

**FY 2010**

# **Country Operational Plan (COP) Guidance: Programmatic Considerations**

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*FINAL*

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## 1 Introduction

Launched in 2003, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) is the largest commitment by any nation to combat a single disease in history — a comprehensive approach to combating HIV/AIDS around the world. Under PEPFAR, the U.S. Government has already committed more than \$25 billion to the fight against global HIV/AIDS. As of September 30, 2008, PEPFAR supported life-saving antiretroviral treatment for more than 2.1 million men, women and children living with HIV/AIDS, compassionate care for more than 10 million people affected by HIV/AIDS, including more than 4 million orphans and vulnerable children, and prevention of mother-to-child transmission programs that allowed nearly 240,000 babies to be born HIV-free.

The Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act (P.L. 110-293) reauthorized the United States (U.S.) President's Emergency Plan for AIDS Relief (PEPFAR) for fiscal years 2009 – 2013. The reauthorization reflected the success of PEPFAR-supported programs during the initiative's first five years – successes that have created new hope in many nations that have been hard-hit by HIV/AIDS. With strong bipartisan support, the U.S. Congress endorsed the PEPFAR model, authorizing continued United States Government (USG) support for the prevention, care and treatment of HIV/AIDS. While endorsing the essential interagency model of PEPFAR, the legislation also mandates development of a new Five-Year Strategy for PEPFAR, including linkages to broader development mechanisms and a new focus on transitioning to sustainability and country ownership.

The legislation highlights the continued need for partnerships to create a long-term, sustainable response. Through Partnership Frameworks and other support to governments, non-governmental organizations, including community and faith-based organizations, and the private sector, PEPFAR country programs are building health systems and empowering individuals, communities, and nations to tackle the HIV/AIDS epidemic. Central to the approach is support for country-driven approaches that build durable health care systems and strengthen country capacity.

On May 5, 2009, President Barack Obama and Secretary of State Hillary Rodham Clinton announced a Global Health Initiative; see press release at: [http://www.whitehouse.gov/the\\_press\\_office/Statement-by-the-President-on-Global-Health-Initiative/](http://www.whitehouse.gov/the_press_office/Statement-by-the-President-on-Global-Health-Initiative/). This effort will promote stronger linkages among USG foreign assistance programs and funding “to improve health systems around the world, focus our efforts on child and maternal health, and ensure that best practices drive the funding for these programs.” In the same announcement,

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the President cited continued support for PEPFAR, noted its accomplishments, and expressed the ongoing commitment of the USG to address the epidemic.

## **2 What is a Country Operational Plan?**

The Country Operational Plan (COP) is the vehicle for documenting USG annual investments and anticipated results in HIV/AIDS, and the basis for approval of annual USG bilateral HIV/AIDS funding. For programs that have or are negotiating Partnership Frameworks, it serves as the annual workplan for the USG's contribution to the Partnership. Developed following over a year's worth of analysis and planning, including considerable field input, the new Country Operational Plan and Reporting System (COPRS) II combines all USG agencies' planning and reporting on PEPFAR activities into one database built around funding mechanisms. The new COP structure largely follows the Department of State's Director of Foreign Assistance (F) Operational Plan structure, and the new system will facilitate data entry and automatic data exchange between the PEPFAR system and F's FACTS II and FACTSInfo systems. As with COPRS I, COPRS II is a tool that provides information for funding review and approval and serves as the basis for Congressional notification, allocation, and tracking of budget and targets. Data from COPRS II is essential to PEPFAR's transparency and accountability to key stakeholders.

The most important part of the COP process however, is the interagency country planning process, including a partner performance reviews, partner consultation, analysis, and planning. All USG agencies working to fight HIV/AIDS in each partner country come together as one team under the leadership of the U.S. Ambassador to develop one annual workplan. That workplan – the COP - is reviewed by interagency headquarters teams, which make recommendations to the U.S. Global AIDS Coordinator on final review and approval.

## **3 COP Preparation**

### **3.1 Which Programs Prepare an FY 2010 COP?**

Under reauthorization and within the context of Partnership Frameworks, mini-COPs have been discontinued. Thus the following programs are expected to complete a full FY 2010 COP: Angola, Botswana, Cambodia, China, Cote d'Ivoire, Democratic Republic of the Congo, Dominican Republic, Ethiopia, Ghana, Guyana, Haiti, India, Indonesia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Russia, Rwanda, South Africa, Sudan, Swaziland, Tanzania, Thailand, Uganda, Ukraine, Vietnam, Zambia and Zimbabwe. In addition, the Caribbean region will prepare a FY 2010 COP.

Smaller PEPFAR programs that do not complete a COP will account for PEPFAR resources received under the Foreign Operations appropriation through preparation of a Foreign Assistance Operational Plan. The Office of the Director of U.S. Foreign Assistance at the Department of State coordinates the development the Foreign Assistance Operational Plans. CDC programs that do not prepare COPs will account for their resources through CDC Country or Regional Assistance Plans.

## 3.2 Coordination

### 3.2.1 COORDINATION AMONG THE U.S. GOVERNMENT AGENCIES

A key focus of PEPFAR is the USG interagency response, in which all USG agencies working in a country or region<sup>1</sup> plan implement and monitor a unified country program as one USG team, in most cases with the coordination of a PEPFAR Coordinator. Thus, **it is essential that all USG agencies working on HIV/AIDS programs in a country be included in discussions regarding the COP.** Country programs may have several sources of HIV/AIDS funding; however, all HIV/AIDS programming decisions are to be made as an interagency USG Team. In addition, in preparing the COP and throughout the year, PEPFAR programmatic staff should consult with relevant non-program offices in all agencies, such as human resources, management, and general services, acquisition, grants, general counsel, and policy officials at the appropriate levels to ensure that there is sufficient administrative and management support to facilitate PEPFAR activities. The U.S. Government Accountability Office (GAO) has highlighted the lack of Contracting Officer and Grant Management Officer involvement with the development of the COP. All procurement and assistance actions **must** be coordinated with the appropriate agency's procurement office(s) prior to COP approval and during implementation. In addition, COP implementation for each agency must include the use of established agency forecasting systems (e.g., HI.NET for HHS).

Not all USG agencies may have a presence in a particular country, but the country program may still want to draw on the expertise of a non-presence agency to benefit the program. The COP process presents an opportunity to seek technical expertise and support from USG agencies not currently working in country.

Coordination within the USG also applies to coordination between headquarters and country teams. In particular in FY 2010, the process to develop PEPFAR's 5-

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<sup>1</sup> While this guidance uses the term "country programs" in most contexts, the guidance also applies to regional programs that are pursuing Partnership Frameworks.

year strategic plan will solicit input from the field. This will take place at the USG Annual Meeting, through the existing Field Contact Group, and through other fora. The headquarters team will provide relevant and timely updates to the country teams in the event that any outcomes in this process could affect country planning for FY 2010.

### **3.2.2 COORDINATION WITH COUNTRY GOVERNMENTS AND DONORS**

The USG is firmly committed to principles of alignment with national programs, including harmonization with other international partners, and the PEPFAR annual COP workplan should be fully in keeping with the national strategy and the PEPFAR Partnership Framework. Within the context of a Partnership Framework, development of an annual COP provides an opportunity to bring the USG country team together with country and international partners in an annual review and planning process that identifies areas for USG investments and support. Sharing of information with government authorities, e.g., Ministry of Health, National AIDS Council, local multi-sectoral coordinating body, multilateral partners (e.g., Global Fund, UN agencies), or civil society is an essential aspect of effective planning, leveraging resources, and fostering sustainability of programs. Consultation with the host government is essential to ensure buy-in, and COP approval by the host government is required.

At the same time, procurement-sensitive information contained in the COP must be protected to adhere to USG competitive acquisition and assistance practices. Please note the following guidelines:

- FY 2010 COPs should be shared on a "need to know" basis, as determined by the Ambassador or his/her designee. In the spirit of Partnership Frameworks, the USG team may share the entire FY 2010 COP, including partner narratives, and funding levels, with host government officials that have responsibility for COP approval, subject to the following instructions:
  - Electronic copies of the COP should not be distributed to the government, in order to prevent distribution beyond those with a legitimate "need to know" for planning and coordination purposes.
  - Hard copies of the full COP may be shared with the host government reviewers, but all copies should be retrieved following the review period.
  - Specific funding levels for any award which is "to be determined" (whether at the prime or sub-partner level) should be redacted (deleted) from the hard copy of the COP to be reviewed by the host government. However, aggregate dollar amounts for TBD

award(s) within one program area (as opposed to by mechanism) may be summarized for the host government, e.g., “In the PMTCT program area, we plan to add \$2 million through new awards.”

- If these conditions cannot be met for whatever reason, then only information at the overall program area level may be shared (e.g., aggregate funding levels, narratives, and targets). Information on activity-level funding mechanisms may not be shared unless the conditions set forth above are met.
- The Ambassador or his/her designee may also share finalized COPs from previous years with government officials and partners on a “need to know” basis as determined. However, if the prior year COP continues to contain TBD awards, funding levels should be redacted as described above.

### 3.3 Partner Performance and Pipeline Considerations

It is critical to monitor and evaluate partner performance (i.e., utilizing funds and achieving program targets) regularly, both to ensure the success of PEPFAR programs and to remain accountable to Congress and the American people. Interagency, team-based partner performance reviews are a well-established management practice, informing country teams’ program planning, management, and oversight. The collection of performance data helps ensure consistency and allows teams to evaluate trends over time. These efforts also contribute to PEPFAR’s commitment to performance-based budgeting and are required by the Office of Management and Budget (OMB) and implementing agencies. Interagency country teams and headquarters personnel are thus required to monitor and evaluate partner performance on an ongoing basis throughout the year, especially through the COP, APR and SAPR processes.

Teams should monitor progress informally throughout the year and conduct formal interagency reviews of all partners **at least once a year**. Interagency partner performance reviews, no matter how frequently performed, should follow consistent templates to establish trends over time. PEPFAR teams should use a standard form to capture the outcomes of the review that can be shared throughout the USG country team. This information is central to decision-making and planning.

As part of the partner performance reviews, teams should conduct a pipeline analysis that evaluates the financial performance of each partner. **Country teams should obligate funds within 12 months of receipt.** The pipeline refers to the amount of funding that is approved but is not yet expended. Pipeline analyses help country teams plan, manage, and oversee their programs

and partners and ensures that financial data is shared interagency within each team. Although expenditure rates may not be captured in the pipeline report, program managers are encouraged to also monitor and evaluate partner expenditure rates.

See Appendix 4 for additional information.

### **3.4 Support for COP Development and Submission**

Your Country Support Team Leader and team members, including the Strategic Information (SI) Advisor, and technical working groups (TWGs) are important participants and can help in supporting the COP process. Your Country Support Team Leader is your main point of contact at OGAC and should be substantially involved. Engaging the SI Advisor early in the process, to assist with target setting and with planning of Strategic Information activities, is also essential. Your Country Support Team members can help with strategic planning of activities, drafting early versions of COP narratives, and reviewing and finalizing the COP. If you would like assistance from one of the TWGs, please contact your Country Support Team Leader. The *FY 2010 COP Guidance: Technical Considerations*, assembled by the TWGs, is a companion document to be used in conjunction with this *FY 2010 COP Guidance: Programmatic Considerations* volume.

## 4 FY 2010 Program Policy Considerations

### 4.1 Partnership Frameworks

Partnership Frameworks provide a five-year joint strategic framework for cooperation between the USG, the partner government, and in some cases other partners to **support and strengthen national HIV/AIDS strategies** through **service delivery, policy reform, and coordinated financial commitments**. They focus on building strategic partnerships to secure long-term sustainability of HIV/AIDS programs, emphasizing **transparency, accountability, and active participation** of key partners from civil society, the private sector, other bilateral and multilateral partners, and international organizations. The revised COP structure and system reflects this movement toward integrated programming.

A few countries that have been invited to participate in the Partnership Framework process may not have a framework in place before the Fiscal Year (FY) 2010 COPs. Nevertheless, they should consider their annual COP planning in light of the Partnership Framework Guidance. The guidance can be found at: <https://www.pepfar.net/sites/FY2008CompactCo/Draft%20Documents/2009%2003%2011%20Partnership%20Framework%20Guidance-Version%201a.pdf>

### 4.2 Prevention

Prevention is a crucial component of all PEPFAR programs, and PEPFAR teams should maximize opportunities to prevent new infections by directing the appropriate level of resources to prevention activities. Preventing new infections represents the only long-term, sustainable way to turn the tide against HIV/AIDS. PEPFAR legislation calls for “balanced funding for prevention activities for sexual transmission of HIV/AIDS” and reliance on “objective epidemiologic evidence as to the source of infections in consultation with the government of each host country involved in HIV/AIDS prevention activities.” Combination prevention is the combination of biomedical, behavioral, and structural prevention approaches adapted and prioritized to specific contexts (UNAIDS, 2004). Behavioral interventions are geared to motivate behavioral change in individuals, couples, families, peers groups or networks, institutions, and entire communities. While many PEPFAR prevention approaches have focused on behavioral determinants, it is also important to support biological interventions that block infection or decrease infectiousness, and structural interventions that change the context that contributes to vulnerability and risk.

PEPFAR supports a comprehensive approach to prevention. While the essential approach to behavior change that incorporates the Abstinence, Be Faithful and use Condoms (ABC) approach is still appropriate, under reauthorization legislation, the budgetary requirement for AB programs is no longer in place. Countries should program based on evidence-based prevention interventions that are appropriate for the country context.

In countries with generalized HIV epidemics, each country team whose sexual transmission prevention strategy provides less than 50% of prevention funding for activities promoting abstinence, delay of sexual debut, monogamy, fidelity, and partner reduction, must submit a justification that explains the rationale given the epidemiologic context, contributions of other donors, and other relevant factors. Under the reauthorization legislation, the U.S. Global AIDS Coordinator is required to report to the appropriate Congressional committees on the justification for these decisions.

Prevention programs should be closely aligned with the country-specific profile of the epidemic. Country teams should ensure that, at the portfolio level, the combination of prevention activities supported provides comprehensive coverage of the most affected populations and localities, and that program content explicitly addresses the key drivers of the epidemic. This may mean realignment of activities to ensure that 'hot spots' (areas of high transmission) are adequately covered with enough intensity of interventions.

While developing a combination prevention approach, the cost-effectiveness of each intervention must be considered to ensure that resources are dedicated to those interventions which will avert the most new infections. In addition, prevention resources will go further by maximizing efficiencies. Country teams are encouraged to utilize and adapt existing materials, communication resources and evaluation and monitoring protocols. The process for adaptation to the local context can build on previously tested and evidence-based interventions.

With respect to behavioral interventions for sexual transmission, PEPFAR supports a comprehensive approach to behavior change that incorporates three key elements - ABC (Abstain, Be Faithful, correct and consistent use of Condoms) behavior change --as central to effective prevention of sexual transmission of HIV. As noted, prevention approaches are country-led & based on local epidemiology. In generalized epidemics, such as those of many nations in sub-Saharan Africa and the Caribbean, the A and B elements are especially important. There is clear evidence of the role of multiple and concurrent sexual partnerships and networks in fueling the spread of HIV. In addition, young people who delay the age of first sex are much less likely to engage in higher risk behaviors compared to those who initiate sexual activity at an early age.



Across multiple countries there is a need for a balance between youth and adult programming that reflects country-specific epidemiological data.

Sexual transmission remains the prime driver of the epidemic globally, and prevention in this area is of primary importance. But PEPFAR supports a comprehensive, evidence-based prevention portfolio, including such interventions as prevention of mother-to-child transmission (PMTCT) programs, safe blood and medical injection programs, programs to reduce risks for injecting drug users, and male circumcision.

### **4.3 Balancing the USG Prevention, Treatment and Care Portfolio**

PEPFAR country teams have worked to balance program investments across prevention, care and treatment to have the greatest impact on slowing the epidemic and mitigating its effects. Investment decisions have also been influenced by host government and USG policy priorities, other donors' investments, and other factors.

Antiretroviral treatment for HIV/AIDS has had a dramatic impact in the developing world, through restoring health and hope among persons diagnosed with HIV infection. This transformation has been led by the American people through PEPFAR. The dramatic increases in HIV/AIDS funding over the last five years, led by the USG (through bilateral programs and the Global Fund), has enabled rapid scale-up of treatment programs.

However, preventing new HIV infections remains a critical global and PEPFAR priority and this effort must be intensified – it is far preferable to prevent people from infection in the first place than to support lifelong treatment for them after infection.

Under any scenario, there has never been an expectation that PEPFAR, or any other single entity, could meet the global demand for HIV treatment, prevention, or care. In FY 2010 and beyond, PEPFAR is less likely to continue scale up of treatment programs in Phase 2, particularly through provision of direct support, at the same pace as in Phase 1, in part because of the significant costs of maintaining treatment for those already supported. Given the likely constraints on available resources from all funders, including PEPFAR, it is incumbent on host governments and PEPFAR teams to redouble their efforts to make sure that funding from all sources is being coordinated and used strategically to greatest effect, whether in prevention, care, or treatment.

In FY 2010, planned country level resources will be essentially the same as in FYs 2008 and 2009. Any additional country funding above these levels will be

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provided through Partnership Frameworks. These constraints will necessitate careful review and prioritization about allocations of resources across technical areas to achieve a balanced portfolio of investments. It is also important to recognize synergies that exist between program areas, including ways in which care and treatment interventions and infrastructure can contribute to the prevention of new HIV infections. Treatment and other care for HIV-positive people currently account for more than half of PEPFAR program resources. While PEPFAR will continue to support the populations it currently has on treatment, country programs must exercise great care and deliberation in planning support (especially direct support) for further treatment scale-up in FY 2010. Country teams must program within the parameters of their country and Partnership Framework budgets and avoid over-extending their programs, as the overall PEPFAR budget does not provide additional resources to address such situations.

It is necessary for PEPFAR country teams to have a detailed, country-level understanding of the cost-drivers in prevention, treatment and care programs, in order to identify and leverage efficiencies. Given PEPFAR's commitment to maintaining support for the populations on treatment and the significant financial resources required to do so, an understanding of the long-term financial consequences to initiating new patients on treatment is especially essential. This understanding supports the development of Partnership Frameworks, Partnership Framework Implementation Plans and COPs. In addition, costing and modeling different treatment scenarios will provide country teams and PEPFAR headquarters with updated data to help identify targets for efficiency gains. Country teams' further participation in this effort is essential and it is anticipated that support for costing and modeling across other technical areas will be developed early in FY 2010.

It is critical in countries where there is still considerable distance to achieving universal coverage to ensure that PEPFAR investments are appropriately balanced and that increases in treatment coverage, particularly through direct support, be carefully considered and measured in approach. One way in which this can be done is to work to identify and leverage the many opportunities for efficiencies. Possible examples include: more rational geographic distribution of partners, addressing overhead and indirect costs, supporting more rapid registration of generic formulations of ARVs and maximizing use of generic formulations, building the capacity of local partners to take over the role of prime partner (ideally decreasing overhead in the long run), integrating programs where this has been shown to improve efficiencies both for programs and for patients, promoting rational use of laboratory monitoring, and ensuring that prevention programs are as effective as possible in order to reduce care, OVC and treatment burdens in the future.

## **4.4 Maximizing Impact through Linkages and Integration with Other Programs**

Supporting linkages with other health and development programs is essential to achieve not only PEPFAR-specific goals but also to address the broader health and development challenges that face our partner countries. Linking PEPFAR programs to other development initiatives provides a platform to support a comprehensive approach to HIV/AIDS affected communities and to ultimately improve their quality of life. These linkages can be established both within USG-funded programs and the broader international donor and host country community. Linkages and partnerships with the Global Fund are increasingly important and opportunities to strengthen these should be explored both in the field and at HQ. It is essential that programs consider the efficiencies and improved results that can be achieved through these synergies and emphasize the need to demonstrate such results through rigorous evaluation. Key areas for linking with health and development include: support to health systems strengthening, human resources for health, maternal and child health, family planning, malaria and TB, gender equality, food and nutrition, education and economic strengthening.

### **Maternal and Child Health**

Women and children living with HIV and their children face multiple challenges in accessing quality, comprehensive primary and specialty health care services. For example, although PEPFAR has been working to increase access to prevention of mother to child transmission (PMTCT), FY 2007 year-end data indicate that in the 15 PEPFAR I focus countries, only slightly more than 40% of HIV-positive women attending antenatal care received PMTCT services. In keeping with priorities of the Obama Administration's Global Health Initiative, with FY 2010 funding, PEPFAR programs should focus on improving the health of these women and children by expanding integration of services to ensure a comprehensive, gender-sensitive and family-centered approach.

One approach country teams should consider supporting is co-location of PMTCT, MCH, and family planning/reproductive health services, particularly at the primary health care level. Programs have and should continue to support renovations of existing facilities, improved quality of care, and enhanced record-keeping systems to enable women and their children to receive care. With co-location and better integration, PEPFAR and its partners can improve both geographic access to care and availability of a package of care, including rapid HIV testing, cervical cancer screening (for women who are HIV-positive) maternal antiretroviral (ARV) treatment, and birthing facilities with integrated post-partum care for the mother and child (including family planning, early infant diagnosis, and pediatric treatment and care, such as childhood immunization).

Health care shortages, including midwife and nursing shortages, are well documented in most high-HIV burden countries. PEPFAR programs should support the training of health workers to deliver an enhanced package of MCH services, an essential element of improving care. Training curricula may include PMTCT services and critical MCH, family planning and reproductive health services for women living with HIV. In addition, training integrated with HIV programs can help to focus on child survival activities including routine immunization, polio eradication, safe water and hygiene, micronutrients, growth monitoring, improved infant and young child feeding, and treatment of life-threatening childhood illnesses.

Building on lessons learned to date, PEPFAR will also support policy reform to improve care for women and children, to reflect the characteristics that exist in countries that have made progress.

At the country level, PEPFAR will track specific indicators, including PMTCT coverage, maternal and child ARV treatment, and will estimate infant HIV infections averted. PEPFAR will also support public health evaluations to inform and improve how national programs supported by PEPFAR and others deliver integrated HIV and MCH services to women and children.

PEPFAR programs should coordinate and integrate efforts with USG-funded programs such as MCH and FP/RH programs and with international programs and their partners. Mobilizing local communities where primary health care services are delivered will help address basic issues of access, including gender inequality-based barriers, which inhibit women from seeking and using essential HIV prevention, family planning/reproductive health, and MCH services.

### **Family Planning**

PEPFAR is a strong supporter of linkages between HIV/AIDS and voluntary family planning and reproductive health programs. The need for family planning for HIV-positive women who desire to space or limit births is an important component of the preventive care package of services for people living with HIV/AIDS and for women accessing PMTCT services. PEPFAR programs can work to expand access to FP/RH services through wraparound programming, i.e., wherever possible linking or ideally co-locating with existing FP/RH programs to ensure the availability of FP/RH information and counseling, with referral for actual services. In areas with high HIV prevalence and strong voluntary family planning systems, PEPFAR programs are encouraged to support efforts to provide confidential HIV counseling and testing within family planning sites. Indeed, there is growing evidence of unmet need for these family planning services, particularly among vulnerable populations, including for women who are HIV-infected.

## **Malaria and TB**

Strengthening the interface between PEPFAR and both the President's Malaria Initiative (PMI) and existing TB programs mutually benefits all programs and expands the platform of services to target populations.

The goal of PMI is to strengthen malaria control programs and malaria research activities to reduce malaria-related mortality. Development of effective malaria vaccines, new malaria treatment drugs, and targeted operations research are key activities that would also fall under this emphasis area. Relative to HIV this would include wraparound activities that target people living with HIV/AIDS and OVC for malaria services.

PEPFAR programs work to reduce the number of deaths caused by TB by increasing detection of cases of TB, by successfully treating detected cases, including multi-drug resistant TB and TB/HIV co-infection, and investing in new tools for TB.

## **Gender**

PEPFAR employs a two-pronged approach: a) gender mainstreaming or integration into all prevention, care, and treatment programs, and b) programming to address five gender strategic areas:

1. Increasing gender equity in HIV/AIDS activities and services
2. Reducing violence and coercion
3. Addressing male norms and behaviors
4. Increasing women's legal rights and protection, and
5. Increasing women's access to income and productive resources

PEPFAR programs should look for opportunities to partner with and leverage with programs addressing gender norms in high-prevalence HIV communities, especially in initiatives focused around education, reduction of gender-based violence, and improving women's equal participation in public and private sector activities and services.

## **Food and Nutrition**

Given the larger USG goals around reducing food insecurity, PEPFAR can build off of its existing programs to contribute to overall food and nutrition policies in high-HIV prevalence nations. PEPFAR can support policies and guidelines that foster linkages with "wraparound" programs that address food security and livelihood assistance needs in the targeted population. This also includes activities that improve quality assurance and control for production and distribution of therapeutic and fortified foods for use in food and nutrition activities. In addition, by supporting training and curricula development, PEPFAR can ensure that health care workers, home-based care providers, peer

counselors, and others serving PLWHAs can carry out nutritional assessment and counseling.

### **Economic Strengthening**

PEPFAR engages in a multitude of economic strengthening activities, including microfinance, vocational training, and/or income generation. For PEPFAR generally, these programs are targeted at HIV-infected individuals in care and treatment programs, OVC due to HIV/AIDS, and their caregivers. Given the broader scope of many microcredit or market development programs, PEPFAR can partner with existing or new initiatives to ensure the access to and meaningful involvement of PLWHA in such programs.

### **Education**

Efforts to promote effective, accountable and sustainable formal and non-formal education systems offer opportunities for PEPFAR linkages with other development programs. In particular, partnerships can be built around activities focused on basic education, which is defined as activities to improve early childhood education, program area education and secondary education delivered in formal or non-formal settings. It includes literacy, numeracy and other basic skills programs for youth and adults. Activities related to life skills training and HIV prevention education within the context of education programs or settings could be used as the link with which to wraparound other USG initiatives.

## **4.5 Country Leadership and Health Systems Strengthening**

Strengthening the ability of countries to effectively manage, and ultimately finance, their response to HIV/AIDS is essential to PEPFAR's success and continues as a critical element of country program planning and processes in the second phase of PEPFAR. There are several strategic approaches that PEPFAR is proactively applying to ensure that USG investments build host country ownership and strengthen the capacity for a national response. These center around: 1) the process and commitments of Partnership Frameworks, including policy reform in key areas 2) prioritizing support for developing and retaining health care workers in both public and NGO healthcare settings, and, 3) a focus on health systems strengthening (HSS). All of these approaches require that USG investments be programmed within the context of a national strategy and in close coordination with other donors including USG investments in other health and sector programs. Even within USG PEPFAR programs, building local capacity should be a priority with the objective to transition the leadership and other roles expatriate staff have played to locally employed staff whenever feasible.

Engaging local partners is critical to strengthen and ensure the sustainability of the response to HIV/AIDS. A guiding principle of PEPFAR is to build local and host-nation capacity so that national programs can achieve results, monitor and

evaluate their activities, and sustain them for the long term. Building the capacity of local partner organizations and then funding them to implement programs enhances long-term sustainability. Appendix 2 provides techniques and best practices for increasing the number of local partners, including faith-based (FBOs) and community-based organizations (CBOs), that are actively engaged in carrying out service delivery or technical assistance activities.

Finally, a critical assumption of PEPFAR is that the long-term financing of HIV/AIDS care, prevention and treatment programs will be attained through a combination of the mobilization of international partner and private financial flows, increases in host-nation government budget allocations, and more active fundraising by local partners. As highlighted in Partnership Frameworks, it is imperative that host countries have a solid understanding of financing and costing information to inform planning and decision-making. Assistance from international partners, including the USG, and private financial flows will be needed for the foreseeable future and it is essential that programs are as efficient as possible given that under almost any scenario, demand exceeds available resources. As the largest investor in the Global Fund for AIDS TB and Malaria (GFATM), the USG is deeply committed to the success of this multilateral approach. Indeed PEPFAR and the GFATM are the largest investors in HIV/AIDS there is wide recognition of the need for strong synergy between the two. Indeed, ideally, over time and where appropriate, it is reasonable to expect that there may be a transition to increased GFATM support with PEPFAR interfacing more with technical assistance. In addition, country teams should consider Public-Private Partnerships (PPPs) as another tool to increase capacity and local ownership and financing. The core competencies of private entities have the potential to greatly impact the quality of prevention, care, and treatment programs as new resources and abilities can be leveraged. PPPs should develop the capacity of partners to manage and administer high-quality, effective programs and should include transition strategies that will allow for the integrating and mainstreaming of program activities within the existing host country infrastructure, e.g., health care systems.

While your COP should reflect an overall integration of sustainable approaches to your investments, any special initiatives or projects that support long-term sustainability, should be highlighted in the Executive Summary, technical area narratives, or partner narratives, as appropriate.

## **4.6 Addressing Gender Issues**

HIV is a disease that disproportionately affects those who have less power and lower status, including women and girls impacted by gender inequity. Women and girls account for nearly 60 percent of new infections. In some regions, girls

can be infected at a rate 5 times higher than boys, demonstrating the need for targeted HIV programs that address the underlying gender dynamics.

The new PEPFAR legislation recognizes the importance of gender, elevates its priority in PEPFAR programming, underscores the technical approach adopted under the first phase of PEPFAR, and outlines concrete gender planning, implementation, and reporting requirements.

PEPFAR places a high priority on confronting the changing demographics of the HIV/AIDS epidemic; working to reduce gender inequalities and gender-based abuse and violence; expanding priority gender activities; and integrating gender considerations throughout all programs. The societal issues around gender and HIV/AIDS are complex, and can vary from one country to another; however, addressing these challenges successfully is critical to the achievement of PEPFAR's prevention, treatment, and care goals. Local partners are particularly important in this area.

PEPFAR employs a two-pronged approach: a) gender mainstreaming or integration into all prevention, care, and treatment programs, and b) programming to address five gender strategic areas:

1. Increasing gender equity in HIV/AIDS activities and services
2. Reducing violence and coercion
3. Addressing male norms and behaviors
4. Increasing women's legal rights and protection, and
5. Increasing women's access to income and productive resources

#### **4.7 Addressing Stigma and Discrimination and Ensuring Meaningful Involvement of People Living with HIV/AIDS**

The United States is a signatory to the Paris Declaration of 1994, which outlines broad principles for the United Nations initiative on Greater Involvement of People Living with HIV and AIDS (PLWHA) in programs that affect their lives. PEPFAR programs are strongly encouraged to actively put these principles into practice, by meaningfully engaging in planning for, delivering and monitoring the effectiveness of prevention, treatment, and care services. PEPFAR country teams should regularly consult with national networks of PLWHA to help establish Partnership Frameworks, determine priorities for annual operational plans, and to involve PLWHA in programming and efforts to assess program responsiveness.

Through Partnership Frameworks, PEPFAR should support policies that address causes and consequences of HIV-related stigma, and may support programmatic approaches such as: incorporating Prevention with Positives programs into the training of healthcare workers and lay counselors; utilizing PLWA as lay



counselors and peer educators; and employing effective measurement and documentation of stigma in program plans. Stigma and discrimination remain significant barriers for individuals who are living with HIV and all PEPFAR programs should identify specific and concrete actions for addressing these issues.

## 5 COP Overview

### 5.1 Key Structural Changes

Based on input from the field and headquarters, much of the organization of the COP and COPRS II has changed. The vision for COPRS II is that it integrates planning and reporting data to facilitate both processes. As a result, the guidance includes in certain parts (Global Fund and Partnership Framework sections) references to reporting in the SAPR and APR. For planning purposes, that guidance will help the user to understand what baseline information is needed in order to perform reporting later.

Although there are many changes to COPRS, it may not be easy to see how the new system and its guidance lead to a reduction in burden in its first year. As we transition to the new system, new narratives and inputs are needed this year. We have tried to ease this by reducing the amount of data collected via data element matrix exercise and by allowing FY 2009 activity narratives to be migrated over into the new system in the budget code narrative text box. It is expected though that after this year of transition, further reductions in burden will be realized.

#### 5.1.1 ALIGNMENT WITH F OPS

Because high-level HIV information is needed to complete Foreign Assistance coordination and development, harmonizing terminology and structure of COPRS II with FACTS II and FACTSInfo is integral to the development of an improved database for PEPFAR programs. This process is a multi-year process beginning with the 2010 COP. The following summarizes changes to align terminology and structure.

- With the inclusion of regional programs into PEPFAR planning and reporting, we will replace the term “country” where appropriate with “operating unit” to reflect the regional programs also completing COPs.
- To remove confusion around PEPFAR Program Areas and Foreign Assistance Program Areas, we will now refer to the PEPFAR Program Areas as Technical Areas.
- To better align with FACTS II and FACTSInfo, we will now organize the collection of information by implementing mechanism, rather than by activity. Doing so provides a more comprehensive understanding of a partner’s activities and aligns with existing agency procurement processes.

- We will now refer to “Management and Staffing” as “USG Management and Operations,” (M&O) which better reflects the content of information collected.
- Once FACTS II and FACTSInfo are appropriately modified, the COPRS II system will be able to accept imported information from these systems.

### **5.1.2 PROGRAM TECHNICAL AREAS AND PRIMARY BUDGET CODES**

There are no changes from the FY 2009 list of Technical Areas and Primary Budget Codes except for a revised definition for Health Systems Strengthening (OHSS) (see Appendices 5 and 6 for new definition) and a name change to Human Capacity Development (now Human Resources for Health). In addition, M&O is only utilized as a budget code for Costs of Doing PEPFAR Business, which are entered through the M&O section in COPRS II. However, countries should carefully read both technical area and budget code definitions to ensure appropriate coding.

<b>Technical Areas</b>	<b>Budget Codes</b>
PMTCT	01-MTCT Prevention: PMTCT
Sexual Prevention	02-HVAB Sexual Prevention: AB 03-HVOP Sexual Prevention: Other sexual prevention
Biomedical Prevention	04-HMBL Biomedical Prevention: Blood Safety 05-HMIN Biomedical Prevention: Injection Safety 06-IDUP Biomedical Prevention: Intravenous and non-Intravenous Drug Use 07-CIRC Biomedical Prevention: Male Circumcision
Adult Care and Treatment	08-HBHC Care: Adult Care and Support 09-HTXS Treatment: Adult Treatment
TB/HIV	10-HVTB Care: TB/HIV
OVC	11-HKID Care: OVC
Counseling and Testing	12-HVCT Care: Counseling and Testing

Technical Areas	Budget Codes
Pediatric Care and Treatment	13-PDTP Treatment: Pediatric Treatment 14-PDCS Care: Pediatric Care and Support
ARV Drugs	15-HTXD ARV Drugs
Laboratory Infrastructure	16-HLAB Laboratory Infrastructure
Strategic Information	17-HVSI Strategic Information
Health Systems Strengthening	18-OHSS Health Systems Strengthening
Human Resources for Health	No associated budget code(s)
Gender	No associated budget code(s)

In FY 2010, we will be capturing funding information for eight cross-cutting budget attributions. These new codes allow us to capture more specific information on a few key topics in order to better respond to legislative requirements and Congressional inquiries. The eight cross-cutting budget attributions, where a cross-cutting budget attribution is selected and an estimated budgetary attribution is entered, include:

Cross-Cutting Budget Attributions
<b>1.</b> Human Resources for Health
<b>2.</b> Construction/Renovation
<b>3.A</b> Food and Nutrition: Policy, Tools, and Service Delivery
<b>3.B.</b> Food and Nutrition: Commodities
<b>4.</b> Economic Strengthening
<b>5.</b> Education
<b>6.</b> Water
<b>7.</b> Gender: Reducing Violence and Coercion

Additionally, the list of Key Issues has been updated and now includes some items from FY 2009 Emphasis Areas. Data entry for a Key Issue is just a tickbox, but narrative regarding the Key Issue marked is required in the Implementing Mechanism narrative and/or any relevant Budget Code narrative. The following is the FY 2010 list of Key Issues:

Key Issues
<b>Health-Related Wraparounds</b>
<ul style="list-style-type: none"> <li>• Child Survival Activities</li> <li>• Family Planning</li> <li>• Malaria (PMI)</li> <li>• Safe Motherhood</li> </ul>

Key Issues
<ul style="list-style-type: none"> <li>• TB</li> </ul>
<b>Gender</b> <ul style="list-style-type: none"> <li>• Increasing women’s legal rights and protection</li> <li>• Increasing gender equity in HIV/AIDS activities and services</li> <li>• Addressing male norms and behaviors</li> <li>• Increasing women’s access to income and productive resources</li> </ul>
<b>End-of-Program Evaluation</b>
<b>Mobile Population</b>
<b>Military Population</b>
<b>Workplace Programs</b>

See Section 6.6.2 Manage Implementing Mechanisms for detailed definitions of the Budget Codes, Cross-Cutting Budget Attribution definitions, Key Issues and guidance on determining the appropriate budget code for an activity.

**5.1.3 TARGETS AND RESULTS**

In the past, the PEPFAR “total result,” was often synonymous with the national number of people receiving a service, and was used to report against the PEPFAR 5-year goals. However, in countries receiving fewer resources than the focus countries the concept of “upstream” (indirect support) was difficult to operationalize. To recognize that HIV program achievements are the collective and collaborative work of the host national government, key stakeholders, and donors, PEPFAR will no longer collect data on “upstream” or “indirect” targets and results.

Instead, PEPFAR will look at two levels of targets and results:

1. National level – all operating units (countries and regions) will report national level data on a small core set of indicators, where applicable (see Next Generation Indicators Reference Guide for additional information). National represents the collective achievements of all contributors to a program area (i.e. host country government, donors, or civil society organizations).
2. Direct level - The PEPFAR (Direct) contributions to HIV programs, including service delivery, capacity building, system strengthening, policy development, etc

Please note that reported national-level results will **not** necessarily be used (in total) to report against PEPFAR legislative goals. PEPFAR is working on a methodology that will determine how counting toward PEPFAR legislative goals

will be derived from these national level data. The methodology will take into account the percent of PEPFAR funding contributing to the national HIV program and will be harmonized with the methodology used by the Global Fund.

#### **5.1.4 REQUIRED SUPPORT DOCUMENTS**

With the development of COPRS II, the number of required support documents has been reduced, as many have been integrated into the system. Operating Units will either directly enter the information into COPRS II or in the case of reports, will be able to retrieve the data from the system. Below is a list of previous support documents now captured in COPRS II and therefore not required separately:

- Budgetary Requirements Worksheet
- HRH Technical Area Narrative
- Gender Technical Area Narrative
- Global Fund Supplemental
- Management and Staffing Budget Table
- Staffing Data
- USG Public-Private Partnership Summary Table

The following are the only required support documents necessary for FY 2010. These should be uploaded into your Operating Unit Document Library. **Please remember that any uploaded tables must be PDF files, Word documents or Excel tables.**

1. Ambassador Letter
2. Executive Summary
3. Partnership Framework (if in place)
4. Summary Targets and Explanation of Target Calculations
5. Budgetary requirement justifications (if applicable)
6. Functional Staffing Chart and Agency Management Charts
7. Health Care Worker Salary Report

### **5.1.5 IMPORTANT RESOURCES**

As in previous years, the guidance and its appendices contain critical information that informs program planning and will be posted on [www.pepfar.gov](http://www.pepfar.gov) and on the FY2010 COP Planning section of the Extranet. This year the guidance has been prepared without including COPRS II user data entry instructions. The *COPRS II User Guide* will be issued in a separate document closer to system deployment.

Other channels of communication to strengthen COP planning, including work with Field Support Team Leaders and twice-monthly "Ask the Deputy Principals" calls, are important. Based on these questions from the field, headquarters will develop "COP Clarifications" to answer issues in the COP guidance and disseminate the "COP Clarifications" through News to the Field and by posting them on the PEPFAR Extranet. The COP guidance, technical area guidance and other appendices by section will be available within the new COPRS system so that updating of information will be directly available and referencing back and forth between the guidance and the COP clarifications will be minimized.

## **5.2 Mandatory Budgetary and Reporting Requirements**

### **5.2.1 ORPHANS AND VULNERABLE CHILDREN (OVC)**

Under PEPFAR's reauthorization legislation, PEPFAR as a whole must devote at least 10 percent of program resources to OVC programs. Pursuant to requirements under the Reauthorization Act, and as a matter of PEPFAR policy, most country programs should allocate at least 10% of total prevention, care, and treatment resources towards OVC programs. This is essential for countries with generalized epidemics and less important for countries with smaller OVC populations and concentrated epidemics. As before, pediatric treatment will **not** be counted towards the 10%. Pediatric treatment is, however, also a priority and should have its own dedicated funds which should be attributed only to the pediatric treatment program budget code, not to the OVC program budget code.

### **5.2.2 OTHER BUDGETARY REQUIREMENTS AND CONSIDERATIONS**

Under PEPFAR's reauthorization legislation, at least fifty percent of total prevention, care, and treatment resources must be dedicated to treatment and care for PLWHA.

In FY 2009 there was also a \$100 million budgetary requirement for food and nutrition and a \$150 million budgetary requirement for TB/HIV programs. The likelihood of similar requirements in FY 2010 should be considered as countries undertake planning as we anticipate similar requirements in the future.

The previous 7% cap for former Management and Staffing costs has been replaced with a series of metrics that PEPFAR teams should use to evaluate the appropriate alignment of USG Management and Operations costs, interagency organization and structure, and staffing data to the program.

### **5.2.3 ABSTINENCE AND BE FAITHFUL REPORTING REQUIREMENTS**

As noted earlier, prevention is a high priority for funding and PEPFAR supports a comprehensive approach to prevention. While the essential approach to behavior change that incorporates the Abstinence, Be Faithful and use Condoms (ABC) is still appropriate, under reauthorization legislation, the budgetary requirement for AB programs is no longer in place. Countries should program based on evidence-based prevention interventions that are appropriate for the country context.

Under the reauthorization legislation, for each host country with a generalized HIV epidemic whose sexual transmission prevention strategy provides less than 50% of prevention funding for activities promoting abstinence, delay of sexual debut, monogamy, fidelity, and partner reduction, a justification that explains the rationale given the epidemiologic context, contributions of other donors, and other relevant factors is necessary. The U.S. Global AIDS Coordinator is required to report to the appropriate Congressional committees on the justification for these decisions.

### **5.2.4 SINGLE-PARTNER FUNDING LIMIT**

The single-partner funding limit aims to promote the most efficient use of funding, diversify the organizations with which PEPFAR partners, and increase partnerships with local partner organizations, all with the goal of promoting long-term sustainability of HIV/AIDS programs in our partner countries. There is no change in this requirement for FY 2010. For operating units receiving PEPFAR funds over \$20 million in FY 2010, the percentage limit on funding to a single partner remains 8%. For operating units receiving \$20 million or less in FY 2010, the single partner limit is \$2 million. Thus, depending on the size of the country budget, the single partner limit is \$2 million or 8%, whichever is greater.

The single-partner funding limit only applies to funding provided through grants and cooperative agreements. The limit does NOT apply in several situations:

- Competitively awarded contracts
- Allocations to USG agencies
- Umbrella awards
- Commodity/drug costs
- Allocations to government ministries and parastatals



Additional information about the limit and the exceptions is available in Appendix 2.

The partner's percentage of total COP funding is calculated by dividing the partner's applicable funding (total partner funding (prime & sub) – exempted funding) by the COP budget (central and field dollars), excluding U.S. Government team M&O costs:

$$\frac{\text{Partner Funding Applicable to the Single-Partner Funding Limit}}{\text{Country Budget Applicable to the Limit}} = \% \text{ Partner Funding}$$

(Total Partner Funding (includes funding received as a prime or sub) – Exempted Funding from the Limit)

Country Budget (Central & Field \$) – USG M&O Costs

Only Costs of Doing Business (CODB) attributed to the M&O area are deducted from the total country budget (central and field dollars) in the denominator for the single-partner funding limit calculation. COPRS II will automatically calculate the numerator, denominator, and result. In addition, a report will be available in COPRS II to check which partners exceed the limit. Instructions for running this report can be found in the COPRS II User Manual.

### **5.2.5 JUSTIFICATIONS**

Please submit a justification for any situation where the mandatory budgetary and reporting requirements cannot be met within the guidance above. A template is located on [www.pepfar.net](http://www.pepfar.net) for your convenience.

## 5.3 Timeline for FY 2010 COP Process

This calendar represents the timeline for the next 15 months of PEPFAR. News to the Field and PEPFAR.net will provide updates.

Date	Task	Responsible Org(s)
June 29, 2009	FY 2008 Partnership Framework Countries: First deadline for submission of final PF and budget templates	Field
July 16, 2009	COPRS II "Goes Live" - full deployment, COPRS II open for training and data entry	HQ/Field
July 16 – August 14, 2009	COPRS II training for COP 2010	HQ/Field/WINS
August 15, 2009	August Reprogramming – only requests from FY 2007-2009 COPs can be submitted <sup>2</sup> .	HQ/Field – All Agencies
August 21, 2009	First Partnership Framework Implementation Plan (PFIP) Submission Due Date	Field
September 1, 2009	Deadline for submission of final Partnership Framework with proposed budget allocation for FY 2009 funds	Field
September 18, 2009	Early Funding Requests Due Date	Field
September 2009	FY 2009 APR Guidance Released to field	HQ
October 1, 2009	COPRS II open for FY 2009 APR data entry	Field
October 16, 2009	First FY 2010 COP Submission Due Date Second PFIP Submission Due Date	Field
October 17-December, 2009	Data cleaning and review for first tranche of COP submissions	HQ
November 13, 2009	FY 2009 APR Submissions Due Date	Field
November 14 – December 2009	Data cleaning and review for APR	HQ
November 20, 2009	Third PFIP Submission Due Date	Field
December 11, 2009	FINAL PFIP Due Date	Field
January 2010	Annual Report to Congress is due	HQ
January 29, 2010	FINAL FY 2010 COP Submission Due Date January reprogramming (FY 2007, 2008, and 2009 data) <sup>3</sup>	HQ/Field – All Agencies
January 30 – March, 2009	Data cleaning and review for second tranche of COP submissions	
April 15, 2010	April reprogramming (FY 2010 data only)	HQ/Field – All Agencies

<sup>2</sup> The 2004-2006 COPs are closed. All funds are to have been obligated and almost all expended.

<sup>3</sup> This is the final 2007 reprogramming before the 2007 COPs are closed.

## 5.4 COPRS II System Overview

A redesign of the PEPFAR planning and reporting policy and IT system resulted from an ongoing and consultative process that integrates input from stakeholders. The process began November 2007 and has been led by an inter-agency group made up of field and HQ staff, and includes the Office of the Director of Foreign Assistance (F). A framework was developed with the dual objectives of reducing burden of planning and reporting, as well as improving the quality and utility of the data collected, including enhanced query and report generation capability. The concepts of developing harmonized data standards, data reference models, and coordinated business processes were vetted through a series of focus group discussions with USG field teams, TWGs, PEPFAR Coordinators, and the Deputy Principals to come up with a solution and long-term vision of a unified system for foreign assistance that best accommodate the varying needs.

The COPRS II system will be launched on July 16, 2009. Its development is based on the framework discussed above and field and HQ user input through a series of reviews. COPRS II training materials and a User Guide will be provided separately and will contain specific information on how to utilize COPRS II.

### 5.4.1 USER ROLES

There are a number of users of the COPRS II system, each taking on a different functional role to complete the planning and reporting processes. These functional roles include, but are not limited to, Country Support Team Leaders, PEPFAR Field Team Administrators, and PEPFAR Country Team Members. In addition, within the COPRS II system, there are number of system roles that are used to define system access. The purpose of these system roles is to set controls for access to data and functionality. Each functional role is associated with one or more system roles. Details of the functional role/system role mapping are found in the COPRS II training materials and User Guide.

### 5.4.2 CONFIDENTIALITY

Much of the data in COPRS II is considered sensitive and carries the designation "Sensitive But Unclassified (SBU)." Consequently, all COPRS II users are required to complete a confidentiality agreement acknowledging that they understand the proper treatment of SBU data. After registering as a COPRS II user, an electronic confidentiality form will appear. Users should read the form and indicate acknowledgement by selecting a button indicating agreement or acceptance. USG Implementing Partners should not have access to COPRS II

given the sensitive nature of the data. Details of the exact procedures for completing confidentiality agreement can be found in the COPRS II user documentation.

## 6 COP Sections

### 6.1 Summary of New Organization

The following reflects the new organization of the FY 2010 COP:

- Operating Unit Background
- Partnership Frameworks
- National Level Indicators
- Technical Areas
- Manage Partners and Implementing Mechanism Information
- USG Management and Operations
- Supporting Documents Library
- Central Initiatives

### 6.2 Operating Unit Background

This section is intended to provide a description of the overall operating unit context, key indicators, state of the overall health sector, financing situation and status of the national HIV/AIDS strategy. For the purposes of the COPRS II, Operating Unit is the term used for country, regional or headquarters organizations. This is the terminology used by FACTS. The following sections should contain the “baseline” information for each subject heading, while successive year COPs will only capture updates and changes to this information.

The Operating Unit Background section is comprised of 2 parts: Key Demographic, Socio-Economic, and Health Statistics and Key HIV Statistics.

#### 6.2.1 KEY DEMOGRAPHIC, SOCIO-ECONOMIC, AND HEALTH STATISTICS

The key demographic, socio-economic and health statistics are links to the latest official UN publications. They are provided for use by countries for planning and for headquarters in their reviews. When field users access this section of COPRS II, users will see links for these basic demographic indicators including the UN Population Division, WHO, The World Bank, UNFPA, UNDP, and UNESCO. In these publications you will find country population, birth, death, fiscal, and other information. **This information will be pre-populated by headquarters.**

## 6.2.2 HIV STATISTICS

These are key HIV and AIDS statistics based on official UN publications and entered by HQ. Having this data in COPRS II will allow users to estimate coverage for many services and to conduct analyses and queries for reporting. **Headquarters will fill in the latest HIV statistics, and country teams will then have the option to update with other national information** if they feel that the international data is not accurate. For instance, the system would display country specific key statistics such as those identified below:

- Number of HIV+ adults (15+) and children
- Number of HIV+ adults (15+)
- HIV Prevalence Rate: Adult (15 to 49)
- HIV Prevalence Rate: Young People (15-24)
- HIV Prevalence Rate: Male
- HIV Prevalence Rate: Female
- Number of deaths: Adult and children due to AIDS
- Number of women aged 15 and up living with HIV

## 6.2.3 ENGAGEMENT WITH THE GLOBAL FUND, MULTILATERAL ORGANIZATIONS, AND HOST GOVERNMENT AGENCIES

This section outlines the different monetary contributions going into the national HIV/AIDS program. Summary information on the host country government, PEPFAR, and Global Fund are required. USG teams have the option of adding any other international partner that might be relevant. In keeping with the *2009 Guidance for PEPFAR Partnership Frameworks* USG teams should view this section as an opportunity to place COP planning in this broader context of improving aid effectiveness through engagement and collaboration with many levels of partners.

### 6.2.3.1 GLOBAL FUND RESOURCES

The Global Fund is a key component to many HIV programs globally. The USG is the largest contributor to the Global Fund and has a vested interest in ensuring that grants succeed and that they complement our bilateral efforts. In this section, separate tables will provide detailed information about Global Fund grants. These tables will appear on different pages according to the focus of the grants: HIV, TB, Malaria, and Other (HHS or Integrated). **The tables on each of these pages will be pre-populated from Global Fund data at headquarters** to include the following information about each grant:

- Round Number of Grant
- Principal Recipient

- Brief Grant Description
- Total Funding Ceiling
- Total Approved (Phase 1 and 2)
- Total Approved RCC
- Total Disbursed
- Grade (at last disbursement)

**The only field in these tables that country teams should complete is the field titled “Notes on Grant Performance.”** In doing so, please be sure to note either high or low points in the performance of each grant in the following areas:

- Coordination between Global Fund grant activities and other grants or programs in country.
- Grant programmatic performance in achieving its targets, especially in relation to commodity shortfalls, for example.
- Grant management and financial oversight performance, either on the part of the CCM, PR, or SRs.
- CCM functioning, transparency, and engagement of civil society and private sector organizations.
- Any other issues or concerns you wish to raise, including implementation bottlenecks, if any.

#### **6.2.3.2 ENGAGEMENT IN MULTILATERAL MECHANISMS**

This section contains some data fields pre-populated by HQ to assist country teams in completing the rest of the section. As a reference, answers entered in previous years can be accessed. You will be asked for the following:

- If the USG country team assists in the proposal writing process for the Global Fund (Yes/No).
- If the USG formally participates on the CCM (Yes/No).
- If the USG formally participates in other country-level coordinating processes (Yes/No). An example of this could be the UN Theme Group on HIV/AIDS.
- If the USG participates in country-level coordination processes per the question above, please describe in the narrative box which ones and the extent of USG participation. In particular, if the country-level coordination process results in (either multilateral or bilateral) donors deciding to divide up and take responsibility for specific program areas or geographic

regions, please outline which programmatic areas or regions are covered by other donors.

Please note that there is a data table that will automatically populate a consolidated list of multilateral agencies that have PEPFAR-funded implementation mechanisms. The following acronyms must be used in the implementing mechanism narratives for this box to properly pre-populate:

- ILO - International Labor Organization
- UNAIDS - Joint UN Programme on HIV/AIDS
- UNDP - UN Development Program
- UNESCO - UN Educational, Scientific and Cultural Organization
- UNFPA - UN Population Fund
- UNHCR - Office of the UN High Commissioner for Refugees
- UNICEF - UN Children's Fund
- UNODC - UN Office of Drugs and Crime
- WFP - World Food Program
- WHO - World Health Organization (WHO)
- World Bank

#### **6.2.3.3 TECHNICAL ASSISTANCE QUESTIONS**

Please use the following fields to provide information about technical assistance to assist Global Fund Grants.

1. How is the USG Team assisting Global Fund processes? Please address any key implementation barriers that currently exist. Please cite specific examples. What opportunities and challenges does the country team see with regard to securing and implementing Global Fund grants?
2. The planned funding for Global Fund Technical Assistance, which will come out of the country budget (dollar amount for the upcoming fiscal year). In the past, many countries have planned for and conducted technical assistance out of their country budgets under a variety of budget codes. This section of the COP allows countries to provide a comprehensive picture of the technical assistance provided.
3. Is the CCM or PR planning to request TA from the centrally-funded Global Fund TA mechanism in FY2010? If yes, please describe the nature of the request. This information helps PEPFAR planning, but a negative response does not preclude a country from requesting centrally funded TA in FY 2010 should circumstances on the ground warrant a request.



## 6.2.4 NATIONAL-LEVEL SURVEILLANCE AND SURVEY DATA COLLECTION ACTIVITIES

It is important to plan for key data collection activities to ensure decision-makers have appropriate information available. PEPFAR teams need to provide information on the types of surveillance and survey activities for FY 2010, similar to previous years, but will now have the opportunity to identify the stage in which the surveillance or survey activity is in (i.e. whether in the planning, development, implementation or other stage). The types of surveillance and survey activities may include the following: Antenatal Care Surveillance (ANC), the AIDS Indicator Survey (AIS), the Demographic and Health Survey (DHS) and other population surveys, Behavioral Surveillance Surveys (BSS), Health workforce surveys, and the Health Facility Surveys (such as the Service Provision Assessment (SPA), Service Availability Mapping (SAM), or the Facility Audit of Service Quality). We recognize that surveillance and survey activity development may require a long period and overlap across COP fiscal years.

## 6.2.5 PUBLIC-PRIVATE PARTNERSHIPS

PEPFAR defines Public-Private Partnerships (PPPs) as collaborative endeavors that combine resources from the public sector with resources from the private sector to accomplish HIV/AIDS prevention, care, and treatment goals. PPPs enable the U.S. Government and private sector entities to maximize their efforts through jointly defined objectives, program design and implementation, and through the sharing of resources, skills, risks and results. Three hallmarks of PPPs are that they help ensure sustainability of programs, facilitate scale-up of interventions, and leverage significant private-sector resources.

Matching leveraged resources can be financial resources, in-kind contributions, and intellectual property. A collaboration is considered a PPP if the ratio of private resources to PEPFAR funds is at least 1:1. If the partnership involves other public funds besides PEPFAR's, a minimum of 25% of these must come from the private sector. The remaining 75% of the matching funds may come from other USG contributions (e.g., from the President's Malaria Initiative), multilateral donors (e.g., UNICEF), or other public resources (e.g., bilateral contributions from foreign governments). In the event the private sector partner contributes resources in-kind, country teams should monetize the contribution by estimating its market value, in coordination with the partner.

The key aspect of a public-private partnership is this: **a private sector partner must be contributing resources.**

- A contract with a private company is not a PPP.

- An activity that will build off an existing investment but with no new money or in-kind contributions is not a PPP.

PPPs are activities where both parties invest new resources toward a common purpose. If in doubt, ask yourself, “Is the private sector partner giving something of real value to the partnership?”

In FY 2010 PPP data will be collected in COPRS II.

## 6.3 Partnership Frameworks

**This section should only be completed by operating units that have a signed Partnership Framework in place before the FY 2010 COPs. HOWEVER, all countries, regardless of Partnership Framework status, must complete the Key Partner Financial Commitments table (see below)**

The July 2008 reauthorization of PEPFAR renewed the USG’s global efforts to combat HIV/AIDS, tuberculosis, and malaria for 2009-2013 and supports the establishment of partnerships with PEPFAR host countries to promote strengthened country capacity, ownership, and leadership of HIV/AIDS efforts. Partnership Frameworks provide a five-year joint strategic framework for cooperation between the USG, the partner (“host”) government, and, in some cases, other partners to combat HIV/AIDS in the host country through service delivery, policy reform, and coordinated financial commitments. At the end of the five-year time-frame, the expectation is that host countries will be better positioned to address the prevention, care, and treatment needs of their epidemic over the long term, supporting a more sustainable response. Partnership Frameworks should be established with transparency, accountability, and the active participation of other key partners from civil society, the private sector, other bilateral and multilateral partners (e.g., Global Fund to Fight AIDS, TB and Malaria [GFATM]), and international organizations and should support and strengthen national HIV/AIDS strategies.

This section of the COP seeks to capture key information from Partnership Frameworks in countries that have signed and are implementing Partnership Frameworks. Through COPRS II, countries will be able to track progress against Partnership Framework targets and report on accomplishments.

### 6.3.1 PARTNERSHIP FRAMEWORK FY UPDATES

This section is for identifying any modifications in the Partnership Framework or Partnership Framework Implementation Plan that the PEPFAR team has

negotiated and agreed to with the host government. Initially for those who are in early stages and may not have full implementation plans in place, please provide information on how the USG team is positioning itself with the FY 2010 program in line with developing Partnership Framework objectives. For countries that are considering Partnership Frameworks in FY 2010, information on initial thinking and concept for the framework can be discussed here. Eventually, once Partnership Frameworks are well established, this section will be used as a section to modify any original Partnership Framework text and the rationale for the change. If there have been substantive changes to the Partnership Framework or Partnership Framework Implementation Plan, the new document(s) should be uploaded.

Information in this section will be used to help inform the review.

### **6.3.2 GOALS, OBJECTIVES, AND INDICATORS**

As set forth in the Partnership Framework, every five-year goal, objective and indicator will need to be tracked by PEPFAR. To facilitate this tracking and reporting, the goals, objectives and indicators will be uploaded into a tracking table in COPRS II. Targets can be set in this section or under the Technical Area Summary tab of COPRS II (see National Level Indicators and Technical Area Programs sections for more information on target setting). With these data, any progress can be recorded during the S/APR and APR. Please use the comments field for notes and explanations of current year data and any proposed changes in targets.

### **6.3.3 POLICY TRACKING TABLE**

Measuring progress toward the achievement of policy reform goals and objectives is a relatively new focus for PEPFAR. In defining appropriate indicators and parameters of measurement, the potential burden of data collection and reporting, as well as the diversity of policy issues to be included, is recognized. Given these circumstances, a higher-level, generalized model will ease monitoring and reporting requirements and reflect a straightforward progression toward policy reform goals. As described in the Partnership Framework guidance, policy progression will be tracked. To facilitate this policy tracking, information from the Partnership Framework will be uploaded into a tracking table in COPRS II, where progress can be recorded during the S/APR and APR. Please use the comments field for notes and explanations of current year data and any proposed changes.

### **6.3.4 KEY PARTNER FINANCIAL COMMITMENTS**

The Financial Commitments by Partner table requires information about financial commitments by fiscal year for each funding partner that is working in the country. In addition to any other donors, this table should always include PEPFAR, host country government and Global Fund commitments if applicable. If the host country government has not made financial commitments but instead has made activity commitments, please list the host country government in this table anyway and put \$0 in the funding column. The Area(s) of Focus for the financial commitment should also be indicated for each funding partner.

There will be a field where notes can be entered regarding the financial commitments by each partner. Please include the following information, *if applicable*, as well as any additional information that may be helpful in interpreting the table.

- Describe the sources used to populate this table, and if the UNGASS report was *not* used, explain why the source you chose provides more accurate data.
- Indicate whether the funding levels in this table are determined on the basis of a calendar year (January 2006-December 2006 in the 2006 column), US fiscal year (October 2005-September 2006 in the 2006 column), or a national fiscal year.
- Comment on the ability of the partner (especially in the case of the host government and Global Fund) to obligate or spend planned funding.

At the bottom of the table, the financial commitments for each fiscal year will automatically add up. The Estimated Requirement for funding should be entered for each fiscal year, and the Funding Gap will then be shown automatically.

### **6.3.5 ACTIVITY COMMITMENTS BY PARTNER**

This section tracks commitments made by Partnership Framework members in furtherance of each goal and objective in the Partnership Framework. Enter the commitments for each partner as included in the signed Partnership Framework. Commitments will not be monitored individually but rather as clusters associated with each objective. For the current fiscal year, indicate the level to which commitments have been met. A field is provided for notes regarding commitments. Any proposed changes to activity commitments should also be addressed in this field as well as the reasons for those changes.

### 6.3.6 UPLOAD PARTNERSHIP FRAMEWORK

Upload a .pdf version of your signed Partnership Framework and Partnership Framework Implementation Plan to the supporting documents section of COPRS II. After initially uploading these documents, you need only upload the documents again *if either has changed*. You do not need to upload your Partnership Framework every year.

## 6.4 National Level Indicators

National-level targets describe the expected achievements of all contributors to a country's HIV program including the host country government and all of its stakeholders, donors, and civil society organizations. PEPFAR operating unit teams working in the context of Partnership Frameworks will be required to support the development of five-year targets for each goal, and five-year and annual targets for each of the applicable national level indicators (associated with objectives) that comprise the PEPFAR high-level headquarters required indicators. Operating unit teams working outside of Partnership Frameworks are not subject to the five-year goal target requirements, but they will have to address the annual targets for 2010 and 2011, at a minimum. PEPFAR teams will not be assigned national five-year goals by headquarters. Recognizing that some teams may not be able to assemble all of this information within the current COP timeframe, zeroes ("0") should be entered in the indicator fields (rather than leaving the fields blank) to signal that these data are not yet available. For target data submitted, these figures should be reviewed each year and revised, if necessary, to reflect the most recent programmatic trends.

As teams set these national targets, keep in mind that total national level results will not be used to report against PEPFAR legislative goals. PEPFAR HQ is working on a methodology to determine what portion of these national results will count toward PEPFAR legislative goals. Therefore, all countries (including those setting sub-national targets) will be asked to report results at national level for applicable indicators.

Particularly relevant to this process is that while many countries and regions in which PEPFAR is working have developed the capacity to scale-up services in particular programs, the current economic environment requires that the rate of scale-up be considered in light of program cost and available funding from all sources (PEPFAR, national budgets and other donors). In this context, PEPFAR teams will want to ensure that national targets represent realistic funding levels, inclusive of USG, host government, GFATM, and other donors.

## 6.4.1 SETTING NATIONAL LEVEL TARGETS

### Selecting National Indicators

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PEPFAR teams will be required to use any or all of the five “essential/reported” national output indicators that are “applicable” to the PEPFAR program. Please refer to PEPFAR’s *Next Generation Indicator Guidance* (located at: <http://www.pepfar.gov/guidance/index.htm>) for more information on choosing national-level indicator sets, including definition and use of the term “applicability.” These indicators will be used to measure the annual or intermittent progress towards the national strategic goals that PEPFAR is supporting through its programs.

Partnership Framework countries also will need to negotiate the use of additional national indicators associated with Framework goals and objectives (i.e., national indicators that match or are consistent with the associated PEPFAR “essential/reported” indicators), and they will need to provide targets and report on these indicators, in addition to the existing set of “essential/reported” indicators. These indicators will be included both in the National Indicators section of the COP and the “Goals, Objectives, and Indicators” and “Activity Commitments by Partner” sections of the Partnership Framework described above. All PEPFAR teams are encouraged to choose a full complement of indicators (output, outcome, and impact) to monitor major PEPFAR commitments and national program priorities supported by PEPFAR, whether or not these indicators require reporting to headquarters.

All national-level indicators should be pulled from the national set or negotiated into the national set if not present already. In some instances, PEPFAR teams may need to negotiate indicators into the national set if they are not already collected and to support activities that build the national systems to collect the data needed to report on these indicators. PEPFAR teams also may need to rely on existing parallel PEPFAR systems in the short-term, but they should be working to integrate fully into the national M&E system within the next few years.

### National Target Timeframe

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National level targets (and results) will be based on a reporting timeline defined by the host national government. PEPFAR teams will need to identify the timeframe for which the national targets are set (e.g., Jan 2009 – Dec 2009 or Oct 2009 – Sept 2010), and whichever period is chosen the data reported should represent the most current (and complete) 12-month timeframe available based on the host country government reporting cycle.

Except for this one time move from the USG reporting period (i.e., USG fiscal year Oct-Sept) to the country-defined reporting period, the timeframe used for target setting (and results reporting) should remain consistent for the duration of this phase of PEPFAR so data will be comparable across years and trends can be analyzed accordingly.

Possible variations in reporting timelines include:

- National Government reports on USG Fiscal year
  - FY10 COP Targets = Oct09-Sept10
  - No Change
- National Government reports on Calendar year
  - FY10 COP Targets = Jan09-Dec09
  - 9 month lag compared to USG fiscal year
- National Government reports on other Fiscal year (e.g., June to July)
  - FY10 COP Targets would = June09-July10
  - 3 month lag compared to USG fiscal year

## 6.5 Technical Area Descriptions

As in FY 2009, technical areas capture a summary of the PEPFAR program described 14 technical areas, which in some cases include multiple budget codes. For FY 2010 the name has changed from "Program Area" to "Technical Area" to better harmonize with F's Program Structure and reduce confusion with F's Program Areas. Information for each technical area is collected to ensure that headquarters has essential information about PEPFAR country and regional programs for approval and reporting while, as much as possible, organizing that information in a manner that is closest to the way programs are already implemented in the field. Technical area narratives and budget coding serve different but linked objectives. Technical area narratives describe an overview of your integrated programs in various areas of prevention, care, and treatment, while budget codes describe details necessary for tracking program funds in response to legislative requirements and Congressional inquiries.

Budget codes are analogous to Foreign Assistance program area sub-elements. As in previous years there are both technical area budget codes, which are designed to capture exclusive funding information about specific types of activities (e.g., OVC or laboratory), and cross-cutting budget attributions, which are designed to capture all funding associated with a cross-cutting program, regardless of technical area. As a result, each cross-cutting budget attribution field will capture dollars that are already reported under budget code(s). Cross-cutting budget attributions may, for example, capture funding for HRH that is undertaken as a part of ART Treatment, PMTCT, and/or TB/HIV.

The technical areas for FY 2010 are the same as in FY 2009, with one exception: Management and Operations will be its own section of COPRS II. As before Gender and HRH technical areas do not have any budget codes associated with them. Countries will need to write a technical area narrative about how they address gender across programs, and the only budget information regarding gender will be captured through a cross cutting budget code for gender-based violence activities only. The remaining four gender strategies will be captured within the Key Issue tick boxes. Funding information for HRH will be captured through cross-cutting budget attributions, described in the table below.



**Programmatic Categorization for FY 2010 COP**

<b>Technical Areas</b> (narratives)	<b>Budget Codes</b> (budgets and narratives)	<b>Cross-Cutting Programs</b> (tick box and budget only)	<b>Key Issues*</b> (tick box only)
PMTCT Sexual Prevention  Biomedical Prevention  Counseling and Testing  Adult Care and Treatment  Pediatric Care and Treatment  TB/HIV OVC ARV Drugs Laboratory Infrastructure Strategic Information Health Systems Strengthening Human Resources for Health Gender	1. MTCT: PMTCT 2. HVAB: AB 3. HVOP: Other prevention 4. HMBL: Blood Safety 5. HMIN: Injection Safety 6. IDUP: Injecting and non-Injecting Drug Use 7. CIRC: Male Circumcision 8. HVCT: Counseling and Testing 9. HBHC: Adult Care and Support 10. HTXS: Adult Treatment 11. PDCS: Pediatric Care and Support 12. PDTX: Pediatric Treatment 13. HVTB: TB/HIV 14. HKID: OVC 15. HTXD: ARV Drugs 16. HLAB: Laboratory Infrastructure 17. HVSI: Strategic Information 18. OHSS: Health Systems Strengthening	1. Human Resources for Health 2. Construction/Renovation 3. Food & Nutrition: Policy, Tools and Service Delivery 4. Food & Nutrition: Commodities 5. Water 6. Economic Strengthening 7. Education 8. Gender: Reducing violence and coercion	<ul style="list-style-type: none"> <li>• <b>Health-Related Wraparounds</b></li> <li>• Child Survival Activities</li> <li>• Family Planning</li> <li>• Malaria (PMI)</li> <li>• Safe Motherhood</li> <li>• TB</li> <li>• <b>Gender</b></li> <li>• Increasing gender equity in HIV/AIDS activities and services</li> <li>• Addressing male norms and behaviors</li> <li>• Increasing women’s access to income and productive resources</li> <li>• Increasing women’s legal rights and protection</li> <li>• <b>Mobile Populations</b></li> <li>• <b>Military Populations</b></li> <li>• <b>Workplace Programs</b></li> <li>• <b>End-of-Program Evaluation</b></li> </ul>

\* Guidance requires that for any Key Issue marked, narrative must be included to substantiate the checkmark.

As you will note there are three technical areas that are a summary of two or more budget codes: Sexual Prevention (AB and Other Sexual Prevention); Biomedical Prevention (Blood Safety, Injection Safety, Injecting and non-Injecting Drug Use, Male Circumcision); and Adult Care and Treatment (Adult Care and Support and Adult Treatment). The aggregate planned funding information for each budget code under these three technical areas will be captured on the summary view for each technical area.

A list of the Technical Areas definitions as set in FY 2009 can be found in Appendices 5 and 6. It is expected that the Technical Areas and Budget Codes will remain constant to ensure trend data over time; however, it is also possible that they may be modified in future years due to changing information demands from Congress. There is a higher probability that the Cross-Cutting Budget Attributions and Key Issues will change over time. Additional information and definitions for Cross-Cutting Budget Attributions and Key Issues can be found in Section 6.6.2.4 of this *Programmatic Considerations* guidance.

### **6.5.1 TECHNICAL AREA SUMMARIES**

COPRS II will contain data entry screens for technical area information that will collect the narrative and show the total planned FY 2010 funding and targets for that technical area. Information for implementing mechanisms for a given technical area can be entered under the budget code narrative sections of Managing Implementing Mechanisms.

For each technical area, the country and regional teams will describe the strategic overview in narrative form. The technical area narrative should provide an overview of the country's strategy in the specific technical area, what role the USG will play, and how these activities fit into the Partnership Framework, where applicable. Please include a description of the programmatic and technical support provided by USG staff working in the technical area. This information should complement the staffing data and M&O narratives.

The technical area narratives should not be more than 15,000 characters (approximately three pages). **You are not required to use the entire space.** If the PEPFAR program is not supporting a particular technical area, please leave that Technical Area Narrative blank.

**Please see Appendix 6 for specific instructions for planning and writing each technical area narrative, as the requirements differ by technical area.**

## 6.5.2 PEPFAR TECHNICAL AREA SUMMARY TARGETS

Quality data are needed to inform the design of COP activities, to monitor partner performance, and to set reasonable and achievable targets. Good target setting and results reporting are inextricably linked. In order for targets to be meaningful and realistic, the quality of the data on which they are based must meet minimum standards of acceptability.

The PEPFAR Technical Area Summary Targets are based on the collective work of all PEPFAR partners, and should represent PEPFAR's direct contributions to the national program. Therefore, technical area summary targets will need to be adjusted for double counting prior to submitting the COP to OGAC.

PEPFAR teams will be required to provide two years of technical area summary targets for FY 2010 and FY 2011 time periods, and they will have the option of providing targets through 2013. PEPFAR teams will not be assigned national five-year targets by headquarters. Revision of out-year targets will be allowed during each year's COP cycle.

## SETTING PEPFAR TECHNICAL AREA SUMMARY TARGETS

### Selecting Technical Area Summary Indicators

PEPFAR teams are required to set summary level targets on all of the "Essential/Reported" indicators that are "applicable" to the PEPFAR program in the host country. A subset of the essential indicators, known as "Essential/Not Reported" are considered critical for in-country use, but these indicators will not be captured in COPRS II. Please see PEPFAR's *Next Generation Indicator Guidance* for additional guidance and information.

PEPFAR teams are encouraged to include additional indicators to their PEPFAR technical area summary set to ensure sufficient information for program management and planning in-country. These additions may also include indicators pulled from the national set or from the PEPFAR list of "recommended" indicators.

### Target Timeframe

The targets should reflect the expected direct program results in a given fiscal-year **time period** regardless of the fiscal year monies used to reach targets. For example, partners might still be spending FY 2008 and FY 2009 monies during the October 1, 2010 to September 30, 2011 time period, and ALL expected results for this time period should be included.

By setting targets based on expected results within a given-year time period rather than based on a given-year funding, we will be able to make comparisons between targets and the annual results reported in Annual Progress Report (APR). Note that this time frame approach differs from the Implementing Mechanism target setting approach described in Section 6.6.2.7 which describes targets to be achieved with the funds allocated to the Mechanism this year.

### **Considerations for Setting Technical Area Summary Level Targets**

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PEPFAR teams are required to set technical area summary targets on all of the “Essential/Reported” indicators that are “applicable” to the PEPFAR program. Annual technical area summary targets should be based on USG support and should feed into the national program 5-year goals set through a strategic planning process led by the host country government and supported by key stakeholders.

The expected accomplishments at the summary level are not simply the sum of the targets for a given indicator across individual partners. It is expected that some double counting will occur. When estimating targets the PEPFAR team should identify and resolve double counting issues. The targets should be an accurate reflection of the total de-duplicated reach of programs during the fiscal year period. Therefore, summary targets will need to be adjusted for double counting prior to submitting the COP to OGAC.

When calculating five-year targets, country teams should be conservative, reflecting limited increases in PEPFAR funding (if any at all). Simultaneously, if such information is available, consideration should be given to additional funding coming from other sources (e.g., host government, GFATM, other donors), which may influence what will be accomplished at the national level.

## **6.6 Manage Partners and Implementing Mechanisms**

### **6.6.1 MANAGE PARTNERS**

#### **6.6.1.1 DUNS NUMBERING SYSTEM**

The COPRS II system includes over 3,000 organizations that were entered in the FY 2004-2009 COPs as prime partners or sub-partners. **A key addition to the COPRS II system for managing partners is the incorporation of the Dun & Bradstreet (D&B) Data Universal Numbering System® (“DUNS Number”) for organizations.** The DUNS number is a unique nine-digit identification number, recognized globally as the universal standard for identifying and tracking organizations worldwide. The DUNS number was also

incorporated into the Federal Acquisition Regulation (FAR) in April 1998 as the Federal Government's contractor identification code for all procurement-related activities. Office of Management & Budget (OMB) has adopted the use of DUNS numbers as a way to keep track of how federal money is awarded and dispersed. For organizations previously listed in the COPRS system, HQ will attempt to match organizations to their DUNS numbers to the extent possible. For new organizations to be added to the COPRS II system for inclusion as a prime partner or sub-partner for a COP, they should first obtain a [DUNS number](http://fedgov.dnb.com/webform/displayHomePage.do) at the following web site: <http://fedgov.dnb.com/webform/displayHomePage.do>. The application is a fast, no-cost process and helps ensure that each organization is uniquely tracked. This process is similar to that used by the Director of Foreign Assistance (F) for partner tracking. The DUNS number should be entered by the local country user administrator for new or local organizations.

#### **6.6.1.2 PRIME PARTNERS**

**Definition:** A prime partner is an organization that receives funding directly from, and has a direct legal relationship (contract, cooperative agreement, grant, etc.) with an USG agency.

There can be only one prime partner per implementing mechanism. When implementing mechanisms are awarded to a joint venture/consortium, the lead partner is the prime, and any other partners in the consortium should be identified as sub-partners. With the exception of the prime partner, you will only need to enter those members of the joint venture/consortium that are active in your country. See additional guidance on local joint ventures in Appendix 2.

**Do not** name a partner as a prime or sub under an implementing mechanism until it has been formally selected through normal Acquisition & Assistance processes, such as Annual Program Statements, Requests for Application, Funding Opportunity Announcement, or Requests for Proposals. If a partner has not been formally selected, list the prime partner for the implementing mechanism as "To Be Determined" (TBD). See Appendix 2 for guidance on notifying OGAC once you have identified a prime partner.

As opposed to the COPRS I system, there will be only one instance in which you will include one of the USG agencies as the prime partner for an implementing mechanism. In previous COPs you may have created a "funding mechanism" for such items as management and staffing costs or technical staffing costs. In COPRS II, all of the costs associated with an USG agency's footprint in country, i.e., costs of doing PEPFAR business or "management and operations" costs (including staffing), will be entered in the M&O section, which is separate from the implementing mechanism information, and technical staff costs will be attributed to the appropriate technical area. However, for all direct programming

a USG Agency is implementing, it should retain an implementing mechanism with itself named as the prime partner.

### **6.6.1.3 SUB-PARTNERS**

#### **Definitions**

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**Sub-Partner:** An entity that receives a sub-award from a prime partner or another sub-partner under an award of financial assistance or contract and is accountable to the prime partner or other sub-partner for the use of the Federal funds provided by the sub-award or sub-contract.

**Sub-Award:** Financial assistance in the form of money or property in lieu of money provided under an award by a recipient to an eligible sub-partner (or by an eligible sub-partner to a lower-tier sub-partner). The term includes financial assistance when provided by any legal agreement, even if the agreement is called a contract but does not include either procurement of goods or services or, for purposes of this policy statement, any form of assistance other than grants and cooperative agreements. The term includes consortium agreements.

Note: In COPRS II, information will only be collected on Prime Partners and Sub-Partners, not on "Subs of Subs".

#### **No Sub-Partners When a USG Agency is the Prime Partner**

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For those occasions where a USG Agency is the prime partner, you should NOT have sub-partners under that funding mechanism. A sub-partner under a USG Agency is the same as having a prime partner, and the entity should be entered as a separate funding mechanism. For instance, CDC should only be listed as a prime partner for technical programming that CDC provides directly in-country. (Costs of staff time, including the provision of technical assistance, should be entered as costs of doing PEPFAR business in the M&O section – not as a funding mechanism.) If funding will eventually be obligated to another organization, then CDC should NOT be the prime partner. For more assistance with this issue, please contact Heather Pumphrey ([hbp7@cdc.gov](mailto:hbp7@cdc.gov)).

#### **Subdivisions of an Organization**

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If an organization has one or more subdivisions or sub-offices that are receiving funding, you should not enter each subdivision or sub-office as a sub-partner of the parent organization. You would only enter the subdivision or sub-office if it is receiving the funding directly from a USG agency prime partner, independently of the parent organization.

### Examples

1. If you are funding the national Red Cross in your country, you would not list each subdivision of the Red Cross as a sub-partner if it is receiving its funding from the national headquarters office. You should only list local chapters of the Red Cross as sub-partners if they are receiving funds directly without it first going through the national headquarters office.
2. If you are funding the national Ministry of Health (MOH) in your country, you would not list any district level health ministry as a sub-partner if the funding flows through the national MOH. You should only list the district level health ministries as sub-partners if they are receiving funds directly from a prime partner without going first through a national level headquarters.

#### **6.6.1.4 NEW PARTNERS AND GRADUATION OF PARTNERS**

As part of our efforts to increase sustainability, PEPFAR teams should build local capacity by funding new partners and facilitating the “graduation” of sub-partners to prime partner status. It is anticipated that the COPRS II system will allow PEPFAR HQ and field staff to better track the transition from international partners to local partners (see local partner definition following this section).

A new partner is one working for the USG for the first time in health projects in the country or one that has not worked with the USG as a prime partner or sub-partner on a health project in that country in the past 5 years.<sup>4</sup>

Please be aware that new partners are for the USG in your country as a whole, not for each individual USG agency. If USAID is already working in health with a partner who will be working with CDC for the first time in FY 2010, that partner is NOT new. It is important for the USG Team to ensure that they are appropriately applying the “new” status.

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<sup>4</sup> Please note that this definition of a new partner is different from the definition used by the New Partners Initiative.

### Examples

- A new department within a university that is a current or former partner is only a new partner if the funding is going directly to that department and not going through the university. If you are working with additional departments in a university that you have worked with in previous years and the funding goes directly to the university that is NOT a new partner.
- If a contractor has been working on training in child survival activities but not HIV, it is NOT new.
- If a contractor has been working in food monetization with a health component, it is NOT new.
- If a contractor has been working on micro-finance and is now working in HIV, it is NEW.
- If a contractor had an agreement in the recent past in the health sector (i.e., within the last five years), did not receive an agreement in FY 2007, but does have an agreement in FY 2010, it is NOT a new partner.
- If a contractor has been working with USAID in other health programs but is now being funded to work with HHS/CDC for HIV programs, it is not new.

#### 6.6.1.5 TRACK 1.0 PARTNERS

##### Track 1.0 Partners

The following are the status of the Track 1.0 agreements:

- **Track 1.0 ART** grants have been extended through FY 2013. Central funding for Track 1.0 ART grantees will continue at FY 2009 funding levels. HQ will send a table to the field in late June providing each country's planned central funding for each Track 1.0 ART grantee by implementing mechanism and program area budget code. FY 2010 treatment budgets must cover:
  - The continuing treatment costs of anyone already on treatment using Track 1.0 resources and field supplementation of Track 1.0 resources.
  - The full cost of any expansion of treatment using Track 1.0 grantees.



- **Track 1.0 OVC and ABY** agreements were extended until June 2010. In the 2009 COPs, country teams were required to outline transition plans for these programs to become field-managed beginning in FY 2010. **Track 1.0 Blood Safety** agreements were extended through FY 2009 and will be transitioned to field-managed beginning in FY 2010. The funding levels for Track 1.0 OVC, ABY, and Blood Safety agreements will be moved from the "Central" budget to the bilateral field budgets in FY 2010. There will be some adjustment of funds between countries to respond to global needs. Specific country allocations of these funds will be communicated to the country teams by HQ along with the overall FY 2010 planning allocations. Funding transitioned from HQ Track 1 mechanisms to field mechanisms are expected to maintain their technical area designation. For example, \$2 million in OVC Track 1 funding that is transitioned to the country allocation must be used for OVC programs. **Medical transmission** programs have already been transferred to the field.

#### **6.6.1.6 UNALLOCATED FUNDING**

It is recognized that early COP planning reduces program flexibility. Therefore, a flexible funding option will again be available in this year's COP. You may designate up to five percent of your GHCS (State) budget as unallocated, unless otherwise notified. Allocation of unallocated requests must be submitted to OGAC as part of the April 2010 reprogramming process so that all FY 2010 can be approved and notified by the 3<sup>rd</sup> Congressional Notification of FY 2010.

**Please note that if you are submitting your FY 2010 COP on the January 29, 2010 due date, then you will not be able to use unallocated funding as part of your planning process.**

#### **6.6.1.7 ORGANIZATION TYPE**

This information will be auto populated by COPRS II if the organization previously existed in COPRS I. If you are requesting the addition of a new organization, you will utilize COPRS II for that request. Reference the User Manual and training materials for more information. Each organization can only be *ONE* type. If it is an FBO as well as any other type of organization, please select FBO.

- FBO (Faith-Based Organization) - Please ensure that the organization is actually an FBO rather than basing the determination on a name sounding like an FBO (i.e., St. Catherine's Hospital might not be an FBO).

- NGO (Non-governmental organization other than FBO) - This includes organizations created as a private sector company's foundation, e.g. Coca Cola Foundation.
- Host Country Government Agency - This includes ministries, such as a Ministry of Health.
- Private Contractor - This includes private sector companies such as Deloitte-Touche, John Snow, Inc., and any company involved in a Public-Private Partnership.
- University - (Note: a university affiliate, such as Johns Hopkins JHPIEGO, would be listed under NGO, but Columbia University School of Public Health would be listed under University.)
- Multi-lateral Agency - This is for organizations such as the World Health Organization or UNAIDS.
- Other USG Agency - This is any USG entity other than one of the six USG Agencies that are part of PEPFAR (DoD, DOL, HHS, Peace Corps, State Dept, USAID).
- Own Agency - This is for any one of the six USG Agencies that are part of PEPFAR (DoD, DOL, HHS, Peace Corps, State Dept, and USAID).
- Parastatal - This is a state-owned enterprise in which ultimate control over the organization rests with the government. Such enterprises function under various governance structures, may be headed by a government appointee, and may operate using a combination of public and private funds.

Determine partner type based on the nature of the entity, not by the funding that it might receive. Please make sure that you identify the type of organization and NOT the source of funding the organization receives.

Example
An entity that receives funding from the host country government is not necessarily a host country agency. It could be an FBO that receives funding from multiple sources.

**6.6.1.8 LOCAL PARTNER DEFINITION**

Under PEPFAR, a "local partner" may be an individual or sole proprietorship, an entity, or a joint venture or other arrangement. However, to be considered a

local partner in a given country served by PEPFAR, the partner must meet the criteria under paragraph (1), (2), or (3) below<sup>5</sup>:

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

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

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

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

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

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

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

Host government ministries (e.g., Ministry of Health), sub-units of government ministries, and parastatal organizations in the country served by the PEPFAR

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<sup>5</sup> HHS will only implement paragraph 2 (entity) of the definition.

program are considered local partners.\* A parastatal organization is defined as a fully or partially government-owned or government-funded organization. Such enterprises may function through a board of directors, similar to private corporations. However, ultimate control over the organization rests with the government.

The U.S. Global AIDS Coordinator may waive the above criteria where justified to address the circumstances in a specific case.

Starting with FY 2010, only partners that meet the definition criteria should be reported as local partners in the COP. A single partner can only be considered "local" in the country in which it meets the definition criteria; in other countries it should be listed as "international". The categories are international, local individual, local sole proprietorship, local entity, and local joint venture/association/consortium. Please see Appendix 2 for guidance on implementation of the local partner definition.

## **6.6.2 MANAGE IMPLEMENTING MECHANISMS**

The COP is designed to be a document that follows funding, and as such, funding information is organized by what we have termed "implementing mechanisms." An implementing mechanism is a grant, cooperative agreement, or contract in which a discrete dollar amount is passed through a prime partner entity and for which the prime partner is held fiscally accountable. Examples of implementing mechanisms are bilateral contracts, bilateral grants, field support (USAID) to a HQ-managed project/entity, cooperative agreements, etc.

Each USG implementing mechanism will have a separate entry in the COPRS II system. One prime partner will need to have multiple entries only if:

- A partner is funded by more than one agency; or
- A partner has multiple projects that are administered through separate procurement instruments; i.e. AED FANTA and AED Linkages will need to be entered as two separate partners.

**Note: A key change to the 2010 COP is that you will no longer need a separate "funding mechanism" entry for each funding source that a partner is receiving.**

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

All institutional contractors providing M&O support to the country team should be entered in the M&O section.

#### **6.6.2.1 IMPLEMENTING MECHANISM DETAILS**

In general, these implementing mechanism details should remain static over time:

- Prime Partner Name
- Funding Agency
- Procurement Type
- Implementing Mechanism Name
- Mechanism ID (auto-populated)
- Field Tracking Number (optional)
- Agreement Timeframe

#### **Prime Partner Name**

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The prime partner name will be selected from a list of pre-existing partner names. If the partner is new, country teams will need to request the addition of the partner. This new process will help ensure that the partner list does not contain duplicates. See the *COPRS II User Guide* for more information.

## Funding Agency

It is critical that you identify the correct agency because the USG Agency / Operating Division selected will be the one that receives funding from OGAC.

Agencies	
<ul style="list-style-type: none"> <li>• DoD (Department of Defense)</li> <li>• DOL (Department of Labor)</li> <li>• Department of State</li> <li>• AF (African Affairs)</li> <li>• EAP (East Asian and Pacific Affairs)</li> <li>• EUR (European and Eurasian Affairs)</li> <li>• INR (Intelligence and Research)</li> <li>• NEA (Near Eastern Affairs)</li> <li>• OGAC (Office of the U.S. Global AIDS Coordinator)</li> <li>• PM (Political-Military Affairs)</li> <li>• PRM (Population, Refugees, and Migration)</li> <li>• SCA (South and Central Asian Affairs)</li> <li>• WHA (Western Hemisphere Affairs)</li> </ul>	<ul style="list-style-type: none"> <li>• HHS (Health and Human Services)               <ul style="list-style-type: none"> <li>○ CDC (Centers for Disease Control and Prevention)</li> <li>○ HRSA (Health Resources and Services Administration)</li> <li>○ NIH (National Institutes of Health)</li> <li>○ OS (Office of the Secretary)</li> <li>○ SAMHSA (Substance Abuse and Mental Health Services Administration)</li> </ul> </li> <li>• Peace Corps</li> <li>• USAID (United States Agency for International Development)</li> <li>• U.S. Treasury</li> </ul>

- **NIH** - The only NIH activities that you should include in your COP are non-research activities. For example, if you are providing country funding to add a service component such as care or treatment to an NIH study, only the country funding for the additional service component would be put into the COP. The NIH study would NOT be included. You can include support for training through NIH via Fogarty International Center research training grants that support the strengthening of human capacity in strategic information: surveillance, HIS, targeted and public health evaluations, program monitoring and evaluation, modeling, and bioethics. Country teams should be in contact with FIC research training program officer or directly with grantee and their in-country collaborators to discuss capacity building needs (see research training websites at [www.fic.nih.gov](http://www.fic.nih.gov) for contact info for AIDS International Training and Research Program, International Clinical, Operations and Health Services Research Training Award for AIDS and TB, and International Research Ethics Education And Curriculum Development Award). To expedite the distribution of funds, please identify the grant name (e.g. Vanderbilt

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AITRP) or number (D43TW001035) in the narrative.

- HRSA - Please note that although CDC locally manages HRSA partners such as ITECH (the University of Washington), the Twinning Center (American International Health Alliance (AIHA)), NY AIDS Institute (HIVQUAL) and Georgetown University (Nursing Capacity Building), HRSA should be listed as the associated agency.
- Peace Corps – Funding going to the Peace Corps should be identified with Peace Corps as the USG Agency receiving the funding. Peace Corps should never appear as another USG Agency’s prime partner.
- Department of Labor – Funding going to the Department of Labor should be identified with Department of Labor as the USG Agency receiving the funding. Department of Labor should never appear as another USG Agency’s prime partner.
- State – To expedite the distribution of funds, please identify the State Department Bureau for all mechanisms where the Department of State is the USG Agency. For any project using State’s Regional Procurement Support Offices (RPSO) for construction or renovation, list the relevant State regional bureau as the USG Agency (guidance on using RPSO as an option will be forthcoming).

## **Procurement Type**

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The procurement type field was added in FY 2008. The types of procurement types are:

- Contract - A mutually binding legal instrument in which the principal purpose is the acquisition by purchase, lease, or barter of property or services for the direct benefit or use of the Federal government or in the case of a host country contract, the host government agency that is a principal signatory party to the instrument. Note: IQCs should be listed as contracts.
- Cooperative Agreement - A legal instrument used where the principal purpose is the transfer of money, property, services, or anything of value to the recipient in order to accomplish a public purpose of support or stimulation authorized by Federal statute and where substantial involvement by the USG is anticipated. Note: PASAs should be listed as cooperative agreements.

- Grant - A legal instrument where the principal purpose is the transfer of money, property, services or anything of value to the recipient in order to accomplish a public purpose of support or stimulation authorized by Federal statute and where substantial involvement by USG is not anticipated.
- Umbrella Award – An umbrella award is a grant or cooperative agreement in which the prime partner does not focus on direct implementation of program activities, but rather acts as a grants-management partner to identify and mentor sub-recipients, which in turn carry out the assistance programs. See Appendix 2 for additional criteria.
- Inter-agency Agreement (IAA) - An Inter-Agency Agreement is a mechanism to transfer funding between agencies. This mechanism should only be used in **very rare** occasions and is not permitted for use with GHCS-State funding by non-State agencies. If the USG team decides that one agency has a comparative advantage and is better placed to implement an activity with either GHCS-USAID or CDC GAP funding, the USG team has the option of requesting to transfer money from one agency to another through an IAA. This is not the most efficient way of providing funds from one agency to another. However, one example of an appropriate use of an IAA is agency buy-in for BUCEN services.
- USG Core - We have also added a “USG” option to the procurement/assistance instrument field to capture USG agency funds that do not qualify as contracts, cooperative agreements, or grants. This would include funding for staff, operations, purchase orders, etc.

### **Implementing Mechanism Name**

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With the change to documenting planning by implementing mechanism in COPRS II, the mechanism name now becomes a tool to identify unique mechanisms. Even before, many countries found it much easier to reference and reprogram funds when the implementing mechanism has a unique name. We have seen the following mechanism naming conventions:

- Partner Acronym: AIHA; CHAZ
- Project Name: Support to RDF; Sun Hotel PPP; GHAIN; Track 1.0 buy-in; Track 1.0 OVC

If this is a HQ buy-in implementing mechanism, you must put the name of the HQ project in the implementing mechanism name field. For example, if you are using the CTRU Project or UTAP, you should use these names in the implementing mechanism name field.



Please do not confuse implementing mechanism name with prime partner name (see definition below), although in many cases these may be the same. The table below provides several examples of the difference between, implementing mechanism name and prime partner name. The COPRS II User Guide will provide more detail as appropriate.

Examples of Prime Partners and Implementing Mechanism Names:

Implementing Mechanism Name	Prime Partner Name
Together We Can	American Red Cross
Twinning	American International Health Alliance
MEASURE/DHS	Macro International
Network RFP	To Be Determined

### **Mechanism ID and Field Tracking Number**

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The COPRS II system will automatically populate a separate COPRS II Mechanism ID field which can be used for cross-reference to country tracking systems.

The field tracking number is not a required field. It is intended for country use only to assist with internal tracking systems or syncing COPRS II data with country-based “shadow systems”. Examples of possible field tracking numbers include:

- Contract / cooperative agreement number
- Vendor ID
- COPRS shadow system ID

### **Agreement Timeframe**

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In COPRS II, there will no longer be a continuing activity section. There will simply be a month-year stamp that field teams will complete indicating when an implementing mechanism has been initiated. This time stamp will serve as an indication of where a mechanism is in its lifecycle.

### **6.6.2.2 IMPLEMENTING MECHANISM AND BUDGET CODE NARRATIVES**

For the 2010 COP, the information collected previously in activity narratives will be restructured and collected in separate implementing mechanism and budget code narratives. This policy change addresses two priorities: 1) reducing

reporting burden by eliminating duplicative mechanism information and allowing for greatly reduced narrative lengths; and 2) harmonization with the Office of U.S. Foreign Assistance ("F") Operational Plan structure.

**The key to writing narratives is conciseness** – please write only enough detail to explain the technical and programmatic plans for the implementing mechanism. The allowed character count of each budget code narrative has been set to 15,000 to ease transition to the new implementing mechanism structure and allow the migration of the full COPRS I activity narratives into the new system. When writing the budget code narratives, country teams should only address the questions listed in the relevant technical considerations. See the *FY 2010 COP Guidance: Technical Considerations* for details.

**Narrative length in relation to funding amount** – it is recognized that programmatic and technical complexity is related to the amount of narrative to adequately describe a program. However, please consider the financial size of the program when determining how much narrative is needed to describe it. For instance, in general, an implementing mechanism with an annual budget over \$1,000,000 will require greater detail than one under \$100,000.

The table below summarizes the information to be included in the implementing mechanism summary narrative, along with an illustrative example of information that may be required for the budget code narratives. **Do not repeat information in both sections.** While you are not required to do an extensive re-write of activity narratives imported from COPRS I into the budget code narrative fields in COPRS II, please focus on brevity when drafting new budget code narratives or updating existing ones. The left-hand column of the table below lists areas to be addressed in the implementing mechanism summary narratives.

Please note that the guidance will be stronger in FY 2011 in supporting shorter narratives. It is larger this year to accommodate cutting and pasting from last year's COP as a time-saving measure for the field. The maximum budget code narrative length in FY 2011 will be reduced to allow only up to 2250 characters (approximately one page) or less per budget code. For PEPFAR teams that can begin, it could be beneficial to pare down narratives for this year. Countries that are preparing a full COP for the first time should only write to the 2250 character count or less.

New for FY 2010 as well are up to five specific questions for each budget code narrative to which the majority of the budget code narrative should respond.

**Please see Appendix 6 for each budget code's specific questions.**

<b>Implementing Mechanism Narrative</b> Please address the following:	<b>Budget Code Narrative</b> Illustrative:
<ol style="list-style-type: none"> <li>1. The implementing mechanism’s comprehensive goals and objectives under the award reflecting its breadth across technical areas, as appropriate.</li> <li>2. If applicable, how the implementing mechanism is linked to the Partnership Framework goals and benchmarks over the life of its agreement/award</li> <li>3. The implementing mechanism’s geographic coverage and target population(s).</li> <li>4. Please briefly describe the key contributions to health systems strengthening, if appropriate.</li> <li>5. A description of the implementing mechanism’s cross-cutting programs and key issues: if a cross-cutting attribution is entered or key issue selected it should be described in this narrative.</li> <li>6. The implementing mechanism’s strategy to become more cost efficient over time, such as achieving improved economies in procurement, coordinating service delivery with other partners in the public and private sector, and expanding coverage of programs with low marginal costs.</li> <li>7. Monitoring and evaluation plans</li> </ol>	<p>Details on what should be included <b>for each budget code narrative</b> are provided in the technical considerations section of the guidance. In general, budget code narratives will cover topics such as:</p> <ul style="list-style-type: none"> <li>• A description of the service delivered or other activity carried out (e.g., system strengthening, commodity procurement, etc) within the budget code.</li> <li>• Activities for supportive supervision and quality assurance.</li> <li>• An explanation of indicator targets related to the budget code (if the optional indicator data is used).</li> </ul>

<b>Implementing Mechanism Narrative</b> Please address the following:	<b>Budget Code Narrative</b> Illustrative:
for included activities.	
Maximum Character Count: 5,500 characters ( ≈1.5 pages/750 words)	Maximum Character Count: 15,000 characters ( ≈5 pages/1,500 words) per budget code

### 6.6.2.3 FUNDING SOURCES / ACCOUNTS

For each USG agency, there are funding sources associated with that agency. The funding source choices for each agency are:

<b>USG Agency</b>	<b>FY 2009-10 COP Funding Source Categories</b>
USAID	GHCS (State) Central GHCS (State) GHCS (USAID) *
HHS/CDC	GAP GHCS (State) Central GHCS (State)
HHS/HRSA	GHCS (State) Central GHCS (State)
HHS/OS	GHCS (State) Central GHCS (State)
DoD	GHCS (State) DHAPP
DoL	GHCS (State)
State	GHCS (State) Central GHCS (State)^ FMF
Peace Corps	GHCS (State)
ALL OTHERS	GHCS (State)

\* Former "Other Bilateral" Countries Only

^ If the USG Agency is State Department, RPSO should be the only partner with Central GHCS (State) funding source.

GAP – This category used to be called “Base (GAP Account),” and is still applicable.

DHAPP and FMF – These funding sources must be reflected in the COP.

Reminder – Please ensure that you are coordinating as a USG Team in determining funding decisions and that all USG HIV/AIDS funding is being programmed as an interagency USG Team.

#### **6.6.2.4 CROSS-CUTTING PROGRAMS AND KEY ISSUES**

Information related to this section is collected to meet a variety of strategic priorities and, consequently, reporting requirements. In general, data collected as a cross-cutting attribution is used to meet a specific Congressional or Administration reporting requirement. In addition to facilitating responses to external stakeholder inquiries, data collected for key issues are used by PEPFAR interagency leadership and technical working groups to inform policy making. The categories of cross-cutting programs and key issues may evolve from year to year to reflect legislative requirements in annual appropriations bills and Administration priorities. **For any cross-cutting budget attribution or key issue selected, the implementing mechanism narrative must include discussion of these selections.**

The definitions for all Cross-Cutting Budget Attributions and Key Issues are provided below and additional details for all except Construction/Renovation can be found in the *FY 2010 COP Guidance: Technical Considerations*.

<b>Cross-Cutting Budget Attributions</b>
<b>1.</b> Human Resources for Health
<b>2.</b> Construction/Renovation
<b>3.A</b> Food and Nutrition: Policy, Tools, and Service Delivery
<b>3.B.</b> Food and Nutrition: Commodities
<b>4.</b> Economic Strengthening
<b>5.</b> Education
<b>6.</b> Water
<b>7.</b> Gender: Reducing Violence and Coercion

Key Issues
<b>Health-Related Wraparounds</b> <ul style="list-style-type: none"> <li>• Child Survival Activities</li> <li>• Family Planning</li> <li>• Malaria (PMI)</li> <li>• Safe Motherhood</li> <li>• TB</li> </ul>
<b>Gender</b> <ul style="list-style-type: none"> <li>• Increasing women’s legal rights and protection</li> <li>• Increasing gender equity in HIV/AIDS activities and services</li> <li>• Addressing male norms and behaviors</li> <li>• Increasing women’s access to income and productive resources</li> </ul>
<b>End-of-Program Evaluation</b>
<b>Mobile Population</b>
<b>Military Population</b>
<b>Workplace Programs</b>

## **Cross-Cutting Attributions**

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In FY 2010, we will be capturing funding information for eight cross-cutting programs, which are defined below. The total amount listed under the cross-cutting budget attributions must be equal to or less than the total planned funding for the implementing mechanism. For example, if a partner is being funded \$1,000,000 for Pediatric Treatment, the total for Food and Nutrition commodities cannot be more than \$1,000,000. A given activity can have more than one cross-cutting attribution (e.g., service training on nutritional assessments would be counted as both HRH and Food and Nutrition).

### **Definitions**

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

#### **Human Resources for Health (HRH)**

- Workforce Planning
- Human Resource Information Systems (HRIS)
- In-Service Training
- Pre-Service Education
- Task shifting
- Performance Assessment/Quality Improvement

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- Retention
- Management and Leadership Development
- Strengthening Health Professional Regulatory Bodies and Associations
- Twinning and Volunteers
- Salary Support

Please note, in addition to providing information about funding for all HRH programming, countries should also fill out the Health Care Worker Salary Report worksheet. This is the same worksheet that was required for the FY 2009 COP.

### **Construction/Renovation**

Construction of any new facility, or renovation to accommodate the change in use, square footage, technical capacity, or other infrastructure improvements to any facility, are permitted where necessary to deliver foreign assistance programs. Please note that the definition of renovation is intentionally broader than the CDC definition used for funding renovations. Please also note that PEPFAR-funded construction or renovation projects referred to here are for properties provided to the host government (or potentially to another implementing partner) as a form of foreign assistance (e.g., a health clinic or hospital annex deemed necessary to deliver HIV/AIDS services). Additional guidance on PEPFAR construction and renovation authorities and practices for USG for properties will be disseminated separately.

### **Food and Nutrition: Policy, Tools, and Service Delivery**

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

- Development and/or Adaptation of Food and Nutrition Policies and Guidelines – providing a framework for integrating food and nutrition activities within the care and support of people infected and affected by HIV/AIDS, including OVC. This includes policies and guidelines that foster linkages with “wraparound” programs that address food security and livelihood assistance needs in the targeted population. This also includes activities that improve quality assurance and control for production and distribution of therapeutic and fortified foods for use in food and nutrition activities.
- Training and Curricula Development – training for health care workers, home-based care providers, peer counselors, and others to enhance their ability to carry out nutritional assessment and counseling; developing appropriate nutrition-related curricula for inclusion in pre- and post-service training programs; development of appropriate job aids for health care workers.

- Nutritional Assessment and Counseling – anthropometric, symptom and dietary assessment to support clinical management of HIV-positive individuals before and during ART, as well as exposed infants and young children; nutrition education and counseling to maintain or improve nutritional status, prevent and manage food- and water-borne illnesses, manage dietary complications related to HIV infection and ART, and promote safe infant and young child feeding practices; nutritional assessment, counseling and referral linked to home-based care support.
- Equipment – procurement of adult and pediatric weighing scales, stadiometers, MUAC tapes, and other equipment required to carry out effective nutritional assessment; procurement, logistics and inventory control costs.

### **Food and Nutrition: Commodities**

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

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

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



## **Economic Strengthening**

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

- Economic Strengthening - The portfolio of strategies and interventions that supply, protect, and/or grow physical, natural, financial, human and social assets. For PEPFAR generally, this refers to programs targeting HIV-infected individuals in care and treatment programs, OVC due to HIV/AIDS, and their caregivers. These activities can include a variety of microfinance, vocational training and/or income generation.
- Microfinance - The range of financial products and services, tailored to meet the needs and demands of low-income or otherwise vulnerable populations. This includes group and individual lending, savings, insurance, and other financial products. Microfinance is distinguished from mainstream finance by its outreach to isolated and poor populations, and its efforts to make financial services accessible and approachable to them, in terms of product design and delivery systems.
- Microenterprise - A very small-scale, informally organized business activity undertaken by poor people. Generally refers to enterprises with 10 or fewer workers, including the microentrepreneur and any unpaid family workers; many income generating activities fall into this category.
- Microcredit - A form of lending which involves very small sums of capital targeted towards microentrepreneurs and poor households. Microcredit can take the form of individual or group loans, and have varying terms, interest rates and degrees of formality. Microcredit is a *type* of microfinance.
- Market Development - A fundamental approach to economic development that recognizes and takes advantage of the fact that products and services are most efficiently and sustainably delivered through commercial systems. Market development encompasses more targeted strategies such as microfinance and microenterprise development.

## **Education**

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

education programs or settings should also be included in this cross-cutting budget attribution. Please see the *Technical Considerations* for what can be included as Education.

## **Water**

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

## **Gender: Reducing Violence and Coercion**

Activities for GBV ("Reducing Violence and Coercion") include:

- Screening and counseling for gender-based violence within HIV/AIDS prevention, care, and treatment programs
- Strengthening referrals from HIV/AIDS services to GBV services and vice versa
- Strengthening rape care services, including the provision of HIV PEP
- Interventions aimed at preventing gender-based violence, including interpersonal communication, community mobilization and mass media activities
- Programs that address societal and community norms that perpetuate violence against women and other marginalized population; that promote gender equality; and that build conflict resolution skills
- Strengthening linkages between health, legal, law enforcement, and judicial services and programs to prevent and mitigate gender-based violence
- Support for review, revision, and enforcement of laws and for legal services relating to gender-based violence, including strategies to more effectively protect young victims and punish perpetrators
- Research and program evaluation regarding the associations and interplay between GBV and HIV/AIDS, and HIV/AIDS services

## **Key Issues**

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

You should ensure that each of these selections are justifiable, according to the definition. That is to say that you would be able to support each selection in the event of an audit.

## Definitions

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

**Health-Related Wraparounds:** A wraparound activity wraps or links together PEPFAR programs with those from other health sectors to provide comprehensive program support and improve the quality of life to HIV/AIDS-affected and -infected communities. Wraparounds leverage resources, both human and financial, from entities with different funding sources in order to complement PEPFAR goals and maximize the effectiveness of programs. Wraparound activities may include other programs funded by the USG (e.g., USAID Development Assistance), the Global Fund, the UN (World Food Program, UNICEF, etc.), the private sector, or other partners. In general, wraparound activities are supported with a mix of funds, primarily from sources other than PEPFAR. However, wraparound activities that directly serve PEPFAR priority populations by supporting the prevention, treatment, or care of HIV/AIDS, and are in keeping with other PEPFAR guidance, may be supported with PEPFAR funds. In many cases the other sources of funding are used to provide the platform and PEPFAR funds are used to support those activities with our priority populations. In other cases, PEPFAR provides the platform (e.g. home-based care infrastructure) for wraparounds, such as delivery of bednets through PMI, immunizations, or medications for neglected tropical diseases. Please refer back to Section 4 of the guidance for programming priorities.

- **Child Survival Activities:** The goal of child survival activities is to support the availability and use of proven life-saving interventions that address the major killers of children and improve their health status. Examples of wraparound services include care, routine immunization, polio eradication, safe water and hygiene, micronutrients, growth monitoring, improved infant and young child feeding, and treatment of life-threatening childhood illnesses.
- **Family Planning:** PEPFAR is a strong supporter of linkages between HIV/AIDS and voluntary family planning and reproductive health programs. The need for family planning for HIV-positive women who desire to space or limit births is an important component of the preventive care package of services for people living with HIV/AIDS and for women accessing PMTCT services. PEPFAR programs can work to expand access to FP/RH services through wraparound programming, i.e., wherever possible linking or ideally co-locating with existing FP/RH programs to ensure the availability of FP/RH information and counseling, with referral for actual services. In areas with high HIV prevalence and strong voluntary family planning systems, PEPFAR programs are encouraged to support efforts to provide confidential HIV counseling and testing within

family planning sites. Indeed, there is growing evidence of unmet need for these family planning services, particularly among vulnerable populations, including for women who are HIV-infected.

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

**Gender:** While there is one gender strategy assigned as a cross-budget code (see above), the other four gender strategies should be captured through the key issue area:

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

**End-of-Program Evaluation:** Total amount of dollars to be devoted in a project to measuring the effectiveness, efficiency, and/or quality of services that are delivered by the project. This measurement uses quantitative and/or

qualitative scientific methods and informs improvements in service delivery. It may be conducted at specific times or throughout the life of a project.

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

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

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

#### **6.6.2.5 EARLY FUNDING REQUEST**

Country teams wishing to request early funding for critical activities **will need to submit a request for early funding by September 18<sup>th</sup>**. The early funding request for FY 2010 will be submitted through the COPRS II system. If country teams want to begin preparing their request in advance of preparing their COP, they should do so keeping in mind the new implementing mechanism structure of the COP. The key pieces of data required will be:

1. Implementing Mechanism
2. Partner Name
3. Agency
4. Funding source (which must be GHCS-State)
5. Funding by Technical Area Budget Code
6. Short Narrative – 1,000 characters

**Please note:** Country teams are asked to submit early funding requests for GHCS-State funded implementing mechanisms only, as OGAC can only notify for the one account. Early funding for all other funding sources / accounts should be done through the agency which manages the relevant account.

Early funding requests are only for activities that will require funding before April 30, 2010, in advance of normal COP approval timelines. Please take into account three items as you decide on early funding requests:

1. Early funding can be requested under a Continuing Resolution but it must only be requested for ongoing activities.
2. If drug purchases need to be undertaken early in the year, the funding for these purchases must be included in the early funding request.
3. Only request the amount of funding to cover an implementing mechanism until full funding arrives in-country. (There should be very few instances where you would request funding for an entire implementing mechanism as early funding.)

In the early funding narrative, please describe what the early funds will be used for and why early funds are necessary. There will not be a set character limit for the early funding narratives, though narratives will be truncated to 1,000 characters (approximately 1 paragraph) for financial analyses.

Additional Early Funding guidance will be available in the near future to better assist teams in planning their request as there are now two COP submission due dates.

#### **6.6.2.6 SUB-PARTNERS**

Note: In COPRS II, information will only be collected on Prime Partners and Sub-Partners, not on "Subs of Subs".

For FY 2010 only sub-partner names need to be provided for each implementing mechanism proposed in the COP. During the APR, field teams will only report obligations to those named sub-partners. If sub-partners are unknown for an implementing mechanism, then there is nothing to be entered into COPRS at this time; however, sub-partner lists must be updated throughout the year during the Reprogramming process.

#### **6.6.2.7 IMPLEMENTING MECHANISM-LEVEL TARGETS**

PEPFAR Implementing Mechanism-level targets are intended to show what each USG-funded partner will accomplish using requested funds in all relevant technical areas in which they are working.

Implementing Mechanism level targets will need to be established using a defined set of indicators. The PEPFAR country team and their implementing partners will determine which indicators are to be reported by which partner based on PEPFAR indicator guidance. Each partner's indicator set should

represent the expected outputs (i.e. people served or other defined deliverables) or outcomes of the partner's activities.

Each Implementing Mechanism's indicator set should represent a comprehensive set of measurements that provide the information needed by the partner and the PEPFAR team to manage the program activities. Minimally, partners will be expected (by the in-country team) to set targets for all "essential/reported" indicators that are applicable to the work they are doing.

Applicability of indicators is determined by whether the partner is directly supporting services being measured by the indicator. See Indicator Reference Sheet section titled "Applicability" for additional guidance.

All country teams will be required to identify in COPRS II, the indicators that will be used to track implementing Mechanism level targets and results by selecting and adding indicators for each implementing mechanism from a drop down menu of "essential/reported" indicators.

Country teams will have the opportunity, but will not be required by OGAC, to enter targets for these indicators into COPRS II. However, headquarter agencies may issue agency-specific requirements for the submission of these targets. At this time, only HHS will require that implementing mechanism-level targets be uploaded into COPRS II. (These targets will be used for HHS country or agency management purposes only and will not be used during interagency COP reviews.)

## **Target Timeframes and Definitions**

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**There are two approaches for setting implementing mechanism level targets available for use in COPRS 2—Fiscal Year Targets and Planned Budget Targets. Both use the same indicators, but differ only in the time frame used to assign targets.**

### **Fiscal Year Targets**

Definition: Fiscal Year Targets are the program results expected in a defined reporting period regardless of the year of funding used to reach those targets.

**This timeframe is the same as for the technical area summary targets** and can be aggregated and de-duplicated to produce a summary target. All implementing mechanisms will need to set Fiscal Year Targets so that this aggregation can be done. These targets do not need to be uploaded into COPRS, though country teams have the option to upload targets if they'd like to use COPRs to manage these data.

For each implementing mechanism, country teams should set at least two (2) years of targets (FY2010 and FY2011). Where longer contracts or agreements exist, country teams may want to request additional year targets.

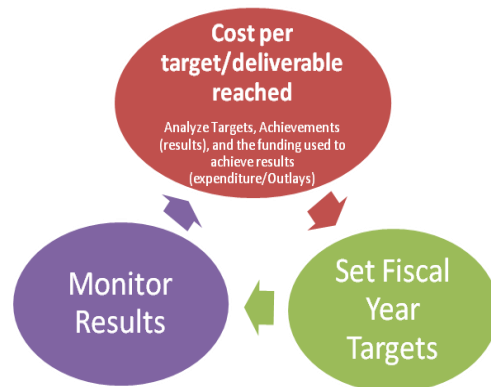
**Data Use – Fiscal Year Targets**

Comparing Fiscal Year Targets to Results

Fiscal Year Targets are based on the same time period as performance results reported by Implementing Mechanism and provide a direct comparison between what a partner expects to accomplish (Target) and what they actually accomplished (Result), allowing country teams to monitor performance.

Comparing Fiscal Year Targets with budget information

Fiscal Year Targets are based on the financial expenditures that are expected to be outlaid during the defined reporting period. Therefore Fiscal Year Targets (and results) should be compared against financial records of expenditures or outlays to get an estimate of the cost per target reached. Fiscal Year Targets, Results and financial expenditures/outlays can be analyzed to provide PEPFAR country teams with a better understanding of the cost, pipelines, and the relationship between dollars and outputs.



The information developed through these types of analyses should be fed into each round of target setting and can help to identify program efficiencies.

**Example of Fiscal Year Target Setting– New Implementing Mechanism**

A new partner receives money for the first time in FY2010 to provide treatment in a rural area that had no access to service delivery in past. Based on the expected date that the partner will receive funding, the partner doesn't expect to reach any patients with services in 2010. Once funding is received, they have some infrastructure, procuring commodities, capacity building work to do. They expect they will be up and running approx 4-6 months following receipt of funding. The community has approx 500 known patients ready to start treatment. The partner estimates that they will be able to get all 500 patients on ART before end of FY2011 and will continue to enroll new patients as identified. They are also serving as the primary Testing and Counseling site in the area.

Two exemplary indicators were chosen to highlight targets:

Example	FY09	FY10	FY11	FY12	FY13
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Indicators					
Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]	NA	0	500	550	No Target
Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results	NA	0	500	1000	No Target

\*2012 targets are notional based on continued funding at the same FY10 level.

### Example of Fiscal Year Target – Existing (continuing) Implementing Mechanism

In this scenario the partner has an existing Treatment program continuing from previous year. At the end of FY 2009, they expect to have approx 2500 patients on the books. They are scaling up at a net gain of approx 5-10 patients/month, taking into account death, transfers out, and other loss to follow-up. They expect rate of scale-up to stay constant through 2011. They have dollars in pipeline from 09 and will continue service uninterrupted until receipt of 2010 funds.

Two exemplary indicators were chosen to highlight targets:

Example Indicators	FY09	FY10	FY11	FY12	FY13
Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]	2500	2590	2670	2670	No Target
Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results	150	150	150	150	No Target

\*2012 targets are notional based on continued funding at the same FY2010 level.

### Planning Budget Targets: (Required for HHS Implementing Mechanisms Only)

Definition: Planning Budget Targets are the program results expected to be achieved with the funding coming in this budget cycle (i.e., with FY2010 funds), regardless of when the results will be achieved. This approach is similar to target setting guidance that was provided previous to FY 2008.

This approach of aligning targets with planned funding differs from the above approach to setting targets, which aligns targets with expenditures or spending. As a result, the targets using this definition cannot “roll up” to the technical area summary targets.

## Data Use – Planned Budget Targets

### Comparing Planned Budget Targets to Results

This approach to target setting will not allow comparison of targets to results, but will allow assessment of targets for the funds requested.

### Comparing Planned Budget Targets with Partner Requests for Funds

This approach to target setting allows project officers and procurement and grants officials to specifically evaluate the requested funding and targets described in partners’ applications for annual funding in light of what was approved in the COP for the same fiscal year’s funds. These targets will provide PEPFAR country teams with an understanding of the costs per target estimated by the partner for the funds requested that year.

## Example Template for collecting Fiscal Year and Planning Budget Targets

Indicator #	Indicator Label					
	Fiscal Year Targets					Planning Budget Targets
	FY09	FY10	FY11	FY12	FY13	
Numerator	Target	Target	Target	Target	Target	Target
Denominator	Target	Target	Target	Target	Target	Target
Male	Target	Target	Target	Target	Target	Target
Female	Target	Target	Target	Target	Target	Target

\*In COPRS, Planning Budget Targets will show up for HHS Implementing Mechanisms only

## Considerations for Setting Implementing Mechanism-Level Targets

All implementing partners will be required to set targets on all of the applicable indicators in the Technical Area Summary set developed by the PEPFAR country team using the Fiscal Year Timeframe described above. It will be up to country teams to determine whether or not country teams wish to input these targets into the COPRS database for their own management purposes.

In addition to setting Fiscal Year targets, HHS implementing mechanisms will also **be required to report via COPRS** targets on all applicable indicators using Planned Budget Targets. PEPFAR country teams are required to input these targets into COPRS.

## 6.7 USG Management and Operations

**USG Management and Operations (M&O)** – formerly Management and Staffing (M&S).

The section captures information about the USG PEPFAR footprint in country – how the team is organized, each agency’s roles and responsibilities on the interagency team, and the costs of doing the USG’s PEPFAR business (CODB) in country. Only USG agencies that have staff in country and receive funding for in country staff, space, etc. should be entered in the M&O section.

This section does not capture activities in which the PEPFAR country team purchases services from an USG agency acting in the capacity of an implementing partner; those activities should be captured in the “Managing Implementing Mechanism” section. For example, State personnel and costs of doing business will be included in M&O, but State RPSO will be entered as an implementing partner in the Managing Partners section to capture the construction contracting services provided on behalf of the country team. The costs of those services are allocated to the appropriate technical area. For example, Public Affairs/Public Diplomacy (PA/PD), Self-Help activities, and Small Grants projects will now be captured in the Other Policy technical area.

In addition, USG agencies that do NOT have a presence in country should be captured as partners (e.g. Department of Labor); their associated costs should NOT be included in M&O.

### **Budgetary Requirements**

The previous 7% target for former Management and Staffing costs has been replaced with a series of metrics that country teams should use to evaluate the appropriate alignment of M&O costs, interagency organization and structure, and staffing data to the program. The headquarters M&O COP review team will also consider these metrics in evaluating M&O investments. See Appendix 3.

### **6.7.1 BACKGROUND**

The Management and Operations of the USG presence in each country, with a strong emphasis on interagency coordination, continue to be important priorities for PEPFAR. Each country team is expected to implement a “Staffing for Results” (SFR) process, in which it reviews the staffing and organizational structure of the in-country USG team regularly throughout the year.

While planning for the FY 2010 COP, countries should re-evaluate their USG staffing footprint and organizational structure to ensure it maximizes interagency planning, implementation, and evaluation. As part of the staffing analysis, country teams should consider their staffing needs to continue meeting the program technical and management demands for the next 4 years.

Additional guidance on SFR, engaging locally employed staff, work with agency management offices, Costs of Doing PEPFAR Business, staffing data, functional and management charts, M&O metrics, and PEPFAR Coordinator hiring are included in Appendix 3.

### **6.7.2 M&O COUNTRY TEAM NARRATIVES**

The single former M&S program area narrative, and guiding questions, used in previous COPs has been divided into a series of separate M&O narratives for FY 2010 COP. While this year's guidance may appear to ask new and additional questions, the questions remain the same, only the format has changed. Each smaller narrative is no more than 2250 characters (less than a page); teams should use as much or as little of the available space to convey their answers.

All of the narratives directly relate to components of an SFR implementation plan (see Appendix 3) and build off of each other to address issues related to team structure, management and planning processes and staffing. For each narrative we have provided the overall context for how it relates to the SFR plan as well as guiding questions that we would like you to address in the narrative, which can be as simple as a one-sentence answer, as appropriate.

PEPFAR continues to be committed to addressing issues hindering our ability to sufficiently recruit and retain locally employed staff (LE Staff) working for PEPFAR around the world; they are critical members of our PEPFAR team and are essential to long-term sustainability of programs fighting HIV/AIDS. Local staff bring immense talent, experience, country relationships, and dedication to PEPFAR efforts to save and transform lives. Significant progress has been made since 2008 through field and headquarters collaboration, and specific information to address LE staff as well as resources to assist recruitment and retention, are available at:

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

Country teams are encouraged to look for innovative ways to empower LE Staff, including opportunities to utilize or develop technical leadership, such as chairing a TWG; training opportunities internal or external to PEPFAR; and appropriate participation in conferences.

Several auto-populated tables will present full-time equivalent (FTE) data from the staffing data to inform three of the narratives. **Updating staffing data prior to answering those questions is advised.**

#### **NARRATIVE 1: TEAM ORGANIZATION AND RELATIONS (UPDATED ANNUALLY)**

*Narrative Context:* This narrative corresponds to the components of the Staffing for Results implementation plan related to coordinated interagency team organization and relations and how the team jointly plans its work and manages its partners.

*Guiding Questions:* Describe the team's plans to continue/institutionalize interagency planning and management. Have you instituted standard operation procedures, terms of reference or other guiding principles for team organization, structure and relationships (see Appendix 3 for examples)? Briefly describe how your team has conducted joint work planning, overall technical area reviews, partner performance reviews, and pipeline analyses, including for FY 2010 COP development. How was the team able to align individual agency partner review requirements with interagency planning? What issues do you have that require headquarters support? Describe how you have reviewed and taken action with partners that have large unobligated and unexpended balances.

Question 4 will complement the answers here with additional detail regarding whether the team has the right mix of positions to manage the program.

#### **NARRATIVE 2: ISSUES AFFECTING SFR IMPLEMENTATION (UPDATED ANNUALLY)**

*Narrative Context:* This narrative corresponds to the components of the Staffing for Results implementation plan related to identification of issues impeding the team's ability to staff, organize, and manage its team in the most efficient way possible (building off of Narrative 1).

*Guiding Questions:* Describe any issues affecting your ability to implement SFR or effectively manage and staff the program and your team's plans to address them, such as rightsizing, space, recruitment, retention, prolonged vacancies and management support, particularly those related to LE Staff. Please describe any areas where Headquarters support/intervention is requested. If there are upcoming rightsizing (especially if associated with a New Embassy Compound) or mission-wide management initiatives or reviews, please describe with the timeline.

#### **NARRATIVE 3: EVALUATION OF CURRENT STAFFING (UPDATED ANNUALLY)**

*Narrative Context:* This narrative corresponds to the components of the Staffing for Results implementation plan related to whether the team’s current staff footprint (filled and vacant) is appropriate to manage the program based on the team organization structure and joint planning described in Narrative 1.

*Guiding Questions:* In conjunction with PEPFAR’s five-year reauthorization and Partnership Framework (if appropriate), what is the staffing strategy for the remaining four years? What staff needs or changes does your team anticipate? Does your team have the appropriate mix of technical staff to implement the program, including after Partnership Framework implementation? How have you considered the use of LE Staff in the context of the staffing strategy?

Under a scenario of much reduced annual increases or level resources available for FY 2010-2013, are current management resources (staff, space, etc.) sufficient to manage the program for the next years? Describe how your team has worked with non-program offices (i.e. HR, Management/Executive, and Procurement) of the mission to ensure there is sufficient support for staff and space in FY 2010 and over the next four years. Have any adjustments been made to current staffing to minimize duplication?

**Supporting Table 1: Total Current Staffing (Filled and Vacant) Table** – There will be an accompanying *auto-populated* table (from the staffing data) that presents the filled and vacant FTE data for each technical area and M&O by agency. No data entry required in the table.

<b>NARRATIVE 4: EXPLAIN VACANCIES AND ANTICIPATED TURNOVER (ENTERED ANNUALLY)</b>
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*Narrative Context:* This narrative corresponds to the components of the Staffing for Results implementation plan related to the team’s ability to recruit and retain staff and address the root causes in order to have the complete staffing footprint described in Narrative 3.

It is important for operating units and headquarters management staff to understand the issues affecting recruitment and retention so that those issues can be addressed at the field or headquarters level, as appropriate. In addition, it is important to exercise due diligence to ensure that any expressed need for new staff considers existing vacancies and recruitment issues.

*Guiding Questions:* What are the issues affecting recruitment or retention? What is the team’s approach to addressing these issues? Are any technical areas more affected than others? Have you officially documented those reasons as part of the annual compensation surveys? How will the team address

recruitment challenges during new staff recruitment (if you are requesting new staff)? Can headquarters provide any assistance with the recruitment and retention issues? Describe any anticipated turnover during the upcoming year. Keep in mind issues specific to efforts related to LE Staff recruitment and retention.

**Supporting Table 2: Vacancy Table** - There will be an accompanying *auto-populated* table (from the staffing data) that presents the vacant FTE data for each technical area and M&O by agency. No data entry required in the table.

**Supporting Table 3: Vacancy Ratio** – Another *auto-populated* figure also will provide the ratio of vacancies to existing positions pulled from the staffing data. No data entry required in the table.

<b>NARRATIVE 5: JUSTIFY REQUESTED NEW STAFF (ENTERED ANNUALLY)</b>
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*Narrative Context:* Unlike the other narratives in M&O, the Justify Requested Staff narrative includes brief descriptions directly related to each new staff request. This narrative corresponds to the components of the Staffing for Results implementation plan related to the identification of new technical and management expertise needed on the team to manage and implement PEPFAR effectively.

For any new staff positions that are requested, there is an assumption that these have emerged from the SFR exercise and that there is consensus with the entire in-country PEPFAR team on the need, roles, and hiring agency. New staff requests, especially non-local positions, should only be included in the plan and budget if the Ambassador has approved them and is willing to approve the associated NSDD-38 requests.

Unlike the other narratives, Narrative 5 is in the form of a table. The **New Staff Table** is *auto-populated (from the staffing data)* and presents the requested new positions (with agency, position title, type of position, employee citizenship, employment mechanism, type of funding, percentage of time devoted to PEPFAR, and program area FTE data) with narrative space for country teams to provide rationale for the new positions.

*Guiding Questions:* In the narrative space next to each requested new staff position, describe why the position is necessary. Identify whether the position was requested by headquarters or the operating unit team. For requests for U.S. Direct Hire and U.S.-based Personal Services Contractor (USPSC) positions (see definition below under staffing data), explain why positions cannot be filled by locally employed host national staff in the justification box.

## **OPTIONAL UPLOAD OF SUPPORTING SFR INFORMATION**

If extra space is required to describe your country team's SFR process fully, you may (optional) upload further text and any other documents (such as terms of reference, vision, goals) that explain the team's SFR process to share with reviewers.

### **6.7.3 AGENCY M&O NARRATIVES (UPDATED ANNUALLY)**

For each agency present in country, a narrative is required to describe the agency's management and operations in country. The narrative should describe the agency's staffing and Costs of Doing Business (CODB) in the context of the agency's roles and responsibilities on the interagency team building on agency core strengths.

In some HHS/CDC COGH country offices (e.g., in Kenya), there will be management and operations costs associated with the overall HHS/CDC mission. These costs should also be described in CDC's M&O activity narrative and included in the CODB budget entries (see below).

### **6.7.4 PLANNED FUNDING OF USG COSTS OF DOING PEPFAR BUSINESS (ENTERED ANNUALLY)**

USG CODB includes all costs inherent in having the USG footprint in country, i.e. what it takes to have our personnel in country providing the varying services, technical assistance, management oversight, administrative support, other program support, etc. in the furtherance of implementing PEPFAR and meeting PEPFAR goals.

USG CODB will now be captured in one location vs. multiple activity entries in previous COPs. In addition, the FY 2009 M&S Budget Table has been replaced by data collection in COPRS II. The benefits to capturing all CODB in M&O are that it will centrally organize all costs in one location and allow easier itemization of individual CODB; reduce the burden for country teams; and provide more transparency to Congress, OMB, and other stakeholders on the costs for each Federal agency of managing and implementing the PEPFAR program. Country teams will enter the CODB information annually to reflect the USG agency's CODB budget for the fiscal year.

There are 10 CODB categories. Some of the CODB categories include only a budget data field; others also include a small narrative to describe with what these costs are associated. Appendix 3 provides CODB category definitions and supporting guidance for the 10 categories:



1. USG Staff Salaries and Benefits
2. Staff Program Support Travel
3. ICASS (International Cooperative Administrative Support Services)
4. Non-ICASS administrative costs
5. CSCS (Capital Security Cost Sharing)
6. Computers/IT Services
7. Management Meetings/Professional Development
8. USG Renovation
9. Institutional Contractors (non-PSC/non-PSA)
10. Peace Corps Volunteer Costs (including training and support)

Attribution of CODB to other technical areas: In previous COPs, countries were allowed to attribute CODB across technical program areas proportionate to staff working in those areas. Starting in FY 2010, **all CODB will be fully funded out of the M&O program area *except* for USG Staff Salaries and Benefits, Program Travel, Institutional Contractor costs, and Peace Corps Volunteer Costs.** The attributed CODB will be included in the technical area budgets.

<p><b>CODB Attributable to Technical and M&amp;O Budget Codes</b></p> <p><i>Auto-Attributed Based on Staffing Data (FTE)</i></p> <ul style="list-style-type: none"> <li>• USG Staff Salaries and Benefits</li> <li>• Staff Program Support Travel</li> </ul> <p><i>Attributable by Direct Allocation</i></p> <ul style="list-style-type: none"> <li>• Institutional Contractors (non-PSC/non-PSA)</li> <li>• Peace Corps Volunteer Costs (not attributable to the M&amp;O budget code)</li> </ul>	<p><b>CODB Attributable ONLY to M&amp;O</b></p> <ul style="list-style-type: none"> <li>• ICASS (International Cooperative Administrative Support Services)</li> <li>• Non-ICASS administrative costs</li> <li>• CSCS (Capital Security Cost Sharing)</li> <li>• Computers/IT Services</li> <li>• Management Meetings/Professional Development</li> <li>• USG Renovation</li> </ul>
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- For USG Staff Salaries and Benefits and Program Travel, country teams will update their staffing data and enter the top-line budget amount for each category by fund account.
  - Based on the area's FTE (from the staffing data – see guidance on the FTE in Appendix 3), COPRS II will auto-attribute a portion of top-line budget amounts to each technical area and M&O budget code.
    - Each technical area FTE will be converted to a percentage. The aggregate of each technical area will equal 100% of the agency's FTE.

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- The percentage of the whole for each technical area will be multiplied by the top-line budget number to determine the attribution of the budget amount to the technical area budget code.
  - For example, if there are 10 FTE and 3 are PMTCT and 7 are OVC, the FTE will be converted to percentages of 30% and 70%, respectively, and multiplied against the top-line budget number (\$1 million) to determine attributions of \$300,000 for PMTCT and \$700,000 for OVC.
- For Institutional Contractors, country teams will enter each contractor and its funding by appropriate technical areas and M&O budget code associated with the area for which it is providing personnel support on behalf of the USG. The CODB attributed to the technical areas will be counted as part of the technical area budget.
  - For Peace Corps Volunteers, country teams will attribute the volunteers' funding to the appropriate technical area budget codes. M&O will not be an option for PCV costs. The CODB attributed to the technical areas will be counted as part of the technical area budget.

Countries must budget for their entire FY 2010 estimated CODB, by funding source in the COP. Country teams should update the costs should be updated as appropriate during reprogramming. All CODB must be funded out of the country budget. Country teams must work with the Financial Management Officer, Executive Officer, Budget Officer, and/or other local administrative staff to develop the M&O budget.

**Indirect Costs:** As of early June, all but one of the indirect cost models for the implementing PEPFAR agencies are still awaiting review and approval. Therefore, until the models have been finalized, the interim guidance for FY 2010 is that all calculations will be completed by HQ staff and related funding will be funded centrally. Please note that in the case of Peace Corps, posts should not budget for the 15% overhead that they have in previous years, and should adjust their allocation from the interagency PEPFAR team as appropriate.

### **6.7.5 STAFFING DATA (UPDATED ANNUALLY)**

As a part of the COP, country teams are again asked to submit staffing data, which will now be collected and managed through the COPRS II system for all countries. The FY 2009 country-team-submitted data as of June 1, 2009, will be loaded into COPRS II for teams to update for FY 2010 COP submission. Additional instructions for the staffing data are included in Appendix 3.

## 6.7.6 PEACE CORPS VOLUNTEERS (UPDATED ANNUALLY)

For each country and in aggregate, Peace Corps Washington will upload to COPRS II the number of PEPFAR-funded:

- Volunteers on board as of September 30, 2009;
- Peace Corps Response Volunteers on board as of September 30, 2009;
- new Volunteers proposed in the FY 2010 COP; and
- new Peace Corps Response Volunteers proposed in the FY 2010 COP.

Peace Corps Washington will obtain this information from Peace Corps country programs.

## 6.8 Supporting Documents Library

In the new COPRS II system each operating unit will have a document library for uploading any required supplemental documents and any voluntary supplemental documents. Additionally the vision is to include other key documents relevant to providing the country or regional HIV/AIDS context or to the COP review process. Documents of any format can be uploaded into the library (.doc, .xls, .pdf, .jpg, etc.).

FY 2010 Required Supporting Documents:

- Ambassador Letter**
- Executive Summary** – OGAC has updated the Executive Summary format and template. Please find the revised template and an example on the COPRS II Help page and [www.pepfar.net](http://www.pepfar.net).
- Partnership Framework and Partnership Framework Implementation Plan**
- Summary Targets and Explanation of Target Calculations** – In FY 2010, country teams will fill out all summary targets on an Excel template, available in COPRS II Help page and on [www.pepfar.net](http://www.pepfar.net). There will also be narrative boxes in the template for country teams to explain how they calculated the summary targets and any other data quality issues that should be noted.
- Budgetary requirement justifications** (if applicable).
- Functional Staffing Chart and Agency Management Charts**
- Health Care Worker Salary Report**

**These documents must be uploaded before your COP is submitted.**

Templates or sample documents for these Required Supporting Documents can be found in the appropriate section of PEPFAR.net or in the Help link in COPRS II.

## 6.9 Central Initiatives

This section of COPRS II will house centrally-funded initiatives. The vision for this section is that for approved implementing mechanisms awarded as a Public Health Evaluation, through the New Partners Initiative, or other centrally managed initiatives that may arise in the future, headquarters will enter the information. Further, the data will be included as appropriate in operating unit-specific and global PEPFAR reports and viewable by appropriate users.

### 6.9.1 PUBLIC HEALTH EVALUATIONS (PHE)

As initiated in FY 2009, all new and continuing PHE studies are funded centrally and awards will be based on the merit of submitted proposals. The monies to support approved PHEs are additive to FY 2010 country allocations. **Country program funds cannot be utilized to fund new or ongoing PHEs in FY 2010.** Similarly, implementing partners are not permitted to use program monies to conduct PHEs or other research activities. Specific details regarding submission of PHEs will be provided in the forthcoming *The Structure of Public Health Evaluation in PEPFAR*, but for ease of reference, the text below highlights some key guidance.

Emphasis will be placed on addressing strategic priority questions of global significance that can inform and improve PEPFAR programming broadly, that PEPFAR is uniquely poised to address, that are of sufficient scale and scientific rigor, that can be addressed in a timely and efficient manner and that take advantage of central coordination and support where appropriate. While we expect that most priority questions will fall into the category of global significance, there may be some exceptions. Therefore, it is recognized that there is a need to allocate some funding to country-specific priority questions that respond to requests of host governments or address locally specific implementation challenges.

- *PHEs of global significance* are those studies that can inform and change how PEPFAR delivers programs globally and that PEPFAR is uniquely poised to address. The majority of funds will be allocated to these projects, which should be of sufficient scale and scientific rigor and reflect the diversity of PEPFAR programs and populations served, in order that

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the findings might be globally relevant. Where appropriate, these studies will be conducted across countries. The selection process will be competitive. Emphasis will be given to projects that address identified PEPFAR strategic priority questions, build capacity locally and across countries, and are implemented in settings that reflect PEPFAR's diversity. All country programs, regardless of PEPFAR funding levels, can propose and participate in these competitive PHEs of global significance.

- *Country-priority PHEs* are those studies that respond to specific requests for the host government, address specific local implementation challenges and provide capacity-building opportunities for local researchers and local partner organizations, but do not necessarily rise to the potential of global significance. As with PHEs of global significance, the selection process will be competitive and country-priority PHE activities may only be approved if judged of sufficient scientific and technical merit.

### **PHE Application, Review and Approval Process**

Review and approval of new PHE activities will be based on scoring of technical merit, geographic diversity, country capacity and record of progress and completion of previously funded PHE studies. New concept submissions will be reviewed both centrally and by the teams in the country where the PHE activity is being proposed. This PHE review and approval process occurs separately from the COP submission and review process. PHE activities that are funded out of the PHE review and approval process will be entered at the headquarters level, and funds added accordingly to the country allocation.

The timeline for submission and review of proposed PHE studies will be similar to the timeline in FY 2009, in order for the PHE process to be completed prior to COP submission. With the new COP submission due dates, further guidance for when PHE activities are due will be provided subsequently.

### **6.9.2 NEW PARTNERS INITIATIVE (NPI)**

The New Partners Initiative (NPI) began funding partners from a centrally-managed funding source in December 2006. The initiative was created to expand the number of PEPFAR partners and to build the capacity of organizations at the community level, while also building local ownership of HIV/AIDS responses for the long term. Cumulatively, through the three competitive rounds, 56 awards have been made to 54 new prime partners in fourteen of the fifteen PEPFAR Phase I focus countries. Awards have been made in successive rounds by USAID, HHS/CDC, and HHS/HRSA. Unless extended, the Round 1 cooperative agreements are scheduled to end in December 2009.

The FY 2009 COPs included the NPI partners' activity-level information for Rounds 1 and 2; however, unless the country provided additional resources, they were entered as \$0 as the funds were provided from prior year budgets and accounted for in the HOP. In the new COPRS II system, funding amounts for all NPI partners (Rounds 1-3) will continue to be entered as \$0 unless country level resources are added to supplement the agreement. The remainder of the implementing mechanism information should be completed, including the implementing mechanism narrative, the budget code narratives and the key issues section.

Country teams may set implementing mechanism-level targets for the NPI activities according to the guidance in Section 6.6.2.7.

As Round 1 agreements may be coming to an end, it is important to consider the implications and make decisions on the activities these partners are implementing if this has not occurred already. For Round 2 and 3 partners, consideration should begin on how these programs might fit into country level plans over the next two years.

OGAC has invested in technical assistance (TA) providers (JSI and AED) for NPI partners. These TA providers should be utilized to maximize program quality and sustainability as well as to minimize the burden on field staff. These TA providers have produced a web-site that provides information on NPI (partners and TA providers), resources and tools, and events and training. Additional information can be found at: <http://www.npi-connect.net/home>.

## Appendix 1: Acronyms

**A** – Bureau of Administration (State Department Bureau)

**A&A** – Acquisition and Assistance

**AB** – abstinence and be faithful

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

**AF** – African Affairs (State Department Bureau)

**AIDS** – Acquired Immune Deficiency Syndrome

**ANC** – antenatal clinic

**APR** – Annual Program Result

**APS** – Annual Program Statement

**ART** – antiretroviral treatment

**ARV** – antiretroviral

**CBO** – community-based organization

**CBJ** – congressional budget justification

**CCM** – country coordinating mechanism

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

**CST** - Country Support Team

**CSTL** - Country Support Team Leader

**CN** – Congressional Notification

**CODB** – Costs of Doing the USG’s PEPFAR Business

**COP** – Country Operational Plan

**COPRS** – Country Operational Plan and Reporting System

**CSH** – Child Survival & Health (USAID funding account)

**DfID** – Department for International Development (UK)

**DoD** – U.S. Department of Defense

**DoL** – U.S. Department of Labor

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

**EUR** – European and Eurasian Affairs (State Department Bureau)

**F** - Office of the Director of Foreign Assistance

**FAQs** – frequently asked questions

**FBO** – faith-based organization

**FDA** – Food and Drug Administration (part of HHS)

**FSA** – Freedom Support Act (funding account)

**FSN** – foreign service national

**FTE** – full-time equivalent

**FY** – fiscal year

**GAP** – Global AIDS Program (CDC)

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

**GHCS** – Global Health Child Survival  
funds (funding account)

**HCW** – Health Care Workers

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

**HIV** – Human Immunodeficiency  
Virus

**HMIS** – Health Management  
Information System

**HQ** - headquarters

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

**HRH** – Human Resources for Health

**ICASS** – International Cooperative  
Administrative Support Services

**ID** – identification

**INR** – Intelligence and Research  
(State Department Bureau)

**IRM** – information resources  
management

**LES** – Locally Employed Staff

**M&E** – monitoring and evaluation

**M&O** – Management and Operations

**MAARD** – Mini Acquisition and  
Assistance Request Document  
(USAID term)

**MFI** – Microfinance Institution

**MICS** – Multiple Indicator Cluster  
Survey (UNICEF)

**MIPRS** – Military Interdepartmental  
Purchase Request (DOD)

**MOA** – Memorandum of Agreement

**MOU** – Memorandum of  
Understanding

**N/A** – not applicable

**NEA** – Near Eastern Affairs (State  
Department Bureau)

**NGO** – nongovernmental  
organization

**NPI** – New Partners Initiative

**NIH** – National Institutes of Health  
(part of HHS)

**OE** – operating expense

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

**OGHA** – Office of Global Health  
Affairs (part of HHS)



**OMB** – Office of Management and Budget

**OS** – Office of the Secretary (part of HHS)

**OVCs** – orphans and vulnerable children

**PASA** – Participating Agency Service Agreement

**PAWG** – Procurement and Assistance Working Group

**PEPFAR** – President’s Emergency Plan for AIDS Relief

**PLACE** – Priorities for Local AIDS Control Efforts

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

**PM** – Political-Military Affairs (State Department Bureau)

**PMTCT** – prevention of mother-to-child HIV transmission

**PPP** – Public-Private Partnership

**PR** – Principal Recipient

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

**PSC** – Personal Services Contract

**QA** – quality assurance

**RSSA** – Resource Support Services Agreement

**RFA** – Request for Application

**RFC** – Request for Contracts

**RFP** – Request for Proposal

**S/APR** – Semi-Annual Program Result

**SAM** – Service Availability Mapping (UNAIDS)

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

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

**SCMS** – Partnership for Supply Chain Management

**SI** – Strategic Information

**SPA** – Service Provision Assessment

**TAD** – Temporary Additional Duty (DoD/Navy)

**TB** - Tuberculosis

**UNAIDS** – Joint United Nations Program on HIV/AIDS

**UNICEF** – United Nations Children’s Fund

**USAID** – U.S. Agency for International Development

**USDA** – U.S. Department of Agriculture

**USDH** – U.S. direct hire

**USG** – United States Government

**UTAP** – University Technical  
Assistance Project

**VCT** – voluntary counseling and  
testing

**WHA** - Western Hemisphere Affairs  
(State Department Bureau)

**WHO** – World Health Organization

## Appendix 2: Building Partner Capacity and Sustainability – Guidance for Program Acquisition and Assistance

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

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

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

PEPFAR policies that encourage the use of local partners include:

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

The Community and Faith-Based Organization Technical Working Group, created to develop and expand C/FBO strategies, and the Procurement and Assistance Working Group (PAWG), created to address procurement and assistance issues raised by PEPFAR programs and policies, are available to assist countries. Country teams are encouraged to contact members of these working groups and their agency representatives. In addition, countries are encouraged to share their experiences and best practices in engaging new and local partners.

### **Objectives:**

As you continue to design FY 2009 programs and acquisition and assistance (A&A) plans and begin to formulate FY 2010 plans, please integrate (as appropriate) the following objectives:

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

- Building linkages: The COP should reflect a priority for facilitating linkages between C/FBOs and national service networks, which are essential components to providing a continuum of service and care.

This appendix provides information on:

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

## **TBD Partners**

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

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

### **APPROVAL OF IDENTIFIED TBD PARTNERS**

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

## **Local Partners**

### **DEFINITION OF "LOCAL PARTNER" FOR PEPFAR**

See local partner definition in Section 6.6.1.8.

## IMPLEMENTATION GUIDANCE FOR LOCAL PARTNER DEFINITION

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

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

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

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

*Eligibility Determinations During Implementation:* PEPFAR implementing agencies have the option of using any or all of the three sub definitions of a local partner (individual/sole proprietorship, entity, or joint venture) in its solicitations for grants and cooperative agreements, as appropriate for the intent of the award or in compliance with agency policies and regulations<sup>6</sup>. The agency will specify in the request for applications (RFA), request for proposals (RFP), or funding opportunity announcement (FOA) which types of partners may be considered for award as appropriate. Prior to issuing an RFA, RFP or FOA that limits eligibility to local partners, country teams and PEPFAR implementing agencies shall consult with their contracting officer and legal advisor to resolve any competition and source, origin and nationality issues.

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<sup>6</sup> HHS will only implement paragraph 2 (entity) of the definition.

**In order to qualify as a local partner in a given country, a partner must meet all of the criteria relevant to the particular type of entity under paragraph (1), (2) or (3) of the definition.** For example, an “entity” under paragraph (2) of the definition, typically a corporation or partnership, must be legally organized in country, have its principal place of business in country (which restricts franchises of US-based organizations), and meet the percentage requirements for ownership and staff citizenship within the same country (i.e., 51%, 66% or 75%, depending on the fiscal year in which the award is made). Therefore, to be considered a local partner in Uganda, the organization must be legally organized in Uganda, have its principal place of business in Uganda, and the relevant percentage (51%, 66%, or 75%) of ownership and staff, including senior staff, must be Ugandans, etc.

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

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

*Notwithstanding Authority:* Where necessary to implement local partner policies under this guidance, the Global AIDS Coordinator intends to rely on the notwithstanding authority for global HIV/AIDS activities using Global Health and Child Survival account funds (i.e., OGAC funding) provided in Section 622 of the Department of State, Foreign Operations, and Related Programs Appropriations Act to overcome applicable competition and source, origin and nationality requirements.

*Ownership and Percentage of Staff Who Are Citizens or Permanent Residents:* The ownership and local staff requirements gradually increase for entities. In FY 2009-2010, the ownership and percentage of staff, including senior staff, who must be citizens or lawfully admitted permanent residents of the country, is set

at a minimum of 51 percent. However, as we desire local partners to include a greater level of local participation, the percentage requirement increases over time. Thus, in FY 2011-12, these percentages will rise to 66 percent, and in FY 2013 will rise to 75 percent. This information may be shared with partners so that they understand the change in criteria over time. Again, the above percentages apply to new awards issued in the applicable fiscal year.

*Excluding Individuals and Sole Proprietorships in Counting Local Partners:* Starting with FY 2010, only partners that meet the definition criteria should be reported as local partners in the COP. A single partner can only be considered "local" in the country in which it meets the definition criteria; in other countries, it should be listed as "international." There will be categories for local individual, local sole proprietorship, local entity, and local joint venture/association/consortium. See Section 6.6: Manage Partners and Manage Implementing Mechanisms.

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

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



## STRENGTHENING LOCAL PARTNERS

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

- *Strategic Planning* - organizations that have a Board of Directors<sup>7</sup>, mission statement, and strategies for the short- and long-term (5-10 years), including diversification of funding sources and ability to write their own grant proposals;
- *Registration* - organizations that are registered with USG agencies or as legal entities in their own country;
- *Financial Management* - organizations that have a practical accounting system in place and are able to account for all expenditures in accordance with USG and in-country audit requirements, analyze unit costs, make financial projections, and track expenditures against budgets;
- *Human Resource Management* - organizations with an established personnel system with checks and balances, for recruiting, paying, retaining, training, and supervising adequate numbers of staff at all levels of the organization;
- *Networks* – organizations that are linked to local networks that deliver prevention, care and treatment services, monitor implementation, and report results;
- *Monitoring and Evaluation/Quality Assurance* - organizations that have institutionalized the capacity to collect, enter, store and retrieve program data for use in planning, monitoring, reporting, and improving quality, and are able to fulfill USG and other international partner reporting requirements;
- *Commodities, Equipment and Logistics Management* - organizations that have established a system to assess commodity needs, account for donated product, ensure adequate drug supply at all times, and eventually procure and purchase supplies, equipment, and drugs for HIV/AIDS prevention, care and treatment services;
- *Facilities* – organizations with laboratories, clinics, and classrooms capable to provide HIV/AIDS training or services; and
- *Fundraising* - organizations that develop plans for raising funds from non-USG sources.

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

- Developing, disseminating, and implementing appropriate treatment and care protocols and prevention programs;
- Developing and strengthening health infrastructure;
- Improving laboratory capacity to perform HIV testing;

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<sup>7</sup> Oversight Committee/ Task Teams/ Leadership Group

- Implementing monitoring and evaluation systems and fostering data use;
- Promoting collaboration and coordination among partners providing prevention, care and treatment services;
- Linking local partners to international policy and service delivery networks;
- Developing, disseminating and sharing curriculum; and
- Building human capacity through training.

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

## Single-Partner Funding Limit

### OVERVIEW

The single-partner funding limit diversifies the PEPFAR partner portfolio, and expands partnerships with local partners, all with the goal of promoting the long-term sustainability of HIV/AIDS programs in our partner countries. For FY 2010, the limit on funding to a single-partner is no more than 8 percent of a country's PEPFAR budget, excluding U.S. Government country team management and operations costs, or \$2 million, whichever is greater.

### EXCEPTIONS

The limit applies only to grants and cooperative agreements; contracts are exempted. In addition, there are three blanket exceptions to the limit (drug/commodity procurers, Government Ministries and parastatal organizations, and umbrella awards), which are defined as follows:

- A. **Drug/Commodity Procurers:** The exception will apply to organizations that provide technical assistance and services but also purchase drugs and commodities, as well as to organizations that primarily purchase drugs and commodities. All commodity/drug costs will be subtracted from the partners' total country funding applicable against the cap. The remaining awards and all overhead/management costs will be subject to the cap.

When a country team notifies OGAC that an awardee has been selected, it also should note whether the awardee purchases drugs and commodities and identify the amount spent on those drugs and commodities. The

amount of funding for drug and commodity procurement should be included in the COP entry for the given partner.

- B. **Government Ministries:** Awards to host government ministries and parastatal organizations are excluded from the limit. A parastatal organization is defined as a fully or partially state-owned corporation or government agency. Such state-run enterprises may function through a board of directors, similar to private corporations, but ultimate control over the board rests with the government. Parastatal organizations are most often found in centrally planned economies.
- C. **Umbrella Agreements<sup>8</sup>:** The grants officer will determine, in consultation with the country team, whether an award is an umbrella for purposes of exception from the cap on an award-by-award basis. This determination may be made at the time the announcement is written based on the statement of work or at the time of award based on the applicant's work plan. The following criteria apply to decisions about umbrella status:
- Awards made with the intent that the organization make sub-awards with at least 75 percent of the grant (with the remainder of the grant used for administrative expenses and technical assistance to sub-awardees) are umbrellas and excepted from the cap.
  - Awards that include sub-awards as an activity under the grant but do not meet the above criteria are not exempt, and the full award will count against the cap.

Grantees may have multiple PEPFAR awards in a country, some of which qualify as umbrellas and are thus exempt from the limit, while others are not umbrellas and thus count against the limit. When country teams notify OGAC that the grants officer has selected an awardee, it also should note whether the award qualifies as an umbrella based on the above criteria and identify the amount of the award.

Where a grant has characteristics of an umbrella award but administrative and technical assistance expenses exceed 25 percent, the country team may consider requesting an exception to the cap on a case-by-case basis.

#### **UMBRELLA AWARD DEFINITION**

An **"umbrella award"** is a grant or cooperative agreement that does not include direct implementation of program activities, but rather acts as a grants-management partner to identify and mentor sub-recipients, which in turn carry

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<sup>8</sup> See definition of and additional guidance on umbrella awards below.

out the assistance programs. Thus, an umbrella award functions primarily as a sub-grant-making instrument, although it may also operate a small administrative program attendant to its grant-making function. Typically, a relatively small percentage of the funds of the overall grant are appropriate for use for administrative purposes. In addition, it is feasible that in situations in which an umbrella award provides significant technical assistance and management support to its sub-recipients, it may reasonably devote a greater percentage of its overall funds to providing these services.

An umbrella award may be made to either a local or an international entity, although PEPFAR strongly encourages U.S. Government country teams to use local, indigenous umbrella organizations wherever possible. A basic goal should be to use the umbrella award recipient to develop indigenous capabilities to create a more sustainable program. Umbrella awards are not subject to the eight percent cap on single-partner funding.

The following are “best practices” for umbrella awards:

- Where local organizations are strong, umbrella grant programs hire a strong local or international organization whose role is to run a grant making and administration program by using a relatively small percentage of the funds (usually around seven percent) in the overall grant for these purposes.
- Where local organizations are weak, umbrella grant programs include significant technical assistance, either as part of the responsibilities of the grant-making organization or of a separate organization. The best examples again spend a relatively small proportion of the overall grant (typically 20 to 30 percent) on these services and are quite specific as to the responsibilities of the prime grantee in strengthening local partners. Such awards must move to the seven percent level on a rapid timeframe as the technical capacity of local partners increases.
- To qualify for exemption from the single-partner funding cap, an umbrella award may not spend more than 25 percent of the overall grant for administrative expenses and technical assistance. Where a grant has characteristics of an umbrella award but administrative costs and technical assistance exceed 25 percent, the country team may consider requesting that OGAC authorize an exception to the cap on a case-by-case basis.
- An organization that receives umbrella awards may separately have other grants or contracts in which it engages in direct program implementation activities. However, awards containing such activities are not considered umbrella awards and are subject to the 8% single-partner cap. An award

that includes both direct implementation and sub-grant-making activities will not normally count as an umbrella award for the purposes of that grant, but OGAC may permit exceptions on a case-by-case basis.

## **JUSTIFICATIONS**

Within COPRS II you will be asked to submit a justification for any partner that exceeds the single-partner funding limit, after excluding organizations (host country government organizations, parastatals) and funding (umbrella awards, drug and commodity purchases) exempted under the exceptions noted above. No justification is required for partners that would exceed the 8% limit only if procured commodities were included; however, the dollar amount of funding the partner will use for commodity procurement should be included with the implementing mechanism information.

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

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

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

- Avoid duplication of resources programmed by different USG agencies to the same implementing organization for the same purposes (e.g., two USG agencies funding the same partner to provide the same assistance to orphans or antiretroviral treatment). This will minimize the burden on the partner as well as USG staff.
- Select Annual Program Statements (APSS), or other funding instruments, directed entirely at new partners or set aside a portion of funding for new partners that are local with an existing in-country presence or relationship.
- The language used in funding announcements, such as Requests for Application (RFAs) and APSS, is critical in determining what types of organizations respond. Word choices can encourage the participation of FBOs, CBOs, and local partners. A useful practice is to issue a draft solicitation for comment or hold a country pre-bidders conference to determine if there are impediments to participation by FBOs/CBOs.

- The dollar values and size of grants may also influence which organizations apply. Statements indicating dollar value awards “up to \$5 million” may discourage local CBOs because they are often viewed as “set-asides” for international organizations. Language such as “small awards to local organizations will be a priority” may encourage local C/FBOs to apply for the grants.
- Ensure within all solicitations a level playing field for all potential bidders, including those with limited previous experience working with the USG. Posting solicitations on the web for comment is a best practice in this regard. In addition, as part of the review process, new procurements may be identified as requiring a review of the scope of work at headquarters.
- Consider using umbrella awards, small grant programs, and linking and graduating partners throughout varying levels of funding mechanisms.
- Many solicitations now include specific objectives for capacity building within statements of work and assign points for capacity-building plans as part of review criteria and scoring systems. (Examples will be posted on the PEPFAR Extranet.) During implementation, all USG implementing agencies are required to review partner performance annually to strengthen local partners and PEPFAR partners. Additionally, PEPFAR partners are required to address their plans for, and results of, capacity building within their annual work plans and annual program performance reports.
- In the acquisition arena, if an international organization is essential to provide technical leadership and oversight, use all available tools in award evaluation criteria and performance assessments to encourage use of local partners. The award evaluation criteria can include points for including local partners as sub-contractors or implementing partners. The evaluation of how broadly and effectively a contractor utilized and included local partners during the performance assessment of that contractor has been effective when done rigorously.

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



## Appendix 3: Management and Operations Supplemental Guidance

### STAFFING FOR RESULTS BACKGROUND

SFR is more than a staffing numbers exercise for COP planning; it involves continuous attention to ensure PEPFAR country teams function in an interagency, coordinated manner that meet programmatic objectives. SFR embodies the interagency structure and culture needed to integrate the “one USG team” fully. SFR institutionalizes management, operations, and staffing decisions based on meeting the overall PEPFAR prevention, care, and treatment goals in the most efficient and effective way possible – instead of other agency needs driving organization and staffing decisions. Under SFR, staffing decisions are based on having the optimal mix of staff across agencies to program, manage, and evaluate PEPFAR and its support of broader development goals given legislative and budget constraints. SFR exercises should consider minimizing duplication of efforts, maximizing interaction with Embassy and Agency management support offices, and following rightsizing principles. As such, country teams should be working in a complementary, non-redundant fashion (e.g. all technical staff working as a team, shared team responsibility for the entire USG program rather than just one agency's portfolio, and new technical staffing needs considered by the team rather than just one agency).

SFR is a country-driven process that takes into consideration the HIV epidemic, environmental circumstances, management support, and program model (among other factors) to create the optimal USG M&O footprint. Since SFR was introduced in 2006, many lessons have been learned that have helped better define SFR and provide examples to countries. Countries that have made the greatest progress have the following characteristics:

- strong engagement/support from Embassy and Agency leadership;
- active and engaged Country Coordinator;
- well-defined cross-agency structures with well-understood (and preferably documented) functional roles and responsibilities at each level, including operating norms that acknowledge agency comparative strengths and promote open discussions on difficult issues;
- regular re-evaluation of staffing data, roles, responsibilities, and operating norms to ensure they continue to represent the needs to implement the program in country;
- joint site visits, partner performance reviews (including pipeline analysis), and partner meetings; and
- periodic team building/strategic planning.



Other SFR innovations include using:

- a contract for monitoring and assessing PEPFAR sites throughout the country on behalf of multiple agencies;
- an Indefinite Quantity Contract (IQC) to procure specialized services needed on a recurring but less than continuous basis to support all PEPFAR agencies;
- documented interagency operations manuals;
- joint interagency interviews and hiring teams to hire staff across the PEPFAR team; and
- an interagency Annual Program Statement (APS) to select partners for multiple agencies and having all USG agencies review applications to ensure that new awardees are allocated to the most appropriate agency.

#### **STAFFING FOR RESULTS IMPLEMENTATION PLAN**

By submission of the FY 2010 COP, all countries should have established an SFR implementation plan, including annual re-evaluation. The process for developing the implementation plan includes the following key tasks:

1. Engaging the Chief of Mission or designee and Agency heads to support and lead this process;
2. Identifying an interagency management group dedicated to Staffing for Results;
3. Completing a functional mapping of the existing PEPFAR management and programmatic country team structure, which includes identifying the:
  - a. Core strengths of each agency working in the PEPFAR program,
  - b. Existing Agency management and organization, and
  - c. Existing PEPFAR team structure;
4. Developing a plan for a team-building approach to define roles/responsibilities of functional cross-agency leadership/coordination;
5. Identifying staffing gaps and developing strategies to address duplication and recruitment for both short- and long-term;
6. Identifying a list of concerns and barriers (such as rightsizing, space issues, and recruiting) and developing a plan to address those issues;

7. Documenting the USG approach to communication and coordination for program management and implementation (both within the USG team and with partners and other stakeholders);
8. Continuing and expanding existing joint planning and program oversight processes, including:
  - a. Developing a plan for interagency partner monitoring, including joint partner performance reviews and pipeline analysis, and
  - b. Defining the structure and timeline for setting annual priorities and budget for management;
9. Developing a plan to engage HQ and other identified SFR support, including OGAC Country Support Team Leads, regional platforms, etc.; and
10. Capacity building planning: LE Staff empowerment activities such as training or career development opportunities, use of Framework Job Descriptions, and updating outdated position descriptions (PDs).

Each countries' progress toward developing and implementing an SFR implementation plan will be discussed in the program area narratives (see below) and evaluated by the M&O COP review team.

#### **ENGAGEMENT AND SUPPORT OF LOCALLY EMPLOYED STAFF**

Locally employed host national staff are the backbone of our PEPFAR implementation efforts; approximately 75% of our field-based workforce is local. The recruitment, retention, and empowerment of these staff are crucial to accomplishing our goals. Country teams should look for opportunities to train, engage, and empower LE Staff. Good practices include naming LE Staff to be TWG chairs, creating an interagency LE Staff advisory council for PEPFAR in country, and providing training and international travel opportunities.

Compensation and position grades often are identified as key obstacles to recruiting and retaining LE Staff. A number of tools are available to help country teams appropriately classify positions, including Framework Job Descriptions (FJDs) for senior LE Staff positions. Members of the PEPFAR LE Staff interagency working group that includes headquarters and field staff from State, USAID, CDC, and DoD who have programmatic, management, and human resources expertise also are available to assist and advise country teams. The FJDs, guides, training materials, contact lists, and other tools are at: <https://www.pepfar.net/C15/C9/Human%20Resources%20Issues/default.aspx>.

## COORDINATION WITH EMBASSY AND AGENCY MANAGEMENT TEAMS

In preparing the COP and throughout the year, PEPFAR programmatic staff should consult with non-program offices, such as human resources, management, and general services/procurement, to ensure that there is sufficient administrative and management support in those offices to facilitate PEPFAR activities. Teams should ensure agency workload counts are accurate when provided to the ICASS Council in April each year and consult with financial management staff to identify the projected ICASS charges for the fiscal year based on that workload. Country teams should look for creative solutions to challenging management burden issues without creating duplicative positions or processes.

On May 14, 2009, the State Department issued a cable to all Chiefs of Missions (COM) advising them to "ensure all elements under their authority establish and maintain consolidated support platforms under the International Cooperative Administrative Support Services (ICASS) program. No Executive Branch agencies or sub-agencies with staffs operating under COM authority, including State elements, should plan to establish new administrative systems or expand existing support operations outside of the ICASS framework, nor should COMs allow them to do so." Country teams should ensure that management support positions are not duplicated during FY 2010 COP planning.

In addition, country teams should work in concert with agency acquisition and assistance (A&A) staff in country or at headquarters, as appropriate, when considering any changes to existing contracts or awards and in the planning of new procurements for the upcoming fiscal year. The agency A&A staff can advise on legal, policy, and procedures that must be followed. It is also important to consult with A&A staff from a workload perspective. Consulting with A&A teams early in the process allows them to plan for workload burden during the fiscal year. The same is true for Human Resources and other management support staff.

## COSTS OF DOING PEPFAR BUSINESS DEFINITIONS & GUIDANCE

There are 10 USG CODB categories. Some of the CODB categories include only budget data field by funding source; others also include a small narrative to describe with what these costs are associated. The following list of CODB categories provides category definitions and supporting guidance:

1. ***USG Staff (Direct Hire, Personal Services Contractor [PSC], Personal Services Agreement [PSA]) Salaries and Benefits*** - the required costs of having a person in country, including housing costs not

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covered by ICASS, rest and relaxation (R&R) travel, relocation travel, home leave, and shipping household goods.

- PEPFAR program funds should be used to support the percentage of a staff person's salary and benefits associated with the percentage of time they work on PEPFAR. The **direct** costs of PEPFAR, specifically the costs of staff time spent on PEPFAR, need to be paid for by PEPFAR funding (GHCS-State and/or GHCS-USAID). For example, if a staff person works 70% on PEPFAR, PEPFAR program funds should fund 70% of that person's salary and benefits. If the percentage worked on PEPFAR is 10%, then PEPFAR funds should fund 10% of the person's salary and benefits.
  - For agencies that cannot split-fund staff with their agency appropriations (such as USAID's OE funds), *multiple staff may be combined to form one FTE and one of the staff's full salary and benefits will be funded by PEPFAR*. For example, if two staff each work 50% on PEPFAR, PEPFAR funds should be used to fund the salary and benefits of one of the positions. If three staff each work a third of their time on PEPFAR (33% + 33% + 33%), PEPFAR funds should be used to fund the salary and benefits of one of the positions. If multiple staff work on PEPFAR but not equally (such as 10% + 20% + 70% or 25% + 75%), the full salary and benefits of the person who works the most on PEPFAR (in the examples, either 70% or 75%) should be funded by PEPFAR. This split should be reflected in the staffing data (see below).
2. **Staff Program Support Travel** - the discretionary costs of staff travel to support PEPFAR implementation and management does NOT include required relocation and R&R travel (those are included in USG Salaries and Benefits)

In FY 2010, technical assistance-related travel costs of HHS/CDC HQ staff for trips of less than 3 weeks will be included in the PEPFAR Headquarters Operational Plan (HOP) and funded centrally. Under this model, costs for short-duration technical assistance travel by HHS/CDC staff should not be included in the countries' COPs.

3. **ICASS** (International Cooperative Administrative Support Services) –
- ICASS is the system used in Embassies to:
    - Provide shared common administrative support services; and
    - Equitably distribute the cost of services to agencies.

- ICASS charges represent the cost to supply common administrative services such for human resources, financial management, general services, and other support, supplies, equipment, and vehicles. It is a generally a required cost for all agencies operating in country.
  - Each year, customer agencies and the service providers present in country (either the State Dept. or USAID) update and sign the ICASS service “contract.” The service contract reflects the projected workload burden of the customer agency on the service provision for the upcoming fiscal year. The workload assessment is generally done in April of each year. PEPFAR country teams should ensure that every agency’s workload includes all approved PEPFAR positions.
  - ICASS services are comprised of required cost centers and optional cost centers. Each agency must sign up for the required cost centers and has the option to sign up for any of the optional cost centers.
  - More information is available at <http://www.state.gov/m/a/dir/regs/fah/c23257.htm>.
  
- **ICASS charges must be planned and funded within the country budget, not by headquarters.** The ICASS costs are paid by agency headquarters on behalf of the country team from the country budget. **The costs have to be budgeted and paid for out of the country M&O budget.** Each implementing agency, including State Dept., should request funding for PEPFAR-related ICASS costs within its M&O budget.
  - It is important to coordinate this budget request with the Embassy Financial Management Officer, who can estimate FY 2010 anticipated ICASS costs by preparing a “what-if” ICASS budget using each PEPFAR agency’s anticipated ICASS workload. This FY 2010 ICASS cost estimate, by agency, should then be included as the planned ICASS funding.
  - It is important to request all funding for State Dept position ICASS costs in the COP submission. It is difficult to reprogram funds during the year if the budget request is incorrect.
    - The Peace Corps subscribes to minimal ICASS services at post. Most GSO and all financial management work (except FSC disbursing) are carried out by Peace Corps field and HQ staff. In order to capture the associated expenses, Peace Corps will capture these costs within the indirect cost rate.

#### 4. Non-ICASS Administrative Costs

- These are the direct charges to agencies for items and services that are distinct agency activities that are easy to price, mutually agreed to, and outside of the ICASS MOU for services. Such costs include rent/leases of USG-occupied office space, shipping, printing, telephone, vehicles, driver overtime, security, supplies, and mission-levied head taxes.
  - In addition to the budget data field, a narrative box will be included for the agency to describe which costs are included in their figure.
5. **CSCS** (Capital Security Cost Sharing) – Non-State Dept. agencies should include funding for CSCS, except where this is paid by the headquarters agency (i.e. USAID).
- The CSCS program requires all agencies with personnel overseas subject to Chief of Mission authority to provide funding in advance for their share of the cost of providing new, safe, secure diplomatic facilities (1) on the basis of the total overseas presence of each agency and (2) as determined annually by the Secretary of State in consultation with such agency.
  - It provides steady funding of \$1.4 Billion annually for multiple years to fund 150 secure New Embassy Compounds in the Capital Security Construction Program.
  - More information is available at <http://www.state.gov/obo/c11275.htm>.
  - Country teams should consult with agency HQ for the appropriate amount to budget for in the COP.
6. **Computers/IT Services** – includes USAID’s IRM tax and other agency computer fees not included in ICASS payments. If IT support is calculated as a head tax by agencies, the calculation should transparently reflect the number of FTEs multiplied by the amount of the head tax.
- CDC should include the ITSO (IT support) charges on HIV-program-funded positions; these costs will be calculated at CDC HQ and communicated to country teams for inclusion in the CODB.
  - USAID should include the IRM tax on HIV-program-funded positions.
7. **Management Meetings/Professional Development** – discretionary costs of country team meetings to support PEPFAR management and of providing training and professional development opportunities to staff (costs of technical meetings should be included in the technical program area)
8. **USG Renovation** –

- Country teams should budget for and include costs associated with renovation of buildings owned/occupied by USG PEPFAR personnel in M&O (additional guidance on use of PEPFAR funds and mechanisms for construction will be disseminated separately).
- Costs for projects built on behalf of or by the host government or other partner should be budgeted for and described as construction/renovation projects in the Managing Partners section.
- In addition to the budget information, country teams must provide a narrative to describe the requested project.

**9. Institutional Contractors (non-PSC/non-PSA) –**

- Institutional and non-personal services contractors/agreements (non-PSC/non-PSA) will be entered in M&O, but attributed to the appropriate technical area or M&O. This category includes organizations, such as IAP Worldwide Services and COMFORCE, and all other contractors that do NOT have an employee-employer relationship with the USG.
- The budget data field and narrative box for institutional and non-PSC/PSA contractors will replace the funding mechanisms and activity entries for these contractors that were used in previous COPs. All institutional contractors providing M&O support to the country team should be entered in M&O, NOT in Manage Implementing Mechanism.

**10. Peace Corps Volunteer Costs (including training and support) -**

- Includes costs associated with Peace Corps Volunteers and Peace Corps Response Volunteers arriving at post between April 2010 and March 2011.
  - The costs included in this category are direct PCV costs, pre-service training, in-service training, medical support and safety and security support.
  - The costs excluded from this category are: USG staff salaries and benefits, staff travel, and other office costs such as non-ICASS administrative and computer costs, which are entered as separate categories above. Also excluded are activities that benefit the community directly, such as, VAST funded activities and camps, which will be entered **directly into the respective implementing partner narrative by program area.**
  - Country teams are asked to attribute the costs by technical area in the Agency Information screen. No Peace Corps Volunteer costs should be funded by Management and Operations.
- Funding for Peace Corps Volunteers must cover the full 27-month period of service. For example:

- Volunteers arriving in June 2010 will have expenses in FY 2010, FY 2011, and FY 2012.
- Volunteers arriving in September 2010 will have expenses in FY 2010, FY 2011, FY 2012 and FY 2013.
- Peace Corps Volunteer services are not contracted or outsourced. Costs are incurred before and throughout the Volunteer's 27-month period of service. Starting in FY 2010, costs incurred by Peace Corps Washington and domestic offices, such as recruitment, placement and medical screening of Volunteers, will be included in the Headquarters Operational Plan (HOP). Costs such as living allowance, training and support will continue to be included in the COP.

## STAFFING DATA

The purpose of collecting staffing data as part of the COP is to assist each country team's SFR process by organizing and managing the demographic information and program area work of each team member working at least part of his/her time on PEPFAR. The data should assist each country team in assessing its current and proposed PEPFAR positions from interagency and functional perspectives for the purposes of program design and oversight. They will also support each agency in ensuring that sufficient staff is in place for effective fiscal management. The staffing tools will be integral to COP planning and reporting, staff planning, program management, and communication. In both management and technical areas, it will identify gaps and areas of overlap. The tools will support Chiefs of Mission in managing the PEPFAR team while engaging in agency headquarters-driven management exercises such as rightsizing.

In addition to the purpose of serving as a tool for country teams, the staffing data also are useful to headquarters. At HQ, we use the staffing data during the COP reviews, HOP planning (to ensure enough HQ support for country programs), and throughout the year for requests from stakeholders. We use the data to analyze PEPFAR staffing across countries and headquarters, such as number of staff by type, technical area staff, and vacancy rates. In 2009, we have used it in reporting to Congress, to (1) respond to requests during Governmental Accountability Office or Office of Inspector General reviews; (2) evaluate staffing projections in rightsizing reports; and (3) lobby for additional management support from other agency offices.

Each country team is encouraged to select one team member to serve as the staffing tools coordinator and another team member to serve as the backup. The tools include the staffing data, functional staffing chart, and agency management charts. The staffing tools coordinator will be responsible for



updating/managing the functional staff chart, managing the demographic and program area information for each staff member, and managing the database.

### **WHOM TO INCLUDE IN THE STAFFING DATA FOR FY 2010**

Country teams are asked to include USG employees hired via direct-hire, PSC, and PSA hiring authorities, as well as individuals employed by non-personal contractors (also known as commercial, third party, or institutional contractors). USG employees include U.S. based direct hires and PSCs, and locally employed direct-hires, PSCs, and PSAs (including locally recruited Eligible Family Members and Foreign Service Nationals). U.S. law does not consider Peace Corps' PSCs to be USG employees; however, all Peace Corps staff should be included in the staffing data. Peace Corps Volunteers are NOT USG employees or staff and should NOT be included in the staffing data.

Consistent with the revised guidance for FY 2009 that was disseminated in October 2008, all positions that meet the following requirements should be included in the staffing data:

1. any partially or fully PEPFAR-funded (i.e. GHAI/GHCS, CSH, GAP, or other PEPFAR fund accounts) positions (program<sup>9</sup> or non-program<sup>10</sup>),
2. all staff whose PEPFAR percentage of time is combined to equal one FTE, and
3. any *remaining* non-PEPFAR-funded (i.e. agency core funds) program position in which the incumbent is expected to work at least 30% of his/her average annual (FY 2010) time on PEPFAR.

All staff that are partially or fully funded by PEPFAR should be included in the database. This includes all previously agency-appropriations-funded (e.g. OE) staff who will be funded by PEPFAR program funds in FY 2010. Each position's entry should reflect the amount of time spent working on PEPFAR and whether the position is partially or fully PEPFAR funded. The funded costs for all positions

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<sup>9</sup> *Program staff* are those who work directly on PEPFAR programs or who provide leadership, technical, and/or management support for PEPFAR and program staff. Program staff includes the Ambassador, DCM, Mission Director, CDC Chief of Party, technical advisors, program managers, legal, contracts, financial, and Public Affairs/Public Diplomacy staff. Administrative staff who provide direct support (e.g. secretarial or program assistant) to the program team also should be included.

<sup>10</sup> *Non-Program staff* are those who provide valuable support to the PEPFAR team, such as travel staff, drivers, and gardeners, but not direct program support.

should be reflected in the USG Salaries and Benefits CODB category budget entry for direct hire, PSC, and PSA staff, and in the Institutional Contractors CODB budget entry for non-PSC/PSAs.

When positions are combined to form one FTE for purposes of funding (see description under CODB USG Salaries and Benefits category above), each position should be *individually* reflected with an entry in the staffing data (do not aggregate). Each position whose salary and benefits costs are funded by PEPFAR should check the box for “partially PEPFAR funded” in the “Funding Type” data field.

It is optional to include non-program staff; however, **DO NOT INCLUDE those working in ICASS-funded offices** (motorpool, GSO, FMO, EX, HR, etc.). This is a change to previous guidance. Staff working in ICASS offices and paid by ICASS contributions should be removed from the staffing data.

#### **STAFFING DATA FIELDS**

Only minor adjustments have been made to the staffing data fields for FY 2010.

#### **Country**

**Number of Individuals** – captures the number of staff represented by the entry. If you have aggregated several staff into one entry, please enter the number of staff included.

**Time Devoted to PEPFAR** (10-100%) refers to the annual staff time the person in the position spends on PEPFAR. The amount of time spent on PEPFAR is one of the factors in the calculation determining the position’s FTE (see below).

**Staffing Status** refers to whether a position is filled currently or not.

- Filled refers to currently encumbered positions (if you enter a name in the name fields, you must select “filled” for staffing status);
- Vacant (previously approved in the COP) refers to positions that have been previously approved in a COP, but are currently empty;
  - **Date Position Became Vacant (optional)** – If a position is vacant, country teams will be able to enter the date position became vacant to assist them in tracking vacancies, such as how long it takes to fill vacancies and conduct other analysis.
- Planned (new requests for FY 2010 or for a given reprogramming) refers to positions that are new for the FY 2010 COP or a given reprogramming cycle and have not been approved in previous COPs.

**Agency** refers to the agency the staff person is employed by, or for contractors, the agency that supports the position.

- a. Department of Commerce (Commerce),
- b. Department of Defense (Defense),
- c. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC),
- d. Department of Health and Human Services/Health Resources and Services Administration (HHS/HRSA),
- e. Department of Health and Human Services/Office of the Secretary (HHS/OS),
- f. Department of Health and Human Services/National Institutes of Health (HHS/NIH),
- g. Department of Health and Human Services/Substance Abuse and Mental Health Services Administration (HHS/SAMHSA),
- h. Department of Labor (Labor),
- i. Peace Corps,
- j. Department of State (State),
- k. U.S. Agency for International Development (USAID), or
- l. U.S. Department of Treasury.

**Agency Position Title:** Since first and last names will not be included in the staffing data, countries should use a detailed functional title appropriate for each position. For example, "Senior Technical Advisor for PMTCT" or "M&E Advisor" instead of official titles like "Management and Program Analyst" and "Public Health Advisor." Teams should be as specific as possible in their titling methodology. For similar positions, such as secretaries or drivers, teams may wish to cite specific team support (e.g. secretary for the HIV team) or number like positions (e.g. driver 1).

**Type of Position:**

- a. **Technical Leadership/Management** includes positions that head up the health/HIV team within the agency, e.g. Health Officer, CDC Country Director, and Deputy. This could be the head of the agency's country office (as is usually the case with CDC) or could be someone who oversees all USG health activities and spends only part of the time on the Emergency Plan (e.g. the head of the PHN Office under USAID). A U.S. Direct Hire Foreign Service officer filling an HIV/AIDS advisor position and thereby leading an HIV/AIDS team would also be placed in this category.
- b. **Technical Advisors/Non-Management and Staff** include the technical staff within the health/HIV team who spend most of their time implementing programs or providing direct technical assistance in technical areas. These positions generally dedicate their time to one or more specific technical areas, such as laboratory.

- c. **Technical Advisors/Program Managers/Public Health Advisors** include the technical staff within the health/HIV team who spend most of their time managing programs or who work in more than two technical areas, e.g. Contracting Officer's Technical Representative (COTRs) or Project Officers (POs). It also includes entry- and mid-level staff providing direct public health programmatic activities in this category (this is most relevant for CDC staff).
- d. **Contracting** includes acquisition (contracts) and assistance (grants and cooperative agreements) officers and specialists and their support staff. A Contracting or Grants Officer represents the U.S. Government through the exercise of his/her delegated authority to enter into, administer, and/or terminate contracts, grants, and cooperative agreements, and make related determinations and findings. Contracting and Grants Officers and specialists usually support an entire agency in country or will support an entire regional portfolio. If an agency utilizes the contracting services of another agency, include the position only in the contractor's home agency.
- e. **Financial/Budget:** These positions include the financial management officer or specialist for the agency. These staff members support financial and budget analysis and financial operations functions.
- f. **Administrative Support** includes any secretarial, administrative, and other support positions. **(revised for FY 2010)**
- g. **Wraparound and Other Programmatic Support** includes programmatic support positions within the health/HIV team or non-health/non-HIV staff who provide support to the health/HIV team not captured in another category (e.g. Education, Reproductive Health, TB, Food & Nutrition). **(new for FY 2010)**
- h. **Public Affairs/Public Diplomacy** (PA/PD) includes any PA/PD staff who provide support to PEPFAR.
- i. **Legal** include any staff who provide legal advice and support to PEPFAR.
- j. **Other Management/Leadership** include any non-health/HIV staff who provide management and leadership support to PEPFAR, such as the Ambassador, Deputy Chief of Mission (DCM), USAID Mission Director, or Political or Economic Officers.
- k. **Drivers (new for FY 2010)**

### **Employee Citizenship:**

- a. **US-based American citizen** – direct hire or PSCs hired in the U.S. for service overseas, often on rotational tours. They are paid on the U.S. Foreign Service or Civil Service pay scale or compensated in accordance with either scale. The USG has a legal obligation to repatriate them at the end of their USG employment to either their country of citizenship or to the country from which they were recruited;
- b. **Locally resident American citizen** - ordinarily resident U.S. citizens who are legal residents of a host country with work permits. USG agencies recruit and employ them as Locally Employed Staff (LE Staff) under Chief of Mission (COM) authority at Foreign Service (FS) posts abroad often as PSAs. They are compensated in accordance with the employing post's Local Compensation Plan (LCP);
- c. **Host country citizen or legal permanent resident** – citizens of the host country or ordinarily resident foreign nationals who are legal residents of the host country with work permits. They are employed as LE Staff at FS posts abroad and compensated in accordance with the LCP of the employing post.
- d. **Third country citizen** – Foreign Service Nationals (FSNs) who are recruited from a foreign country other than where they are employed with whom the USG has a legal obligation to repatriate them at the end of their USG employment to either their country of citizenship, or to the country from which they were recruited.

**Employment Type** refers to the hiring authority by which the staff member is employed or engaged:

- a. **Direct Hire** – A U.S. government position (AKA billet, slot, ceiling, etc.) authorized for filling by a Federal employee appointed under USG personnel employment authority. A civilian direct-hire position generally requires the controlling agency to allocate an FTE resource.
- b. **Personal Services Contractor (PSC)** – An individual hired through USG contracting authority that generally establishes an employer/employee relationship. Peace Corps uses PSCs to obtain services from individuals.
- c. **Personal Services Agreement (PSA)** – An individual hired through specialized Department of State contracting authority that establishes an employer/employee relationship.
- d. **Non-Personal Services Contractor (non-PSC/PSA)** – An individual engaged through another contracting mechanism by a non-USG organization that does not establish an employer/employee relationship with the U.S. Government.

### **Funding Type:**

- a. **PEPFAR funded** – any position FULLY funded by GHAI/GHCS, CSH, GAP, or other PEPFAR fund accounts,

- b. **Partially PEPFAR funded** – any position PARTIALLY funded by GHAI/GHCS, CSH, GAP, or other PEPFAR fund accounts,
- c. **Non-PEPFAR funded** – any position funded by agency core (State, Defense, and Peace Corps positions; CDC and USAID positions should be partially or fully PEPFAR funded).

**Schedule** refers to whether the position is a full-time or part-time position. It does NOT refer to how much time the position spends working on PEPFAR. Do not include any staff who work on PEPFAR on a temporary or seasonal basis, such as during the COP season.

- a. **Full-time:** > or = 32 hours/week.
- a. **Part-time:** < 32 hours/week.

**Location** refers to the office or facility in which the position is based.

- a. **USG Agency Office** refers to the main or auxiliary offices of any USG agency working on PEPFAR.
- b. **Host Government Facility** refers to facilities such as the Ministry of Health or a government health facility where staff may be based.
- c. **Other** refers to any other facility, such as an international organization office, where a position may be based.

### **Technical and M&O Area Time & FTE**

In addition to demographic information about the position and incumbent staff, country teams are asked to provide the percentage of the position's annual staff time spent working in the technical areas or M&O area. Country teams should provide the best estimate of the percentage of the staff person's total PEPFAR time spent working in each of the technical areas. *The boxes should capture 100% of the staff person's PEPFAR time, regardless of how much time they work on PEPFAR.* In other words, of the staff person's total time working on PEPFAR (whether 30% or 100%), what percentage of that time is spent working in each of the 19 program areas.

For example, a staff person works 80% of her time on PEPFAR and 20% on other health activities. Of her PEPFAR time, she works in four program areas – PMTCT, AB, COP, and OVC. She works relatively the same amount of time on each area. Therefore, to account for 100% of her PEPFAR time, 25 will be entered into the boxes next to the four areas. It is important to capture how much of each staff person's time is spent working in various program areas to identify total staff time and FTEs working in each area. It is okay to estimate time spent in each program area. If a staff member works in three areas and divides his time relatively equally, place 33%, 33%, and 34% in the appropriate boxes.

The position's full time equivalent (FTE) reflects the amount of time spent working overall on PEPFAR or in a particular program area as a portion of whole position (1). It does not indicate that the position fills an official FTE slot for a direct hire. The FTE is auto-calculated based on the data in three fields:

- Full-time (= 1) vs. Part-time (= .5),
- % Time on PEPFAR (10% = 0.1; 100% = 1), and
- % time on the individual technical or M&O area (10% = 0.1; 100% = 1).

For example,

- Bob works full-time (1), 100% on PEPFAR (1), and 25% on PMTCT (0.25)
  - His overall FTE is:  $1 \times 1 = 1$
  - His PMTCT FTE is:  $(1 \times 1) \times 0.25 = 0.25$
- Jane works part-time (.5), 50% on PEPFAR (.5), and 100% on OVC (1)
  - Her overall FTE is:  $.5 \times .5 = 0.25$
  - Her OVC FTE is:  $(.5 \times .5) \times 1 = 0.25$
- Jim works full-time (1), 50% on PEPFAR (.5), and 25% on M&O (0.25) and 25% on Lab (0.25)
  - His overall FTE is:  $1 \times .5 = .5$
  - His FTE for each area is:  $(1 \times .5) \times .25 = 0.125$ .

***Special instructions for Peace Corps staff*** – only staff working 100% in a technical area should have their time attributed to that area. All other staff should have their time listed as 100% M&O.

### **Other Roles and Cross-Cutting Staff Time Attributions**

The staffing data will also capture whether the position works as one of the following roles or in one of the following cross-cutting attributions:

#### **Roles:**

- Supervisor
- Financial Manager
- COTR (Cognizant Technical Officer Representative)/Project Officer or Agency Equivalent

#### **Cross-Cutting Staff Time:**

- New Partners Initiative
- Public-Private Partnerships
- Public Health Evaluations
- Human Resources for Health
- Food and Nutrition
- Economic Strengthening
- Education

- Water
- Gender

## Comments

The comments field is for country team use. It can be used to capture additional information or explanation not captured elsewhere in another staffing data field.

### **M&O METRICS – REPLACES PREVIOUS 7% M&S TARGET**

The previous 7% cap for former M&S costs has been abolished. Though there is no longer a specific percentage target for the level of funding to be allocated to management and operations, operating units should consider the following types of metrics in developing their FY 2010 COP and conducting any Staffing for Results exercise. The metrics may be useful in evaluating your team’s SFR implementation plan progress, costs of doing business, interagency organization and structure, and staffing data (per the M&O narratives).

- Ratio of technical professional staff (Employment Types A, B and C, referenced above) to administrative staff
- Proportion of locally employed host national professional staff (all Employment Types except F and K) to US-based direct hires/PSCs/professional staff
- Percentage growth in CODB annually and over time
- Annual increases in staff with relation to financial growth

Note that these are suggested metrics, based on PEPFAR rightsizing principles. Field teams should consider only those metrics that make sense within their own country/regional contexts, and may also wish to consider other types of metrics not listed here. Headquarters will also consider the metrics as part of the overall review of M&O investments and CODB across all PEPFAR operating units.

### **COUNTRY TEAM FUNCTIONAL AND AGENCY MANAGEMENT CHARTS (UPDATED ANNUALLY)**

As in previous years, country teams are asked to submit charts reflecting the functional and management structures of the country team. **The functional chart is not required of smaller country teams that do not have TWGs.** The functional staff chart and agency management charts should be uploaded as supporting documents to the FY 2010 COP.

The functional staffing chart and agency management charts are not intended to replace or duplicate existing agency organizational charts depicting formal



reporting relationships or existing administrative relationships between staff within agencies.

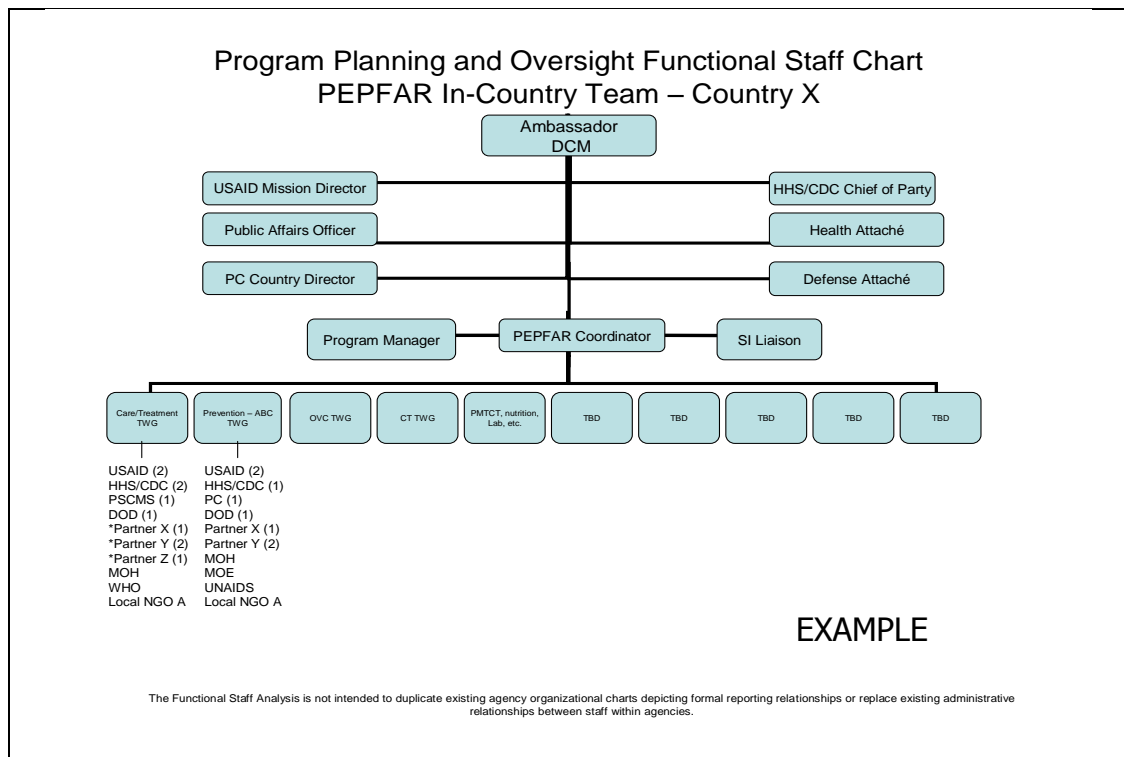
## **Functional Staff Chart**

The "Program Planning and Oversight Functional Staff Chart" should reflect the PEPFAR country team's leadership and TWG organization. Only leadership position and TWG titles should be included; ***do not include names of persons.***

Countries should update the FY 2009 chart as appropriate to reflect any organizational changes made to assist FY 2010 program implementation and management.

If creating a new chart, the following template may be used. To complete the chart:

- Edit the leadership boxes to reflect the positions that are currently occupied. Add "(vacant)" next to any leadership positions that are currently vacant.
- List in the TWG boxes all of the TWGs present in country. The TWGs represented should reflect what the PEPFAR team uses for its internal PEPFAR/COP planning, NOT any group of partners chaired by the host government.
- For each TWG, list each USG agency and USG-funded partner (if any) and the number of staff members from each that participate in the TWG.
- For each TWG, also list non-USG-funded partners (if any) that participate in the USG TWG; it is not necessary to list the number of staff members for these entities.
- Please note that this chart is illustrative, as each country team has a different composition. Please adjust the table to reflect your current reality.
- In addition, please also note perceived gaps. A key gap that has been noted by headquarters, in particular SI liaisons and core team leaders, is for program officers -- positions primarily responsible for database maintenance and associated budget exercises, like reprogramming.



## Agency Management Chart

Along with the functional staff chart, country teams should also submit copies of each agency’s existing country organizational chart that demonstrates the reporting structure within the agency. If not already indicated on those charts, please highlight the management positions within the agency organizations.

## REPORTS

A number of canned reports analyzing the staffing data and CODB will be available in COPRS II. Additionally, users will be able to query the staffing data and CODB budget data included in the COP to create their own user-defined reports. Reference the COPRS II User Guide and Training materials for further information.

## HIRING PEPFAR COORDINATORS

**A standardized position description (PD)** for the interagency PEPFAR Coordinator position with defined roles and responsibilities was approved in April 2008 and can be found at:

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

The PD should be used when recruiting new country coordinators; it is available on PEPFAR.net or through your Country Support Team Lead. A key element of

the PD is the delegation of day-to-day supervisory authority and performance review to the Ambassador or the DCM. Example PDs incorporating the roles and responsibilities have been developed by several country teams and are posted on the Extranet.

There are several options for hiring in-country PEPFAR Coordinators:

- **U.S. Citizen Direct Hires (USDH).** Obtaining an FTE position for a country PEPFAR coordinator is often challenging. State positions are exceptionally rare, as are those from agencies such as HHS and USAID. We expect this option will only be available in exceptional circumstances. OGAC is unable to offer USDH FTE slots for this purpose.
- **Local Hire Contractors (PSAs).** To hire a Coordinator locally (Americans resident in country only) the preferred mechanism is State's PSA authority.
- **U.S. Based Personal Services Contractors (USPSCs).** The most common means is to recruit U.S. citizens as PSCs through USAID or CDC with the understanding that the agency hiring mechanism is for administrative purposes only, and that day-to-day in-country supervision of the position will be exercised by the Ambassador or the DCM.

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

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

## Appendix 4: Partner Performance and Pipeline Analysis Reviews

Each country team is expected to review partner performance (i.e., timely expenditure of funds, achievement of programmatic targets) together as an interagency team while preparing its annual PEPFAR Operational Plan. In Spring 2008, PEPFAR HQ issued guidance documents for interagency partner performance review and pipeline analysis. These guidance documents are available at [PEPFAR.net](http://PEPFAR.net) and may be used as references as you conduct this year's review. New guidance will not be issued this year from PEPFAR HQ, but you may direct any requests for templates and/or questions to your country support team lead.

As in FY 2009, partner performance and pipeline analysis reviews are intended for COP planning purposes and therefore will not be collected by HQ. In addition, HQ is developing a methodology for follow-up on the interagency analysis and process. Country teams will be asked to discuss the interagency partner performance and pipeline review process utilized during FY 2010 COP planning in their COP submission.

The formal interagency review is programmatic and is separate and distinct from the acquisition and assistance performance review. The acquisition and assistance officials will consider the programmatic review. Partners should be advised through a grant term and condition of the annual programmatic performance review and the annual assistance review by the Grants Management Officer.

### *Partner Performance Reviews*

Partner performance reviews are a standard and well-established management practice, informing interagency country teams' program planning, management, and oversight. They also contribute to PEPFAR's commitment to performance-based budgeting and are required by the Office of Management and Budget (OMB). It is critical to monitor and evaluate partner performance regularly to ensure the success of PEPFAR and remain accountable to Congress. In recognition of this, interagency country teams and headquarters personnel are required to monitor and evaluate partner performance on an ongoing basis throughout the year, especially as part of the Semi-Annual Progress Report (SAPR), Country Operational Plan (COP), and Annual Program Results (APR) processes. The collection of performance data also helps ensure consistency and allows teams to evaluate trends over time.

### *Pipeline Analysis*

Monitoring and evaluating partner performance is critical to the success of PEPFAR. Country teams are responsible for ensuring that funding is being spent at a pace commensurate with the requirements of the Emergency Plan Memorandums of Agreement. In recognition of this, PEPFAR implemented an annual pipeline report beginning in 2007 to ensure that financial performance information for all U.S. Government (USG) agencies and partners is provided to country teams through a single report. The pipeline analysis report is intended to help inform country teams to plan, manage, and oversee their programs and partners and ensure that financial data is shared among agencies within each country team. The pipeline analysis discloses obligations and outlays made to prime partners by each USG agency, including obligations and outlays incurred directly by the agency (e.g., COP mechanisms for which a USG agency is listed as the prime partner).

## Appendix 5: Budget Code Definitions

### Prevention

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- 1. PMTCT** – activities (including training) aimed at preventing mother-to-child HIV transmission, including ARV prophylaxis for HIV-infected pregnant women and newborns and counseling and support for maternal nutrition. PMTCT-plus ART activities should be described under ARV Drugs and Adult Treatment. Funding for HIV counseling and testing in the context of preventing mother-to-child transmission can be coded under PMTCT or Counseling and Testing; targets should be included in PMTCT. Early infant diagnosis should be included under Pediatric Care.
  
- 2. Sexual Prevention** – activities (including training) intended to prevent sexual transmission of HIV.
  - 2.A. Abstinence/be faithful** – activities (including training) to promote abstinence, including delay of sexual activity or secondary abstinence, fidelity, reducing multiple and concurrent partners,, and related social and community norms that impact these behaviors. Activities should address programming for both adolescents and adults. For sexually active individuals, it is anticipated that programs will include funding from both HVAB and HVOP.
  
  - 2.B. Other sexual prevention** - other activities (including training) aimed at preventing HIV transmission including purchase and promotion of condoms, STI management (if not in palliative care settings/context), messages/programs to reduce other risks of persons engaged in high-risk behaviors. Prevention services should be focused on target populations such as alcohol users; at risk youth; men who have sex with men (MSM); mobile populations, including migrant workers, truck drivers, and members of military and other uniformed services (e.g. police); and persons who exchange sex for money and/or other goods with multiple or concurrent sex partners, including persons engaged in prostitution and/or transactional sexual partnerships.
  
- 3. Biomedical Prevention** – activities (including training) intended to prevent HIV transmission through biomedical interventions. This program area includes four program area budget codes: blood safety; injection safety; medical male circumcision; and injecting and non-injecting drug use.

**3.A. Blood safety** – activities supporting a nationally-coordinated blood program to ensure a safe and adequate blood supply including: infrastructure and policies; donor-recruitment activities; blood collection, testing for transfusion-transmissible infections, component preparation, storage and distribution; appropriate clinical use of blood, transfusion procedures and hemovigilance; training and human resource development; monitoring and evaluation; and development of sustainable systems.

**3.B Injection safety** – policies, training, waste-management systems, advocacy and other activities to promote medical injection safety, including distribution/supply chain, cost and appropriate disposal of injection equipment and other related equipment and supplies.

**3.C Medical male circumcision** – policy, training, outreach, message development, service delivery, quality assurance, and equipment and commodities lies related to male circumcision. All MC services should include the minimum package; HIV testing and counseling provided on site; age-appropriate pre- and post-operative sexual risk reduction counseling; active exclusion of symptomatic STIs and syndromic treatment when indicated; provision and promotion of correct and consistent use of condoms; circumcision surgery in accordance with national standards and international guidance; counseling on the need for abstinence from sexual activity during wound healing; wound care instructions; and post-operative clinical assessments and care. HIV counseling and testing associated with male circumcision can be included in either counseling and testing or male circumcision.

**3.D Prevention among injecting and non-injecting drug users (e.g., methamphetamine users)** – activities including policy reform, training, message development, community mobilization and comprehensive approaches including medication assistance therapy to reduce injecting drug use. Procurement of methadone and other medical-assisted therapy drugs should be included under this program area budget code. Programs for prevention of sexual transmission within IDUs should be included in this category.

**4. Counseling and testing** – includes activities in which both HIV counseling and testing are provided for those who seek to know their HIV status (as in traditional VCT) or provider initiated counseling and testing. Funding for counseling and testing in the context of preventing mother-to-

child transmission can be included under PMTCT or Counseling and Testing; targets should be included in PMTCT.

## Care

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- **Adult Care and Support** – all facility-based and home/community-based activities for HIV-infected adults and their families aimed at extending and optimizing quality of life for HIV-infected clients and their families throughout the continuum of illness through provision of clinical, psychological, spiritual, social, and prevention services. Clinical care should include prevention and treatment of OIs (excluding TB) and other HIV/AIDS-related complications including malaria and diarrhea (providing access to commodities such as pharmaceuticals, insecticide-treated nets, safe water interventions and related laboratory services), pain and symptom relief, and nutritional assessment and support including food. Psychological and spiritual support may include group and individual counseling and culturally-appropriate end-of-life care and bereavement services. Social support may include vocational training, income-generating activities, social and legal protection, and training and support of caregivers. Prevention services may include “prevention for positives” behavioral counseling and counseling and testing of family members. The purchase of OI drugs (excluding TB drugs) should be included under Adult Care and Treatment. ARV treatment should be coded under Adult Treatment and ARV Drugs.
- **Pediatric Care and Support** – all health facility-based care for HIV-exposed children aimed at extending and optimizing quality of life for HIV-infected clients and their families throughout the continuum of illness through provision of clinical, psychological, spiritual, social, and prevention services. Clinical care should include early infant diagnosis, prevention and treatment of OIs (excluding TB) and other HIV/AIDS-related complications including malaria and diarrhea (providing access to commodities such as pharmaceuticals, insecticide treated nets, safe water interventions and related laboratory services), pain and symptom relief, and nutritional assessment and support including food. Other services – psychological, social, spiritual and prevention services – should be provided as appropriate. Pediatric care and support services should be counted if they are provided at a facility; community services should be included within programs for orphans and vulnerable children (OVC). It is important that funding for pediatric care activities is not double-counted in OVC.



- **Orphans and Vulnerable Children** – activities are aimed at improving the lives of orphans and other vulnerable children (OVC) affected by HIV/AIDS, and doing so in a measurable way. Services to children (0-17 years) should be based on the actual needs of the child and could include ensuring access to basic education (from early childhood development through secondary level), broader health care services, targeted food and nutrition support, including support for safe infant feeding and weaning practices, protection and legal aid, economic strengthening, training of caregivers in HIV prevention and home-based care, etc. Household-centered approaches that link OVC services with HIV-affected families (linkages with PMTCT, palliative care, treatment, etc.) and strengthen the capacity of the family unit (caregiver) are included along with strengthening community structures which protect and promote healthy child development (schools, churches, clinics, child protection committees, etc.) and investments in local and national government capacity to identify, monitor and track children’s well-being. Programs may be included which strengthen the transition from residential OVC care to more family-centered models. (See the OVC Technical Considerations and OVC Guidance for further details.) It is important that funding for OVC is not double-counted in pediatric care activities.
- **TB/HIV** – includes exams, clinical monitoring, related laboratory services, treatment and prevention of tuberculosis (including medications), as well as screening and referral of TB clinic clients for HIV testing and clinical care. The location of HIV/TB activities can include general medical settings, HIV/AIDS clinics, home-based care and traditional TB clinics and hospitals. Pediatric TB/HIV services should be included in this budget code.

## **Treatment**

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- **ARV Drugs** – including procurement, delivery, and in-freight of ARV drugs. All antiretroviral Post-Exposure Prophylaxis procurement for rape victims should be included within this program area. Distribution/supply chain/logistics, pharmaceutical management and related systems strengthening inputs are to be included in the Health Systems Strengthening section.
- **Adult Treatment** – including infrastructure, training clinicians and other providers, exams, clinical monitoring, related laboratory services, and community-adherence activities. Clinical monitoring and management of opportunistic infections is classified under Adult Care and Support.

- **Pediatric Treatment** – including infrastructure, training clinicians and other providers, exams, clinical monitoring, related laboratory services, and community-adherence activities. Clinical monitoring and management of opportunistic infections is classified under Pediatric Care and Support.

## **Other**

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- **Laboratory infrastructure** – development and strengthening of laboratory systems and facilities to support HIV/AIDS-related activities including purchase of equipment and commodities and provision of quality assurance, staff training and other technical assistance. Specific laboratory services supporting TB testing goes under TB/HIV. Laboratory services supporting counseling should go under Counseling and Testing or PMTCT. Laboratory services supporting care should go under Adult or Pediatric care and support. **Laboratory services supporting treatment should be included under Pediatric or Adult Treatment Services.**
- **Strategic information** – HIV/AIDS behavioral and biological surveillance, facility surveys, monitoring partner results, reporting results, supporting health information systems, assisting countries to establish and/or strengthen such systems, and related analyses and data dissemination activities fall under strategic information. Program area-specific monitoring and routine evaluation should be incorporated under the specific program area.
- **Health Systems Strengthening** – include activities that contribute to national, regional or district level systems by supporting finance, leadership and governance (including broad policy reform efforts including stigma, gender etc.), institutional capacity building, supply chain or procurement systems, Global Fund programs and donor coordination. (Please note, as stated in the introduction, other activities will also contribute ultimately to reporting budget attributions to HSS. These calculations will be handled at HQ.)

## Appendix 7: Small Grant Program

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

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

### Proposed Parameters and Application Process

#### ELIGIBILITY CRITERIA

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

#### ACCOUNTABILITY

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

#### SUBMISSION AND REPORTING

- Funds for the program should be included in the COP under the appropriate budget category, and should be described in the program area narrative.
- Individual awards are not to exceed \$50,000 per organization per year; the approximate number of grants and dollar amount per grant should be

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included in the narrative. Grants should normally be in the range of \$5,000 - \$25,000. In a few cases, some grants may be funded at up to the \$50,000 level for stronger applicants. The labor-intensive management requirements of administering each award should be taken into account.

- Once individual awards are made, the country or regional program will notify their core or regional team leader of which partners are awarded and at what funding level. This information will be added in the sub-partner field for that activity.
- Successes and results from the Small Grants Program award should be included in the Annual Program Results and Semi-Annual Program Results due to OGAC. These results should be listed as a line item, like all other COP activities, including a list of partners funded with the appropriate partner designation.

## Appendix 8: Reprogramming Guidance

### Country Team and Headquarters Overview

#### WHAT IS REPROGRAMMING AND WHAT IS ITS PURPOSE?

Reprogramming refers to the process by which a set of changes are proposed, approved and made to a previously approved Country Operational Plan (COP). Examples include changes to funding, technical areas, targets, and narratives. The reprogramming process serves several critical functions, including:

- Ensures the accuracy of data in the Country Operational Planning and Reporting System II (COPRSII), such as budget, implementing mechanism, and target information;
- Permits accurate reporting to the public, host country governments, implementing partners, OMB, Congress and other stakeholders;
- Supports added flexibility at the country-level for solid programming and any necessary mid-course corrections;
- Ensures that COPRS reflects the correct allocation of funding by USG agency, funding source and prime partner so that funding is routed to the correct program mechanisms.
- Allows OGAC to determine whether the changes resulting from reprogramming requests require a Congressional Notification and whether legislative budgetary requirements are met at the country- and PEPFAR-wide levels.
- Reprogramming also allows PEPFAR teams to keep their targets data up-to-date.

#### GENERAL POLICIES

Below are basic assumptions of the process (not in order of importance).

#### IDENTIFICATION OF "TBDS" AND SUB-PARTNERS

Notification of TBD partners can be made at any time as long as there are no changes to technical area, implementing agency or funding source. If there are changes to the technical area, implementing agency, or funding source changes, the TBD notification must be included as part of a reprogramming request.

**Note: PEPFAR teams are required to notify OGAC, through their CSTL, when a partner is identified.**

Reprogramming should be viewed as a regular opportunity to submit updated TBDs and sub-partner lists. Identifying TBDs and sub-partners has critical implications for the Annual Program Results (APR) reporting.

The CSTL will prepare a TBD approval memo after updated TBDs are submitted. PEPFAR teams may not legally obligate funds to a partner whose COPRSII mechanism is labeled TBD.

#### **UNOBLIGATED FUNDS**

Only unobligated balances are eligible for reprogramming. PEPFAR teams may not request to reprogram funds that have already been obligated to a partner. Before decisions are made to reprogram funds from one partner or agency to another, the appropriate program and agency financial officers must certify that funds are available for reprogramming; they must be unobligated. ***Unobligated balance*** means the cumulative amount of budget authority that is not obligated and that remains available for obligation under law. ***Obligation*** means a binding agreement that will result in outlays, immediately or in the future. Budgetary resources must be available before obligations can be incurred legally. See [OMB Circular A-11](#) for more information on obligations. If you have specific questions, please contact your CSTL or agency financial officer.

#### **VET REPROGRAMMING REQUESTS WITH FINANCIAL OFFICERS**

As stated in past reprogramming guidance, it is required that funds being submitted for reprogramming are, indeed, available for reprogramming -- meaning unobligated and unexpended. However, in several recent instances, reprogramming requests have been made to reprogram obligated (or unavailable) funds. Serious contract/grant management implications arise from these occurrences, especially when the action will move funding from one agency to another. Therefore, it is required that the financial officer responsible for funds being reprogrammed certify that they have not been obligated already to an existing mechanism before the reprogramming request is finalized and submitted. In particular, note that obligated funds are not available for reprogramming unless they are de-obligated first; funds obligated in SOAGs, certain contracts, or other agreements can take many months to de-obligate depending on the agency; and funds already obligated to SCMS cannot be reprogrammed out of SCMS (see below). Please closely vet your reprogramming through your local and HQ financial officers before submitting your reprogramming request. Diligence during this step will lead to a quicker process.

## **PARTNERSHIP FOR SUPPLY CHAIN MANAGEMENT / HIV WORKING CAPITAL FUND**

Funding already programmed to HIV Working Capital Fund (WCF) and to the Partnership for Supply Chain Management (SCMS) **CANNOT BE REPROGRAMMED.** COP funds for SCMS are allocated directly from OGAC to USAID WCF and then to SCMS, without being allotted to post. If you determine at some point after your COP has been approved that you would like to reprogram funds from another activity to SCMS, you should use the reprogramming process to accomplish this. If your commodity-related needs are urgent and cannot wait for the next reprogramming, you should contact your Country Support Team Leader, who will work with OGAC/Budget and USAID/OHA/SCMS to determine the most expeditious means of addressing your situation.

## **TRACK 1.0/CENTRAL FUNDING**

At this time, central funds for Track 1.0 programs are not eligible for reprogramming. If countries would like to supplement ongoing Track 1.0 programs, they can do so by adding a bilateral funding source (i.e. GHCS-State, GHCS-USAID or GAP) to a Track 1.0 Implementing Mechanism with pertinent programmatic information during the reprogramming process.

## **NET ZERO CHANGES**

Reprogramming is a net zero change to funding source totals for any given fiscal year. That is, the total amount of each funding source (i.e., GHCS-State) is not increased or decreased through the reprogramming process. If one or more activities in a funding source are being increased or decreased, the total funding amount change must be offset by increases or decreases to other activities within the same funding source.

## **TARGET CHANGES**

Technical Area Summary and implementing mechanism-level targets may be updated during April round of reprogramming only.

## **CHANGES TO EMPHASIS AREAS AND SECONDARY CROSS-CUTTING BUDGETARY ATTRIBUTIONS**

If emphasis areas or secondary cross-cutting budgetary attributions change *as a result of reprogramming*, country teams should update those fields.

## **CHANGES IN LEVELS OF FUNDING TO TECHNICAL AREAS**

Changes to the amount of funding in a given technical area (increases and decreases) can be made as part of reprogramming, with some exceptions. At this time:

- For FY 2009, overall funding levels for TB/HIV (HVTB) and OVC (HKID) cannot be reduced but may be increased.
- For FY 2008, overall funding levels for OVC (HKID) cannot be reduced but may be increased. In addition, reprogramming must maintain the proportional allocation in prevention (i.e., between AB and C/OP and between sexual transmission and PMTCT/medical transmission).
- For FY 2007, overall funding levels for TB/HIV (HVTB) and OVC (HKID) cannot be reduced but may be increased. In addition, reprogramming must maintain the proportional allocation in prevention (i.e., between AB and C/OP and between sexual transmission and PMTCT/medical transmission).

## **AGENCY ALLOCATION CHANGES**

Please note that agency allocation changes, especially a decrease to an agency allocation, require an extensive amount of coordination among agency financial management offices and will often delay the transfer of funds by several months or more. While changes to agency allocations are permitted within the reprogramming process, please plan for delays in funding transfers.

## **TIMING OF COUNTRY REPROGRAMMING**

While country teams may identify changes to program amounts over the course of the year, funding may not actually be shifted between activities or mechanisms and obligated until the reprogramming approval has been signed, i.e., receipt of signed reprogramming approval memo and approval within the COPRS system. Proposed changes should be bundled and submitted at the time of a reprogramming window only.

## **FINAL APPROVAL**

Upon clearance of the Deputy Principal Co-chairs, Management and Budget, Strategic Information, and Program Services, a final reprogramming approval memo will be sent out to the countries from the Country Support Team Leader and the CSTL will approve the reprogramming submission in COPRS.



## **ROLES AND RESPONSIBILITIES**

### **COUNTRY TEAMS**

The country team works with their partners and surveys their program to determine if there is a need for reprogramming and contacts HQ agency financial contacts, where needed, to ensure funds are available. Country teams must fill out the appropriate documentation within the COPRS system and notify their Country Support Team Leader (CSTL) by the reprogramming due date. To ensure quality reprogramming requests, countries should ensure the following:

- the COP budget balances and that amounts programmed do not exceed budget control levels by fund account (funding source)
- there are no changes between two different fund accounts (funding source)
- accuracy of mechanism information
- correct agencies are selected for each mechanism/activity
- all changes meet reprogramming criteria
- changes do not affect budgetary requirements (unless justification is submitted) before and after submission

Reprogramming requests should be agreed upon by the interagency team, reviewed by the SI Liaison and submitted via the PEPFAR Coordinator.

### **COUNTRY SUPPORT TEAMS**

The Country Support Team Leaders (CSTL) along with the Deputy Principal Co-chair will review the reprogramming submission to determine if the requests and justifications are appropriate. The Country Support Team will work with the country team to resolve any questions or issues with the reprogramming submission.

### **OGAC STAFF**

#### **Program Services**

CSTLs will review country reprogramming submissions and may go back to countries for clarification. They will forward submissions for review to the Management and Budget and Strategic Information offices within OGAC. Upon clearance by the Country Support Team and the Deputy Principal Co-chairs, CSTLs will prepare a reprogramming memo to be cleared by the Deputy Principal Co-chairs, SI, Budget, and Program Services. CSTLs will then approve the reprogramming changes in COPRS and send the final, cleared approval memo.

## **Management & Budget**

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The OGAC Management & Budget Office (MB) serves several functions in the reprogramming process, including verifying that submissions include no net changes to funding source allocations; highlighting country-by-country and global program area changes, and their effect on budgetary requirements and PEPFAR policy to the Deputy Principals; and executing the financial transactions related to agency allocation changes resulting from reprogramming. MB also manages the analysis of the staffing data affected by reprogramming.

## **Strategic Information**

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The SI Advisor assigned to the country or the OGAC SI Team will review target changes to make sure they are consistent with the shifts in funding. Both Table 2 and Table 3 targets will be considered. The SI Reviewer will provide any feedback or approval to the Country Support Team Leader.

## **Deputy Principals/Co-Chairs**

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The Deputy Principal co-chairs for each country's review for that year's COP will review the reprogramming submission and approve the reprogramming memo for those countries.

## **Country Team Reprogramming Submission**

Reprogramming requests must be submitted by the country coordinator/team leader (not by individual agencies) as a consolidated package to ensure that requests have been coordinated within the country team. Countries will submit their reprogramming request within the COPRS system:

1. For all changes over \$500,000 (\$100,000 for countries with budgets of \$20 million or less), countries must submit a rationale in the rationale field.
2. Countries must upload a memo to outline the overall changes in the budget matrix. This memo would be expected to be less than 2 pages and would outline the following changes:
  - a. Description/rationale for overall changes in program budget codes (these overall changes can be identified in the budgetary requirements worksheet of the budget matrix)
  - b. Description/rationale for overall changes to agency funding levels (this can be identified in the agency change table of the budget matrix).
3. Countries must upload a justification if the reprogramming results in a country no longer meeting a budgetary requirement or 8% partner limit

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that it met before the reprogramming. If the reprogramming results in changes to previously approved budgetary and partner justifications, those should be noted as well.