



**Swaziland**  
**Operational Plan Report**  
**FY 2011**



## Operating Unit Overview

### OU Executive Summary

#### Background

Swaziland is at the epicenter of the global HIV/AIDS pandemic, suffering from the world's highest prevalence rates of HIV and TB. Twenty-six percent of Swaziland's adult population (aged 15-49) is infected with HIV, while prevalence amongst pregnant women attending ante-natal care (ANC) facilities stands at a staggering 42 percent. HIV incidence is estimated at 2.6 percent, meaning that 32 new infections occur each day in the country. Life expectancy has dropped to an estimated 43 years and 40 percent of Swazis are under 15, based on the most recent census data available (2007). Projections indicate that there are 191,000 people living with HIV/AIDS (PLWHA) in need of care and/or treatment services, including 14,000 children. In 2007, the TB notification rate was 1,155 cases per 100,000 populations; approximately 80 percent of TB cases are estimated to be HIV-positive.

Various studies have identified the following main drivers of the epidemic: multiple concurrent partners (MCPs), low levels of male circumcision, inconsistent use of condoms and long periods of premarital sexual activity. Gender-based inequalities and violence, poverty and income disparities persist in the country and create significant barriers to effective HIV prevention interventions. Swaziland's generalized epidemic does not show significant variances in HIV prevalence between rural and urban areas or among the country's four regions, and given the overall prevalence rate the entire country is considered at risk. High-level traditional leadership on prevention remains insufficient despite persistent stakeholder efforts.

By conservative estimates, more than a third of all children in Swaziland are orphaned or vulnerable. Its population of just over a million people is in decline, with 36 people dying from AIDS every day. Traditional family structures have all but collapsed, with only 22 percent of children raised in two-parent households. Women are disproportionately affected, comprising over 55 percent of all HIV-infected adults. Illness and death associated with HIV/AIDS are enormous drains on the national economy, national health system, and other social support networks needed to combat the epidemic. Swaziland's future is being compromised by diminished intellectual and physical health of the nation caused by weakening of the national institutions responsible for an effective response. The wave of morbidity and mortality engulfing Swaziland has put the country's health systems under extraordinary stress.

Despite the circumstances, significant progress has been made over the last few years in the implementation of HIV prevention, care, treatment and support programs in Swaziland. With support from the PEPFAR program, the anti-retroviral therapy (ART) program now reaches approximately 60 percent of the eligible population (at CD4 count threshold of 350). Eighty-five percent of pregnant women attending (ANC) sites are reached with prevention of mother-to-child transmission (PMTCT) services. Over 22,000 men have been circumcised through direct PEPFAR support since the program began in 2008. Increases in coverage of ART, PMTCT, TB and testing and counseling programs demonstrate the increased commitment by the public sector to address needs. Community level initiatives to respond to HIV-related needs are numerous and creative, led by families, non-governmental organizations (NGOs), faith-based organizations (FBOs) and other community groups. Under the principles of the Global Health Initiative (GHI) and detailed in the PEPFAR Partnership Framework, Americans have committed to support Swaziland's public and non-public sectors to bring treatment services to the community level, strengthen HIV prevention programs, scale up male circumcision, mitigate the impact of HIV on children, and build the capacity of Swazi institutions for future generations.



## **Sustainability and Country Ownership**

In June 2009, Swaziland signed the second-ever PEPFAR Partnership Framework on HIV and AIDS (2009-2013). The agreement is a five-year joint program strategy, developed in collaboration with other key stakeholders, to strengthen, scale up and sustain key components of the HIV response and the overall health sector capacity in support of the National Strategic Framework on HIV/AIDS 2009-2014 (NSF). The Partnership Framework emphasizes the GHI principles of building sustainable, country-led programs that build up women- and girl-centered programming.

The overarching vision advanced in the Partnership Framework (PF) and its more detailed companion document, the Partnership Framework Implementation Plan (PFIP), is to strengthen public health and community systems to support a sustained response to HIV/AIDS well beyond the lifespan of the PEPFAR program. The diverse contributed assets of the Government of the Kingdom of Swaziland (GKOS), PEPFAR, civil society and national and international partners are dedicated to: achieving measurable results while reinvigorating the country's health infrastructure and workforce; creating efficient systems to procure and manage the equitable distribution of drugs, supplies, services and other health products; and strengthening management and governance structures for bold leadership and informed decision-making. While the focus is on HIV/AIDS, these investments will strengthen the wider health sector and contribute to improved public health outcomes.

Activities supported through PEPFAR Swaziland's Fiscal Year 2011 COP aim to fulfill the USG commitments outlined in the PF, which include support to the GKOS to achieve five goals by 2013:

- Pillar Area 1: Decentralized and improved quality of care and treatment services for adults and children, including HIV testing and TB/HIV
- Pillar Area 2: A coordinated and comprehensive approach to sexual prevention
- Pillar Area 3: Rapid expansion of medical male circumcision
- Pillar Area 4: Impact mitigation focused on vulnerable children
- Pillar Area 5: Development of human and institutional capacity

## **Integration across USG**

PEPFAR is the principal development investment of the U.S. Government in Swaziland and the only health program. Within the PEPFAR team, cross-agency management and co-located offices provide a unique and effective interagency model. The PEPFAR team works closely with the embassy's public affairs, political/economic and small grants sections to coordinate public affairs programs and outreach, as well as the Ambassador's Self-help Fund and the Ambassador's Girls Scholarship Program.

## **Health Systems Strengthening and Human Resources for Health**

The scale of Swaziland's epidemic has put extreme stress on the management and functioning of an already resource-limited health care system. Challenges include an insufficient number of personnel with skills in planning and management; facilities that require significant upgrades and routine maintenance; insufficient and outdated equipment and supplies; and a traditionally vertical HIV service delivery approach. Success of Swaziland's PF, in terms of both scale up and enhanced sustainability of priority interventions, hinges on efforts to strengthen human and institutional capacity in the public and non-governmental health sectors.

GKOS, with support from PEPFAR, the Global Fund to Fight AIDS, Tuberculosis and Malaria ("Global Fund"), the European Union (EU) and the World Bank among others, is moving towards a more systematic, better coordinated approach to health systems and human resources for health. The MOH was awarded a Round 8 Global Fund grant to address critical HSS gaps in TB/HIV, which compliments PEPFAR supported activities and provides greater momentum to the overall health system strengthening



(HSS) effort.

PEPFAR provides direct support to the MOH Planning Unit to enhance institutional capacity and build a sustainable response to the epidemic, including strengthening laboratory systems, strategic information, blood safety, pre-service nurses training capacity, strategic planning and policy development. PEPFAR is supporting the MOH human resource information system, as well as development of skills for using workforce data for planning. PEPFAR is providing support to the GKOS for costing HIV-related health services, especially as they relate to decentralization and scale up of key HIV interventions. These costing studies will engage global experts and build capacity of local counterparts, providing a stronger foundation for planning and budgeting around the HIV response.

PEPFAR has had major HSS successes in 2010, none greater than the development of a new organizational structure for the MOH, which was approved by the Swazi Cabinet. Under the PF, PEPFAR will continue to provide support in strategic areas of restructuring—particularly those that compliment PEPFAR partner activities. PEPFAR will support short-term technical assistance and where relevant, salary support for key technical positions related to restructuring. A similar program will be undertaken with the Department of Social Welfare (DSW), which falls under the Office of the Deputy Prime Minister. Other PEPFAR achievements include: support for the development of the newly promulgated Nursing Act that will ensure the quality nursing services are improved and uniform; and facilitation of the National Quality Assurance Program for health facilities.

Through the DOL/ILO project, PEPFAR will continue to strengthen private sector enterprises to develop and manage HIV in the workplace programs in line with the NSF and the ILO Code of Practice on HIV/AIDS and the World of Work program.

To strengthen human resources for health (HRH) leadership, PEPFAR is committed to support a national technical working group focused on HRH. HRH must be coordinated in a more systematic way to define national training priorities, especially pre-service training (PST) and in-service training (IST). The focus will be on more structured PST for nursing, laboratory technologists, pharmacists/pharmacy technicians and Para-social workers. In addition to MoH and DSW, HRH efforts will be coordinated with DOD to ensure availability of required capacity in the military HIV program. The overall goal is to scale-up numbers of required staff and create an adequate pool to support HIV programs in the short and medium term. To support PST, PEPFAR will work with in-country nursing institutions to find and implement alternative models for nursing education. This effort aims to address the need for increased clinical exposure during nursing education (rotational training), use of an integrated HIV nursing curricula, and effective teaching principles. PEPFAR, in collaboration with WHO, will continue to provide TA to align PST curricula with task shifting and revised scopes of practice. Improved performance management and retention practices are also key priorities.

### **Coordination with Other Donors and the Private Sector**

To ensure maximum benefit from Swaziland's Global Fund grants, PEPFAR will continue to provide TA and support to strengthen the MOH and GF management structures to more effectively perform their coordination and oversight functions. The USG has also provided on-going TA through global and local partners to the Global Fund Country Coordinating Mechanism (CCM) and NERCHA to strengthen their support systems planning, implementation and oversight of GF grants. PEPFAR funds the CCM secretariat staff positions to strengthen the coordination of GF activities and improve monitoring and transparency. Additionally, the PEPFAR team actively participates in the national donor working group to ensure that PEPFAR activities are coordinated with EU/EC, World Bank and other donors. Health Sector coordination and communication activities are supported through the PEPFAR-MOH Cooperative Agreement.



## **Programmatic Focus**

PEPFAR funding for FY 2011 will be focused on the following programmatic areas to help achieve the 3-12-12 goals:

**1. Prevention:** In 2011, the prevention portfolio enters into a third year of focusing on a combination approach as part of the Partnership Framework. Increased coordination of social and behavioral activities will occur with structural and biomedical interventions to create a cohesive program that will decrease the incidence rate of HIV in the general population.

While the scale of the male circumcision program is not reflected in the COP 2011 budget, the Swaziland program is receiving major additional support for its male circumcision program during the 2011 calendar year. In 2007 Swaziland established the National Male Circumcision Task Force (MCTF) which leads the national MC scale-up plans of the Kingdom, a key priority of the National Multisectoral Strategic Framework on HIV/AIDS (NSF) and a pillar of the PEPFAR PF. To assist the scale up of MC services, MOH originally sought catalytic funding from PEPFAR and the Gates Foundation for what was projected to be a 5-year national scale up program. From FY08 through September 2010 PEPFAR contributed to the circumcision of over 22,000 men in Swaziland. However, in 2010, the GKOS developed a plan to accelerate the scale-up of services and expanded its target to reach 80 percent of 15-49 year old men within a one-year period with male circumcision services (approximately 152,000 MCs).

The plan, known currently as the Accelerated Saturation Initiative (ASI), is a comprehensive package of HIV prevention, care and treatment services centered on male circumcision as the entry point to services. ASI is expected to start in January 2011 and conclude by December 2011. Many thousands of Swazi men will be reached for the first time in their lives with HIV prevention education, individual counseling on HIV risk reduction, HIV testing, condoms and condom education, and medical male circumcision. Those men diagnosed with HIV will receive support to link to HIV care and treatment programs. The potential population-level impact of this program is staggering. It is estimated that if 80 percent of Swazi men 15-49 years old are circumcised by the end of 2011, nearly 90,000 new HIV infections could be prevented over the next 15 years, which translates into a 75 percent drop in the annual number of new infections. The corresponding national savings in averted treatment costs could be more than \$600 million. Not only will ASI have a huge impact on the HIV epidemic of Swaziland, but it will also guide all future MC programming efforts for the region. In FY 2011, funds in the 'pipeline' for male circumcision and related program areas will be used to augment ASI through its completion.

As one of the PF pillars, sexual prevention is a clear priority within the Swazi PEPFAR program. The National Strategic Framework 2009-2013 (NSF) emphasizes the need to reduce multiple concurrent sexual partnering, along with improved access to services for sexually transmitted infections (STIs), post-exposure prophylaxis (PEP), and HIV counseling and testing (HTC), as well as the need to strengthen national capacity to ensure that quality male and female condoms are available, accessible, acceptable, affordable, and used. The sexual prevention pillar of the Swaziland Partnership Framework (PF) mirrors the NSF in calling for expanded prevention programs, including support for a comprehensive social and behavior change communications strategy (SBCC), with linkages to HTC and care and treatment.

In FY 2011 PEPFAR will continue training all local organizations on the recently finalized SBCC strategy and plans to take the draft HIV prevention policy to its completion and endorsement by Cabinet. New behavioral change activities will be designed with evidence-based results, will be well coordinated and disseminated and will be targeted to reach all populations.

PEPFAR's combination prevention program will tie together many of the different factions of HIV prevention efforts in Swaziland so that resources are maximized and efforts coordinated. The prevention partners in Swaziland have developed a strong network of linkages and now assure robust programming



through the cross-fertilization of prevention messages.

Peace Corps Swaziland has continued collaboration with stakeholders at both grassroots and at national level. This collaboration has amplified the work of volunteers by providing resources in the form of venues, human resources and organizational partnerships in carrying out community-initiated HIV prevention activities. During the coming year all volunteers will be trained in basic MC education and awareness to support community mobilization during the ASI.

In 2011, PEPFAR will continue to support the Swaziland National Blood Transfusion Service (SNBTS) to provide operational and technical assistance in line with the Strategic Plan that was developed for SNBTS, which will have cross-cutting benefits for several PEPFAR programs.

The emphasis of counseling and testing programs (HTC) in FY 2011 is on further scale-up and accessibility of services, including promotion and implementation of early infant and young child diagnosis and strengthening of quality assurance. PEPFAR is assisting the MOH in two bold initiatives, one to provide home-based counseling and testing to communities throughout the country and the other to introduce provider-initiated HTC services at all levels of public health facilities throughout the country in FY11. PEPFAR and partners are also assisting the MOH in the creation of a system that will ensure that patients testing positive in any setting will be linked to care.

Through DOD, PEPFAR will also support the development of HTC services for the Umbutfo Swaziland Defense Force (USDF), other uniformed services and correctional facilities to target prisoners. The aim of these interventions is to increase utilization of HTC services by men who otherwise do not access health care settings.

**2. Care and Support:** GKOS through the Swaziland National AIDS Programme (SNAP) has a clear goal of decentralizing HIV/AIDS service delivery. Since most clients access health care at clinic level first, the decentralization of HIV/AIDS related services to that level will ensure greater accessibility and up-take of services. This will result in earlier and increased access to HTC, earlier access to basic care services and, eventually, more timely access to ART. In addition, bringing the service closer to clients will result in improved client retention, treatment adherence and, ultimately, better treatment outcomes in the context of a chronic disease management model. This goal stands as a central pillar in the PF and as a priority thematic area in the NSF.

In addition, PEPFAR partners have played a crucial role in planning with SNAP to introduce the national Comprehensive Care Package (CCP). This package includes emphasis on pre-ART care, linkages and referrals within HIV services, employment of expert clients to provide positive prevention messaging, and use of MOH Rural Health Motivators and Home-based Carers from various NGOs to create strong facility-community linkages. These efforts are meant to improve linkages to and retention in care. Through DOD, PEPFAR will undertake implementation of the CCP for the military and other uniformed services. A related initiative will be aimed at providing the CCP services throughout the prisons system

In FY 2011 PEPFAR will provide considerable support towards further roll-out of Early Infant Diagnosis and increased access to Early Infant Treatment. PEPFAR will emphasize intensive policy, planning and implementation work with the GKOS and local and international NGO partners on scale-up and quality improvement of HIV/AIDS related care and treatment services for children. The just released National Pediatric HIV Guidelines, written with major support of PEPFAR partners, will provide the platform for these efforts.

According to WHO, Swaziland has the highest incidence of tuberculosis (TB) in the world. 80 percent of these TB cases are estimated to be HIV-positive. PEPFAR is working with the National Tuberculosis Program to improve access to and quality of diagnosis and treatment of TB. In 2010, PEPFAR helped the



MOH to finalize a five-year National Strategic Plan for TB Control. In 2011, PEPFAR will help revise the National TB Guidelines and create and implement a decentralization/scale-up plan that will be co-written with the National AIDS Program. Better coordination of HIV and TB services will lead to improvements in referral and treatment outcomes for HIV patients with TB as well as TB patients with HIV.

In addition to strengthening the National Tuberculosis Program (NTP)'s basic operations, management and organization, PEPFAR is focused on diagnosing, preventing and treating multidrug resistant (MDR) and extensively drug resistant (XDR) tuberculosis. To date, more than 400 cases of MDR have been reported in Swaziland. In response, PEPFAR has provided assistance in the development of MDR- and XDR-TB management guidelines, case recording, laboratory surveillance, and procurement of quality-assured second-line TB. PEPFAR is also co-sponsoring (with FIND and MSF) the renovation of a modernized tuberculosis culture and sensitivity laboratory that will serve the entire nation.

The number of children made more vulnerable by HIV/AIDS in Swaziland continues to increase while their life circumstances worsen due to the combined effects of HIV/AIDS, increasing poverty and recurrent drought. While extended families have absorbed the vast majority of children without parents, traditional safety nets are being stretched to a breaking point as the number of children in need rises. The DHS found that 60 percent of households with OVC received no external support for medical, social, material or emotional needs during the prior year and 40 percent of OVC did not have a minimum of one pair of shoes, two sets of clothes and one meal per day. Twenty-nine percent of children under age five are stunted.

Activities in support of OVC directly contribute to the impact mitigation pillar of the PF and the impact mitigation thematic area of the NSF. PEPFAR will continue to support key national initiatives, such as neighborhood care points (NCP). Having started several years ago as feeding centers for OVC, NCPs are slowly evolving into early childhood care and development centers and as hubs for health, food and nutrition services targeting vulnerable children age six and under. PEPFAR will continue to provide funding to local NGOs and to Peace Corps to improve and expand services for vulnerable children. A major area of expansion for PEPFAR in the coming year will be systems strengthening for social protection. There will be three principle areas of focus: strengthening and decentralization of the DSW, strengthening of the child protection system, and enhanced M&E for impact mitigation. PEPFAR will continue to work with the Government and other stakeholders to ensure that key policies and guidelines—such as the Child Welfare Bill—are adopted and implemented. PEPFAR support for OVC initiatives is designed to build local capacity and complement the roles of Government and other donors, including GFATM and UNICEF.

**3. Treatment:** As a focus of the PF and NSF, PEPFAR Swaziland will continue to emphasize intensive policy, planning and implementation work with the GKOS, UN agencies, and local and international NGO partners on improvement of access to and quality of the CCP. In FY 2011, PEPFAR and its partners will substantially expand their support to SNAP's plans for decentralization and improved quality of HIV/AIDS related care and treatment services. It is anticipated that coverage of care and treatment services will be accelerated by the identification of 'new positives' through initiatives with central HTC components, such as the MC campaign. Accordingly, the FY 2011 care and treatment budget accounts for the largest increases in Swaziland's COP.

Support will be centered on the implementation of more decentralized, integrated, and comprehensive services, including provider-initiated HIV testing and counseling, baseline patient assessments, lab and clinical monitoring, regular TB screening, diagnosis and treatment of opportunistic infections, anti-retroviral treatment (ART), adherence to treatment, prevention with positives, provision of prophylaxis, sexual and reproductive health, mental health, psychosocial support, nutrition support, hygiene, palliative care, and screenings for cervical cancer, breast cancer, Kaposi Sarcoma and other cancers. As previously noted, the decentralization plans will be closely coordinated with those of the National



## Tuberculosis Program.

Besides direct support to care and treatment service delivery, PEPFAR has provided considerable technical support to improve the availability and quality of HIV/AIDS-related diagnostics and to address supply chain issues for ARV and opportunistic infection (OI) management drugs. MOH introduced free antiretroviral treatment in December 2003. The full cost of ARVs was covered by the Global Fund until 2010, when the GKOS assumed the full cost of the ARV drug supply (PEPFAR Swaziland has not procured ARVs to date).

Through its partners, PEPFAR has worked at the policy level to create national legislation to improve the drug regulatory environment and increase the professionalism of local pharmacists. PEPFAR partners developed a national ART patient management information system, RxSolution-PMIS, currently used at 31 existing ART sites and soon to be expanded further. Besides providing routine site-level data and periodic reports, the information system allows for better patient management, including the identification of defaulting patients. Other partners will concentrate on skills development of health facility staff to be able to use the information collected and to make informed care and treatment service improvements, addressing issues of standards of care. PEPFAR has started working on the quantification and supply chain management for all aspects of the Essential Medicines List as well as laboratory supplies.

**4. Women and girl-centered Approach:** Women in Swaziland shoulder an un-due share of the HIV burden; 25-29 year old women have a staggering 49% prevalence of HIV. The special vulnerabilities faced by girls and women due to the national economic situation and multiple-partner propensity, must be taken into consideration when designing HIV/AIDS services. Many women and girls centered approaches originate through the PEPFAR PMTCT program, which has been growing steadily in national coverage for the last several years. With the commencement of a new, country specific PMTCT award in October 2011, PEPFAR will aim to assist the GKOS in its goal of 100% elimination of MTCT. At the same time, with the recognition that bringing more women into ANC and PMTCT services is a limiting factor in this goal, additional effort will be placed on community programs to reach women in rural areas through programs like Mothers2Mothers. Despite the increase in uptake of PMTCT services in health care facilities, HIV prevalence among pregnant women remains high and recent evidence shows a high seroconversion rate (5-7 percent) during pregnancy, especially in the last trimester; additional prevention efforts are being target with this group. ANC settings and integrated PMTCT programs like the ones found in Swaziland are an ideal venue to incorporate broader sexual and reproductive health services pending guidance on the use of PEPFAR funds. PEPFAR will work with others in country to strengthen primary prevention within the PMTCT program by focusing on reaching male partners through couples counseling and family interventions at the facility and community level. Neonatal circumcision counseling for women who give birth to baby boys will be included in the nationwide campaign.

Issues of gender inequity, sociocultural norms and behaviors and gender-based violence (GBV) all play a role in women being disproportionately affected by HIV in Swaziland. Improving gender equity is highlighted as a priority in the National Constitution (2005), but the legal framework to support the realization of these constitutional articles is largely outdated or absent. There is a dual legal system in Swaziland, made up of the common law and the traditional Swazi Law and Custom. Because of the lack of clarity in the legal systems around issues related to women's and children's rights and a wariness of initiatives that might compromise Swazi culture and traditions, past efforts to tackle gender issues have yielded limited results. However, after many years of process and deliberation, a National Gender Policy was approved this year, which was a major achievement for government's Gender Unit and other concerned stakeholders. There is a growing awareness among GKOS and civil society of the gender dimensions to the HIV epidemic, the need to involve traditional structures more fully in the response and to address the root causes that are fueling HIV transmission. Significant progress has been made in creating awareness about the high rates of abuse of women and children, creating services for care and support, and promoting justice.





Gender-related issues cut across all thematic areas of the NSF and all pillars of the PF. PEPFAR is working to mainstream gender throughout all program areas and will continue to support efforts to raise awareness, increase reporting of abuse cases and make available psychosocial support, health services and legal assistance to victims. PEPFAR partners will continue to implement youth-focused activities such as mentoring and psychosocial support clubs that integrate discussion on gender roles and protective and harmful behaviors. PEPFAR Swaziland is also implementing a Gender Challenge Fund program. The program will address the fundamental causes of young women's vulnerability to HIV infection in southern Africa: poverty and gender inequity. As such, it will focus on economic strengthening of girls and women (particularly those infected with or affected by HIV, including OVC) and activities to address social norms and behaviors that promote imbalances in gender power and decision making. PEPFAR and partners will continue to advocate for the passage of key pieces of legislation such as the Domestic Violence and Sexual Offences Bill.

**5. Other Programs:** The GOKS has recognized that progress in reducing the HIV/AIDS/TB disease burden can be realized sooner and more cost-effectively by investing in strong laboratory infrastructure. PEPFAR, and some of its implementing partners, have been collaborating with the MOH's National Clinical Laboratory Services (NCLS) since 2006. Through a joint effort with WHO and other stakeholders PEPFAR assisted in the development of a National Clinical Laboratory Policy document and a National Clinical Laboratory Services Development Plan 2008-2013. The Plan serves as a common roadmap guiding all lab and program partners during upcoming decentralization of HIV/AIDS services.

PEPFAR Swaziland's strategy for strengthening laboratory services is founded on the following principles: ensuring strong country ownership; integrating project activities within Swaziland's health systems to ensure long-term program sustainability; linking project activities with other PEPFAR and donor funded initiatives to increase returns on USG investments in the country; and working with GKOS and other partners to ensure that laboratory services are strengthened as an important component to the TB/HIV services. These principles will advance the PF agenda and directly contribute to the pillars of prevention and care and treatment.

Efforts to establish a well-organized and proficient laboratory services transportation system are underway and PEPFAR in collaboration with Clinton Foundation, the Global Fund and other partners will provide necessary resources to provide a good transportation system. PEPFAR will continue to build systems of quality assurance, mentoring, supportive supervision and training required to expand the skills base in laboratory services. PEPFAR will support technical assistance and funding for the introduction of a comprehensive Laboratory Information Systems. PEPFAR partners have provided substantial training and mentoring support to the staff of the Phocweni Clinic laboratory (USDF), which is dedicated to military health services and was recently renovated and equipped with the assistance of DOD in collaboration with the NCLS.

Improving Strategic Information (SI) capacity and supporting the delivery of key information products are strongly emphasized in the NSF and provide a foundation for the five pillars of the PF. While progress has been made in implementation of both routine and periodic data collection and use activities, much remains to be done and M&E capacity remains limited in the country. The development and maintenance of an evidence base for public health program planning and policy development are mentioned frequently in national forums, but key necessary investments in SI human resource development have not increased in proportion to the growing need.

PEPFAR provides significant ongoing technical and financial support to national program evaluation activities. Starting in FY10 and running into FY11, the MOH with PEPFAR and WHO support will conduct a national ART program outcomes and costing exercise. This is the first of its kind in Swaziland and is intended to lay a strong foundation for ongoing strategic planning and a model for needs-based health



sector budgeting. A similar approach will be undertaken around PMTCT and HTC programs in FY11.

In alignment with the ASI project, PEPFAR is beginning a large-scale evaluation of trends in HIV incidence. The first of its kind globally, the Swaziland HIV Incidence Measurement Survey (SHIMS) involves collection of serological and behavioral data from a nationally representative sample of men and women, allowing for measurement of HIV seroconversion before, during and immediately following conclusion of the ASI project. The first SHIMS cohort is being enrolled during late 2010. In addition to its principal objective of evaluating MC as a prevention intervention, the SHIMS project targets significant health systems capacity building needs, including: laboratory human resources, infrastructure and quality assurance/accreditation as well as intervention research design, in-depth data management and analysis, and data utilization for program improvement. A collaboration amongst the UNISWA, MOH, PEPFAR, NIH (Fogarty), and Columbia University will establish near-term and longer-term health research capacity building activities for Swaziland. A significant amount of FY 2011 COP funds have been prioritized to support the cost of the SHIMS project.

PEPFAR is the main bilateral donor actively supporting SI-related activities in Swaziland and has partnered with UNAIDS, WHO, UNICEF and the World Bank's Global AIDS M&E Team (GAMET) to provide technical assistance, planning and implementation support to the SI/M&E units at MOH and NERCHA. PEPFAR will continue to assist the MOH by providing technical and financial support for the new Strategic Information Department through its three component branches: HMIS, M&E, and Research/Epidemiology

**New Procurements:**

Redacted.

**Program Contact:** Christopher T. Detwiler, PEPFAR Country Coordinator ([DetwilerC@state.gov](mailto:DetwilerC@state.gov))

**Timeframe:** October 2011 to September 2012

**Population and HIV Statistics**

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	170,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	26	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV	14,000	2009	UNAIDS Report on the global			

			AIDS Epidemic 2010			
Deaths due to HIV/AIDS	7,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults		2011				
Estimated new HIV infections among adults and children		2011				
Estimated number of pregnant women in the last 12 months	33,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	9,300	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Number of people living with HIV/AIDS	180,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS	69,000	2009	UNAIDS Report on the global AIDS Epidemic			

			2010			
The estimated number of adults and children with advanced HIV infection (in need of ART)	80,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Women 15+ living with HIV	100,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

### Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

### Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

### Public-Private Partnership(s)

(No data provided.)

### Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
2009 Swaziland HIV SABERS	Surveillance and Surveys in Military Populations	Uniformed Service Members	Publishing
Behavioral Surveillance Survey	Behavioral	Female Commercial	Data Review



	Surveillance among MARPS	Sex Workers, Male Commercial Sex Workers	
Linkage of Newly HIV Diagnosed to care services	Evaluation	Other	Development
National ART outcomes and costing study	Evaluation	General Population	Implementation
SHIMS (Swaziland HIV Incidence Measurement Survey)	Evaluation	General Population	Implementation
Swaziland HIV Incidence Measurement Survey (SHIMS)	Evaluation	General Population	Implementation



## Budget Summary Reports

### Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
DOD			610,181		610,181
DOL			230,000		230,000
HHS/CDC		1,200,000	16,882,168		18,082,168
HHS/HRSA			250,000		250,000
PC			175,900		175,900
State			829,048		829,048
USAID			11,722,703	6,900,000	18,622,703
<b>Total</b>	<b>0</b>	<b>1,200,000</b>	<b>30,700,000</b>	<b>6,900,000</b>	<b>38,800,000</b>

### Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency								Total
	State	DOD	HHS/CDC	HHS/HRSA	DOL	PC	USAID	AllOther	
CIRC		15,000					2,685,000		2,700,000
HBHC		90,000	3,300,000				615,752		4,005,752
HKID		15,000				35,000	2,720,000		2,770,000
HLAB			250,000				100,000		350,000
HMBL			350,000						350,000
HTXD							750,000		750,000
HTXS		70,000	4,091,120				615,752		4,776,872
HVAB		15,000			90,000	45,000	1,140,000		1,290,000
HVCT		20,000	1,731,000				72,000		1,823,000
HVMS	829,048	125,181	1,693,048			70,900	1,165,000		3,883,177
HVOP		90,000	50,000		80,000	25,000	1,105,000		1,350,000
HVSI		60,000	2,760,000		20,000		777,923		3,617,923



HVTB		20,000	1,457,000				1,258,400		<b>2,735,400</b>
MTCT							3,180,000		<b>3,180,000</b>
OHSS		90,000	200,000	250,000	40,000		2,100,000		<b>2,680,000</b>
PDCS			800,000				153,938		<b>953,938</b>
PDTX			800,000				183,938		<b>983,938</b>
	<b>829,048</b>	<b>610,181</b>	<b>17,482,168</b>	<b>250,000</b>	<b>230,000</b>	<b>175,900</b>	<b>18,622,703</b>	<b>0</b>	<b>38,200,000</b>

### Budgetary Requirements Worksheet

(No data provided.)



## National Level Indicators

### National Level Indicators and Targets

Redacted





## Policy Tracking Table

(No data provided.)



## Technical Areas

### Technical Area Summary

#### Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	4,005,752	
HTXS	4,776,872	
<b>Total Technical Area Planned Funding:</b>	<b>8,782,624</b>	<b>0</b>

**Summary:**  
(No data provided.)

#### Technical Area: ARV Drugs

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	750,000	
<b>Total Technical Area Planned Funding:</b>	<b>750,000</b>	<b>0</b>

**Summary:**  
(No data provided.)

#### Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
CIRC	2,700,000	
HMBL	350,000	
<b>Total Technical Area Planned Funding:</b>	<b>3,050,000</b>	<b>0</b>

**Summary:**  
(No data provided.)

#### Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	1,823,000	



<b>Total Technical Area Planned Funding:</b>	<b>1,823,000</b>	<b>0</b>
--	------------------	----------

**Summary:**  
(No data provided.)

**Technical Area: Health Systems Strengthening**

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	2,680,000	
<b>Total Technical Area Planned Funding:</b>	<b>2,680,000</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: Laboratory Infrastructure**

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	350,000	
<b>Total Technical Area Planned Funding:</b>	<b>350,000</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: Management and Operations**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	3,883,177	
<b>Total Technical Area Planned Funding:</b>	<b>3,883,177</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: OVC**

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	2,770,000	
<b>Total Technical Area Planned Funding:</b>	<b>2,770,000</b>	<b>0</b>



**Summary:**  
(No data provided.)

**Technical Area: Pediatric Care and Treatment**

Budget Code	Budget Code Planned Amount	On Hold Amount
PDCS	953,938	
PDTX	983,938	
<b>Total Technical Area Planned Funding:</b>	<b>1,937,876</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: PMTCT**

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	3,180,000	
<b>Total Technical Area Planned Funding:</b>	<b>3,180,000</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: Sexual Prevention**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	1,290,000	
HVOP	1,350,000	
<b>Total Technical Area Planned Funding:</b>	<b>2,640,000</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: Strategic Information**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	3,617,923	
<b>Total Technical Area Planned Funding:</b>	<b>3,617,923</b>	<b>0</b>



**Summary:**  
(No data provided.)

**Technical Area: TB/HIV**

<b>Budget Code</b>	<b>Budget Code Planned Amount</b>	<b>On Hold Amount</b>
HVTB	2,735,400	
<b>Total Technical Area Planned Funding:</b>	<b>2,735,400</b>	<b>0</b>

**Summary:**  
(No data provided.)



## Technical Area Summary Indicators and Targets

Redacted



## Partners and Implementing Mechanisms

### Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7394	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHCS (State)	500,000
7397	Program for Appropriate Technology in Health	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	180,000
7398	University Research Corporation, LLC	Private Contractor	U.S. Agency for International Development	GHCS (State)	1,118,400
10157	Pact, Inc.	NGO	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	3,414,303
10247	International Center for AIDS Care and Treatment Programs, Columbia University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	10,001,120
10621	International Labor Organization	Multi-lateral Agency	U.S. Department of Labor	GHCS (State)	230,000
10694	MINISTRY OF HEALTH AND SOCIAL WELFARE	Host Country Government Agency	U.S. Department of Health and Human Services/Centers	GHCS (State)	1,700,000



			for Disease Control and Prevention		
10695	International Center for AIDS Care and Treatment Programs, Columbia University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	250,000
10703	Management Sciences for Health	NGO	U.S. Agency for International Development	GHCS (State)	1,300,000
10822	International Center for AIDS Care and Treatment Programs, Columbia University	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	220,000
11673	U.S. Department of Defense (Defense)	Implementing Agency	U.S. Department of Defense	GHCS (State)	485,000
12559	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHCS (State)	250,000
12582	Management Sciences for Health	NGO	U.S. Agency for International Development	GHCS (State)	580,000
12938	Johns Hopkins University	University	U.S. Agency for International Development	GHCS (State)	50,000
12941	TBD	TBD	U.S. Department of Health and Human Services/Centers	Redacted	Redacted



			for Disease Control and Prevention		
13005	Johns Hopkins University	University	U.S. Agency for International Development	GHCS (State)	100,000
13014	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13035	Abt Associates	Private Contractor	U.S. Agency for International Development	GHCS (State)	100,000
13103	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13144	University Research Corporation, LLC	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	800,000
13156	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13189	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted

13220	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13241	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13357	New York AIDS Institute	Other USG Agency	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	30,000
13360	U.S. Peace Corps	Implementing Agency	U.S. Peace Corps	GHCS (State)	105,000
13437	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13467	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13483	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted



## Implementing Mechanism(s)

### Implementing Mechanism Details

<b>Mechanism ID: 7394</b>	<b>Mechanism Name: Enhance Strategic Information</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 500,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	500,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> 7394
<b>Mechanism Name:</b> Enhance Strategic Information



<b>Prime Partner Name:</b> John Snow, Inc.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	500,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 7397</b>	<b>Mechanism Name: TB/HIV activities</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: Program for Appropriate Technology in Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 180,000</b>	
Funding Source	Funding Amount
GHCS (State)	180,000

### Sub Partner Name(s)

Division of Community Health, University of Stellenbosch		
---	--	--

### Overview Narrative

### Cross-Cutting Budget Attribution(s)



Human Resources for Health	80,000
----------------------------	--------

### Key Issues

TB

### Budget Code Information

<b>Mechanism ID:</b> 7397			
<b>Mechanism Name:</b> TB/HIV activities			
<b>Prime Partner Name:</b> Program for Appropriate Technology in Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	180,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 7398	<b>Mechanism Name:</b> TB/HIV new award (IQC/HCI)
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: University Research Corporation, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding:</b> 1,118,400	
Funding Source	Funding Amount
GHCS (State)	1,118,400

### Sub Partner Name(s)

Custom



TASC		
------	--	--

## Overview Narrative

### Cross-Cutting Budget Attribution(s)

Construction/Renovation	50,000
Human Resources for Health	710,000

### Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Child Survival Activities
- Military Population
- TB
- Workplace Programs
- Family Planning

### Budget Code Information

<b>Mechanism ID:</b> 7398			
<b>Mechanism Name:</b> TB/HIV new award (IQC/HCI)			
<b>Prime Partner Name:</b> University Research Corporation, LLC			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	40,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	40,000	



<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	10,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	10,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	1,018,400	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 10157</b>	<b>Mechanism Name: PACT / Community Reach</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Pact, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 3,414,303</b>	
Funding Source	Funding Amount
GHCS (State)	1,884,303
GHCS (USAID)	1,530,000



**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

Economic Strengthening	341,430
Food and Nutrition: Policy, Tools, and Service Delivery	170,715
Gender: Reducing Violence and Coercion	341,430

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 10157			
<b>Mechanism Name:</b> PACT / Community Reach			
<b>Prime Partner Name:</b> Pact, Inc.			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HBHC	279,752	
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HKID	1,550,000	
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>





Care	HTXS	279,752	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	72,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	69,938	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	69,938	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	277,923	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	300,000	
<b>Narrative:</b>			
None			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	275,000	

**Narrative:**

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	40,000	

**Narrative:**

None

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 10247</b>	<b>Mechanism Name: ICAP/CDC: Improving Quality of Treatment Services</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: International Center for AIDS Care and Treatment Programs, Columbia University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 10,001,120</b>	
Funding Source	Funding Amount
GHCS (State)	10,001,120

**Sub Partner Name(s)**

Cabrini Ministries	Nazarene Compassionate Ministries	NERCHA
Pact, Inc.	TechnoServe	UNISWA
World Vision International		



## Overview Narrative

### Cross-Cutting Budget Attribution(s)

Construction/Renovation	450,000
Economic Strengthening	250,000
Food and Nutrition: Policy, Tools, and Service Delivery	50,000
Human Resources for Health	1,250,000
Water	25,000

### Key Issues

Increasing gender equity in HIV/AIDS activities and services  
 Increasing women's access to income and productive resources  
 Child Survival Activities  
 Military Population  
 Safe Motherhood  
 TB  
 Workplace Programs  
 Family Planning

### Budget Code Information

<b>Mechanism ID:</b> <b>Mechanism Name:</b> <b>Prime Partner Name:</b>	10247 ICAP/CDC: Improving Quality of Treatment Services International Center for AIDS Care and Treatment Programs, Columbia University		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HBHC	3,000,000	
<b>Narrative:</b>			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	3,001,120	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	725,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	725,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	2,000,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	550,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 10621</b>	<b>Mechanism Name: HIV/AIDS in the workplace</b>
Funding Agency: U.S. Department of Labor	Procurement Type: Cooperative Agreement
Prime Partner Name: International Labor Organization	



Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 230,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	230,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 10621			
<b>Mechanism Name:</b> HIV/AIDS in the workplace			
<b>Prime Partner Name:</b> International Labor Organization			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	HVSI	20,000	
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	OHSS	40,000	



<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	90,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	80,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 10694</b>	<b>Mechanism Name: MOH Capacity Building</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: MINISTRY OF HEALTH AND SOCIAL WELFARE	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 1,700,000</b>	
Funding Source	Funding Amount
GHCS (State)	1,700,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative



### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> 10694			
<b>Mechanism Name:</b> MOH Capacity Building			
<b>Prime Partner Name:</b> MINISTRY OF HEALTH AND SOCIAL WELFARE			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	790,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	260,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	200,000	
<b>Narrative:</b>			
None			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	250,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 10695</b>	<b>Mechanism Name: ICAP/UTAP</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: International Center for AIDS Care and Treatment Programs, Columbia University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 250,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	250,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues





Child Survival Activities

**Budget Code Information**

<b>Mechanism ID:</b>	10695		
<b>Mechanism Name:</b>	ICAP/UTAP		
<b>Prime Partner Name:</b>	International Center for AIDS Care and Treatment Programs, Columbia University		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	HVSI	250,000	
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 10703</b>	<b>Mechanism Name: Strengthening Pharmaceutical Services</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 1,300,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	1,300,000

**Sub Partner Name(s)**

Luvit Solutions	TBD	
-----------------	-----	--



## Overview Narrative

### Cross-Cutting Budget Attribution(s)

Construction/Renovation	20,000
Human Resources for Health	330,000

### Key Issues

Malaria (PMI)  
 Child Survival Activities  
 TB  
 Family Planning

### Budget Code Information

<b>Mechanism ID:</b> 10703			
<b>Mechanism Name:</b> Strengthening Pharmaceutical Services			
<b>Prime Partner Name:</b> Management Sciences for Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	200,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	50,000	



<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	50,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	100,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	500,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	200,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 10822</b>	<b>Mechanism Name: ICAP/HRSA</b>
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Contract
Prime Partner Name: International Center for AIDS Care and Treatment Programs, Columbia University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No



<b>Total Funding: 220,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	220,000

**Sub Partner Name(s)**

Swaziland Nursing Council		
---------------------------	--	--

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	220,000
----------------------------	---------

**Key Issues**

- Impact/End-of-Program Evaluation
- Child Survival Activities
- Safe Motherhood
- TB
- Workplace Programs

**Budget Code Information**

<b>Mechanism ID:</b>	10822		
<b>Mechanism Name:</b>	ICAP/HRSA		
<b>Prime Partner Name:</b>	International Center for AIDS Care and Treatment Programs, Columbia University		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	OHSS	220,000	



<b>Narrative:</b>
None

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 11673</b>	<b>Mechanism Name: Umutfo Swaziland Defense Force (USDF)</b>
Funding Agency: U.S. Department of Defense	Procurement Type: Cooperative Agreement
Prime Partner Name: U.S. Department of Defense (Defense)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 485,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	485,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Economic Strengthening	15,000
Gender: Reducing Violence and Coercion	15,000
Human Resources for Health	90,000

### Key Issues

Addressing male norms and behaviors



Increasing gender equity in HIV/AIDS activities and services

Malaria (PMI)

Military Population

TB

Family Planning

### Budget Code Information

<b>Mechanism ID:</b> 11673			
<b>Mechanism Name:</b> Umutfo Swaziland Defense Force (USDF)			
<b>Prime Partner Name:</b> U.S. Department of Defense (Defense)			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	90,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	15,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	70,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	20,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	60,000	



<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	90,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	15,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	15,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	90,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	20,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12559</b>	<b>Mechanism Name: SCMS</b>
Funding Agency: U.S. Agency for International	Procurement Type: Contract



Development	
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 250,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	250,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 12559			
<b>Mechanism Name:</b> SCMS			
<b>Prime Partner Name:</b> Partnership for Supply Chain Management			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Treatment	HTXD	250,000	
<b>Narrative:</b>			
None			





## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

<b>Mechanism ID: 12582</b>	<b>Mechanism Name: MSH-LMS</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 580,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	580,000

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

## Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	6,378
Human Resources for Health	257,944

## Key Issues

Child Survival Activities

## Budget Code Information



<b>Mechanism ID:</b>	12582		
<b>Mechanism Name:</b>	MSH-LMS		
<b>Prime Partner Name:</b>	Management Sciences for Health		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	OHSS	100,000	
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Prevention	MTCT	480,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12938</b>	<b>Mechanism Name: JHU-Knowledge Management</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Johns Hopkins University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 50,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	50,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative



### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> 12938			
<b>Mechanism Name:</b> JHU-Knowledge Management			
<b>Prime Partner Name:</b> Johns Hopkins University			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	50,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 12941	<b>Mechanism Name:</b> TBD-New Evaluation
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount



Redacted	Redacted
----------	----------

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 12941 <b>Mechanism Name:</b> TBD-New Evaluation <b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID:</b> 13005	<b>Mechanism Name:</b> Project Search
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract



Prime Partner Name: Johns Hopkins University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 100,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	100,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b>	13005		
<b>Mechanism Name:</b>	Project Search		
<b>Prime Partner Name:</b>	Johns Hopkins University		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Prevention	HVAB	50,000	
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>



Prevention	HVOP	50,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13014</b>	<b>Mechanism Name: TBD-PIHTC</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

(No data provided.)



### Budget Code Information

<b>Mechanism ID:</b> 13014			
<b>Mechanism Name:</b> TBD-PIHTC			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 13035		<b>Mechanism Name:</b> Costing Studies	
Funding Agency: U.S. Agency for International Development		Procurement Type: Contract	
Prime Partner Name: Abt Associates			
Agreement Start Date: Redacted		Agreement End Date: Redacted	
TBD: No		Global Fund / Multilateral Engagement: No	
<b>Total Funding:</b> 100,000			
Funding Source		Funding Amount	
GHCS (State)		100,000	

### Sub Partner Name(s)

(No data provided.)



## Overview Narrative

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> 13035			
<b>Mechanism Name:</b> Costing Studies			
<b>Prime Partner Name:</b> Abt Associates			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	100,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 13103	<b>Mechanism Name:</b> TBD-Renovation
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No





Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13103 <b>Mechanism Name:</b> TBD-Renovation <b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Care	PDCS	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13144</b>	<b>Mechanism Name: URC-Lab</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: University Research Corporation, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 800,000</b>	
Funding Source	Funding Amount
GHCS (State)	800,000

### Sub Partner Name(s)

ASCP	National Health Laboratory service	South Africa Medical Research
------	------------------------------------	-------------------------------



	(NHLS) South Africa	Council
--	---------------------	---------

## Overview Narrative

### Cross-Cutting Budget Attribution(s)

Construction/Renovation	5,000
Human Resources for Health	525,000

### Key Issues

Increasing gender equity in HIV/AIDS activities and services  
 Military Population  
 TB  
 Workplace Programs

### Budget Code Information

<b>Mechanism ID:</b> 13144			
<b>Mechanism Name:</b> URC-Lab			
<b>Prime Partner Name:</b> University Research Corporation, LLC			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	200,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 13156	<b>Mechanism Name:</b> TBD Prevention
----------------------------	---------------------------------------



Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> 13156			
<b>Mechanism Name:</b> TBD Prevention			
<b>Prime Partner Name:</b> TBD			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Prevention	CIRC	Redacted	Redacted
<b>Narrative:</b>			
None			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13189</b>	<b>Mechanism Name: TBD-HRAA</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No
Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative



**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13189			
<b>Mechanism Name:</b> TBD-HRAA			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID:</b> 13220	<b>Mechanism Name:</b> TBD-CIHTC
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No
Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

**Sub Partner Name(s)**

Custom



(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13220			
<b>Mechanism Name:</b> TBD-CIHTC			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID:</b> 13241	<b>Mechanism Name:</b> FY11 Blood Safety
----------------------------	--



Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> 13241			
<b>Mechanism Name:</b> FY11 Blood Safety			
<b>Prime Partner Name:</b> TBD			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Prevention	HMBL	Redacted	Redacted

**Narrative:**





None

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13357</b>	<b>Mechanism Name: HEALTHQUAL</b>
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Contract
Prime Partner Name: New York AIDS Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 30,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	30,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

(No data provided.)

### Budget Code Information



<b>Mechanism ID:</b>	13357		
<b>Mechanism Name:</b>	HEALTHQUAL		
<b>Prime Partner Name:</b>	New York AIDS Institute		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	OHSS	30,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13360</b>	<b>Mechanism Name: VAST Grants</b>
Funding Agency: U.S. Peace Corps	Procurement Type: USG Core
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 105,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	105,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Economic Strengthening	10,500
Education	26,250



Gender: Reducing Violence and Coercion	10,500
Human Resources for Health	52,500

### Key Issues

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

### Budget Code Information

<b>Mechanism ID:</b> 13360			
<b>Mechanism Name:</b> VAST Grants			
<b>Prime Partner Name:</b> U.S. Peace Corps			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	35,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	45,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	25,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)



**Implementing Mechanism Details**

<b>Mechanism ID: 13437</b>	<b>Mechanism Name: HKID Social Protection</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13437			
<b>Mechanism Name:</b> HKID Social Protection			
<b>Prime Partner Name:</b> TBD			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HKID	Redacted	Redacted



<b>Narrative:</b>
None

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13467</b>	<b>Mechanism Name: HKID Livelihoods</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Economic Strengthening	Redacted
Food and Nutrition: Policy, Tools, and Service Delivery	Redacted

### Key Issues

(No data provided.)



### Budget Code Information

<b>Mechanism ID:</b>	13467		
<b>Mechanism Name:</b>	HKID Livelihoods		
<b>Prime Partner Name:</b>	TBD		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HKID	Redacted	Redacted
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13483</b>	<b>Mechanism Name: TBD-PMTCT</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No
Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative



**Cross-Cutting Budget Attribution(s)**

Food and Nutrition: Policy, Tools, and Service Delivery	Redacted
---	----------

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13483			
<b>Mechanism Name:</b> TBD-PMTCT			
<b>Prime Partner Name:</b> TBD			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HBHC	Redacted	Redacted
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HTXS	Redacted	Redacted
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	PDCS	Redacted	Redacted
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	PDTX	Redacted	Redacted
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>



Prevention	MTCT	Redacted	Redacted
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)





## USG Management and Operations

1.  
Redacted
2.  
Redacted
3.  
Redacted
4.  
Redacted
5.  
Redacted

### Agency Information - Costs of Doing Business U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing					25,000	25,000
ICASS					280,000	280,000
Non-ICASS Administrative Costs					210,500	210,500
Staff Program Travel					19,500	19,500
USG Staff Salaries and Benefits					630,000	630,000
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,165,000</b>	<b>1,165,000</b>

### U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHCS (USAID)		25,000



ICASS		GHCS (USAID)		280,000
Non-ICASS Administrative Costs		GHCS (USAID)		210,500

### U.S. Department of Defense

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing				7,000		7,000
ICASS				32,000		32,000
Non-ICASS Administrative Costs				4,000		4,000
Staff Program Travel				6,500		6,500
USG Staff Salaries and Benefits				75,681		75,681
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>125,181</b>	<b>0</b>	<b>125,181</b>

### U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHCS (State)		7,000
ICASS		GHCS (State)		32,000
Non-ICASS Administrative Costs		GHCS (State)		4,000

### U.S. Department of Health and Human Services/Centers for Disease Control and Prevention



Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing				37,825		37,825
Computers/IT Services			14,777	15,223		30,000
ICASS				350,000		350,000
Non-ICASS Administrative Costs			207,000	90,000		297,000
Staff Program Travel			45,500			45,500
USG Staff Salaries and Benefits			932,723			932,723
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1,200,000</b>	<b>493,048</b>	<b>0</b>	<b>1,693,048</b>

**U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details**

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHCS (State)		37,825
Computers/IT Services		GAP		14,777
Computers/IT Services		GHCS (State)		15,223
ICASS		GHCS (State)		350,000
Non-ICASS Administrative Costs		GAP		207,000
Non-ICASS Administrative Costs		GHCS (State)		90,000



### U.S. Department of State

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing				35,000		35,000
ICASS				165,000		165,000
Non-ICASS Administrative Costs				136,003		136,003
Staff Program Travel				49,000		49,000
USG Staff Salaries and Benefits				444,045		444,045
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>829,048</b>	<b>0</b>	<b>829,048</b>

### U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHCS (State)		35,000
ICASS		GHCS (State)		165,000
Non-ICASS Administrative Costs		GHCS (State)		136,003

### U.S. Peace Corps

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
USG Staff				70,900		70,900



Salaries and Benefits						
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>70,900</b>	<b>0</b>	<b>70,900</b>

**U.S. Peace Corps Other Costs Details**