i>of which, Cervical Cancer</i>	-	60,000	-	1,440,000	1,500,000
<i>of which, Community-Led Monitoring</i>	-	230,000	-	-	230,000
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	500,000	-	500,000
<i>of which, Core Program</i>	-	5,632,284	-	53,316,841	58,949,125
<i>of which, DREAMS</i>	-	458,088	-	9,694,996	10,153,084
<i>of which, VMMC</i>	-	2,949	-	2,000,000	2,002,949
DOD Total	-	648,802	-	1,693,588	2,342,390
<i>of which, Cervical Cancer</i>	-	60,000	-	-	60,000
<i>of which, Core Program</i>	-	588,802	-	1,628,776	2,217,578
<i>of which, VMMC</i>	-	-	-	64,812	64,812
HHS Total	-	2,778,120	-	22,454,078	25,232,198
<i>of which, Cervical Cancer</i>	-	-	-	777,500	777,500
<i>of which, Core Program</i>	-	2,775,171	-	18,641,275	21,416,446
<i>of which, DREAMS</i>	-	-	-	1,585,240	1,585,240
<i>of which, VMMC</i>	-	2,949	-	1,450,063	1,453,012
PC Total	-	1,618,899	-	-	1,618,899
<i>of which, Core Program</i>	-	1,217,899	-	-	1,217,899
<i>of which, DREAMS</i>	-	401,000	-	-	401,000
STATE Total	-	700,000	-	733,592	1,433,592
<i>of which, Community-Led Monitoring</i>	-	230,000	-	-	230,000
<i>of which, Core Program</i>	-	412,912	-	733,592	1,146,504
<i>of which, DREAMS</i>	-	57,088	-	-	57,088
USAID Total	-	637,500	500,000	41,570,579	42,708,079
<i>of which, Cervical Cancer</i>	-	-	-	662,500	662,500
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	500,000	-	500,000
<i>of which, Core Program</i>	-	637,500	-	32,313,198	32,950,698
<i>of which, DREAMS</i>	-	-	-	8,109,756	8,109,756
<i>of which, VMMC</i>	-	-	-	485,125	485,125

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FY 2022 Target Summary

FY 2021 funds are released and COP 2021 applied pipeline is approved to achieve the following results in FY 2022.

Eswatini		Attained	SNU Prioritizations				Total	
			Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported		No Prioritization
HTS_INDEX	<15	19,286	-	-	-	-	41	19,327
	15+	14,248	-	-	-	-	656	14,904
	Total	33,534	-	-	-	-	697	34,231
HTS_TST	<15	26,227	-	-	-	-	81	26,308
	15+	89,057	-	-	-	-	1,520	90,577
	Total	115,284	-	-	-	-	1,601	116,885
HTS_TST_POS	<15	504	-	-	-	-	4	508
	15+	7,607	-	-	-	-	262	7,869
	Total	8,111	-	-	-	-	266	8,377
TX_NEW	<15	604	-	-	-	-	4	608
	15+	7,828	-	-	-	-	262	8,090
	Total	8,432	-	-	-	-	266	8,698
TX_CURR	<15	9,355	-	-	-	-	69	9,424
	15+	207,282	-	-	-	-	3,430	210,712
	Total	216,637	-	-	-	-	3,499	220,136
TX_PVLS	<15	8,733	-	-	-	-	66	8,799
	15+	195,937	-	-	-	-	3,201	199,138
	Total	204,670	-	-	-	-	3,267	207,937
CXCA_SCRN	<18	62,211	-	-	-	-	-	62,211
	18+	12,619	-	-	-	-	-	12,619
	Total	74,830	-	-	-	-	-	74,830
OVC_HIVSTAT	<15	43,360	-	-	-	-	-	43,360
	15+	238	-	-	-	-	-	238
	Total	23,783	-	-	-	-	-	23,783
PMTCT_STAT	<15	10	-	-	-	-	-	10
	15+	7,624	-	-	-	-	-	7,624
	Total	7,634	-	-	-	-	-	7,634
PMTCT_STAT_POS	<15	10	-	-	-	-	-	10
	15+	7,574	-	-	-	-	-	7,574
	Total	7,584	-	-	-	-	-	7,584
PMTCT_ART	<15	7,434	-	-	-	-	-	7,434
	15+	7,256	-	-	-	-	93	7,349
	Total	54,142	-	-	-	-	6,400	60,542
PP_PREV	<15	17,862	-	-	-	-	-	17,862
	15+	46,886	-	-	-	-	6,307	53,193
	Total	6,652	-	-	-	-	331	6,983
KP_PREV	<15	-	-	-	-	-	-	-
	15+	-	-	-	-	-	-	-
	Total	6,652	-	-	-	-	331	6,983
VMMC_CIRC	<15	-	-	-	-	-	-	-
	15+	72,205	-	-	-	-	2,801	75,006
	Total	72,205	-	-	-	-	2,801	75,006
PrEP_NEW	<15	14,012	-	-	-	-	100	14,112
	15+	21,029	-	-	-	-	137	21,166
	Total	21,029	-	-	-	-	137	21,166
PrEP_CURR	<15	87	-	-	-	-	30	117
	15+	2,397	-	-	-	-	176	2,573
	Total	2,484	-	-	-	-	206	2,690
TB_STAT	<15	34	-	-	-	-	2	36
	15+	1,558	-	-	-	-	98	1,656
	Total	1,592	-	-	-	-	100	1,692
TB_ART	<15	1,790	-	-	-	-	31	1,821
	15+	33,929	-	-	-	-	745	34,674
	Total	35,719	-	-	-	-	776	36,495
TB_PREV	<15	9,355	-	-	-	-	69	9,424
	15+	207,282	-	-	-	-	3,430	210,712
	Total	216,637	-	-	-	-	3,499	220,136
TX_TB	<15	1,760	-	-	-	-	14	1,774
	15+	41,343	-	-	-	-	-	41,343
	Total	41,343	-	-	-	-	-	41,343
GEND_GBV	<15	-	-	-	-	-	-	-
	15+	-	-	-	-	-	-	-
AGYW_PREV	<15	-	-	-	-	-	-	-
	15+	-	-	-	-	-	-	-

*Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

Partner Management and Stakeholder Engagement:

Agreements made during COP 2021 discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with the this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15 percent of target achievement at 3 months or (2) less than 40 percent of target achievement at 6 months must have a complete review of performance data (including trends in performance) and expenditures to date by program area, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX_CURR) performance should be between 98 percent and 100 percent of the target. This can be adjusted in country context where HIV treatment services are still scaling up and the treatment new target is greater than 10 percent of treatment current. OVC programs are also similar in that there are clients continuing services from the previous year; if the IP is less than 80 percent of their target at Q2 performance review should be triggered. For key populations programming, per MER Guidance and program requirements, HIV testing is a required element of the KP_PREV indicator. HIV testing services (HTS) or referring an individual to HTS is required to be offered (at least once during the reporting period and/or in accordance with WHO/national guidance) unless the individual had previously tested positive for HIV. HIV prevention services must be tailored to individual risks. If the individual is self-identified as HIV positive, then HTS provision or referral to HTS will not be a required element of this indicator. Workplans for IPs should reflect these HTS requirements for key populations programming. Additionally, where referral to HTS is made, IP workplans and program design should incorporate measures to follow through on HTS with KP clients to ensure referral completion. These elements (i.e. review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85 percent. If the issue is retention it should be net new on treatment equal to 90 percent of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC the options the agency is implementing to address partner non-performance, including options for a shift to new partners. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout COP 2021 implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. This continued engagement will ensure all parties' understanding of Eswatini's progress and help identify any strategic changes to be made to more efficiently and effectively reach epidemic control.

