

The President's Emergency Plan for AIDS Relief

FY 2007

COUNTRY OPERATIONAL PLAN GUIDANCE

TABLE OF CONTENTS

INTRODUCTION	1
COP FORMULATION	2
FY 2007 COP OVERVIEW	3
COPRS DATA SYSTEM	12
System Modifications for FY 2007	12
System Overview	12
User Roles.....	13
Getting Started	14
Confidentiality	16
COP SECTIONS	17
COUNTRY CONTACTS	17
EXECUTIVE SUMMARY	19
TABLE 1 COUNTRY PROGRAM STRATEGIC OVERVIEW	21
TABLE 2 PREVENTION, CARE AND TREATMENT TARGETS	22
TABLE 3 USG COUNTRY PLAN	27
Table 3.1 FUNDING MECHANISMS & SOURCE TABLE	30
Table 3.2 SUB-PARTNER	44
Table 3.3 PROGRAM PLANNING TABLE	48
Table 3.3.01 – 3.3.14.....	49
Program Area Specific Narratives.....	52
Activities by Funding Mechanism	70
Table 3.3.15 Management and Staffing	81
Table 4 SUMMARY BUDGET REPORT	86
Table 5 PLANNED DATA COLLECTION IN FY 2007	87
SUPPORT DOCUMENTS.....	88
COP SUBMISSION INSTRUCTIONS	90
INDEX	91

INTRODUCTION

The Office of the U.S. Global AIDS Coordinator (OGAC) has supported the development of a unified **Country Operational Plan and Reporting System (COPRS)** to combine all U.S. Government (USG) agency planning and reporting on the President's Emergency Plan for AIDS Relief (PEPFAR) activities into one central data system to facilitate country level planning, monitoring and data management. This central USG data system provides the means to collect and analyze data related to Emergency Plan planning and reporting requirements, including the Country Operational Plans (COPs) and Annual Program Results (APR). USG Missions are called upon to input these planning documents and reports into the web-based data system.

Why prepare a COP?

A high quality information system is essential to link resource allocation to results, which demonstrates program impact and fiscal accountability. This helps to ensure future funding of the Emergency Plan. The COP also serves as an important tool to communicate program advances from a technical and policy standpoint. Final approval of country plans and annual budgetary decisions are based on the thorough review of information submitted through the COPRS system.

This guidance provides information about both the Content (i.e., definitions and policy-related issues) of the COP and the Data Entry for the COP into the data system.

- This document is structured in a similar way to the FY 2006 COP Guidance.
- Each table has its own section.
- For each table there is information regarding the content of what to include, listed under "Content," and information on how to do the specific data entry, listed under "Data Entry".
- There is also an extensive reference guide that provides database help, additional policy guidance, examples, as well as programmatic and technical review criteria.
- There will also be a FAQs page added to the [Help](#) section of the COPRS, which will be updated on a regular basis once the system is live to provide continuously updated answers to questions.

For information on who to contact with questions, please see [Appendix 3](#).

[Return to Table of Contents](#)

COP FORMULATION

In formulating your country's COP, it is critically important to coordinate as a USG Team. **It is essential that ALL USG Agencies working in country be included in discussions regarding the COP.** If one or more of the five USG Agencies that are required to be listed in the Contact Section are not present in your country, you should be in contact with someone from the Agency Headquarters to involve them in the COP process.

We recognize that countries have several sources of funding. Despite this fact, ALL programming decisions are to be made as a USG Team, with an emphasis on achieving Emergency Plan results. Funds that are directed through a particular USG Agency are NOT to be programmed independently by that Agency. They are part of the entire country strategy.

As you develop your Fiscal Year (FY) 2007 COP and prepare for submission of the document to OGAC by September 29th, you should ensure that time for review and approval by your Ambassador and review by the Host Country Government, as appropriate, is included in the schedule.

Resources:

Your Core Team Leader and Core Team Members, including the Strategic Information (SI) Advisor, are important participants and can help in developing and completing the COP. Your Core Team Leader is your main point of contact at OGAC and should be heavily involved in the planning and drafting of the COP. The Core Team Leader can help coordinate other essential assistance from your SI Advisor, other core team members, and technical working groups (TWGs). Your SI Advisor should be engaged early in the process to assist with targeting and with planning of your Strategic Information activities. Your Core Team Members can help with early versions of the document and assist with strategic planning.

Please coordinate with your Core Team Leader and Core Team Members if you would like to request in-country support for data entry. You can also receive assistance from the TWGs. A list of TWGs can be found in [Appendix 3](#) of the Resource Guide. If you would like assistance from one of these working groups, you should contact your Core Team Leader to facilitate.

These TWGs have put together additional considerations for countries to assist in formulation of the COP. These are contained in the Technical Considerations Compendium. The Compendium is a companion document to the COP Guidance and should be used in conjunction with this guidance.

[Return to Table of Contents](#)

FY 2007 COP OVERVIEW

This overview highlights the key policies, data entry, required sections as well as supporting documents for the FY 2007 COP. Areas that you should pay particular attention to in formulating your COP include the Budgetary Requirements for funding and the Acquisition and Assistance (A&A) guidance (see [Appendix 22](#)).

Key Policies for the FY 2007 COP

1. Sustainability

In developing your FY 2007 COP, sustainability needs to be considered as you plan and allocate activities across the program areas. If you have special initiatives or projects that build sustainability, please make sure to highlight these in the Executive Summary, program area context narratives, or activity narratives, as appropriate. The definition of sustainability for the Emergency Plan is available for your reference in [Appendix 19](#). Please recall that there is an overall program area level evaluation criterion that assesses how well sustainability is being addressed.

It is also extremely important that partners prioritize capacity building of local organizations. To this end, all agency MOAs for fund transfers have included a requirement that partners address their plans for, and results of, strengthening indigenous organizations within yearly work plans and performance reporting.

Public Private Partnerships (PPPs) are an additional mechanism for achieving sustainability. 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.

2. Mandatory Budgetary Requirements:

For FY 2007, there are no changes in the budgetary requirements. We would like to clarify that there are only three mandatory budgetary requirements (Abstinence and Be Faithful (AB), orphans and vulnerable children (OVC) and Treatment).

- With the exception of AB, these budgetary requirements apply only to the focus countries. We expect that all countries will meet these requirements.
- Track 1.0 central budgets (from headquarters) will be attributed to these mandatory requirements (see [Appendix 10](#) and further explanation below).
- If meeting any of the mandatory requirements is not reasonable from a programmatic perspective, as in the past, please submit a justification at the time of COP submission (see [Appendix 32-33](#) for the format of the justifications). It would also be useful to engage your Core Team Leader in these discussions.

- Integrated programs should be distributed across program areas, which should help you achieve your budgetary requirements.

a. Prevention: Abstinence and Be Faithful:

ABC – Abstinence, Being faithful and the correct and consistent use of Condoms for populations engaged in high-risk behaviors – is the most effective, evidence-based approach to the prevention of sexual transmission of HIV (as described in ABC Guidance: *For United States Government In-Country Staff and Implementing Partners, Applying the ABC Approach to Preventing Sexually-Transmitted HIV Infections Within The President's Emergency Plan for AIDS Relief*). In each of the focus countries except Vietnam, the primary mode of HIV transmission is through sexual contact; therefore, a significant proportion of prevention funding should be dedicated to ABC activities to prevent sexual transmission of HIV in most countries.

In FY 2007, each country should strive to dedicate 50% of total prevention funds to sexual transmission¹, and within sexual transmission funds, to dedicate 66% to AB. If a country does not meet these expectations, a justification is required. However, failure to meet the 50% requirement for sexual transmission within all prevention programs would not justify failure to reach the 66% requirement within sexual transmission prevention funds for AB activities. Some countries might have difficulty reaching the 66% requirement. In such a case, a programmatic justification is required.

An example of when a justification would be appropriate is if 80% of the epidemic is among commercial sex workers. Therefore, a higher proportion of sexual transmission funds are directed to correct and consistent condom use among populations engaged in high-risk behaviors, within the context of the ABC approach.

Another example is Vietnam, where the primary mode of transmission is through injecting drug use. Therefore, it is appropriate to dedicate more than 50% of funds for prevention within the IDU context rather than at least 50 percent to sexual prevention. However, a justification must be submitted.

$$\frac{\text{AB Funding} + \text{Condoms and Other Prevention Funding}}{\text{Prevention Funding}} = \% \text{ Sexual Prevention}$$

Note: Prevention Funding = PMTCT Funding + AB Funding + Injection Safety + Blood Safety + Condoms and Other Prevention Funding

$$\frac{\text{AB Funding}}{\text{Sexual Prevention Funding}} = \% \text{ AB}$$

If a country does not meet these expectations, a justification is required.

¹ "Total prevention" funds are those budgets defined in Appendix 12 by program areas 1 through 5 (PMTCT, AB, Blood Safety, Injection Safety, and Condoms and Other Prevention). "Sexual transmission" funds are those budgets defined in Appendix 12 by program areas 2 and 5 (AB and Condoms and Other Prevention).

Please note, that in a generalized epidemic a very strong justification will be required if a country does not meet the 66% AB requirement. Again, please inform your Core Team Leader as soon as possible if you think these budget requirements will present a problem.

Regardless, no country should decrease between 2006 and 2007 the percent of sexual transmission activities that are AB. There will be no exceptions to this requirement.

b. Orphans & Vulnerable Children (OVC):

The policy related to funding for orphans and vulnerable children remains unchanged in FY 2007. However, because there was a good deal of confusion about OVC funding during FY 2006, we are seeking to further clarify the guidance this year.

All focus countries must allocate 10% of total prevention, care, and treatment resources towards OVC programs. OVC programs include activities that directly and indirectly support orphans and children with increased vulnerability due to HIV/AIDS. Because pediatric treatment is a part of comprehensive OVC services, countries may count pediatric treatment funds towards the 10% (PL 108-25, Section 314(a)). However, it is important to continue to place a high priority on funding non-pediatric treatment OVC activities to ensure that you are providing a comprehensive OVC program. To guarantee that these programs receive adequate funding, you should strive to fund OVC programs at, or as close as possible, the 10% level prior to including funding for pediatric treatment. Further, under no circumstances may OVC program funding be reduced below the FY 2005 or FY 2006 levels. If pediatric treatment funds are designated to meet the 10% directive they may not be attributed to the 55% treatment directive. Please indicate in your COP cover letter and on the budgetary requirements worksheet whether you are attributing your pediatric treatment funding toward the OVC 10% requirement or toward the 55% treatment requirement. (Specific instructions for filling out the budgetary requirements worksheet can be found in [Appendix 17](#)). Please note that your **entire** pediatric treatment funding must go either to the OVC 10% requirement or the 55% treatment requirement. It cannot be split up. Regardless of how you meet the budgetary requirement, all pediatric AIDS treatment activities should be described in the treatment program area (Table 3.3.11).

Again, should you have a problem in meeting this mandatory requirement, please notify your Core Team Leader. If the requirement is not met, a justification is required. (Please see the sample justification in [Appendix 32](#)).

c. Treatment:

To meet the Congressional directive that the Emergency Plan allocate 55% of its program resources to antiretroviral treatment (ART), in FY 2007 all focus countries will need to incorporate the 55% goal as a budgetary requirement. However, since it might not make programmatic sense to meet this requirement in some countries, other countries will have to exceed a 55% budgetary requirement to meet the overall objective for the Emergency Plan.

$$\frac{\text{ARV Drugs Funding} + \text{ARV Services Funding}}{\text{Prevention Funding} + \text{Treatment Funding} + \text{Care Funding}} = \% \text{ Treatment}$$

3. Additional Budget Allocation Guidelines:

Prevention and Care: Individual countries are not required to meet the 25% care and 20% prevention budgetary guidelines in this year's COP. However, countries should move toward meeting these guidelines.

Strategic Information: A reasonable estimate of your total country budget (all program areas) that should be allocated to Strategic Information (SI) is 7%.

Management and Staffing: A reasonable estimate of your total country budget (all program areas) that should be allocated to management and staffing is 7%.

These are illustrative budgetary guidelines, not mandatory requirements. No justification is needed here.

4. Priority Program Areas:

As with the FY 2006 COP, the same three priority program areas will require analysis and target-setting at the country level. We are not requesting any new information from countries for these three priority program areas; however, we are providing clarified guidance below and in [Appendix 21](#).

a. Pediatric HIV/AIDS

Reaching HIV-positive children is an Emergency Plan priority. To assist you with scale-up and to document Emergency Plan efforts to reach children, we request that for the FY 2007 COP you estimate the number of children you intend to reach with ART in 2007.

In Table 3.3.10, please tell us how much funding will go toward pediatric ARV Drugs and in Table 3.3.11, please tell us how much funding will go toward pediatric ARV Services. We also ask that you provide information on pediatric AIDS treatment programs in the program area narrative for Table 3.3.11 (ARV services). Please see the program area descriptions and [Appendix 21.1](#) for additional information on pediatric AIDS programming. Instructions for completing the budgetary requirements worksheet is in [Appendix 17](#).

b. Confidential Counseling and Testing:

To achieve the Emergency Plan treatment goals, countries must focus on counseling and testing larger numbers of individuals than we have reached so far, and report on this in the correct program narrative. An important programmatic move to achieve this is to support provider-initiated testing, particularly for hospitalized clients, TB patients and STI patients. Therefore, we are asking countries to use a formula, which will be provided by the CT Technical Working Group's SI Advisor, to calculate counseling and testing targets. Please use this formula in calculating counseling and testing targets,

rather than simply depending on the targets submitted by partner organizations. Please contact your Core Team Leader for more information.

c. Tuberculosis (TB) / HIV:

TB is a major killer of people living with HIV/AIDS (PLWHA), and addressing this issue is an important part of meeting the Emergency Plan 2-7-10 goals. In your FY 2007 COP, please continue to emphasize TB/HIV activities and ensure that the activities are described so that the reviewers can understand how TB/HIV technical priorities are being covered.

In [Appendix 21.2](#), we have included national estimates of the number of adult HIV-positive TB cases eligible for ART. Although it relies on 2002 data, it provides an approximation of the need for ART and other care in this important population. We hope that PEPFAR programs can coordinate activities in such a way so as to contribute to these national goals and targets. Specifically, a coordinated review of national targets matched with a mapping of available resources for TB and TB/HIV programs (e.g., Global Fund, World Bank, USAID TB funding, other bilaterals, etc.) should assist each USG country program to determine its numerical and geographic targets in this important programmatic area.

Please consider using the TB/HIV Technical Working group for support with developing your COP FY 2007 TB/HIV activities.

5. Presidential Malaria Initiative (PMI)

The Presidential Malaria Initiative (PMI) is a five-year initiative that aims to achieve a 50% reduction in malaria-related mortality in supported countries. PMI targets groups that suffer the major burden of malaria in sub-Saharan Africa, primarily children under five and pregnant women, and to a lesser extent adults living with HIV/AIDS. Though each program has different priority target constituencies and is accountable for different results, there is considerable overlap between PMI and PEPFAR in both target groups and potential activities, creating a need for both technical and fiscal coordination.

Where both PEPFAR and PMI are active, in-country PMI and PEPFAR teams should coordinate to optimize programming, use of available resources (including Global Fund and World Bank resources), and monitoring and evaluation. Descriptions of both the process of coordination and coordinated activities should be included in the relevant program area contexts (e.g. PMTCT, palliative care, OVC, laboratory, SI). Additional detail should be included in the individual activity narratives when applicable.

FY 2006 PMI countries that are also PEPFAR focus countries are Uganda and Tanzania. Four countries (to be announced in early June) will be added as PMI focus countries for FY 2007.

6. Collaboration with Global Fund to Fight AIDS, TB, and Malaria (GFATM)

In FY 2007, reviewers will specifically look at how countries are coordinating with the Global Fund. Descriptions of investments in GFATM programs and coordination with the GFATM should appear in the Current Program Context section for each program area. In addition, you are asked to submit a support document that outlines GFATM coordination in your country (see pages 49, Program Area Context narratives, 88, and [Appendix 31](#) for more details on requested GFATM information).

7. Time Period

The only time period used in the COP is the Fiscal Year (October 1 - September 30). Both Table 2 and Table 3 of the COP require you to set targets for the Fiscal Year period, though they are different fiscal years. Table 2 requires you to revise the FY 2007 country-level prevention, care and treatment targets that you set in the FY 2006 COP. In addition, you need to set country-level prevention, care and treatment targets for the following fiscal year (to be achieved by September 30, 2008). Activity-level targets, set in Table 3.3, are defined to be achieved by the end of FY 2008 (September 30, 2008).

You will notice that you are being asked to submit targets for the fiscal year ending September 30, 2008. The end-of-Emergency Plan goals (your country-level total care and treatment goals) are to be achieved with FY 2008 funding. Because fiscal year funding takes time to filter down to the implementing partners and the sites where work is being done, FY 2008 funding cannot be expected to be fully expended and all results achieved by September 30, 2008. Therefore, the date for achieving your country-level total care and treatment goals is September 30, 2009. The date for achieving your country-level prevention (infections averted) goal remains unchanged; this goal is to be achieved by September 30, 2010.

8. Acquisition and Assistance:

As discussed in the sustainability annex, the Emergency Plan seeks to increase the number of indigenous partners, including faith-based (FBOs) and community-based organizations (CBOs), that are actively engaged in carrying out service delivery activities and receiving funding directly from the USG or from a sub-partner under an umbrella agreement, so that most funding is going to in-country activities carried out by indigenous organizations.

PEPFAR has instituted several policies and procedures to encourage the use of indigenous organizations. This has included authorizing the use of umbrella mechanisms to channel funding to indigenous organizations; setting limits on the percentage of country funding that can be allocated to individual organizations; launching the New Partner Initiative; and requiring USG implementing agencies to annually review partner performance in strengthening indigenous organizations.

The percentage limit on funding to a single partner has been reduced from 10 % to 8 %. In addition, the denominator consists of the country COP budget (central and field dollars), excluding management and staffing costs.

$$\frac{\text{Partner Funding}}{\text{Country Budget (Central and Field Dollars) – Management and Staffing Costs}} = \% \text{ Partner Funding}$$

There are still exceptions for organizations that are acting as grant-making and administration arms of the Emergency Plan and are building local sustainable capacity, for government Ministries, and for organizations that are major purchasers of pharmaceuticals and other commodities. Track 1.0 grantee funding must be included as part of the calculation.

For more information on A&A please see page 28. We have also updated information provided in [Appendix 22](#) with respect to hiring Emergency Plan coordinators and undertaking construction, and provided additional information with respect to the review of solicitation documents by OGAC for activities where the prime partner is to be determined (TBD). All other policies remain the same as last year.

9. Track 1.0 Central Funding for Anti-Retroviral Therapy

In FY 2007, central funding for Track 1.0 ART grantees will be essentially straight-lined at FY 2006 levels from central resources and will not include any COP funds transferred to Track 1.0 grantees in FY 2005. Doing this ensures that Track 1.0 grantee activities are fully integrated into host country and USG in-county plans. Track 1.0 treatment grantees have received instructions to straight-line their central costs allocated to countries at the FY 2006 level. It is essential that, at a minimum, costs of anyone already on treatment using either Track 1.0 or country resources be covered. Therefore, FY 2007 country budgets must, at a minimum, ensure that there are sufficient resources to address existing client populations. See [Appendix 10](#) and page 70 for more information.

10. Budget Adjustment Strategy (in lieu of the Plus-Up Process)

The FY 2007 Budget Allocation by Country is intended to predict, as closely as possible, the final funding level for each country. If final budget changes are necessary, they will likely result in 5-10% reductions from the initial levels. As part of your FY 2007 COP submission, OGAC requests that countries submit a short supporting document (approximately one page), indicating potential strategic changes if reductions are required from the Budget Allocation; this document will be reviewed under the COP Review process. Countries may plan to reduce funding across the board or may prioritize specific program areas to be reduced. Please keep in mind that you still need to meet the budgetary requirements under any funding scenario.

11. Program Area Specific Narratives

This year, we have worked with the TWGs to identify key information required in the program area context section of Table 3.3. The purpose of the greater specificity this year is to facilitate a better understanding of the context and overall approach and reduce the need for excessive clarification from the field. Because we are asking for additional information, we have increased the character limit for the program area contexts from 4,000 to 8,000 characters (approximately 2 pages).

12. Condoms and Other Prevention

Table 3.3.05 has been re-named Condoms and Other Prevention – although there have been no changes to the scope of the program area.

13. Agency Roles and Responsibilities in the Country Team: the Interagency Approach

As the Emergency Plan matures, it is essential for sustainability purposes that there is efficient integration of agency capacity in the field and at headquarters. In some in-country teams, staff members are performing similar work in the same program areas, but only for their respective agencies' projects. The most successful in-country teams, in contrast, are using approaches that foster efficient collaboration and eliminate redundancy. As countries participate in the COP planning process, and in particular as you consider the management and staffing elements of your portfolio, we ask that you specifically address the issue of consolidated and efficient oversight and management approaches. Precisely how teams can achieve the most efficient functioning across agencies may vary country by country; however, there is an integral relationship between roles and responsibilities within each in-country team and the particular strengths and capacities of each agency as a whole. The shifts and transitions in key personnel this year represent an important opportunity to address these issues. There is an opportunity to improve accountability through focusing specific responsibilities on specific agencies, reducing management costs by reducing overlap, leveraging agency strengths to contribute to PEPFAR as well as helping recruit and orient new staff. To encourage this examination and action, there is specific guidance in [Appendix 24](#) and instructions for the Management and Staffing program area description on page 81.

Better integration of agency functions and an integrated staffing pattern is one of the important PEPFAR priorities for FY 2007. This will be a major topic of discussion at the USG day in Durban. In all cases, integration of agency functions will be undertaken consistent with each agency's mission and structure as established by statute and policy. More guidance can be found in the Management and Staffing section of this document, as well as [Appendix 24](#).

14. Partnership for Supply Chain Management

Use of the Partnership for Supply Chain Management (PFSCM) is encouraged because of the efficiency of centralized procurement. However, PFSCM is not intended to supplant functional local or national systems where such are in place, and, indeed can work to assist and strengthen such national systems. PFSCM can also provide technical assistance to strengthen existing local or national supply chain management systems even if no commodities are being procured through PFSCM. Although the PFSCM is a USAID-managed contract, it is intended to support commodities procurement for all USG projects (i.e., projects managed by any USG Agency). While USAID is supporting the actual commodity procurement, where this is in support of program areas that are being overseen by other Agencies, the full engagement of those Agencies on the ground to develop procurement needs, and follow-up to ensure their appropriate placement and use, is needed. It is also the intent of all USG agencies to phase out AIDS-related commodity procurement

through other agreements (e.g., CDC's agreement with Crown Agents, USAID's agreement with RPM+ and Deliver, etc.). Please see [Appendix 20](#) for more information on PFSCM.

COP Sections & Required Support Documents

1. Country Contacts – The contact information for each USG Agency participating in the Emergency Plan in your country.
2. Executive Summary – This should follow the Congressional Notification format provided in [Appendix 26](#). Core Team Leaders can assist countries in drafting the Executive Summary, in order to ensure correct formatting to reduce the need for extensive finalization.
3. Table 1 – This provides space for your country to update any of the information provided in the Five-Year Strategy.
4. Table 2 – There are six indicators listed here for which downstream (direct) and upstream (indirect) country targets need to be set. Targets are required for both the end of FY 2007 and the end of FY 2008.
5. Table 3.1 – This funding mechanism list provides a summary of the unique funding mechanisms in the plan, defined by mechanism type, funding sources, USG Agency and prime partner.
6. Table 3.2 – This table is where sub-partner information is provided.
7. Table 3.3 – Activities by funding mechanism are the core of the COP. It provides the details of what activities are planned for the fiscal year.
8. Table 4 – The summary budget report is generated automatically by the data system.
9. Table 5 – This asks for information on any data collection efforts that are planned for the fiscal year.
10. **Required Support Documents – Any uploaded tables must be live Excel tables.**
 - a. Explanation of Target Calculations – An explanation of how targets listed in Table 2 and Table 3.3 were calculated. Please include both downstream (direct) and upstream (indirect) calculations and downstream (direct) summary targets by program area.
 - b. FY 2008 Funding Planned Activities – Please provide a one-page document that details the work that will be undertaken with FY 2008 funding. This will be used for the FY 2008 Congressional Budget Justification.
 - c. Staffing Matrix – This matrix shows existing and planned new staff for the USG Team. A staffing matrix is required to be submitted for each USG agency working in-country and an overall global matrix for all USG in-country.
 - d. GFATM Supplemental – This is a half-page document that summarizes the support your country provides to the GFATM in-country and the total amount of funds going to that support.
 - e. Budget Adjustment Strategy – this is a short supporting document in which countries should indicate potential strategic changes if reductions are required from the initial Budget Allocation.
 - f. Targeted Evaluation Background Sheet – This is a two page document (template provided in [Appendix 23](#)) which provides additional information on targeted evaluation activities. A background sheet must be submitted for each targeted evaluation activity in your country.
 - g. Signed Letter from your Ambassador

[Return to Table of Contents](#)

COPRS DATA SYSTEM

System Modifications for FY 2007

1. When entering in activities for a program area, new activities can now be added from the drop down menu bar.
2. The import feature has been slightly modified, and now allows countries to have control over the specific activities to be imported (see page 30 for more information).
3. Table 3.1 can be re-ordered based on different selections, i.e., the funding mechanism ID number, the USG Agency, the prime partner, etc.
4. Central funding going through Track 1.0 will now be entered into the COP for each activity. Relevant agency headquarters will enter the funding information. (See page 71 for more information)
5. Data entry for sub-partner information has been enhanced to increase data entry on one page, without having to click as much.
6. All activities will now be identified as either new or continuing. Activities imported from the FY 2006 COP will automatically be selected as continuing, while activities that are added through the FY 2007 COP will be selected as new. This will assist reviewers in understanding what activities are continuing from previous years and what activities are being proposed as new for this COP.
7. In the Condoms and Other Prevention program area (Table 3.3.05), there is an additional question which requests the total amount of funding being used for work with IDUs.
8. When uploading support documents, you will be asked to identify the document from a drop-down list. Unless all required support documents are uploaded, you will not be able to submit your COP.

System Overview

The COPRS data system is intended for use after you have largely determined the content of your Country Operational Plan. The Printable COP Template and the Partner Data Entry Forms, available in the [Help](#) section, can be used to help develop your FY 2007 COP. They are printable and downloadable files that can be used in internal working sessions and with your partners during the development process. These documents provide substantial blank space to enter text.

Help: If you need help using the COPRS data system, there is contact information in the [Contact Us](#) section. There is both an email address (COPRSSupport@s-3.com) and a “warmline” for phone calls (301.562.0770). The email address will be checked on a regular basis both on weekdays and on weekends. The warmline will be staffed on a regular basis both on weekdays and on weekends. The exact hours of operation will be sent out in a News to the Field announcement in August. The warmline will not begin operation until September 2006.

Working in Word: Text from the electronic versions of the Printable COP Template and the Partner Data Entry Forms, or other documents, can be copied into the data system by copying

the file into the Windows clipboard, and then pasting it into the appropriate box in the COPRS data system. Please be aware that special fonts (including underlined, bold, and italic text), bullets, boxes, images, and similar formatting cannot be used in the data system. If you try to copy different fonts (including underlined, bold, or italic text), the font information will be lost and text will be shown in a single font. Bullets may be converted to periods or lost. Images and boxes will usually be ignored.

The COPRS data system will not spell-check your text. However, please note that narratives drafted in Word can be readily edited (including spell-checked & length checked) before being copied into the COPRS data system.

Clip and post this information near your computer.

Saving: Data you type or paste into your Web browser will be saved in a data system, on a server, in the United States whenever you click on the **Save** button. You can also save your page by using a navigation link such as **Next**, **Previous**, or **Table of Contents**. For those tables which have automatic formulas, such as Table 2, there is also an **Update Total** button that will save your information. If you receive the three minute timeout warning (discussed below in Authorization and Security), clicking the **Continue** button will NOT save your work. However, clicking the **Continue** button will refresh the page, with all of your work still showing. You will then want to immediately click the **Save** button in order to save your work.

If you are working in an environment where the Internet connection or power to your computer is frequently interrupted, you will want to use the **Save** button on a regular basis so that you do not lose information.

Please be aware that if you navigate using the roll-over menus at the top of the screen (shown in the screen shot on page 14), your information will NOT be saved. Your information will also NOT be saved if you use the browser buttons (the Back and Forward buttons at the top of the screen immediately under File). You will need to click on the **Save** button or the **Update Total** button prior to navigating with the roll-over menus in order to save your work.

Multiple Users: Multiple users can enter data for a single COP at the same time. However, they should coordinate so that they are NOT working on the same sections of the COP at the same time. Saving information for the same section at about the same time may result in data loss. When this happens, the last user to press the **Save** button determines the content of the data system.

User Roles

There are numerous user roles for accessing and using the COPRS data system, each with varying degrees of system access. One user may have more than one user role, as necessary. For a list of all user roles available in the COPRS data system, see [Appendix 5](#). Depending on the administrative rights that you have, you will see only a subset of all the available roles.

The roles for users in-country are the most extensive and most important. They are relied upon to input all of the data and to ensure the accuracy of the data. The type of access in-country users have will vary at different times of the year depending upon what reporting is being done. The role of users in Headquarters organizations is very different from that of in-country users. Core Team Leaders at OGAC have the ability to approve activities outlined in the COP. They are

also able to assist countries in terms of data entry and/or reviewing information. Individuals at Headquarters organizations outside of OGAC have read-only access to the COPRS and are only able to read and print information from the system.

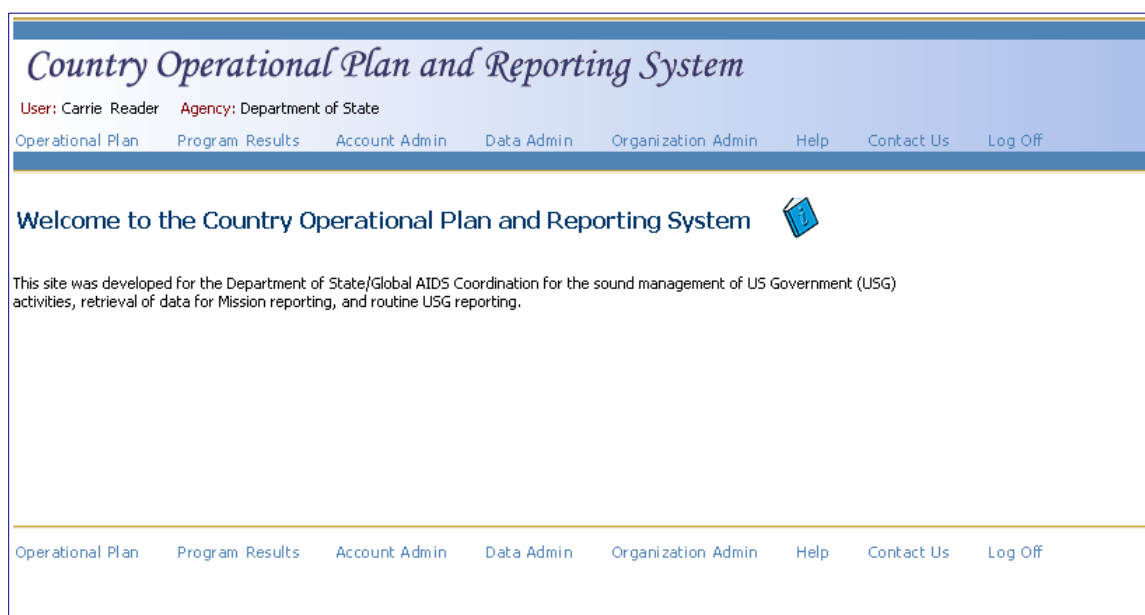
For a complete list of all user roles and associate abilities, please see [Appendix 5](#).

Getting Started

Technology Requirements: The system's only technology requirement is a Web browser that supports session variables (non-persistent cookies), which are necessary to allow the system to identify users as they navigate the different data screens in order to ensure data integrity. The latest browser versions are recommended, with Netscape 6.2 and Internet Explorer 5.0 being the minimum requirements. Pop-ups must be allowed.

Login: The Country Operational Plan and Reporting System login screen is located at: <https://www.epcopr.net>

Welcome: The login screen leads you to the Welcome screen, through which you can access system functions from the toolbar in the top part of the screen (from left to right):



The different **sections** of the data system that you can access consist of the following:

Operational Plan —Allows users, depending on their access level, to view and/or enter data, print reports, submit and approve the COP. At any point in time, individuals with any level of access to the COP section will be able to view data in this section. This section will not be available for data entry while data entry for the Program Results is underway. Users will still be able to review data, search for information and print reports. However, data entry will not be available.

For all countries, the data entry window for the FY 2007 COPs will begin on July 21, 2006 and will end on September 29, 2006.

Program Results—Allows users to enter data, print reports and submit the Program Results. This section will not be available for data entry while data entry for the COP is underway. Users will still be able to review data, search for information and print reports. However, data entry will not be available.

For all countries, the data entry window for the FY 2006 Annual Program Results will begin on October 2nd and will end on November 15th. Data entry for the FY 2007 Semi-Annual Program Results will begin on March 26th, 2007 and will end on May 15th, 2007.

Account Admin—Allows users to change their passwords. Also allows administrators to reset passwords; add, update, or delete users; and generate reports on user activities.

Data Admin—Allows HQ/ Country USG COPRS administrators to add and update data (agency, country, funding source type, program type, etc.) in the data system.

Organization Admin—Allows HQ USG administrators to add and update partner and sub-partner information

Help—Provides access to a printable PDF version of support and reference documents.

Contact Us—Provides contact information for questions regarding technology, bugs, connection problems (e.g. if you need assistance with importing or relinking items, or other items related to the data system).

Log Off—Allows users/administrators to log off from the system.

Authorization and Security: You will receive notification of authorization to use the COPRS data system from either your Country or HQ Agency System Administrator by e-mail. The e-mail notification will include your assigned user name, temporary password, type of access/user roles, and the link to the COPRS data system. Upon first login, users will be prompted and must change the temporary password to a new password. The temporary password is valid for only ONE log-on.

After receiving authorization and login information, you can freely access the COPRS data system as many times as you like and a record of your edits will be stored in the system. As long as you save data at each page, you are free to navigate to different screens, work on different tables, exit the data system and resume entering or editing data at any time.

As a security feature, the COPRS data system automatically logs off users after 30 minutes of inactivity. After 30 minutes of inactivity, users will be prompted to re-enter their user name and password on the login page. You will be notified when you have only three minutes remaining before being logged off. If you receive the three minute timeout warning, clicking the **Continue** button will NOT save your work. However, clicking the **Continue** button will refresh the page, with all of your work still showing. You will then want to click the **Save** button in order to save your work.

Information Icons: COP Guidance as directly related to specific required fields/concepts is distributed throughout the system and alongside specific fields. This additional guidance is available whenever there is an  button. Click on the button next to the specific required field or concept to review relevant COP Guidance.

Instructions and references with regard to data entry are also available through the system. This guidance is signified by the  button. Click on the button to obtain instructions on how to enter information into the data system.

Confidentiality

Much of the data that is included in the COPRS data system is considered sensitive and is classified as “sensitive but unclassified.” Because of the sensitive nature of the information contained in the COPRS data system, all users are required to sign a confidentiality agreement. The system administrator who initiated your user account will have copies of the confidentiality agreement. This confidentiality agreement must be signed and faxed or emailed to OGAC within two weeks of receiving your user account. If the confidentiality agreement is not returned to Noreen Mucha (Muchanm@state.gov) at OGAC within two weeks of receiving your user account, your account will be disabled.

[Return to Table of Contents](#)

COP Sections

Add Comments Button – Throughout the different sections of the online COP, you will see an **Add Comments** button. This button will allow writers to add comments to a particular section of the COP. These comments will NOT print out in the COP Report, but can be printed in a Comments Report. This feature is designed to assist with in-country formulation of the COP. Individuals who have read-only access to the COP will be able to view the comments, though they cannot add any.

COUNTRY CONTACTS

MODIFICATIONS IN THIS SECTION:

Please make sure the PEPFAR Country Coordinator is named, either as one of the required contacts, or as an additional contact.

CONTENT:

Please list the contact information for each of the USG Agencies working in your country. You are required to have contact information for the following USG Agencies:

1. U.S. Embassy
2. HHS/CDC
3. USAID
4. DoD
5. Peace Corps

If one of these required USG Agencies does not have an office in your country, please list the key individual from either a regional or headquarters office of that Agency who assists with your country. If your country does not have a Peace Corps presence, please put down Ms. Praya Baruch (PBaruch@peacecorps.gov, 202.692.2662, program analyst) as your contact person.

Optional contacts from USG Agencies include: HHS/HRSA, HHS/OGHA, HHS/NIH, HHS/SAMHSA, Department of Labor, and USDA. You may also include additional contact information for any host country ministries or other key organizations/individuals that you feel should be listed. Please do not list any implementing partners here, other than those who might be associated with a Host Country Government Agency.

If the PEPFAR Coordinator is not already named in your contact list, please include him / her as an additional contact.

DATA ENTRY:

A “contact type” is an Agency or Organization for which you are required, or want to list a contact. By default, a row will appear for each contact type in the data system; however, you can change the types for each row. Additionally, you may enter multiple contacts for a single type.

First Name—The first name can be up to 255 characters in length.

Last Name—The last name can be up to 255 characters in length.

Title—The title can be up to 255 characters in length.

E-mail—The e-mail address can be up to 255 characters in length.

You may add additional contacts by clicking the **Add More Rows** button, and you may delete your entries by clicking the **Delete** link at the end of each contact you had previously entered. You will NOT be asked to verify your deletion. Click on the **Save** button to save your entries without leaving the page or click on the **Cancel** button to exit the screen without saving.

If you would like to add a new contact type, that is add a contact organization that is not already in the data system, your country system administrator will need to add the contact type.

[Previous](#)
[Table Of Contents](#)
[Next](#)

Country Contacts


*** Indicates Required First and Last Name** Add Comments

Contact Type	First Name	Last Name	Title	E-Mail
U.S. Embassy Contact *				
USAID In-Country Contact *				
Peace Corps In-Country Contact *				
DOD In-Country Contact *				
HHS/CDC In-Country Contact *				
HHS In-Country Contact				
HHS/HRSA In-country Contact				
HHS/OGHA In-Country Contact				
HHS/NIH In-Country Contact				

Save
Cancel
Add More Rows

[Previous](#)
[Table Of Contents](#)
[Next](#)

[Return to Table of Contents](#)

EXECUTIVE SUMMARY

MODIFICATIONS IN THIS SECTION:

None

CONTENT:

The format of the Executive Summary should follow the Congressional Notification format and be no longer than five pages in length. A sample of the CN format can be found in [Appendix 26](#) as well as specific formatting instructions. Please write the Executive Summary in Word and then upload the file into the data system.

Please note that Core Team Leaders can assist with preparing this document. Please engage them in this process at least a month before your COP is due. Ideally, they will complete this during their technical assistance visit.

Please do not include additional support documents here. There is a separate section for additional support documents (see page 88 for instructions).

DATA ENTRY:

[Previous](#)
[Table of Contents](#)
[Next](#)

Executive Summary ⓘ

The format of the Executive Summary should follow the Congressional Notification format and be no longer than five pages in length. [Click to view Sample of Congressional Notification Letter Format.](#)

Upload Supporting Document: [Browse...](#)

Click "Browse" to select a file to upload

File must be of the following type:

- TEXT
- RTF
- WORD
- PDF

Description:
(Up to 500 characters)

[Upload File](#)

1. Enter Filename—Click on the **Browse** button to select appropriate Executive Summary file to upload from your local system to the HQ Data system (Document must be a text file, RTF, Word, or PDF).
2. Additional Description—Click on the **Additional Description** box and begin entering any additional information you would like included. You may enter up to 500 characters (approximately one paragraph) in this section. You may want to enter the specific date or the author in this box.
3. Click on the **Upload File** button to upload the country Executive Summary.

4. If you would like to delete a file that you have previously uploaded, click on the **Delete File** button on the list of uploaded files.
5. If you would like to look at a file that has already been uploaded, select **Download**.
6. Please do NOT use this section for additional support documents. A section has been added to the data system that allows you to upload additional support documents, such as acronyms lists, maps, explanation of upstream (indirect) target calculation, etc.

Previous
Table of Contents
Next

Executive Summary ⓘ

The format of the Executive Summary should follow the Congressional Notification format and be no longer than five pages in length. [Click to view Sample of Congressional Notification Letter Format.](#)

Uploading History:

Get File	File Name	Content Type	Description	Date Uploaded	
Download	Test.doc	application/msword	Testing	5/18/2005 10:40:12 AM	Delete File
Download	test.doc	application/msword	bwtest	5/4/2005 3:24:07 PM	Delete File

[Return to Table of Contents](#)

TABLE 1 COUNTRY PROGRAM STRATEGIC OVERVIEW

MODIFICATIONS IN THIS SECTION:

None

CONTENT:

Table 1 is for identifying any modifications to the USG Five Year Strategy that your country will be undertaking, or to any changes in country context. If the country context remains largely unchanged, or have no modifications to the USG Five Year Strategy at the current time, simply answer no to the first question and move on.

DATA ENTRY:

1. Select either Yes or No from the drop down menu for the question “Will you be submitting changes to your country’s Five-Year Strategy this year?”
2. If the answer is No, continue on to Table 2.
3. If the answer is Yes, please provide a brief narrative describing the planned changes. The character limit for the text box is 4,000 characters (approximately 1 page).

[Previous](#)
[Table Of Contents](#)
[Next](#)

Table 1: Country Program Strategic Overview


Will you be submitting changes to your country’s 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting. **(Up to 4000 characters)**

☒ Yes
 ☐ No

We will increase programs in western region of the country.

[Return to Table of Contents](#)

TABLE 2 PREVENTION, CARE AND TREATMENT TARGETS

For FY 2007 you will be asked to complete two separate Table 2's.

- Table 2.1 is an opportunity to provide an update of the targets submitted in your FY 2006 COP for the period that ends September 30, 2007 (FY 2007)
- Table 2.2 covers the period that ends September 30, 2008 (FY 2008).

The instructions below apply to both tables.

MODIFICATIONS IN THIS SECTION:

None

CONTENT:

NATIONAL (2-7-10) GOALS:

The national goals for your country are those set at the initiation of the Emergency Plan. They are the Five-year total goals that are to be achieved by the USG in collaboration with all other donors working in the country and the host country government. These goals will be included in the data system for your country as constant, fixed values. You will not be able to change these national goals.

USG FY 2007 & FY 2008 TARGETS:

GENERAL GUIDANCE

- Assistance with Targets:
It is critical that you begin working with your Core Team SI Advisor and Core Team Members on this section as early as possible. Your Core Team SI Advisor can assist with setting your targets. There is additional information in [Appendix 25](#) that can help you with target setting. OGAC will not be providing specific guidance on how to set these targets for each country, as this is a very country-specific process.
- Additional Guidance
 - Please see *The President's Emergency Plan for AIDS Relief Indicators, Reporting Requirements, and Guidelines: Revised for FY 2006 Reporting, July, 2005*, which can be found in the help section of the COPRS database.
- Timeframe:
The timeframe for all targets in Table 2 is the fiscal year. However, there are two different fiscal years represented by Table 2.1 and Table 2.2. The timeframe for the USG end of FY 2007 targets (Table 2.1) is the actual fiscal year, October 1, 2006 – September 30, 2007. The timeframe for the USG end of FY08 targets (Table 2.2) is the actual fiscal year, October 1, 2007 – September 30, 2008. Annual Program Results (APR) will be evaluated against these targets.

- These targets will be used to report to the U.S. Congress what we plan to accomplish over the coming year. In reporting to Congress, we must use the fiscal year.
- A target must be expressed as a whole number value (e.g. 400,000), not as a range (e.g. 250,000 – 500,000).
- Track 1.0: The number of individuals receiving care and treatment as a result of central funding to Track 1.0 activities must be included in your USG end of fiscal year country targets.

PREVENTION TARGETS:

Infections Averted:

Due to the difficulty of estimating infections averted, countries are not required to provide an overall fiscal year Prevention (infections averted) target. Rather, headquarters will estimate infections averted based on periodic prevalence studies, with the U.S. Census Bureau taking the lead. This approach will establish prevalence trends for each country using data through 2003. The difference between these two prevalence trends will represent the net impact of program activities since the start of the Emergency Plan. During the five years of the Emergency Plan, each focus country will have a number of assessments at strategic intervals; infections averted will be estimated following those assessments.

For further information on the method for estimating prevention targets, contact Tim Fowler at the Bureau of the Census (timothy.b.fowler@census.gov).

PMTCT Targets:

1. Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results
2. Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting

CARE TARGETS:

The FY 2007 and FY 2008 Care target is the sum of the following:

1. Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis (TB)
 - a. Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (this is a subset of the above palliative care indicator and will not be included in the Care Total)
 2. Number of OVCs served by OVC programs
- The Care sum will be automatically generated by the system as the aggregate of the two care targets (Palliative Care, inclusive of TB/HIV and OVC).
 - The indicator for counseling and testing is not included in the FY 2007 or FY 2008 care total.
 - The Palliative Care indicator shown above, inclusive of TB/HIV, is NOT the same indicator that will appear in Table 3. This is because palliative care and TB/HIV are two separate program areas and therefore need to have separate indicators to show targets. Please see [Appendix 7](#) for a complete list of the indicators that appear in Table 3.

COUNSELING & TESTING TARGET:

We are asking countries to use a formula, which will be provided by the CT Technical Working Group's SI Advisor, to calculate counseling and testing targets. Please use this formula in calculating counseling and testing targets, rather than simply depending on the targets submitted by partner organizations. Please contact your Core Team Leader for more information.

The end of FY 2007 and end of FY2008 targets are as follows:

1. Number of individuals who received counseling and testing for HIV and received their test results.

TREATMENT TARGETS:

The end of FY 2007 and end of FY 2008 treatment target is the following indicator:

1. Number of individuals receiving antiretroviral therapy at the end of the reporting period.

The FY 2007 and FY 2008 COP targets listed here in Table 2 will be evaluated by OGAC based on results reported in the relevant APR.

USG DOWNSTREAM (DIRECT) SUPPORT:

Projects the number of individuals receiving prevention, care and treatment services through service delivery sites/providers that are directly supported by USG interventions/activities (commodities, drugs, supplies, supervision, training, quality assurance, etc.) at the point of service delivery. An intervention or activity is considered to be a type of "downstream (direct) support" if it can be associated with counts of uniquely identified individuals receiving prevention, care and/or treatment services at a unique program or service delivery point benefiting from the intervention/activity.

USG UPSTREAM (INDIRECT) SUPPORT:

For upstream (indirect) results, project the number of individuals receiving prevention, care and treatment services, beyond those counted above under downstream (direct) USG support, as a result of the USG's contribution to system-strengthening or capacity-building of the national HIV/AIDS program as a whole.

Examples of upstream (indirect) support include:

- Development of national HIV/AIDS policies
- Development and implementation of national HIV/AIDS clinical standards and guidelines, as well as associated training protocols and programs
- Technical assistance for the development and maintenance of national commodity and drug procurement and logistics systems
- National laboratory support
- Technical assistance for strategic information activities such as surveillance and facility-based health management information systems.

It is assumed that some of the individuals who receive services at sites directly supported by the Emergency Plan are the same individuals who receive services as the result of upstream (indirect) support through national systems strengthening. To avoid double counting, if an individual is being reached directly through a USG supported site and also indirectly through USG support to national systems strengthening, only include the individual in the downstream (direct) counts. Individuals reached through upstream (indirect) support should be in addition to those reached via downstream (direct) support in order to make these categories mutually exclusive.

TOTAL USG SUPPORT:

Total USG Support is the simple sum of downstream (direct) and upstream (indirect) support. The data system will automatically calculate the total USG support.

SUPPORT DOCUMENTATION:

It is critical that you work with your SI Advisor and other Core Team Members to develop country-specific USG-supported estimates of targets. Procedures for estimating these targets must be clearly documented and submitted with your COP in the Support Documents section (see an example in [Appendix 30](#)).

	National 2-7-10 ⓘ	USG Direct Target End FY06 ⓘ	USG Indirect Target End FY06 ⓘ	Total USG Target End FY06 ⓘ
Prevention ⓘ	Target 2010: 810,202			
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT		0	0	0
Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		0	0	0
Care ⓘ	Target 2008: 1,050,000			
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period		0	0	0
Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis (TB)				
Number of OVC served by an OVC program during the reporting period		0	0	0
Number of individuals who received counseling and testing for HIV and received their test results during the reporting period		0	0	0
Treatment ⓘ	Target 2008: 210,000			
Number of individuals receiving antiretroviral therapy at the end of the reporting period		0	0	0
Update Total				

DATA ENTRY:

Enter target numbers into the cells for the two prevention indicators, the two care indicators, the one counseling and testing indicator, and the one treatment indicator. Enter both downstream (direct) and upstream (indirect) targets for each indicator. The data system will automatically sum downstream (direct) and upstream (indirect) targets to calculate total targets. Additionally, the data system will automatically sum the components

of care to arrive at a total for this section. By hitting the **Update Total** button at the bottom of the table, the summary information will appear and the data will be saved.

NOTE: The wording of the care targets is not exactly the same as the above screenshot. This screenshot is for illustrative purposes only.

[Return to Table of Contents](#)

TABLE 3 USG COUNTRY PLAN

Table 3 is the heart of the Country Operational Plan. Though all sections of this report are important, Table 3 is where the bulk of your time will be spent in the planning process. It is critical that you engage all of the USG Agencies working in country when coordinating your activities in Table 3.

MODIFICATIONS IN THIS SECTION:

1. For unallocated funds, you no longer need to specify a specific program area.
2. Central funding going to Track 1.0 partners will need to be entered into the COP. Additional information can be found in this section on page 71 and in [Appendix 10](#).
3. The 10% ceiling on funding going to a single partner has been lowered to 8% for countries doing a Full COP
4. We do not anticipate a plus-up process this year – instead, countries will be asked to identify what programmatic changes they would make if their budget were reduced by 5-10%.
5. For each program area in Table 3.3, we have developed program area narrative specific instructions.
6. Table 3.3.05 has been re-named Condoms and Other Prevention – although there have been no changes to the scope of the program area.
7. The character limit for the Program Area Context has been increased from 4,000 to 8,000 characters.
8. When the implementing agency is the Department of State, we are asking countries to identify the specific Bureau in the Agency field.

PLANNING OBJECTIVES AND TIMEFRAME:

Table 3 is primarily a planning and accounting tool. Program areas have been defined to track budgetary requirements and directives required by the legislation and are, therefore, necessary for reporting to Congress, the OMB, and other constituents. Collection of this information through the COPRS data system will minimize the need for follow-up requests and maximize our ability to manage and report on various program elements.

Timeframe:

The timeframe for Table 3 in the FY 2007 COP is the fiscal year that ends September 30th, 2008. Uncertainty in the arrival of new funds each year means a delay in producing results from a given fiscal year's funds. The targets shown in Table 3 are intended to articulate what can be accomplished with the FY 2007 funding.

IMPORTING ITEMS FROM YOUR FY 2006 COP:

Many funding mechanisms and activities by funding mechanism are the same from one year to the next, and as such, you can select items from your FY 2006 COP to be imported into your FY 2007 COP.

The import function has changed slightly to give you more control over what gets imported in Table 3.1, 3.2, and 3.3. This year you will be able to select which activities you would like to import, rather than just selecting which funding mechanisms you would like to import. You still should review the information that has been imported. You **MUST** update the imported items based on what will be happening in the current year, particularly with respect to targets. You will receive an error message in the Quality Assurance Report for any items that are not updated after being imported into the FY 2007 COP.

You are also asked to import activities in Table 3.3 that will be continuing in FY 2007, but for which you do not require new funding (i.e., the activity has enough funding to carry through FY 2007). You are asked to include all activities operating in FY 2007 in Table 3.3, even those that do not need FY 2007 funding. Activities that do not require funding will not undergo the review and approval process, but they will be used by the reviewers to get a clear picture of all the work that is being undertaken in your country in this year.

ACQUISITION & ASSISTANCE (A&A) GUIDANCE:

There are several key items that should be considered in formulating your FY 2007 COP. Please be aware of the following items:

1. Add new organizations to implement all components of the Emergency Plan and ensure that non-local organizations build institutional capacity of indigenous organizations. To assist countries in integrating new and local partners in the COP process, OGAC has created the Community and Faith-Based Organization Integration Work Group (C/FBO). A member of this work group has been assigned to each core team as a resource and point of contact. If you would like to know who the C/FBO point of contact is for your country, please contact your Core Team Leader.
2. Assure within all solicitations a level playing field for all potential bidders, including those with limited previous experience working with the USG.
3. Promote the use of indigenous organizations as implementing organizations.
4. 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 anti-retroviral treatment.
5. In the assistance arena, to promote the most efficient use of funding, endeavor to limit the amount of funding for any single organization (as prime or sub combined) to less than 8% of the total COP budget for that year.

Exceptions can be made for: (a) organizations that are acting as grant making and administration arms of the Emergency Plan and are building local sustainable capacity, (b) government ministries, or (c) organizations that are major purchasers of pharmaceuticals and other commodities. You are asked to submit a justification

- for any partners receiving more than 8%. Please see [Appendix 33](#) for an example justification.
6. Do not list partners in Table 3 of 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. If a partner has not been formally selected, list the partner as To Be Determined (TBD).

The full A&A Guidance includes additional information on increasing local and new partners as well as additional guidance on new procurements. See [Appendix 22](#).

PARTNER PERFORMANCE CONSIDERATIONS:

It is important that USG teams in-country review partner performance information, including progress towards targets, prior to requesting additional funding for the partner. It is the responsibility of the USG team to ensure that funding is being spent at a pace that is commensurate with the requirements of the Emergency Plan. Therefore, the USG teams should confirm that partners do not have large pipelines if requesting additional funding.

POTENTIAL BUDGET ADJUSTMENTS:

The FY 2007 Budget Allocation by Country is intended to predict, as closely as possible, the final funding level for each country. If final budget changes are necessary, they will likely result in 5-10% reductions from the initial levels. As part of your FY 2007 COP submission, OGAC requests that countries submit a short supporting document (no more than one page), indicating potential strategic changes if reductions are required from the Budget Allocation; this document will be reviewed during the COP Review process. Countries may plan to reduce funding across the board or may prioritize specific program areas to be reduced. Please keep in mind though that you still need to meet the budgetary requirements under any funding scenario.

A few examples of potential strategies can be found in [Appendix 34](#).

[Return to Table of Contents](#)

Table 3.1 FUNDING MECHANISMS & SOURCE TABLE

IMPORTING ITEMS FROM YOUR FY 2006 COP:

CONTENT:

You are able to import items from your FY 2006 COP. This import feature will bring in:

- the funding mechanisms listed on Table 3.1
- the sub-partners listed in Table 3.2
- the specific activities linked to that funding mechanism from the different program areas in Table 3.3.

Note: (You do not have to import everything at one time).

The link to import items will remain throughout the COP data entry time period and you will be able to use this link as many times as is necessary. Please be aware that once an activity is imported and updated, the system does not allow you to revert back to the FY 2006 COP version. In other words, you can only import a given funding mechanism and its associated activities once.

When you select to import funding mechanisms, you will then have the option of selecting which activities linked to that funding mechanism will also be imported. When you select to import an activity, you will be importing all items associated with that activity, including: the Activity Narrative, Emphasis Areas, Targets, Target Populations, and Coverage Areas. If you do not import all activities linked to a specific funding mechanism at one time, you will have the option to import the remaining activities linked to that specific funding mechanism at a different time.

Once you have imported items, you will be able to edit both the funding mechanism information and the activity by funding mechanism information. If you are NOT requesting FY 2007 funding for an activity by funding mechanism that you have imported, do not change the targets, emphasis areas, etc. If you are requesting FY 2007 funding for an activity by funding mechanism, you must update the targets, emphasis areas, etc.

When you import items, please check that the correct funding source is listed for the funding mechanisms that are imported. If you import a funding mechanism that was funded through a funding source that is no longer available in FY 2007 (e.g., N/A), you will need to change that funding mechanism to a funding source that is available in FY 2007 (e.g., Central).

You are able to re-link specific Activities by Funding Mechanism to a different Funding Mechanism, if that is necessary. For example, if there are specific Activities by Funding Mechanisms listed under a Funding Mechanism that will be ending in FY 2007 but the activities will be picked up by a TBD or another partner, you can import the funding mechanism and relink the activities to a different funding mechanism. Please contact the Help Desk ("Contact Us") if you need assistance with importing or relinking.

Please note – while you are able to re-import funding mechanisms, the newly imported mechanism will not overwrite the old mechanism, but will create a new record.

Below is a list of Mechanisms from previous fiscal year. Select the ones you need to bring forward to current fiscal year by checking the boxes listed below. Then click on the **Next** button.

Mechanism	Planned Funding Agency	Prime Partner
☐ Headquarters procured, country funded (HQ)	US Agency for International Development	To Be Determined
☐ Headquarters procured, country funded (HQ)	Department of Health & Human Services	To Be Determined
☐ Locally procured, country funded (Local)	Department of State	To Be Determined
☐ Locally procured, country funded (Local)	Department of Health & Human Services	To Be Determined
☐ Headquarters procured, country funded (HQ)	US Agency for International Development	Abt Associates
☐ Headquarters procured, country funded (HQ)	US Agency for International Development	Abt Associates
☐ Headquarters procured, country funded (HQ)	US Agency for International Development	Academy for Educational Development
☐ Headquarters procured, centrally funded (Central)	Department of Health & Human Services	American Association of Blood Banks
☐ Headquarters procured, country funded (HQ)	Department of Health & Human Services	Association of Public Health Laboratories
☐ Headquarters procured, country funded (HQ)	US Agency for International Development	CARE International
☐ Locally procured, country funded (Local)	US Agency for International Development	CARE International
☐ Locally procured, country funded (Local)	Department of State	Catholic University of Mozambique
☐ Locally procured, country funded (Local)	Department of State	Catholic University of Mozambique
☐ Headquarters procured, centrally funded (Central)	Department of Health & Human Services	Columbia University
☐ Headquarters procured, country funded (HQ)	Department of Health & Human Services	Columbia University
☐ Headquarters procured, country funded (HQ)	Department of Health & Human Services	Columbia University
☐ Headquarters procured, country funded (HQ)	Department of Health & Human Services	Crown Agents

DATA ENTRY:

1. In Table 3.1, click on the button labeled **Carry Over from Previous COP**.
2. Put checks into the boxes next to each of the entries that you would like to import. If an item does not have a check box, then this item has already been imported into your FY 2007 COP. Click the Next button at the bottom of the table.
3. You will be asked to verify what you are importing, including the list of all the activities in the program areas that will also be imported. If this is all correct, click Yes. If it is not correct, click Cancel.
4. You will receive a confirmation message that reads "Selected Mechanisms and all related sub-records from previous fiscal year have been carried over to current fiscal year."
5. Click on the **Back** button to return to Table 3.1.

NOTE: This screenshot is for illustrative purposes, as the actual data entry screen and data entry instructions may be slightly different.

FLEXIBLE FUNDING OPTION / UNALLOCATED:

CONTENT:

OGAC recognizes that flexibility is reduced by asking missions to plan early in the fiscal year. Therefore, we are allowing a flexible funding option in this year's COP. You can leave up to five percent of your GHAI budget as unallocated. This is NOT five percent of your country's total budget. GAP funding is not included in the five percent calculation. Your five percent will be noted in the budget allocation table when distributed.

This year, unallocated / flexible funding will not be attributed to one of the major program areas (Prevention, Care Treatment, and Other). It will only be identified as unallocated.

Country: Ethiopia FY: 2006

Table 3.1: Country Plan - Funding Mechanisms and Source ⓘ

Mechanism Type:	Unallocated ⓘ
Planned Funding (\$):	ⓘ

DATA ENTRY:

Click the **Add Mechanism/Source** button.

1. In the Mechanism Type drop down box, select Unallocated.
2. Type in the planned Unallocated funding into the cell.
3. You do not need to include the \$ sign, commas, decimal places or cents. Enter a number rounded to the nearest dollar.
4. Click on the **Save** button.

ACTIVITIES LIST

CONTENT:

You can view a list of all Activities by Funding Mechanisms from Table 3.3 that are linked to a specific Funding Mechanism in Table 3.1. This will allow you to view all Activities linked to a particular Funding Mechanism at once, and you will be able to navigate from this list to the specific Activity by Funding Mechanism entry for editing or review. Simply click on the Activity List link at the far right of each Funding Mechanism link.

DATA ENTRY:

N/A

FUNDING MECHANISM DEFINITION

CONTENT:

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

One unique funding mechanism requires its own row entry in Table 3.1.

A unique funding mechanism has four key characteristics that together make up a unique entry:

- funding mechanism type

- USG agency
- funding source
- prime partner

One or more of these key characteristics should be different for each funding mechanism entry.

Example: In the case of a prime partner, such as Family Health International, or a specific project, such as the UTAP Project, which could receive multiple sources of funding in a given country (from more than one USG Agency, more than one funding source within a USG Agency, or more than one funding mechanism type), it will have to be entered more than once in Table 3.1. Each entry corresponds to a unique combination of the four key characteristics, with its own unique identifier.

You should not have multiple entries for a funding mechanism where the four key characteristics listed above are the same. For example, do NOT enter separate funding mechanism entries for each program area that a unique funding mechanism might be working in.

There is an exception. You might have a prime partner working in your country under two different HQ mechanisms. For example, Academy for Educational Development is the prime partner on both the FANTA Project and the Linkages Project. In this case, it is two separate contracts (and therefore two different funding mechanisms) and would be distinguished by the funding mechanism name cell. However, this would happen very infrequently.

Examples of Prime Partners and Funding Mechanism Names:

Mechanism Type	Funding Mechanism Name		Prime Partner Name
Central	Together We Can		American Red Cross
HQ	Twinning	American International Health Alliance	
HQ	MEASURE/DHS		Macro International
HQ	Lab Supplies		Crown Agents
HQ	UTAP		Columbia University
HQ	Child Survival Fellows		Johns Hopkins University
Local	PSC	U.S. Agency for International Development	
Local	Network RFP		To Be Determined

***Note:** It is possible for a given USG agency to also be considered a prime partner. Please see page 41 for further details about this.

FUNDING MECHANISM TYPE:

CONTENT:

Funding Mechanism Type is an extremely important designation. It is critical that headquarters knows what funding is planned for HQ funding mechanisms to ensure the ceiling capacity. To assist you in completing this section accurately, please use the list of HQ mechanisms found in [Appendix 9](#). **Review of this Appendix before entering data in Table 3.1 is crucial!**

There are four options for the funding mechanism type:

1. **CENTRAL**: Headquarters-procured and centrally-funded (**Central**) - Central activities are currently limited to **ONLY** Track 1.0 activities funded with HQ (Central) funds. Please see the glossary of terms in [Appendix 2](#) for definitions of Central funding and Track 1.0's, and [Appendix 10](#) for a list of Track 1.0 partners.
2. **HQ**: Headquarters-procured and country-funded (**HQ**) - HQ mechanisms include, field support (USAID), MAARDS (USAID), buy-ins to headquarters managed activities, task orders to headquarters managed activities, PASA activities and country funding going into Track 1.0 awards. Please see [Appendix 9](#) for a list of HQ mechanisms by Agency. For DoD, this would include:
 - a. Military International HIV/AIDS Training Program
 - b. Technical assistance including TAD
 - c. Similar activities where the funds do not flow through the country.
3. **LOCAL**: Locally-procured and country-funded (**Local**) - Local mechanisms include, bilateral agreements (either contracts, cooperative agreements or grants), MOUs with the host country government, Associate Awards (USAID) and in-country RFA/RFP/RFC that is not yet awarded. For CDC, all funds allotted to post via cable are considered local. For DoD, this would include:
 - a. NGOs such as PSI, PCI, Kansani
 - b. Universities such as Drew, UMd
 - c. MIPRS to embassies for locally procured items, regional training, etc
4. **UNALLOCATED**: Unallocated type is only for the funding that you are reserving for the flexible funding option. Please see the information above under Flexible Funding Option/Unallocated (Page 32). Only the GHAI account may be tagged for unallocated funding. You are required to notify OGAC and amend this information once decisions are made as to how the funding will be allocated. For this, see the Reprogramming Guidance in [Appendix 36](#).

Strategic Objective Agreements: Money obligated into a SOAG cannot be considered a funding mechanism until it is sub-obligated to another level with identified partners, activities and planned results.

DATA ENTRY:

“Mechanism Type” is a drop down menu that will have the above four options. You can only select one option.

Table 3.1: Funding Mechanisms and Source ⓘ 

Add Mechanism/Source

Save Cancel

Mechanism Type: -- Select -- ⓘ

Funding Mechanism Name: ⓘ

Planned Funding (\$): ⓘ

Agency: -- Select -- ⓘ

Funding Source: ⓘ

Prime Partner: ⓘ Select Partner ⓘ

New Partner: ☐ Yes ☐ No ⓘ

Early Funding Request: ☐ ⓘ

FUNDING MECHANISM NAME:

CONTENT:

If the funding mechanism has a project name, you can add it here.

The funding mechanism name cell can assist in clarifying the funding mechanism. You no longer need to use the funding mechanism name cell to make a distinction in Table 3.3 between GHAI or Base mechanisms or USAID or HHS mechanisms. COPRS now shows USG agency and source, etc. for each activity.

If this is a HQ funding mechanism, you must put the name of the HQ project in the funding mechanism name cell. For example, if you are using the IMPACT Project or UTAP, you should use these names in the funding mechanism name field. Please see [Appendix 9](#) for a list of HQ mechanisms by Agency, with both the project name and the prime partner name.

Please do not confuse funding mechanism name with prime partner name (see definition below). Below are several examples of the difference between funding mechanism type, funding mechanism name and prime partner name.

For CDC only – If you are doing a new award, please specify in the funding mechanism name field whether the award will be a contract, cooperative agreement or grant.

DATA ENTRY:

Please type directly into the Funding Mechanism Name cell. The character limit for this field is 1,000 characters.

USG AGENCY:**CONTENT:**

1. From the drop-down list, select the USG Agency responsible for managing the funding mechanism.
2. The USG Agency that is selected will be the one that receives the funding from OGAC.
3. Categories are: USAID, HHS/CDC, HHS/HRSA, HHS/NIH, HHS/OS, HHS/SAMHSA, DoD, State/A, State/AF, State/EAP, State/EUR, State/INR, State/NEA, State/PM, State/PRM, State/SCA, State/WHA, Peace Corps, and DoL.

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.

HRSA - Please note that although CDC locally manages HRSA partners such as ITECH and the Twinning Center (American International Health Alliance (AIHA)), HRSA should be listed as the associated agency. There may be other instances in which CDC locally manages an activity, but HRSA is the associated agency such as NY AIDS Institute (HIVQUAL) and Georgetown University (Nursing Capacity Building).

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 GHAI Funds.

State Department Bureaus
African Affairs (AF)
Bureau of Administration (A)
East Asian and Pacific Affairs (EAP)
European and Eurasian Affairs (EUR)
Intelligence and Research (INR)
Near Eastern Affairs (NEA)
Political-Military Affairs (PM)
Population, Refugees, and Migration (PRM)
South and Central Asian Affairs (SCA)
Western Hemisphere Affairs (WHA)

DATA ENTRY:

Please select the USG Agency from the drop down menu.

Table 3.1: Funding Mechanisms and Source ⓘ

Add Mechanism/Source

Save Cancel

Mechanism Type: Locally procured, country funded (Local) ⓘ

Funding Mechanism Name: ⓘ

Planned Funding (\$): ⓘ

Agency: DoD ⓘ

Funding Source: DoD ⓘ

Prime Partner: HHS/CDC ⓘ

New Partner: HHS/HRSA ⓘ

Early Funding Request: Peace Corps ⓘ

State ⓘ

State / A ⓘ

State / AF ⓘ

Select Partner ⓘ

Save Cancel

FUNDING SOURCE:**CONTENT:**

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

USG Agency	Funding Source Categories
USAID	GAC (GHAI account) Central (<i>Track 1.0 only</i>)
HHS/CDC	Base (GAP account) GAC (GHAI account) Central (<i>Track 1.0 only</i>)
HHS/HRSA	GAC (GHAI account) Central (<i>Track 1.0 only</i>)
HHS/OS	GAC (GHAI account) Central (<i>Track 1.0 only</i>)
DoD	GAC (GHAI account)
State	GAC (GHAI account)
Peace Corps	GAC (GHAI account)
DoL	GAC (GHAI account)
ALL OTHERS	GAC (GHAI account)

“Base” (GAP account) – This category is still applicable. The list, by country, of “Base” levels will be provided to you in early June, 2006. USAID will NOT have “Base” funding for the focus countries.

Reminder – Please ensure that you are coordinating as a USG Team in determining funding decisions and that “Base” funding is not being programmed independently of the USG Team.

Central/Track 1.0 Mechanisms Funded by HQ Budgets: When the funding mechanism is Central (Track 1.0 funded out of HQ budgets), the funding source category is “Central”. Central is only to be used for Track 1.0 partners. Country funding that is going into a Track 1.0 mechanism should be entered as a unique Funding Mechanism and labeled with the HQ funding mechanism type.

DATA ENTRY:

This is a drop down menu. The funding source is linked to the USG Agency, so you must select a USG Agency in order for your funding source selections to appear. Select one choice from the drop down menu.

FY 2007 PLANNED FUNDING (\$):**CONTENT:**

This field is automatically generated by the data system. As you enter planned funding for activities by funding mechanism in Table 3.3, the data system will calculate the total amount for that funding mechanism and display it here.

DATA ENTRY:

N/A

EARLY FUNDING REQUESTED:**CONTENT:**

This check box is to allow for requests for funding needed in the first six months of the fiscal year. *This should be used only in exceptional cases.*

Early funding is largely intended to facilitate early ARV procurement. In the past, most approved early funding requests have been for ARV procurement.

You should not be requesting the majority of your funding as an early request. Please take into account two items as you decide on early funding requests:

1. Early funding might need to be requested under a Continuing Resolution but it should 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.

If you have a funding mechanism which will require funding to continue operations prior to March 31, 2007, please check the box for early funding. You can request only part of the total funding for a Funding Mechanism as early funding. Please provide the specific amount requested for early funding in the space provided.

If you are asking for early funding, you will need to provide information on what specific activities will need early funding. You will also need to provide a brief overview describing what you are requesting the early funding for.

DATA ENTRY:

Table 3.1: Country Plan - Funding Mechanisms and Source

Mechanism Type:	Headquarters procured, country funded (HQ)										
Funding Mechanism Name:	HIV/AIDS Project										
Planned Funding (\$):	\$190,000.00										
Agency:	USAID										
Funding Source:	GAC (GHAI account)										
Prime Partner:	Partnership for a Better World	Select Partner									
New Partner:	☐ Yes ☒ No										
Early Funding Request:	☒										
Early Funding Request Amount:	25000										
Early Funding Request Narrative: (Up to 2000 characters)	This early funding request will go toward an ongoing activity in the counseling and testing program area. The activity is working on providing counseling and testing services for high risk groups. The early funding will be used to buy test kits for ongoing counseling and testing activities at 3 sites.										
Early Funding Associated Activities:	<table border="1"> <thead> <tr> <th>Program Area</th> <th>Activity Narrative</th> <th>Planned Funds</th> </tr> </thead> <tbody> <tr> <td>☐ Other Prevention</td> <td>This is a test. This partner will be working on preventing HIV among high risk groups. Blah blah b</td> <td>\$125,000.00</td> </tr> <tr> <td>☐ Counseling and Testing</td> <td>This is a test. This activity is in collaboration with activity number 05.02 - other prevention. T</td> <td>\$65,000.00</td> </tr> </tbody> </table>		Program Area	Activity Narrative	Planned Funds	☐ Other Prevention	This is a test. This partner will be working on preventing HIV among high risk groups. Blah blah b	\$125,000.00	☐ Counseling and Testing	This is a test. This activity is in collaboration with activity number 05.02 - other prevention. T	\$65,000.00
Program Area	Activity Narrative	Planned Funds									
☐ Other Prevention	This is a test. This partner will be working on preventing HIV among high risk groups. Blah blah b	\$125,000.00									
☐ Counseling and Testing	This is a test. This activity is in collaboration with activity number 05.02 - other prevention. T	\$65,000.00									

Save Cancel

For Funding Mechanisms that require early funding, select the check box next to Early Funding Request. This will regenerate the page with additional information needed.

Enter the amount you are requesting for early funding into the box marked Early Funding Request Amount. You do not need to enter a \$ sign, commas, decimal points, or cents. Please round to the nearest dollar.

Enter a brief narrative in the Early Funding Request Narrative box. This narrative should not be more than 2,000 characters (approximately ½ page).

You will also see a list of Activities from Table 3.3 linked to that Funding Mechanism (if any have been entered yet) next to the Early Funding Associated Activities. Please check the box next to any Activities that the early funding will be used for.

PRIME PARTNER:**CONTENT:**

A prime partner is an entity which receives funding directly from, and has a direct contractual relationship (contract, cooperative agreement, grant, etc.) with, the USG agency. This is where the name of the implementing partner should be entered. The data system includes all partner or organizations that were entered in the FY 2004, FY 2005 and FY 2006 COPs. The total currently includes over 2,000 organizations. Please note that there is a distinction between an organization and a partner. An organization can be any organization listed in the COPRS system. An organization becomes a partner by being

selected by a country as either a prime or a sub. A partner has a funding relationship with the USG agency.

Adding an Organization or Partner to the COPRS Database
If the organization that you are looking for is not in the data system, you are asked to send an email to Noreen Mucha (muchanm@state.gov). You must provide the following information in the email: 1. the full name of the organization (spelled out, without acronyms or abbreviations) 2. the type of organization it is (see below for Prime Partner Type list) 3. the status of the organization as a local entity or not (see below for definition of local organization) You may provide this information in an Excel spreadsheet (a template spreadsheet which includes all relevant fields can be found in the Help section of the COPRS system). If you provide all of the required information to us in the correct spreadsheet, we will be able to get it entered into the system fairly quickly (sometimes even overnight). For ALL organizations that need to be added to the COPRS, we MUST receive your request and list of organizations by August 25th. This will allow time for verification and entry in time for the data to be available in the data system by September 8th. Any requests for additional organizations that are received after August 25th are not guaranteed to be entered into the system in time for you to complete data entry in-country. There are two ways for you to find if the organizations you are looking for are in the COPRS system. 1. You could use the Organization Admin to search for organization names. 2. Second, there is a full list of the organizations in the data system in the Operational Plan - Reports section entitled "Printable COP Annex 2: Partner Names". Please use one of these two options early on to determine if all of the organizations that you need for your COP data entry are in the data system.

There can be only one prime partner per funding mechanism. When funding mechanisms are awarded to a consortium, the lead partner is the prime, and any other partners in the consortium should be identified as sub-partners (see Table 3.2 below). With the exception of the prime partner, you will only need to enter those members of the consortium that are active in your country.

For example, if MEASURE/Evaluation is working in your country, the University of North Carolina is the prime partner. If JSI is the only MEASURE/Evaluation sub-partner that is working in your country, JSI needs to be included in the sub-partner table and the University of North Carolina needs to be included as the prime partner.

In the case of an identified funding mechanism (i.e. RFA or RFP) for which the prime partner has not yet been identified, select To Be Determined as the prime partner.

There will be times when you will include one of the USG agencies as the prime partner for a funding mechanism. This is expected for such items as management and staffing costs, technical assistance requests from the HQ agency or technical staffing costs which would fall into one of the program areas. However, for those occasions where a USG Agency is the prime partner, you should **NOT** have sub-partners under that funding mechanism. If

there is a sub-partner under a USG agency, this is the same as having a prime partner and therefore should be entered as a separate funding mechanism. For HHS/CDC there is additional guidance on when CDC would be the prime partner.

CDC as Prime Partner for a Funding Mechanism:
CDC should only be the prime partner for a funding mechanism in three instances: 1. management and staffing costs 2. technical assistance that CDC in-country provides directly 3. technical assistance that CDC HQ provides directly If funding will eventually be obligated to another organization, then CDC should NOT be the prime partner. Additionally, there should NEVER be sub-partners under an activity where CDC is the prime partner. For more assistance with this issue, please contact Lynn Mercer (email lzm2@cdc.gov) at CDC HQ.

NOTE: In FY 2007, please use PFSCM or another partner instead of the Working Capital Fund. Please see [Appendix 20](#) for more information on PFSCM.

DATA ENTRY:

Select box. Please click on the button that says **Select Partner**. A search box will open which allows you to enter the name of the partner (or any part of the name). You will receive a selection of possible partner names depending upon what you typed into the search box. If the partner is not found on the drop down list or if you think that any of the confirmation information is incorrect, you need to email Noreen Mucha (Muchanm@state.gov) with all of the necessary information (see above).

PARTNER TYPE:

CONTENT:

This information will be provided by the data system if the organization already exists in COPRS. If the organization needs to be added to the data system, please send an email to Noreen Mucha (muchanm@state.gov) with all of the necessary information (see above under Prime Partner Name). Each organization can only be ONE type. If it is an FBO and is also any other type of organization, please select FBO.

1. 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).
2. NGO (Non-governmental organization other than FBO). This includes organizations created as a private sector company's foundation, e.g. Coca Cola Foundation.
3. Host Country Government Agency
4. Private Contractor. This includes private sector companies such as Deloitte-Touche, John Snow, Inc., and any company involved in a public private partnership.
5. University. Note that a university affiliate such as Johns Hopkins JHPIEGO would be listed under NGO, but Columbia University School of Public Health is listed under University.

6. Multi-lateral Agency. This would include organizations such as the World Health Organization or UNAIDS.
7. Other USG Agency. This is any USG entity other than one of the six USG Agencies that are part of the Emergency Plan (DoD, DoL, HHS, Peace Corps, State Dept, USAID)
8. Own Agency. This is for any one of the six USG Agencies that are part of the Emergency Plan (DoD, DoL, HHS, Peace Corps, State Dept, and USAID).
9. Parastatal. This is a state-owned enterprise which operates using a combination of public and private funds. It may be, but is not required to be, headed by government appointed individual.

The choice of partner type is determined by the entity itself, not by the funding that it might receive. Please make sure that you are identifying the type of organization and NOT the source of funding the organization receives.

Example: If an entity receives funding from the host country government this does not necessarily dictate the organization is a host country government agency. It could be an FBO, but it receives funding from different sources.

DATA ENTRY:

No data entry necessary.

LOCAL (INDIGENOUS) ORGANIZATION:

CONTENT:

Definition: An entity whose primary place of business is in a country or region served under the Emergency Plan. As such, the majority of the entity's staff (senior, mid-level, support) is comprised of host country and/or regional nationals.

This information will be provided by the data system if the chosen organization already exists in COPRS. If the organization needs to be added to the data system, please email Noreen Mucha (Muchanm@state.gov) with all necessary information (see above under Partner Name).

DATA ENTRY:

No data entry necessary.

NEW PARTNER:

CONTENT:

Definition: A new partner is one working for the USG for the first time in health projects in the country or one that has worked with the USG as a prime partner or sub-partner on a health project in that country in the past five years.²

² Please note that this definition of a new partner is different from the definition used by the New Partners Initiative.

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 2007, that partner is NOT new. It is important for the USG Team to ensure that they are appropriately applying the “new” status.

Examples:

- A department within a university is only a new organization if the funding is going directly to that department and is 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 organization.
- If a contractor has been working on training in family planning 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 have an agreement in FY 2006, but does have an agreement in FY 2007, it is NOT a new partner.
- If a contractor has been working with USAID in health programs but is now being funded to work with HHS/CDC as well, it is NOT new.

DATA ENTRY:

This is a Yes/No check box. If the partner is new, based on the criteria specified above, select “Yes”. If the partner is not new, based on the criteria specified above, select “No”.

[Return to Table of Contents](#)

Table 3.2 SUB-PARTNER

MODIFICATIONS IN THIS SECTION:

None

CONTENT:

A sub partner is defined as an entity to which a prime partner allocates funding. The data system includes all partner/organizations that were entered in the FY 2004, FY 2005 and FY 2006 COPs. The total currently includes over 2,000 organizations. Please search thoroughly before you decide that the entity that you are looking for is not there. If the organization needs to be added to the data system, please email Noreen Mucha (Muchanm@state.gov) with all necessary information (see above under Partner Name).

As mentioned before, **we MUST receive your request and list of organizations by August 25th.**

You are only asked to enter information for sub-partners only if **EITHER** the name of the sub-partner organization or the amount of funding is known. If you know NEITHER the name of the sub-partner NOR the amount that the sub-partner will receive (even though there are plans to have subs under the mechanism), there is nothing to be entered into the COP. Please follow the below guidance in determining if a sub-partner needs to be entered into the data system:

Sub-partner Name	Planned Amount	Action
Known	Known	Included
Known	Unknown	Included
Unknown	Known	Included
Unknown	Unknown	<u>Not Included</u>

Sub-Partner or Sub-Sub-Partner: Please enter all sub-partners here, regardless of whether the sub-partner has a direct relationship with the prime partner or with another sub-partner. The COP does not distinguish between sub-partners and sub-sub-partners. All sub-partners are linked with the prime partner.

Subdivisions of an Organization: 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 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 without going first through a national level headquarters.

Sub-Partners where USG Agency is the Prime Partner: For those occasions where a USG Agency is the prime partner, you should NOT have sub-partners under that funding mechanism. If there is a sub-partner under a USG Agency that is really the same as having a prime partner, and this should be entered as a separate funding mechanism.

Individuals are not to be considered Organizations: Please do not include consultants as organizations in your sub-partner list. Individual consultants should not be entered into the COPRS data system. Only organizations should be entered.

SUB-PARTNER NAME:

DATA ENTRY:

Select box. Please click on the button that says **Select Partner**. A search box will open which allows you to enter the name of the partner (or any part of the name). You will receive a selection of possible partner names depending upon what you typed into the search box. If the partner is not found on the drop down list or if you think that any of the confirmation information is incorrect, please email Noreen Mucha (Muchanm@state.gov) with all necessary information (see above under Prime Partner Name).

NOTE: This screenshot is for illustrative purposes, as the actual data entry screen may look slightly different.

Table 3.1: Country Plan - Funding Mechanisms and Source ⓘ

		Add Mechanism/Source		Carry Over from Previous COP		Add Comments	
Mechanism ID	Mechanism	Planned Funding	Agency	Prime Partner			
Edit 2334	Headquarters procured, country funded (HQ)		US Agency for International Development	CARE USA	Add/Edit Sub-Partners	Delete Mechanism	List Activities
Edit 2332	Headquarters procured, centrally funded (Central)		Department of Health & Human Services	Catholic Relief Services	Add/Edit Sub-Partners	Delete Mechanism	List Activities
Edit 2328	Locally procured, country funded (Local)		Peace Corps	Drew University	Add/Edit Sub-Partners	Delete Mechanism	List Activities
Edit 2329	Headquarters procured, country funded (HQ)		US Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	Add/Edit Sub-Partners	Delete Mechanism	List Activities
Edit 2330	Headquarters procured, country funded (HQ)		US Agency for International Development	Management Sciences for Health	Add/Edit Sub-Partners	Delete Mechanism	List Activities
Edit 2331	Headquarters procured, country funded (HQ)		US Agency for International Development	Population Services International	Add/Edit Sub-Partners	Delete Mechanism	List Activities
Edit 2333	Locally procured, country funded (Local)		US Agency for International Development	US Agency for International Development	Add/Edit Sub-Partners	Delete Mechanism	List Activities

[*] Un-updated mechanism which is carried over from previous fiscal year.

[Add Mechanism/Source](#) [Carry Over from Previous COP](#)

Table 3.2: Sub-Partners 

Mechanism:	UN agency TBD		
Funding Amount:	\$340,000.00		
Prime Partner:	To Be Determined		

	Sub-Partner	Funding	
Edit	To Be Determined	\$197,000.00	Delete

[Add Sub-Partner](#)
[Return to Funding Mechanisms and Source](#)

[Previous](#)
[Table Of Contents](#)
[Next](#)

[Operational Plan](#)
[Program Results](#)
[Account Admin](#)
[Data Admin](#)
[Organization Admin](#)
[Help](#)
[Contact Us](#)
[Log Off](#)

You will notice that the top of the window will have a summary of the information for that funding mechanism, including: funding mechanism name (combination of funding mechanism type and funding mechanism name), planned funding amount and prime partner.

Note: These screenshots are for illustrative purposes, as the actual data entry screens may look slightly different.

FY 2007 PLANNED FUNDING (\$):

CONTENT:

Enter the amount of FY 2007 planned funding requested for the sub-partner. Note that the data system will add up all planned funding to sub-partners for a given “funding mechanism/prime partner”. The total across all sub-partners for the unique funding mechanism cannot be greater than the total planned FY 2007 funding for that same funding mechanism as listed in Table 3.1.

DATA ENTRY:

Enter the planned FY 2007 funding directly into the field. If the amount of FY 2007 planned funding has not yet been determined for an identified sub-partner, check the box that says “funding is To Be Determined”.

Table 3.2: Sub-Partners

Sub-Partner: Select Sub-Partner ⓘ

Planned Funding: ⓘ

If funding is TO BE DETERMINED, check this box: ☐ ⓘ

New Partner: ☐ Yes ☐ No ⓘ

Associated Program Areas: ⓘ

☐ PMTCT	☐ Abstinence/Be Faithful
☐ Blood Safety	☐ Injection Safety
☐ Other Prevention	☐ Palliative Care: Basic health care and support
☐ Palliative Care: TB/HIV	☐ OVC
☐ Counseling and Testing	☐ Treatment: ARV Drugs
☐ Treatment: ARV Services	☐ Laboratory Infrastructure
☐ Strategic Information	☐ Other/policy analysis and system strengthening
☐ Management and Staffing	

Operational Plan Program Results Account Admin Data Admin Organization Admin Help Contact Us Log Off

SUB-PARTNER PROGRAM AREAS:

CONTENT:

Please check the box next to each program area where that particular sub-partner will be working (see [Appendix 6](#) for a list of program areas). You do not need to link sub-partners to specific activities in table 3.3.

DATA ENTRY:

Please check the box next to each program area where the sub-partner will be working.

[Return to Table of Contents](#)

Table 3.3 PROGRAM PLANNING TABLE

Table 3.3 is divided into 15 different program areas or sub-tables, the same program areas as in the FY 2006 COPs. These program areas correspond to budget codes, which are necessary for tracking program funds in response to legislative requirements and Congressional inquiries. The exact definition of what is included in each program area/budget code is found in [Appendix 6](#). The following is a list of each of the program areas:

- PMTCT
- Abstinence and Be Faithful
- Blood Safety
- Injection Safety
- Condoms and Other Prevention
- Palliative Care: Basic Health Care and Support
- Palliative Care: TB/HIV
- Orphans and Vulnerable Children
- Counseling and Testing
- HIV Treatment: ARV Drugs
- HIV Treatment: ARV Services
- Laboratory Infrastructure
- Strategic Information
- Other/Policy Analysis and System Strengthening
- Management and Staffing

Understanding Where Your Program Fits into the 15 Program Areas: The Emergency Plan encourages integrated programs. For the purpose of the COP, however, it is necessary to distribute components of your integrated program across the 15 program areas. As an example, comprehensive ABC programs should be split into the AB component and described in the AB program area and the C component should be described in the Condoms and Other Prevention program area. Another example would be splitting a treatment and care program into two components where the services for those on treatment would be described in Treatment Services and services for those not yet eligible for ARVs would be described in the Basic Care program area.

Please use common sense when distributing activities into different program areas. For example, don't distribute an ABC activity that is targeted toward commercial sex workers in the AB and Condoms and Other Prevention program areas, but describe the entire activity in Condoms and Other Prevention.

Presumably, if you want to have targets in one area, you need to provide funds in that area. If you have questions, please contact your core team leader to work with your core team to resolve.

EXAMPLE:

Treatment for All (TFA) has developed an integrated, one-stop-shopping program that identifies HIV-positive patients, determines their ART readiness and provides treatment for those that are ART-eligible. Funds for TFA's counseling and testing component, including training of VCT counselors, procurement of test kits, renovation of CT sites, etc. should be reflected in Table 3.3.09 Counseling and Testing. Activities related to the care of HIV-positive patients that are not yet eligible for ART (providing home-based care, monitoring of CD4 counts and other laboratory tests, offering wellness services, etc.) should be separated from the program and included in Table 3.3.06 Basic Health Care and Support. Any procurement of ARVs by TFA should be listed in an activity in Table 3.3.10 ARV Drugs. Finally the

remaining components of TFA's program that offer ARVs, clinical monitoring, adherence activities, clinician training, etc. should be described in Table 3.3.11 ARV Services.

Table 3.3.01 – 3.3.14

The descriptions for this section do not need to be extensive but should provide a sufficient level of detail to evaluate whether the approach being taken by the USG, as reflected in the activities, appropriately targets and addresses the needs of the country.

Broadly, the intent of the program area description is to:

1. Provide a picture of the state of affairs for that program area in your country showing a broader picture of the USG vision, instead of merely listing separate activities. Be sure to link the COP with the vision expressed in the five-year Strategy and accomplishments and program directions established in FY 2004, FY 2005, and FY 2006.
2. Discuss progress made and barriers encountered since the FY 2006 COP.
3. Discuss the work of, as well as linkages with, other implementing partners, including the Global Fund, and the host country government in the specific program area.
4. Discuss how sustainability is being addressed for this program area.

In addition, you will find program-area specific guidance this year. The purpose of the greater specificity this year is to facilitate a better understanding of the context and overall approach and reduce the need for excessive clarification from the field. **Please note: In some cases, the information requested may not be available. If this is the case, please do not worry about it, and leave it blank!** This narrative, including the program area specific component, should not be more than 8,000 characters (approximately two pages). We have increased the character limit to accommodate this additional information, but you are not required to use the entire space.

Please see information listed under Table 4, page 86, to ensure that your calculations of budgetary requirements are accurate.

DATA ENTRY:

This is a narrative that should be entered into text boxes. There is an 8,000 character limit (approximately two pages) for each of the narratives. You may either type directly into the box on the screen, or you may cut and paste into the box from another program. We encourage you to write the narrative in Word or another program that allows for spell checking and then cut and paste the text into the text box in the data system.

Collaboration with the Global Fund

Both in-country bilateral program support and U.S. Government central investments in the GFATM are essential to the Emergency Plan Global Strategy. Implementation of the Emergency Plan has demonstrated the interdependence of these two approaches on the ground. Where possible, in-country teams should identify areas where GFATM and bilateral assistance can be used in complementary and collaborative ways, possibly assigning a division of labor among the two resources.

For example, the Global Fund can sometimes purchase anti-retroviral drugs that national governments wish to use but that have not received tentative approval or approval from the HHS FDA. In these cases, the Global Fund might consider purchasing first-line drugs with the Emergency Plan dedicating its resources to the procurement of second-line regimens.

Given the commitment of the USG to the principles of the Three Ones, Emergency Plan resources and/or activities should be invested and programmed as needed to directly support HIV/AIDS GFATM grants. Examples include: strengthening the capacity of Country Coordinating Committees or placing time-limited logistics advisors in Ministries of Health to strengthen logistics systems and create unified procurement approaches. Such investments should be time-limited, not focused on long-term recurring costs, and oriented to specific outcomes that will allow GFATM money to flow more quickly and efficiently. It is important to note that there are additional funds available (programmed outside of the COP) to provide technical assistance for developing GFATM malaria and tuberculosis grants and to address systemic issues that block success of two or more types of grants, including HIV/AIDS grants (see cable STATE 00024040).

In addition, both the COP and the Annual Program Results should identify areas where programs are being brought to scale using GFATM resources.

Partnership for Supply Chain Management

All USG teams are strongly encouraged to use the Partnership for Supply Chain Management (PFSCM) for ARV and other commodity procurement. However, PFSCM is not intended to supplant functional local or national systems when such is in place, and, indeed can work to assist and strengthen such national systems. PFSCM can provide the full scope of supply chain management services including overall management, procurement (including drug forecasting), freight and freight forwarding, quality assurance, information systems management, and in-country technical assistance and support. The PFSCM has core funds available to assist countries with COP 2007 planning and assist with the development of a detailed procurement plan.

FY 2007 PLANNED FUNDING FOR PROGRAM AREA:

CONTENT:

The data system will automatically generate for you the Total FY 2007 Planned Funding for the program area as the sum of all FY 2007 planned funding for the funding mechanisms activities listed in the program areas of Table 3.3. You will not be able to put any information into this cell.

PROGRAM AREA SUMMARY TARGETS

Targets' Timeframe:

The targets in this section relate to the time period that ends September 30th, 2008.

CONTENT:

These summary targets for the program area are intended to show what will be accomplished by the entire set of USG funded activities in that program area. This feature acknowledges that it is not possible to simply sum the targets for a given indicator across individual activities listed within one program area, since many individual activities may be supporting the same sites or training the same individuals or serving the same clients. Therefore, we are requesting that each USG Team provide these summary targets for each program area. Were the system to simply sum across these individual activities within a program area, there would be considerable double counting.

Please ensure that the targets you are articulating here are for your NEW FY 2007 funding. That is to say, the targets that you list in this section should be an articulation of what you plan to accomplish with your requested FY 2007 funding. You should only include here targets for ongoing activities for which you are NOT requesting FY 2007 funding if they will **SIGNIFICANTLY** contribute to what you will accomplish during this time period, e.g., if the start of the activity was delayed. This would only occur on rare occasions.

For this reason, we are asking that you provide **unduplicated downstream (direct) summary targets** for each required indicator at the summary program area level. Please ensure that the summary program area target makes sense in the context of the actual arithmetic sum of the partner activity targets in the program area, adjusted for double-counting. Whereas double-counting is a common problem in Palliative Care, there should NOT be significant double-counting in indicators in other program areas such as TB/HIV, PMTCT, or ARV Services. In other words, we would not expect it to be common that multiple organizations provide the same individuals TB preventive therapy or TB treatment, ARVs for PMTCT, or ART.

Please be aware that indicators cannot be added to Table 2 country targets or Table 3.3 summary program area targets.

DATA ENTRY:

Please fill in the target number for that specific indicator in the space provided next to the indicator.

[Return to Main Table of Contents](#)

Program Area Specific Narratives

TABLE 3.3.01 PREVENTION OF MOTHER TO CHILD TRANSMISSION

PROGRAM AREA DESCRIPTION: PMTCT (COPRS ID = MTCT) – activities aimed at preventing mother-to-child HIV transmission including counseling and testing for pregnant women, ARV prophylaxis for HIV-infected pregnant women and newborns, counseling and support for maternal nutrition and safe infant feeding practices. PMTCT-plus ART activities should be described and coded under HTXD (3.3.10) and HTXS (3.3.11).
PROGRAM AREA SPECIFIC INSTRUCTIONS: In addition to the general program area context information and if the information is available, please describe the following, highlighting plans for support in the upcoming year. Statistics: • The current national geographic coverage of PMTCT services • The number and proportion of ANC and L&D sites providing PMTCT services (as available). • The number of HIV+ pregnant women receiving prophylaxis relative to the estimated total number of HIV+ women delivering annually (note key contributions of USG non-PEPFAR funds and other donors' contributions) • The USG-specific contribution to the national program including the number and proportion of women attending antenatal care each year who receive PMTCT services Services: • Please describe the type of counseling and testing for PMTCT (i.e. group pre-test counseling, opt-out with same day results, availability of rapid testing) and any plans to strengthen this element of the program. • Please describe the current level of uptake of testing and prophylaxis (the "PMTCT cascade") and any plans to strengthen this element of the program. • Based on current USG interventions, what are other general priority areas of support for FY 2007? Referrals and Linkages: • Please describe how your program will facilitate linkages to treatment for eligible women (e.g. number and proportion of women successfully referred for ART during and after pregnancy) • Please describe any plans to strengthen the approach to infant follow-up, including nutritional support for infants, infant diagnosis, cotrimoxazole prophylaxis, and other basic preventive care to all HIV-exposed infants identified in the PMTCT programs • Please describe any plans to strengthen linkages to OVC programs and to routine maternal and child health services, including family planning Policy: • Please describe any plans to address national level policy barriers, training, monitoring and evaluation, management and supervision as well as other system strengthening • Please describe any activities addressing the special needs of HIV+ pregnant women, including psychosocial support and activities to reduce stigma and prevent domestic violence. • Please describe any partner testing and strategies to involve men in PMTCT • When applicable, please use the program and activity narratives to describe plans for the coordination of PMI and PEPFAR resources in PMTCT programs. See page 7 for more information. • Please use the program and activity narratives to describe plans for the rational use of PMI and PEPFAR resources.

Please highlight any other outstanding challenges or gaps that the program is facing.
REQUIRED TARGETS:
• Number of service outlets providing the minimum package of PMTCT services according to national and international standards • Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results • Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting • Number of health workers newly trained in the provision of PMTCT services according to national and international standards
Please see Appendix 25 for more information on target-setting or Appendix 30 for examples.

TABLE 3.3.02 ABSTINENCE / BE FAITHFUL

PROGRAM AREA DESCRIPTION:
Abstinence/be faithful (HVAB) – activities (including training) to promote abstinence, including delay of sexual activity or secondary abstinence, fidelity (including partner reduction), and related social and community norms For more information, please see “<i>For United States Government In-Country Staff and Implementing Partners, Applying the ABC Approach to Preventing Sexually-Transmitted HIV Infections Within The President’s Emergency Plan for AIDS Relief.</i>”
PROGRAM AREA SPECIFIC INSTRUCTIONS:
In addition to the general program area context information and if the information is available, please describe the following, highlighting plans for support in the upcoming year. Statistics: • Please describe the epidemiologic profile of the epidemic within the general population including the distribution of prevalence between adult and the youth population. • Data on the age of first sex Services: • Describe the overall approaches being applied to include the breakdown of services targeted to the general population, and those activities specifically targeted towards youth • Please comment on any activities that directly address prevention for men in the general population, including work on reducing numbers/concurrent sexual partners Referrals and Linkages: • Please describe the linkages and integration with other prevention activities for all programs dealing with individuals who are sexually active and engage in high-risk behaviors • Please mention linkages with gender programs, specifically those areas that address prevention of gender-based violence and sexual coercion, as well as cross-generational sex Policy: • Please describe any plans to address national level policy barriers, training, monitoring and evaluation, management and supervision as well as other system strengthening Please highlight any outstanding challenges and gaps that the program is facing
BUDGETARY REQUIREMENTS
In FY 2007, each country should strive to dedicate 50% of total prevention funds to sexual transmission,

and within sexual transmission funds, to dedicate 66% to AB. If a country does not meet these expectations, a justification is required. See further discussion on pages 4-6.

Please note that in a generalized epidemic a very strong justification will be required if a country does not meet the 66% AB requirement. Regardless, no country should decrease between 2006 and 2007 the percent of sexual transmission activities that are AB. There will be no exceptions to this requirement.

REQUIRED TARGETS:

- Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful
 - Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of the total reached with AB)
- Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful

Please see [Appendix 25](#) for more information on target-setting or [Appendix 30](#) for examples.

TABLE 3.3.03 MEDICAL TRANSMISSION BLOOD SAFETY

PROGRAM AREA DESCRIPTION:

Medical transmission/blood safety (HMBL) – activities supporting a nationally coordinated blood program, which includes policies; infrastructure, equipment and supplies; donor-recruitment activities; blood collection, distribution, testing and transfusion; training; and management to ensure a safe and adequate blood supply.

PROGRAM AREA SPECIFIC INSTRUCTIONS:

In addition to the general program area context information and if the information is available, please describe the following, highlighting plans for support in the upcoming year.

Statistics:

- Geographic coverage
- The degree to which the country safe supply of blood meets country needs (note key contribution of other partners)
- The prevalence rate in blood donor population
- The percent of voluntary, non-remunerated blood donations (as opposed to paid or family donation)
- Percent of blood units screened for HIV country-wide
- Extent to which stock-out of test kits occurs in blood donation sites

Services:

- Please describe the basic approaches being applied to strengthen safe blood supply
- Please describe any training programs for staff on methods of blood collection and transfusion
- Plans for management and supervision of blood banking systems
- Systems for data recording and program monitoring

Policy:

- Please describe any plans to address national level policy barriers, training, monitoring and evaluation, management and supervision as well as other system strengthening
- Describe how country intends to assure rational use of blood including alternatives to transfusion when possible

Please highlight any outstanding challenges and gaps that the program is facing.

REQUIRED TARGETS:
• Number of service outlets carrying out blood safety activities • Number of individuals trained in blood safety
Please see Appendix 25 for more information on target-setting or Appendix 30 for examples.

TABLE 3.3.04 MEDICAL TRANSMISSION / INJECTION SAFETY

PROGRAM AREA DESCRIPTION:
Medical transmission/injection safety (HMIN) – 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.
PROGRAM AREA SPECIFIC INSTRUCTIONS:
In addition to the general program area context information and if the information is available, please describe the following, highlighting plans for support in the upcoming year. Statistics: • Average number of medical injections per person per year • The percent of facilities in which syringes used for patient care (e.g., injections, preparation and administration of medications, phlebotomy) were single use and sterile (e.g., observed to come from a new, unopened package) (if available) Services: • Please describe the basic approaches being applied • Please comment on activities of Track 1.0 providers and the degree of collaboration with the country team. Policy: • Please describe any plans to address national level policy barriers, training, monitoring and evaluation, management and supervision as well as other system strengthening
REQUIRED TARGETS:
• Number of individuals trained in injection safety
Please see Appendix 25 for more information on target-setting or Appendix 30 for examples.

TABLE 3.3.05 CONDOMS AND OTHER PREVENTION

PROGRAM AREA DESCRIPTION:
Condoms and Other Prevention activities (HVOP) – other activities aimed at preventing HIV transmission including purchase and promotion of condoms, STI management (if not in palliative care settings/context), messages/programs to reduce injecting drug use, and messages/programs to reduce other risks of persons engaged in high-risk behaviors.
Programming for Male Circumcision Activities At the time of printing, the Emergency Plan maintains its prior commitment to the field that PEPFAR funding can be used for formative assessments but not the actual provision of male circumcision services.

When a normative agency, such as WHO and/or UNAIDS, endorses male circumcision as an HIV prevention strategy following the interim review of current circumcision clinical trials in Kenya and Uganda (which is scheduled to take place at the end of June), OGAC will issue follow-up communication with the field. Until that time, countries may utilize up to \$100,000 for assessment of: community and facility preparedness, policy and cultural barriers towards circumcision, feasibility and acceptability assessments and activities focused on understanding male behaviors and condom distribution as a baseline so as to monitor disinhibition and condom migration post-circumcision. All proposed activities will be reviewed by the PEPFAR Male Circumcision Task Force.

Post Exposure Prophylaxis

The intersection between HIV and gender-based violence is well established, and countries are strongly encouraged to support and expand rape prevention services. Services include the provision of post-exposure prophylaxis (PEP) for rape victims, and sensitization and training of police and communities about the availability of PEP. These activities should be included in the Other Prevention program area. Interventions should also include supportive behavior change prevention such as the adoption of social and community norms that denounce rape, incest and other forced sexual activity; these activities should be included in the Abstinence/Be Faithful program area.

For more information on injecting drug use, please see *"The President's Emergency Plan for AIDS Relief: HIV Prevalence Among Drug Users Guidance #1 - Injection Heroin Use."*

PROGRAM AREA SPECIFIC INSTRUCTIONS:

In addition to the general program area context information and if the information is available, please describe the following, highlighting plans for support in the upcoming year.

Statistics:

- The demographic make-up of your population of persons engaged in high-risk behaviors, with details about how emerging high-risk groups are identified
- Please describe the availability of condoms in your country and the USG contribution to that supply. If known, please also discuss condoms procured by USAID population funds and other international partners.

Services:

- Please describe the basic approaches being applied and how they are building on previous years' investments.
- Please comment on programs that provide access to substance abuse and treatment services
- Comment on how your program and other donors'/international partners' programs provide outreach and HIV services to persons engaged in high-risk behaviors.

Referrals and Linkages:

- Please describe the opportunities and linkages for providing health services to persons engaging in high-risk behaviors, including HIV counseling and testing and STI and HIV/AIDS treatment and care

Policy:

- Please describe any plans to address national level policy barriers, training, monitoring and evaluation, management and supervision as well as other system strengthening

Please highlight any other outstanding challenges and gaps that the program is facing

Data Entry

Table 3.3.5 Condoms and Other Prevention: Amount of Condoms and Other Prevention Funding which is used to work with IDUs: Provide the dollar amount that is planned for work with injecting drug users.

Please enter the number directly into the cell. You may round to the nearest \$100, or you may enter the exact number (including decimal points for cents, if necessary). You do not need to enter the \$ symbol.

REQUIRED TARGETS:

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

Please see [Appendix 25](#) for more information on target-setting or [Appendix 30](#) for examples.

TABLE 3.3.06 PALLIATIVE CARE: BASIC HEALTH CARE AND SUPPORT

PROGRAM AREA DESCRIPTION:

Palliative Care: Basic health care and support (HBHC) – all clinic-based and home-/community-based activities for HIV-infected adults and children and their families aimed at optimizing quality of life for HIV-infected clients and their families throughout the continuum of illness by means of symptom diagnosis and relief; psychological and spiritual support; clinical monitoring, related laboratory services and management of opportunistic infections (excluding TB) and other HIV/AIDS-related complications (including pharmaceuticals); and culturally-appropriate end-of-life care. HBHC also includes clinic-based and home-/community-based support; social and material support such as nutrition support, legal aid and housing; and training and support of caregivers. Clinic-based and home-/community-based care and support activities for HIV-positive children within programs for orphans and other vulnerable children affected by HIV/AIDS fall under HKID (3.3.08). ARV treatment should be coded under HTXD (3.3.10) and HTXS (3.3.11).

For more information, please see “*Guidance for United States Government In-Country Staff and Implementing Partners for a Preventive Care Package for Adults*” as well as “*Guidance for United States Government In-Country Staff and Implementing Partners, for a Preventive Care Package for Children Aged 0-14 Years Old Born to HIV-positive Mothers.*”

PROGRAM AREA SPECIFIC INSTRUCTIONS:

In addition to the general program area context information and if the information is available, please describe the following, highlighting plans for support in the upcoming year.

Statistics:

- Estimated number of people requiring services
- The number of HIV+ individuals currently receiving services relative to the estimated total number of people needing them (note key other international partners' contributions)
- The USG-specific contribution to the national program including the number and proportion of individuals receiving care, relative to the need.

Services:

- Please define what is meant by palliative care in your country program
- Please describe key elements of the USG-funded palliative care program and the basic approaches of scale up to include:
 - the components of the program (clinical, psychological, social support, spiritual, preventive),
 - the sites at which services are being provided (home-based, community-based, healthcare facility-based),
- Please describe how the supply chain management will be strengthened to support palliative care

activities (use of the PFSCMS is encouraged) Referrals and Linkages: • Please describe how the activities relate to the network model for provision of HIV care in your country and plans to strengthen these linkages. In particular please note approaches to incorporate and/or refer to treatment, prevention, OVC and other needed social services. • Please describe you are facilitating linkages with other sector programs and resources (wrap-around programming) Policy • Describe policy barriers that need to be overcome to ensure success of the palliative care program in the future (e.g., availability and use of narcotics for pain relief, national cotrimoxazole policy, etc.). • Please describe plans for establishing a minimum standard of care and program improvement through supportive supervision and other efforts to improve quality. • When applicable, please use the program and activity narratives to describe plans for the coordination of PMI and PEPFAR resources in Basic Health Care and Support programs. See page 7 for more information. • Please highlight any other outstanding challenges and gaps that the program is facing. Where applicable, all USG teams are encouraged to use the Partnership for Supply Chain Management (PFSCM) for commodities, including rapid test kits. For more information, please see Appendix 20.
REQUIRED TARGETS: 1. Number of service outlets providing HIV-related palliative care (excluding TB/HIV) 2. Number of individuals provided with HIV-related palliative care (excluding TB/HIV) 3. Number of individuals trained to provide HIV palliative care (excluding TB/HIV) The program level indicators for the Palliative Care: Basic Health Care and Support section of Table 3.3 are not the same indicators that appear in the indicator guidance and in Table 2 of the COP. When setting the targets for Table 3 of the COP, you are asked to articulate what will be accomplished with your Palliative Care: Basic Health Care funding. The inclusive indicators that appear in Table 2 are necessary to minimize double counting, but they do not allow us to assess what is being accomplished with funding from the Palliative Care: Basic Health Care and Support program area. Please note that in the Semi-Annual and Annual Program Results you will only be asked to report on the revised palliative care indicators, which include TB sites, training, and people reached with a combination of funding from the Palliative Care: Basic Health Care and Palliative Care: TB/HIV program areas. Please see Appendix 25 for more information on target-setting or Appendix 30 for examples.

TABLE 3.3.07 TB/HIV

PROGRAM AREA DESCRIPTION: Palliative Care: TB/HIV (HVTB) – includes exams, clinical monitoring, related laboratory services, treatment and prevention of tuberculosis in HIV basic health care settings (including pharmaceuticals), as well as screening and referral for HIV testing, and clinical care related to TB clinical settings. If TB programs provide other basic health care and support services such as clinical or psychosocial services, these services would be coded under HBHC. If TB programs expand to provide clients with ART, such

services would fall under HTXD (3.3.10) and HTXS (3.3.11). Note: General TB treatment, prevention and related programming must be funded with CSH/Infectious Diseases funds directed for TB, not with HIV/AIDS funds.

Globally, tuberculosis (TB) is the leading cause of morbidity and mortality among persons living with HIV/AIDS. Addressing TB among persons living with HIV/AIDS is of high priority in the Emergency Plan. In preparation for the FY 2007 COP, each country should work with other international partners and programs (e.g., GF, WB, USAID, bilaterals, etc.) to determine funding gaps in the area of TB/HIV. Depending on the resource mapping exercise, the COP should include program activities and resources necessary to achieve the following goals:

- To provide HIV counseling and testing to all TB patients,
- To link all HIV-infected TB patients to HIV care and treatment, including ARV and cotrimoxazole therapy,
- To screen all HIV-infected persons
- To link all HIV-infected TB suspects to TB diagnosis and TB treatment using DOTS

PROGRAM AREA SPECIFIC INSTRUCTIONS:

In addition to the general program area context information and if the information is available, please describe the following, highlighting plans for support in the upcoming year.

Statistics:

- The incidence of TB
- The prevalence of HIV in TB patients

Services:

- Please provide a general description of U.S.G. support to TB/HIV activities, building on previous year's successes and explain how they contribute to achieving the goals stated above
- Explain how program activities strengthen TB diagnostic capabilities for persons living with HIV/AIDS (e.g., smear microscopy services, quality assurance, and support for national reference laboratories).
- Describe how program activities address the recording/reporting of patients with TB disease and HIV-infection referred to HIV care and treatment.
- Discuss the monitoring and evaluation of screening for active TB and referral for TB diagnosis and treatment of patients receiving HIV care.

Referrals and Linkages:

- Please describe the level of integration between TB and HIV programs in the country and discuss how program activities will strengthen the capacity of systems to manage and monitor patients with HIV infection and TB disease across multiple healthcare programs.

Policy:

- Describe the extent to which TB is a part of the national HIV strategic plan and note any national policies or legislation that addresses TB/HIV
- Please describe any plans to address national level policy barriers, training, monitoring and evaluation, management and supervision as well as other system strengthening

Please highlight any other outstanding challenges and gaps that the program is facing

Where applicable, all USG teams are encouraged to use the Partnership for Supply Chain Management (PFSCM) for commodities, including rapid test kits. For more information, please see the program narrative instructions for ARV Drugs (Table 3.3.10) and [Appendix 20](#).

In [Appendix 19.3](#), we have included national estimates of the number of adult HIV-positive TB cases eligible for ART. Although it relies on 2002 data, it provides an approximation of the need for ART and

other care in this important population. It is hoped that PEPFAR programs can coordinate activities in such a way so as to contribute to these national goals and targets.

REQUIRED TARGETS:

- Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting
- Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease
- Number of HIV-infected clients given TB preventive therapy
- Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)

Please see [Appendix 25](#) for more information on target-setting or [Appendix 30](#) for examples.

TABLE 3.3.08 ORPHANS AND VULNERABLE CHILDREN

PROGRAM AREA DESCRIPTION:

Orphans and Vulnerable Children (HKID) – activities aimed at improving the lives of orphans and other vulnerable children and families affected by HIV/AIDS. The emphasis is on strengthening communities to meet the needs of orphans and other vulnerable children affected by HIV/AIDS, supporting community-based responses, helping children and adolescents to meet their own needs, creating a supportive social and policy environment, etc. Activities could include training caregivers, increasing access to education, economic support, targeted food and nutrition support, legal aid, etc. Institutional responses would also be included. ARV treatment of children is excluded from this category and should be coded under HTXD (3.3.10) and HTXS (3.3.11). Palliative care, including basic health care and support and TB/HIV prevention, management and treatment, as well as their related laboratory services and pharmaceuticals, when delivered within programs for orphans and other vulnerable children affected by HIV/AIDS, should be coded under this category (HKID). Other health care associated with the continuum of HIV/AIDS illness, including HIV/TB services, when delivered outside a program for orphans and other vulnerable children affected by HIV/AIDS, should be coded under HBHC (3.3.06) or HVTB (3.3.07).

PROGRAM AREA SPECIFIC INSTRUCTIONS:

In addition to the general program area context information and if the information is available, please describe the following, highlighting plans for support in the upcoming year.

Statistics:

- The estimated number of OVCs in your country, including estimates of the percentage of children orphaned as a result of HIV/AIDS, and percentage orphaned from other causes, such as war and famine.

Services:

- Describe the model for ensuring that core services are available for children in need of them
- Building on previous year's successes, please describe your strategic direction on the three levels of intervention:
 - o Provision of direct services
 - o Support for families/care-givers and communities
 - o Impact on district/national government system
- Cite how scale-up is being/or will be addressed by OVC programs.

Referrals and Linkages:

- Describe how OVC programs are implementing programs linked with HIV/AIDS prevention, care, and treatment.
- Please describe you are facilitating linkages with other sector programs and resources (wrap-around programming)

Policy:

- Please describe any plans to address national level policies, training, monitoring and evaluation, management and supervision as well as other system strengthening
- Please describe the role of the USG relative to other key international partners in the sector, such as UNICEF, and GFATM
- Describe how your activities further your country's National Plan of Action for OVCs, your PEPFAR five-year strategy, and support PEPFAR OVC Guidance.
- Where applicable, please use the program and activity narratives to describe plans for the coordination of PMI and PEPFAR resources in OVC programs. See page 7 for more information.

Where applicable, all USG teams are encouraged to use the Partnership for Supply Chain Management (PFSCM) for commodities, including rapid test kits. For more information, please see the program narrative instructions for ARV Drugs (Table 3.3.10) and [Appendix 20](#).

Please highlight any other outstanding challenges and gaps that the program is facing

BUDGETARY REQUIREMENTS

All focus countries must allocate 10% of total prevention, care, and treatment resources towards OVC programs. OVC programs include activities that directly and indirectly support orphans and children with increased vulnerability due to HIV/AIDS. Because pediatric treatment is a part of comprehensive OVC services, countries may count pediatric treatment funds towards the 10% (PL 108-25, Section 314(a)). However, it is important to continue to place a high priority on funding non-pediatric treatment OVC activities to ensure that you are providing a comprehensive OVC program. To guarantee that these programs receive adequate funding, you should strive to fund OVC programs at, or as close as possible, the 10% level prior to including funding for pediatric treatment. Further, under no circumstances may OVC program funding be reduced below the FY 2005 or FY 2006 levels. If pediatric treatment funds are designated to meet the 10% directive they may not be attributed to the 55% treatment directive. Please indicate in your COP cover letter and on the budgetary requirements worksheet whether you are attributing your pediatric treatment funding toward the OVC 10% requirement or toward the 55% treatment requirement. (Specific instructions for filling out the budgetary requirements worksheet can be found in [Appendix 17](#)). Please note that your **entire** pediatric treatment funding must go either to the OVC 10% requirement or the 55% treatment requirement. It cannot be split up. Regardless of how you meet the budgetary requirement, all pediatric AIDS treatment activities should be described in the treatment program area (Table 3.3.11).

REQUIRED TARGETS:

- Number of OVC served by OVC programs
- Number of providers/caretakers trained in caring for OVC

Please see [Appendix 25](#) for more information on target-setting or [Appendix 30](#) for examples.

TABLE 3.3.09 COUNSELING AND TESTING

PROGRAM AREA DESCRIPTION:
Counseling and testing (HVCT) – 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 as indicated in other contexts (e.g., STI clinics). Counseling and testing in the context of preventing mother-to-child transmission is coded under MTCT (3.3.01).
PROGRAM AREA SPECIFIC INSTRUCTIONS:
In addition to the general program area context information and if the information is available, please describe the following, highlighting plans for support in the upcoming year. Statistics: • Please identify the numbers of people needed to be reached with CT in order to meet your country's treatment targets. These calculations will be provided by the CT Technical Working Group's SI Advisor – contact your core team leader for more information. • Please estimate the overall number of people accessing testing (with USG and other donor support) and what percentage of the adult population this represents. • Mention HIV testing algorithms for the country and how these algorithms represent state-of-the-art HIV testing methods should be included. • Please describe geographic coverage of counseling and testing services • Please describe the supply chain management of test kits Services: • Please comment, as appropriate, on how your programs are: ◦ Increasing access to CT in clinical settings (diagnostic or routine, as appropriate) ◦ Increasing recruitment of, and access for, couples and families to CT services, with an emphasis on reaching discordant couples ◦ Ensuring that CT programs have solid linkages to care, treatment, and other services. • Please describe training programs for counselors and other health care workers providing counseling and testing • Please describe promotion programs to increase utilization of counseling and testing • Please describe how you are counseling and testing children and adolescents Referrals and Linkages: • Discuss specific plans for linking HIV-infected persons to treatment, care, and other support services and methods for prevention for all CT clients including a specific focus on discordant couples. Policy: • Please describe any key policy barriers, for example rapid testing, and efforts to strengthen the policy environment • Discuss methods for maintaining a standard registry or recording system and for routinely reporting HIV testing information from clinical and community sites. • Please describe any plans to address national level policy barriers, training, monitoring and evaluation, management and supervision as well as other system strengthening. Where applicable, all USG teams are encouraged to use the Partnership for Supply Chain Management (PFSCM) for commodities, including rapid test kits. For more information, please see the program narrative instructions for ARV Drugs (Table 3.3.10) and Appendix 20. Please highlight any other outstanding challenges and gaps that the program is facing

REQUIRED TARGETS:
• Number of service outlets providing counseling and testing according to national and international standards • Number of individuals who received counseling and testing for HIV and received their test results • Number of individuals trained in counseling and testing according to national and international standards
Please see Appendix 25 for more information on target-setting or Appendix 30 for examples.

TABLE 3.3.10 TREATMENT: ARV DRUGS

PROGRAM AREA DESCRIPTION:
HIV/AIDS treatment/ARV drugs (HTXD) – including distribution/supply chain/logistics, pharmaceutical management and cost of ARV drugs.
PROGRAM AREA SPECIFIC INSTRUCTIONS:
In addition to the general program area context information and if the information is available, please describe the following, highlighting plans for support in the upcoming year. All USG teams are strongly encouraged to use the Partnership for Supply Chain Management (PFSCM) for ARV and other commodity procurement. However, PFSCM is not intended to supplant functional local or national systems, when in place, and, indeed, can work to assist and strengthen such national systems. PFSCM can provide the full scope of supply chain management services, including overall management, procurement (including drug forecasting), freight and freight forwarding, quality assurance, information systems management, and in-country technical assistance and support. The PFSCM has core funds available to assist countries with COP FY 2007 planning and assist with the development of a detailed procurement plan. Although the PFSCM is a USAID-managed contract, it is intended to support commodities procurement for all USG projects (i.e., projects managed by any USG Agency), and it is the intent of all USG agencies to phase out AIDS-related commodity procurement through other agreements (e.g., CDC's agreement with Crown Agents, USAID's agreement with RPM+ and Deliver, etc.). Each USG in-country team will need to collaborate such that commodities or services obtained from PFSCM for projects supported by Agencies other than USAID are placed in the COP as a USAID activity with the understanding that the goods and services will be consigned to the Agency managing the project. In the program narrative, USG teams should discuss what ARV drugs they expect to procure and how the supply chain and procurement plan will be managed by the USG country team and its partners. Additionally, information regarding progress in the registration and importation of FDA-approved generics should also be included. Regardless of the partners involved (e.g. PFSCM, Crown Agents, Track 1.0, etc.), the narrative should include a description of USG's management of the steps of the procurement cycle. These steps include: • <u>Product Selection</u>: quality assurance and national treatment guidelines considerations, appropriate packaging and cold chain requirements, coordination with other donor agencies; • <u>Forecasting/Quantification</u>: educated estimates on future ARV needs, national forecasts with USG and any other donor funding ARV procurement, scale-up and pediatric considerations; • <u>Procurement</u>: include estimated amount of funding for ARV procurement and number of current USG supported patients on treatment and expected scale-up needs; • <u>Freight/forwarding and Importation</u>: freight forwarding, importation challenges if any, average amount of time shipments spend in port, etc.; • <u>In-country warehousing and Distribution</u>: describe warehousing and distribution systems including

cold chain and security needs and how they are addressed, and explain USG supported distribution; i.e. to central warehouse or to sites, use of public sector warehousing and distribution systems; • <u>Logistics Management Information System</u>: tracking, inventory management at warehouses and treatment sites, monitoring and evaluation. • <u>Capacity Building</u>: strengthening local supply chain capacity, including training in logistics, warehouse/inventory management, forecasting
<i>Data Entry:</i> Percent of Total Funding Planned for Drug Procurement: Provide the percent that is planned for ARV drug procurement only (including ARVs for PMTCT+), exclusive of logistics costs. Amount of Funding Planned for Pediatric AIDS: Provide the dollar amount that is planned for pediatric ARV drugs. (There should be no overlap between the estimates provided in Table 3.3.10 and Table 3.3.11). Please enter the number directly into the cell. You may round to the nearest \$100, or you may enter the exact number (including decimal points for cents, if necessary). You do not need to enter the \$ symbol.
BUDGETARY REQUIREMENTS: To meet the Congressional directive that the Emergency Plan allocate 55% of its resources to antiretroviral (ARV) treatment in FY 2007, all countries will need to incorporate the 55% goal as a budgetary requirement. If it does not make programmatic sense, please provide a justification.

TABLE 3.3.11 TREATMENT: ARV SERVICES

PROGRAM AREA DESCRIPTION: HIV/AIDS treatment/ARV services (HTXS) – 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 palliative care (HBHC-3.3.06 or HVTB-3.3.07).
PROGRAM AREA SPECIFIC INSTRUCTIONS: In addition to the general program area context information and if the information is available, please describe the following, highlighting plans for support in the upcoming year. Statistics: • Plans for expansion of number of sites and people on ART • the number and proportion of children on ART • the number and proportion of USG-supported sites that are currently capable of managing pediatric care and ART • the number and proportion of USG-supported sites that are planned to be capable of managing pediatric care and ART by the end of FY07 Services: • Please describe your programs efforts to build on previous successes to strengthen HIV/AIDS services. Please specifically address work to strengthen: ◦ The development and provision of a standard care package ◦ Commodities management (see ARV Drugs section 3.3.10) ◦ Laboratory support systems ◦ Improvement of physical infrastructure ◦ Strengthening community involvement ◦ Approaches to strengthen pediatric HIV/AIDS

Referrals and Linkages:

- Please describe how your program will incorporate the network model of care and strengthen linkages across HIV programs, including with PMTCT, OVC and Care programs
- Approaches to strengthen pediatric HIV/AIDS
- Please describe how your programs are incorporating HIV prevention
- Please describe how you are facilitating linkages with other sector programs and resources (wrap-around programming)

Policy:

- Please describe how your program is addressing key policy barriers including issues related to: human capacity development including training quality and supportive supervision. Please describe how your program is working with other donors and the host government for a coordinated efficient response

All USG teams are strongly encouraged to use the Partnership for Supply Chain Management (PFSCM) for ARV and other commodity procurement. Please see the program area description in ARV Drugs (Table 3.3.10) and [Appendix 20](#) for details.

Please highlight any other outstanding challenges and gaps that the program is facing
Please see [Appendix 19.2](#) for additional information on pediatric AIDS

Data Entry:

Amount of Funding Planned for Pediatric AIDS: Provide the dollar amount that is planned for pediatric ARV Services.

Please note there should be no overlap between the estimates in Program Area 3.3.10 and Program Area 3.3.11

BUDGETARY REQUIREMENTS

To meet the Congressional directive that the Emergency Plan allocate 55% of its resources to antiretroviral (ARV) treatment in FY 2007, all countries will need to incorporate the 55% goal as a budgetary requirement. If it does not make programmatic sense, please provide a justification.

REQUIRED TARGETS:

- Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)
- Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)
- Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)
- Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)
- Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)

Please see [Appendix 25](#) for more information on target-setting or [Appendix 30](#) for examples.

TABLE 3.3.12 LABORATORY INFRASTRUCTURE

PROGRAM AREA DESCRIPTION: Laboratory infrastructure (HLAB) – development and strengthening of laboratory facilities to support HIV/AIDS-related activities including purchase of equipment and commodities, provision of quality assurance, staff training and other technical assistance. Specific laboratory services supporting testing (e.g., under HVCT-3.3.09, MTCT-3.3.01 or HMBL-3.3.02), palliative care (HBHC-3.3.06 and HVTB-3.3.07) and treatment (HTXS-3.3.11) should be included under the codes for those activities.
PROGRAM AREA SPECIFIC INSTRUCTIONS In addition to the general program area context information and if the information is available, please describe the following, highlighting plans for support in the upcoming year. Statistics: • Number of USG-supported labs at the levels of the network model ◦ Reference level ◦ Referral level ◦ Health center level Services: • Please describe the tiered laboratory services structure(s) available in your country • Identify laboratory-specific unmet needs and policy or administrative issues that impede full implementation of laboratory programs. Referrals and Linkages: • Identify links to USG implementing partners and other major international donors/partnerships. Policy: • Indicate how these services link to your strategic planning for USG-supported laboratory activities. • Also define the priorities of USG supported laboratory services and relevance to 5 year plan. All programs are encouraged to use the Partnership For Supply Chain Management (PFSCM) as primer partners for purchase of laboratory commodities. • Please describe any plans to address national level policy barriers, training, monitoring and evaluation, management and supervision as well as other system strengthening • Where applicable, please use the program and activity narratives to describe plans for the coordination of PMI and PEPFAR resources in laboratory infrastructure programs. See page 7 for more information. Where applicable, all USG teams are encouraged to use the Partnership for Supply Chain Management (PFSCM) for commodities, including rapid test kits. For more information, please see the program narrative instructions for ARV Drugs (Table 3.3.10) and Appendix 20.
REQUIRED TARGETS: • Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests • Number of individuals trained in the provision of laboratory-related activities • Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring Please see Appendix 25 for more information on target-setting or Appendix 30 for examples.

TABLE 3.3.13 STRATEGIC INFORMATION

PROGRAM AREA DESCRIPTION:
Strategic information (HVS1) – development of improved tools and models for collecting, analyzing and disseminating HIV/AIDS behavioral and biological surveillance and monitoring information; facility surveys; other monitoring and health management information systems; assisting countries to establish and/or strengthen such systems; targeted program evaluations (including operations research); developing and disseminating best practices to improve program efficiency and effectiveness; planning/evaluating national prevention, care and treatment efforts; analysis and quality assurance of demographic and health data related to HIV/AIDS; testing implementation models, e.g., to support the development or implementation of Global Fund proposals. Related training, supplies and equipment are included.
PROGRAM AREA SPECIFIC INSTRUCTIONS
In addition to the general program area context information and if the information is available, please describe the following, highlighting plans for support in the upcoming year. Planning and Reporting: • Please describe your strategic information team and how your team works as part of the USG PEPFAR team • Please describe the system for monitoring and reporting PEPFAR program results in your country Technical work/Services: • Please describe plans for DHS, AIS or other population-based surveys (this may include data collection and/or secondary analyses) • Please describe plans for ANC surveillance or other HIV surveillance activities • Please describe plans for a national health facility survey (like a SPA or SAM) • Please describe USG supported efforts to improve information availability to improve the delivery of HIV/AIDS related services (e.g. clinical management/patient monitoring, logistics management, laboratory information, community-based services). • Please describe steps taken to coordinate the different MIS systems that the USG is supporting either directly or indirectly through its partners in country. As part of this, please describe USG efforts to develop tools that support such integration. These would include system development such as data warehouses as well as more focused activities such as indicator and data harmonization. • Please describe any plans to evaluate prevention, care and treatment efforts. Include in this any plans for targeted evaluations or special studies (if they are entered in other program areas in the COP, please describe them here and include the activity ID number as reference). Also please include in this any plans to identifying and dissemination best practices to improve program efficiency and effectiveness. • Please describe plans for supporting the Third One, that is, support for development, operationalization, or improvement of the National HIV/AIDS M&E System Policy: • Please describe USG supported strategic information priorities for 2007 • Please describe any plans to address national level policies, human capacity development, and other system strengthening in the area of SI. Examples include work done to support the Third One, pre-service and in-service training programs, infrastructure improvement, etc. As part of this, please describe your strategy for human capacity development, if any, in each of the three technical areas of SI (surveillance and surveys, HMIS, and monitoring and evaluation (including targeted evaluation and special studies)) • Please describe what mechanisms you will use to coordinate strategic information activities with the country government and with the Global Fund and other donor agencies. • Where applicable, please use the program and activity narratives to describe plans for the

coordination of PMI and PEPFAR resources in strategic information programs. See page 7 for more information. Please highlight any other outstanding challenges and gaps that the program is facing in strategic information.
HELPFUL HINT
<i>When do we enter SI activities in the Strategic Information Program Area 13 (budget code HVSI), and when do we enter SI activities under other program areas within the emphasis area called strategic information?</i> The answer to this question depends upon the scope, scale and funding level of the SI activity. Large dollar value SI funding mechanisms that support the collection, analysis and dissemination of HIV/AIDS behavioral and biological surveillance and monitoring information; facility surveys; support for national or USG-wide program monitoring systems and/ HMIS; assistance to countries in the establishment of same data collection methods and capacity building; large targeted evaluations, including Emergency Plan program efficiency and effectiveness or impact studies, should be included under the SI Program Area 13. Conversely, if the SI activity is relatively small in scope and cost, and if it is an integral component activity of a prevention, care or treatment funding mechanism, it should be included under the appropriate program area and its costs attributed to the emphasis area called strategic information. For example, suppose you are supporting PMTCT service delivery in 20 sites through a funding mechanism with prime partner "PMTCT Partner". A component activity of this grant is that PMTCT Partner is providing TA to set up facility-based health management information systems in the 20 PMTCT sites. This activity could be included in the PMTCT program area, when the funding mechanism is entered, and the costs for the facility HMIS technical assistance would be attributed to the emphasis area called strategic information.
BUDGETARY REQUIREMENTS
As a general guideline approximately 7% of your total country budget (all program areas) should be attributed to Strategic Information.
REQUIRED TARGETS:
• Number of local organizations provided with technical assistance for strategic information activities • Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) Please see Appendix 25 for more information on target-setting or Appendix 30 for examples.

TABLE 3.3.14 OTHER POLICY AND SYSTEMS STRENGTHENING

PROGRAM AREA DESCRIPTION:
Other/policy analysis and system strengthening (OHPS) – other HIV/AIDS-related activities to support national prevention, care and treatment efforts. This includes strengthening national and organizational policies and systems to address human resource capacity development, stigma and discrimination, and gender issues; and other cross-cutting activities to combat HIV/AIDS.
PROGRAM AREA SPECIFIC INSTRUCTIONS
Please provide a description of the general approach you are undertaking to strengthen health care systems to benefit HIV/AIDS programs and your approach to sustainability. Some of the activities and funding to support systems strengthening may be described and accounted for under specific program areas. This section, however is intended to provide information about the overarching approach,

including efforts to build on previous years' successes. Please describe how you are:

- Strengthening the capacity of host country government institutions to plan, manage, and implement HIV programs
- Strengthening local or indigenous organizations, particularly in management and leadership and policy development
- Strengthening leadership and the policy environment to reduce stigma and discrimination including addressing key gender issues
- Trying to strengthen the GFATM management structure and to improve donor coordination
- Strengthening human capacity development, which include:
 - Whether an HR assessment been done and how recommendations are being implemented
 - What is being done to strengthen the HR management function within the ministry of health and NGOs;
 - Whether incentive and retention schemes have been implemented? If so, what types?
 - Whether there is an HR information system to track the number of health care workers, where they are deployed, where and when they were trained, what credentials they hold, etc
 - Please describe any activities beyond specific trainings that reinforce the training provided under PEPFAR, such as standardization of guidelines or curricula across partner institutions.

Please highlight any other outstanding challenges and gaps that the program is facing.

REQUIRED TARGETS:

- Number of local organization provided with technical assistance for HIV-related policy development
- Number of local organization provided with technical assistance for HIV-related institutional capacity building
- Number of individuals trained in HIV-related policy development
- Number of individuals trained in HIV-related institutional capacity building
- Number of individuals trained in HIV-related stigma and discrimination reduction
- Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment

Please see [Appendix 25](#) for more information on target-setting or [Appendix 30](#) for examples.

Activities by Funding Mechanism

An Activity Table should include:

- Funding Mechanism name
- Planned Funds
- New / Continuing Activity
- Activity Narrative
- Activity Targets
 - o Upstream (Indirect)
 - o Downstream (Direct)
- Emphasis Areas
- Key Legislative Issues
- Target Populations
- Coverage Area

Please complete one table for each Funding Mechanism/Prime Partner that will be undertaking activities in FY 2007 for the given program area. The COP Partner Reporting Form illustrates only one “Activity by Funding Mechanism table” per program area, but you will enter as many “Activities by Funding Mechanism tables” per program area as needed.

It is anticipated that each unique funding mechanism outlined in table 3.1 would have only one entry in each program area. If, however, a specific funding mechanism/prime partner is undertaking several activities in a given program area and you feel very strongly that these activities are distinct and would suffer by being lumped together into one narrative, then you may put them into separate entries.

Ongoing activities for which no additional FY 2007 funds are requested: Please describe activities that will continue from FY 2006 to FY 2007 in the Activity Narrative, and designate the planned funding amount as \$0. **Do not update targets**, as there is no new funding to link the targets. These activities will not be reviewed for approval during the COP review process.

TRACK 1.0 INSTRUCTIONS FOR ADDING ACTIVITIES

I. Data Entry for Centrally-Funded Track 1 Activities

OGAC will send a table to the field in June, 2006 providing each country’s planned central funding for the five Track 1 program areas (e.g., AB, ART, Blood Safety, Injection Safety, and OVC). This table will also identify the relevant implementing partner, mechanism, and USG agency and bureau/operating division for each Track 1 activity. It will be used as the basis for entering centrally-funded Track 1 activity and funding data into the FY 2007 COPs, as described below.

Stage 1: Country-Level Data Entry of Centrally-Funded Track 1 Activities

1. By August 31, 2006, a country-level data entry individual will input all centrally-funded Track 1 activity information into the COP in much the same way as in FY 2006.
2. Enter a funding mechanism in Table 3.1. The funding source should be listed as “Central” (in the past, the funding source was “N/A”).

3. Enter all activities by program area in Table 3.3. This data entry will work exactly the same as it did during FY 2006. Enter \$0 as the planned funding amount.
4. When the data entry is complete, the country should send an e-mail to their Core Team Leader and the agency headquarters (HQ) Track 1 contacts listed below. Please include a list of the specific activity ID numbers in that message.

Stage 2: HQ-Level Data Entry of Centrally-Funded Track 1 Funding

By September 15, 2006, the HQ Track 1 contacts will enter the funding data into the COP.

1. After receiving notification from the field that the activity information is complete, the HQ Track 1 contacts will enter the funding amounts for each activity.
2. HQ Track 1 contacts will not be able to edit any information other than the funding amounts.
3. HQ data entry individuals should notify the relevant core team leaders and country data entry individuals when they have finished entering the funding information.

Editing of Centrally-Funded Track 1 COP Data

1. After the HQ Agencies have entered the funding information, the countries will not be able to edit centrally-funded Track 1 activities.
2. Only Core Team Leaders will be able to edit the activity information for the centrally-funded Track 1 activities after the HQ contact has entered their planned funding amounts.

II. Data Entry for Field-Funded Track 1 Activities

As in prior years, a country-level data entry individual will input all field-funded Track 1 activities into the COP. These activities must be completed by the time the COP is submitted to OGAC (no later than September 29, 2006).

1. Consistent with the approach in prior years, Track 1 activities funded with field dollars should be entered as separate activities from centrally-funded Track 1 activities; you cannot enter field and central funding as part of the same activity.
2. Enter a funding mechanism in Table 3.1. The funding source should be listed as "HQ".
3. Enter all activities by program area in Table 3.3. This data entry will work exactly the same as it did during FY 2006. Enter the appropriate amount of planned field funding for the activity.

For additional information on Track 1.0 policy, and how to manage country-funded Track 1.0, please see [Appendix 10](#).

Agency Headquarters Track 1 Data Entry Contacts		
Agency	Name	Email Address
USAID (Backup)	Kelly Manabe <i>Sarah Wilhelmsen</i>	kmanabe@usaid.gov swilhelmsen@usaid.gov
HHS/CDC (Backup)	Alexandra Zuber <i>Angeli Achrekar</i>	alexandra.zuber@cdc.hhs.gov angeli.achrekar@cdc.hhs.gov
HHS/HRSA (Backup)	Regine Douthard <i>Xiomara Brown</i>	regine.douthard@hrsa.hhs.gov xiomara.brown@hrsa.hhs.gov

FUNDING MECHANISM:

CONTENT:

This is a drop down list of all the funding mechanisms that were entered in table 3.1. The drop down list is organized alphabetically by USG Agency, then by prime partner, then by funding mechanism name, then by funding source. You are not asked to provide information by sub-partner in this table, only by prime partner.

DATA ENTRY:

This field is a drop down menu with all of the funding mechanisms that were entered in table 3.1. You must select only one option.

PLANNED FUNDS:

CONTENT:

Enter the amount of FY 2007 funding planned for this activity, to the nearest dollar. Please do not round your numbers. The summary budget table (Table 4) is automatically generated from this information, so rounding to anything above the nearest dollar would result in an inaccurate summary budget table.

For ongoing activities that do NOT require new FY 2007 funding, please enter \$0 for the planned funding.

Central Funds for Track 1 Partners: This year, the COP is required to include Central (HQ) funding that is going to Track 1.0 partners. This effort will need to be a combined country and HQ agency effort. The countries will first need to include the activity by funding mechanism entry, with all appropriate entries (i.e., funding mechanism, activity narrative, new/continuing designation, emphasis areas, activity targets, key legislative issues, target populations and coverage). There will be a HQ individual identified who will then go into each Central/Track 1.0 activity entry and input the planned funding.

DATA ENTRY:

Please enter the FY 2007 planned funding directly into the cell.

NEW / CONTINUING ACTIVITY:**CONTENT:**

All activities need to be selected as either a new activity or a continuing activity. If an activity is imported from the FY 2006 COP, it will be automatically selected as a continuing activity. If an activity is entered using the “Add Activity” button, it will be automatically selected as a new activity. You will be able to change the default setting.

DATA ENTRY:

Entry is only needed if you want to change the default setting.

ACTIVITY NARRATIVE:**CONTENT:**

The activity narrative is of particular importance as COP reviewers depend heavily on the description in this narrative. Please give enough detail for reviewers to understand what the funding mechanism activity entails, and what will be accomplished by this funding mechanism activity in the program area.

Please make sure that you are including appropriate descriptive narratives for your Central/Track 1 activities. These activities are as important for reviewers as field activities and it is necessary to provide sufficient information. If you need assistance in getting sufficient information from your Track 1.0 partners to complete the COP data entry, please contact your Core Team Leader.

The specific items that should be mentioned in each narrative include:

1. Emphasis areas of the activity (see description below);
2. Key legislative issues the activity will address (see description below);
3. Populations the activity is targeting (see description below);
4. How you will reach the specific planned targets;
5. How this activity will help you reach the vision outlined in the Program Area Context and address the opportunities and challenges outlined in your 5-Year Strategy;
6. If the activity is related to another activity, please list the related activity number as a first sentence in the narrative (i.e., This activity also relates to activities numbered 0367, 3481 and 4510).

HELPFUL HINT: To get a print out of all the activity numbers, by program area and USG Agency, use the Summary Program Area Report.

Please see [Appendix 29](#) for an example of an activity narrative.

HELPFUL HINT: For one activity that is divided into multiple activity narratives (for example, if the activity is a joint one done by multiple partners or if one activity is funded by multiple funding sources) you do not need to

provide a different narrative for each entry. We encourage you to copy and paste one write-up into multiple activity narratives. Please just update the linked activity numbers at the beginning of the narrative.

DATA ENTRY:

This is a narrative that should be entered into the text box. There is an 8,000 character limit (approximately two pages) for the narrative. You may either type directly into the box on the screen, or you may cut and paste into the box from another program. We would encourage you to write the narrative in Word or another program that allows for spell checking and then cut and paste the text into the text box in the data system.

EMPHASIS AREAS:

MODIFICATIONS IN THIS SECTION:

- 1) Please note that the Emphasis Area for Quality Assurance and Supportive Supervision has been re-named Quality Assurance, Quality Improvement, and Supportive Supervision and the definition has been clarified.
- 2) We have also added an emphasis area for Food / Nutrition

CONTENT:

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

Each program area Activity by Funding Mechanism may be characterized by the types of activities, or emphasis areas, it includes. A list of pre-defined emphasis areas is given in [Appendix 11](#), with the definition of each.

For each Program Area, we are asking you to designate all relevant emphasis areas using two ratings: Major (being 51-100% of the effort for that activity) or Minor (being 10-50% of the effort for that activity). The percentage breakdown for an emphasis area should be based on the effort for that activity rather than necessarily basing it on the funding breakdown. **Emphasis areas representing less than 10 percent of the effort for that activity do not need to be selected.**

While we are not asking you to track the exact percentage breakdowns for the Emphasis Areas and ensure that they sum to 100%, we want to stress that it is very important that you carefully consider the Emphasis Areas and only check those that apply, as these are frequently used to respond to the many requests for information received at OGAC. Please do not just check the boxes for all Emphasis Areas.

Additionally, though we do not expect that the Emphasis Areas must sum to 100%, we would not anticipate seeing more than one major Emphasis Area for an activity. We would also not expect to see a combination of emphasis areas that sums to more than 150%, at the minimum.

Example: if you are describing an activity that includes a large effort in Training, and a smaller effort in quality assurance, local capacity building and short-term recruitment, the emphasis area coding would be as follows:

Training	X	Major (51-100%)	Minor (10-50%)
Quality Assurance and Supportive Supervision		Major (51-100%)	X Minor (10-50%)
Local Organization Capacity Development		Major (51-100%)	X Minor (10-50%)
Human Resources		Major (51-100%)	X Minor (10-50%)

An option of 'other' will be available, by adding additional emphasis areas. If you choose 'add' at the bottom of the screen, you will be prompted to fill in the name of the emphasis area and a definition for what is included in that emphasis area.

You will notice that "service delivery" is not listed as one of the choices in the emphasis areas. This is a purposeful omission. Please break-down "service delivery" into the component parts that describe the activity (i.e., infrastructure, training, commodity procurement, salaries, etc.). Again, even though there is an option to add "other" if the activity you are undertaking does not fall into one of the categories listed, "service delivery" is NOT an acceptable option for the "other" category.

For example, one area that has been mentioned is direct patient care. If your country is engaged in downstream (direct) patient care, please classify this in terms of what you are actually providing, i.e. training of medical personnel doing the patient care, salaries of medical personnel doing the patient care, etc.

These emphasis areas are the same across all program areas, with the exception of Management & Staffing and Strategic Information. For the Management & Staffing program area there are no emphasis areas. For the Strategic Information program area, there is a different set of emphasis areas.

We recognize that there may well be overlap between emphasis areas. For example, curriculum development may be a component of a training program. In this case, you would not need to list information, education, communication and training separately. It is up to you to break down a funding mechanism into the component activities at a level that makes sense for your country from a budgetary and program management perspective.

You are asked to mention in your Activity Narrative each of the emphasis areas that you check, but you do not need to quantify the amount of funding or effort going toward that emphasis area.

Targeted Evaluations – Targeted evaluations may either be placed within the appropriate program area or SI section; regardless, a TE Background Sheet should be submitted at the time of COP submission. For all TE activities, please select the Targeted Evaluation Emphasis Area, which is available across 14 of the program areas (not in Management and Staffing). Activities that do not code TE studies within the Emphasis Area and do not submit TE Background Sheets may be later flagged in the program review and delay the approval process of the COP. The goal of the review of these TE studies is greater coordination, collaboration and dissemination of results across the Emergency Plan. Please see [Appendix 23](#) for additional information with respect to Targeted Evaluations and the template for the TE background sheet.

DATA ENTRY:

Please check the appropriate box (Major or Minor) next to the relevant Emphasis Areas. Multiple emphasis areas are allowed. If an Emphasis Area is not applicable to the given activity, do not check either box.

Helpful Hint:

One of the emphasis areas in the drop down list in Table 3.3 is "HR", human resources. Should the costs of all project staff be allocated to this emphasis area?

No. The "HR" emphasis area that is listed in the emphasis area drop-down list is specifically defined to reflect activities that "...help meet immediate and short-term workforce requirements through innovative approaches to recruitment, retention, deployment and rewarding of quality performance of health care workers and managers...". Included in this category is the direct payment of salaries for health care workers. (Please see [Appendix 11](#) for complete definitions of the COP emphasis areas.) This category is intended to capture health care workforce expenditures, not the costs of ALL project personnel.

ACTIVITY TARGETS:

Targets' Timeframe:

The targets in this section relate to the time period that ends September 30th, 2008.

You do not need to update targets for ALL Activities by Funding Mechanism that you include in Table 3.3. The guidance for which activities require targets follows:

1. All Track 1 activities require targets that appear in the COP.
2. For ongoing activities requiring NO new FY 2007 funding, the FY 2006 targets will still apply. There is no need to update the targets.
3. For ongoing activities that ARE requesting new FY 2007 funding, you do need to update the targets. The targets should reflect results expected to be achieved with new FY 2007 funds through September 30, 2008.
4. For new activities, you must provide targets. These targets should also reflect results expected to be achieved with new FY 2007 funds through September 30, 2008.

Please be aware that each activity by funding mechanism will not need to have all three of the different types of targets listed below, downstream (direct) targets, country-specific/custom targets and upstream (indirect) targets. Downstream (direct) targets are required (even if only to include N/A), but country-specific/custom targets and upstream (indirect) targets are not required.

DOWNSTREAM (DIRECT) TARGETS:

CONTENT:

The only required indicators and associated targets for Activities by Funding Mechanism are those for USG **downstream (direct)** support. Upstream (indirect) targets and country-specific indicators are optional and are discussed in the following paragraphs.

Tables 3.3.1 – 3.3.9 and 3.3.11-3.3.14 have required program monitoring indicators (note: Table 3.3.10 HIV Treatment: ARV Drugs does not have any required indicators). [Appendix 7](#) shows the full list of all required indicators by program area. You are required to have some entry for each of these required indicators.

The default setting for all of the required indicators is N/A (not applicable). Therefore, if the indicator is not applicable to the specific funding mechanism activity, you do not need to enter a target value. You only need to enter a target value if the indicator applies to the specific funding mechanism activity.

The target values “N/A” and “0” mean different things. Please consider carefully whether the indicator and its target is really not applicable to the activity or if, in fact, the target is 0 for the planning year. For example, if your program does not train people in blood safety then you would put N/A for the target “Number of people trained in blood safety”. However, if your program is working in training people in blood safety but the curriculum is still being developed and you don’t anticipate that anyone will be trained, then you would put 0 for the target “Number of people trained in blood safety”.

➔ **NOTE:** Not all of the required program level indicators are listed in the indicator targets for Table 3.3; that is, reporting requirements will include more than what is listed in the target section of the COP. For example, the COP does not require indicators to be disaggregated by age or sex for any of the indicators. However, this level of disaggregation will be required to be collected and reported in the Program results. Please review *The President’s Emergency Plan for AIDS Relief Indicators, Reporting Requirements, and Guidelines: Revised for FY 2006 Reporting, July, 2005* document to ensure that all necessary data are being collected throughout the year.

DATA ENTRY:

1. Click on the **Add/Edit Targets** button.
2. You will be taken to a new page with the required downstream (direct) targets listed.
3. If the target is Applicable, deselect the Not Applicable box and enter the value directly into the cell. You do not need to enter commas. You must enter whole numbers. Targets cannot include decimal points.

4. If the target is 0, deselect the Not Applicable box and enter the value directly into the cell.
5. If the target is Not Applicable, leave the check box selected and DO NOT enter anything into the cell.

Overlap in Program Areas:

It is understood that there is significant overlap between many program areas, including the TB/HIV program area and the Counseling & Testing program area. The structure of the COP does not easily allow for these overlaps to be articulated. For countries that are doing significant work in one program area that overlaps with another, please consider adding country-specific/custom indicators to capture this. For example, if you are doing significant counseling and testing in the TB/HIV program area, you might want to add a country-specific/custom indicator to the effect of “number of individuals who received counseling and testing” to the TB/HIV program area. More information on custom targets can be found in [Appendix 8](#).

UPSTREAM (INDIRECT) TARGETS:

CONTENT:

There will also be a text box in each activity entry for you to provide information on any upstream (indirect) targets to which the activity contributes. There is a 2,000 character limit (approximately ½ a page) on the text in this box.

DATA ENTRY:

In the targets screen (see screen shot above under downstream (direct) targets) use the box labeled with **Please Enter Upstream (indirect) Targets**. The narrative should be entered into the text box. There is a 2,000 character limit (approximately ½ a page) for the text. You may either type directly into the box on the screen, or you may cut and paste into the box from another program. We would encourage you to write the narrative in Word or another program that allows for spell checking and then cut and paste the text into the text box in the data system.

KEY LEGISLATIVE ISSUES:

CONTENT:

There are several key legislative requirements that need to be tracked and reported by OGAC. This is a list of check boxes, that allows you to tag these key legislative issues if they will be addressed by the activities included in the funding mechanism. These key legislative issues are gender (and its sub-categories), twinning, volunteers, stigma and discrimination, and wrap-arounds (and its sub-categories). You should ensure that each selection of a key legislative issue is justifiable, according to the definition provided for that key legislative issue. That is to say that you would be able to support each selection in the event of an audit.

For a definition of what should be included in each of the key legislative issues please see [Appendix 12](#). It will be possible to choose more than one key issue per activity by funding mechanism sub-table.

If none of the key legislative issues applies to the specific activity by funding mechanism, please check the N/A box.

For each key legislative issue that is checked, please provide some detail in the activity narrative which describes what specifically will be undertaken to address that issue.

DATA ENTRY:

Please check the box next each of the key legislative issues that are relevant to this specific activity. Multiple key legislative issues are allowed.

TARGET POPULATIONS:

MODIFICATIONS IN THIS SECTION:

The age range for HIV Positive Infants and Children has been modified to “HIV Positive Infants (0-4 years) and HIV Positive Children (5-14 years).”

CONTENT:

A target population is defined as the specific intended audience for the activity. Please select only those specific audiences or populations that the activity is intended to reach or benefit. OGAC frequently receives inquiries about target populations and the information you provide here will allow us to better track our programs and how they address the needs of these various populations.

A list of potential target populations is provided in [Appendix 13](#). Please select all applicable populations. We have tried to aggregate target populations where possible, and you may choose either the entire target population category or any individual sub-population. **YOU DO NOT NEED TO CHECK BOTH THE ENTIRE TARGET POPULATION AND THE SUB-POPULATION IF YOU ARE ONLY WORKING WITH THE SUB-POPULATION; SELECT ONLY THE SUB-POPULATION.** For example, if you are working with “refugees/internally displaced persons”, you do not need to select both “mobile populations” and “refugees/internally displaced persons”, you can just select the “refugees/internally displaced persons”.

The provided list is by no means exhaustive, and we encourage countries to include additions that we may have overlooked. There is an option for ‘other’ if you do not see a target population on the list. To add an additional target population, please click on the “Add” button at the bottom of the screen. You will then be prompted to add the target population.

We would like to encourage you to indicate those activities that are specifically focused on pediatric AIDS by using the target populations “HIV positive Infants (0-4 years)” and/or “HIV positive Children (5-14 years)”. This target population should be used for all activities

related to pediatric AIDS, including those which are aimed at identifying new cases (i.e., activities with an explicit case finding component for infants 0-24 months).

If the specific activity that is being undertaken does not have any target populations, please select the box marked N/A.

***Refugees** – There will be additional information in the Technical Considerations Compendium about working with refugees.

DATA ENTRY:

Please check the box next each of the target population that are relevant to this specific activity. Multiple target populations are allowed.

COVERAGE AREA:
CONTENT:

Please specify the geographic areas (i.e., provinces/states or administrative districts) that each Activity by Funding Mechanism will cover. You may select from one to all provinces/states. You can also select “national” level indicating that the activity is one that is working at the national or central level rather than in specific provinces/states.

DATA ENTRY:

For each Activity by Funding Mechanism, please check the box(es) next to all relevant coverage areas. Multiple coverage areas are allowed.

[Return to Main Table of Contents](#)

TABLE 3.3.15 MANAGEMENT AND STAFFING

PROGRAM AREA DESCRIPTION: This section of the COP has two objectives: 1. To provide an overview of all staff working more than 50% on PEPFAR; and 2. To justify the USG Team in-country costs of managing the Emergency Plan. This program area is NOT to be used for reflecting personnel related costs for the implementing partners who are involved in the Emergency Plan.
PROGRAM AREA SPECIFIC INSTRUCTIONS: Now that the Emergency Plan is in the third year of implementation, we have moved beyond the initial vision stage of the Initiative and can begin to learn from the three years of actual experience. To that end, we would like to use that experience to create an individual “footprint” for each country that will outline the best possible mix of staff across agencies building on core competencies needed to ensure efficiency, reasonable costs and long-term sustainability. Once we have identified the necessary staffing needs for success, we will review the strategic advantage of each of the relevant implementing agencies in each country to determine the most efficient method of staffing the “footprint.” We believe that you in the field have a much better idea of the actual mix of staff skill sets needed for your particular country necessary to maximize success. Therefore, please describe in detail the specific skill sets (e.g. administrative, technical, program area specific care/prevention/treatment, etc....) that are needed for both the short- and long-term to achieve success and sustainability and how you will fill those positions building on agency core competencies. To do this, please briefly discuss the state of the USG Team in your country. Include information on whether the team is fully staffed, working on recruitment, planning changes to key personnel, experiencing difficulties in recruitment and retention, experiencing difficulties in staying within the 7% budget target, etc. If you are using any innovative approaches to staffing, such as sharing positions across agencies, please describe them here. Please note that the requirement that management and staffing costs should not exceed 7% of a country's budget applies to the overall PEPFAR budget for each country; it is not applied by agency. The approval of management staffing activities will take into account the in-country management of the funds going through the Partnership for Supply Chain Management. For example, the review of the CDC/Ethiambia management and staffing budget will take into account their in-country responsibility for managing the procurement of lab reagents and related technical assistance even though those funds are not reported as CDC in the COP. Please also include information about individual and agency primary functions and responsibilities (for more information on agency roles and responsibilities and the importance of interagency collaboration and coordination at the country level, please see Appendix 24). Please note that this year a Peace Corps Matrix (Appendix 14) is also included which requires country teams to provide information on existing as well as new positions requested for staff <i>and volunteers</i> working more than 50% of their time on PEPFAR. Two additional columns have been added at the end of the Matrix to capture the number of Peace Corps volunteers working on HIV/AIDS. The rest of the table is to be used for any PC staff working more than 50% on the Emergency Plan in the same way as for any other agency. Volunteers should not show up in any of the other columns. Because Peace Corp volunteers are not USG staff the totals for staff and volunteers will not be merged. That said, volunteers are an important part of the Emergency Plan effort and need to be captured through the COP process.

In addition, there is new guidance for the funding of Peace Corps Volunteers in FY 2007 due to the three year funding necessary for each Volunteer placement. Because Peace Corps Volunteer services are not contracted or outsourced, costs are incurred throughout the two-year period of service. Obligations also occur for recruitment, placement and training of the Peace Corps Volunteer prior to the beginning of his or her service.

The entire cost associated with two-year Emergency Plan Peace Corps Volunteers funded by PEPFAR may be included in the FY07 COP (i.e., spanning the three years of service). For example, PEPFAR-funded Peace Corps Volunteers arriving in June 2007 will have expenses in FY2007, FY2008 and FY2009. The FY2007 COP should request funds to cover all of the expenses incurred in this timeframe. Additionally, the continuing costs of Peace Corps Volunteers funded by PEPFAR in FY 2006 (who still have a year or more of service remaining) should be included in the FY 2007 COP; thus, the remaining amount of funding needed for these Volunteers to complete their service will be in the FY 2007 COP, and will not require a new funding request in FY 2008.

Again, both Management and Staffing, as well as interagency coordination, are important PEPFAR priorities in FY 2007, and will both be major topics of discussion at the Annual Meeting in Durban.

PROGRAM AREA BUDGETARY REQUIREMENTS

You should not allocate more than 7% of the total country budget (all program areas) for management and staffing.

REQUIRED TARGETS

There are no indicators for the management and staffing program area and therefore no required targets.

HELPFUL HINT

When do USG and/or project/program staff costs get entered in program area 15 (management and staffing) and when do they get entered in other program areas?

Program area 15 (management and staffing) is the program area where countries justify the management and staffing costs for each agency. One important determination is whether the fully-loaded cost of a particular position should be allocated to program area 15 or one of the other program areas. The categories listed in [Appendix 6](#), technical leadership/management positions, technical advisor/program managers, contracting staff, financial/budget staff and administrative/support staff should be allocated to program area 15. Technical advisors/non management staff, who spend most of their time implementing programs in technical areas, as well as their administrative support staff, should be allocated to the other 14 program areas. However, if a position is supporting more than three program areas, allocate those costs to program area 15.

Staffing Matrix

Please review the information on existing positions and provide information by agency for new positions requested in FY 2007 and estimated for FY 2008. *Please note that a position that has been approved, but is not yet filled, is an existing, not a new, position.* A Staffing Matrix workbook for each focus country is provided for export in COPRS in [Appendix 14](#). The Matrix has been pre-filled to reflect existing positions by agency as of September 30, 2005 based on information provided by country teams during the FY 2006 COP process. Please review the

existing positions to ensure that they accurately reflect the positions that have been approved by the USG agency. More information is provided in [Appendix 14](#).

FUNDING MECHANISM:

The funding mechanisms that should appear in this program area are those that have either one of the six USG Agencies involved in the Emergency Plan as the Prime Partner or an M&S implementing partner such as IAP Worldwide Services, or TAACS as the Prime Partner. The funding mechanisms can also include central or locally procured activities.

PLANNED FUNDING:

Please enter planned funding here in the same way that you did for the other program areas.

ACTIVITY NARRATIVE:

This narrative should be used to justify the management and staffing cost for the USG Agency or other M&S partner performing M&S functions, in keeping with the principles outlined in the program area descriptions. Please discuss the Staffing Matrix in this section, providing any support or explanatory information that would correspond to the matrix, especially any new positions being requested. Descriptions of new positions should correspond to the number and category of positions requested in the Staffing Matrix.

New this year each country is asked to describe in detail the ideal mix of staffing skill sets needed for your particular country to maximize success. Please distinguish between the necessary skill sets for the short-term versus long-term program needs. The knowledge gained from three years of implementation experience will help guide us in creating the best mix of skills to create a footprint unique to each country's fight against HIV/AIDS.

For the entries associated with ICASS, Capital Security Cost Sharing, and the IRM tax, please briefly describe what these costs are associated with, i.e. how many employees are associated with the ICASS charge to your agency, OR, what are the services paid for with the IRM tax.

You should have a limited number of entries in the Management and Staffing section. Each USG agency as prime partner should have ONE entry for all M&S budget details (salaries, travel, hiring PSCs, etc.) and ONE entry for any "cost of doing business" taxes such as ICASS, the IRM tax, and Capital Security Cost Sharing (CSCS). The entire "cost of doing business" for both M&S staff and program staff should be reflected in the M&S section and NOT in program areas. Each type of "cost of doing business" should be entered as a separate activity (i.e., ICASS, IRM tax, and CSCS) and thus a separate funding mechanism. Each activity may also have a different funding mechanism if the agency needs to differentiate between central and local procurement activities. This is similar to adding funding mechanisms in the other 14 program areas. For example, CDC might have up to five entries if they are using both GAP/ BASE and GHAI funding as well as differentiating between central and local procurement activities.

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 posts should include a 15% cost element in their budgets to cover this support in lieu of ICASS. These costs can be included in

either the program area in which it supports, or in the Management and Staffing section as one entry.

Otherwise, all USG agencies should reflect ICAASS. These should be absorbed by the country budget, not centrally.

You should also include any M&S implementing partners that are not USG agencies. For example, if USAID (the USG agency) uses IAP World Wide Services as a prime partner for M&S services, you would have a new entry for IAP in addition to the USAID as the prime entry. All M&S budget details (salaries, travel, hiring PSCs, etc.) should be combined and included as ONE entry for each USG agency and each M&S implementing partner.

Please ensure that your local administrative staff has been engaged in the development of the M&S budget.

Please enter the “cost of doing business” taxes listed below as separate activities within the M&S program area.

ICASS: Each implementing agency, including State Dept., should request funding for Emergency Plan related ICASS costs within the M&S budget. It is important to coordinate this budget request with the Department of State Financial Management Officer, who can estimate FY 2007 anticipated ICASS costs by preparing a “what-if” ICASS budget using each PEPFAR agency’s anticipated ICASS workload. This FY 2007 ICASS cost estimate, by agency, should then be included in the M&S program area. Please budget for your entire estimated FY 2007 costs. There will be NO opportunity to increase these funds later from OGAC or your agency’s headquarters later in the year.

Capital Security Cost Sharing (CSCS): Non-State Dept. agencies should include the Capital Security Cost Sharing tax in the M&S program area, except where this is paid by the headquarters agency.

IRM: USAID should include the IRM tax on HIV program funded positions.

Emphasis Areas: These are not applicable to the management and staffing program area. They will not appear as options.

Key Legislative Issues: These are not applicable to the management and staffing program area and therefore should not be selected.

Targets: Again, there are no indicators for the management and staffing program area and therefore no required targets. You will not be able to add either direct or indirect targets to this program area.

Target Populations: These are not applicable to the management and staffing program area and therefore should not be selected.

***Note:** To assist countries in preparing the M&S section of the COP, a weekly conference call will be scheduled with members of the Management and Staffing Working Group. These calls

will begin in mid-August. The exact schedule for these calls and the call in phone number will be sent out in a *News to the Field* email in early August. In addition, the FAQs from the FY 2006 series of weekly calls are still posted in COPRS for your reference.

[Return to Main Table of Contents](#)

Table 4 SUMMARY BUDGET REPORT

Table 4 is generated automatically by the data system. You will not be able to input any information into Table 4 in the system.

[Return to Main Table of Contents](#)

Table 5 PLANNED DATA COLLECTION IN FY 2007

CONTENT:

Please answer each of the questions in this table in relation to data collection activities planned in your country during fiscal year 2007. This includes data collection that is being undertaken with any year or type of funding (this includes activities being undertaken by organizations other than the USG). Include ALL activities for which actual data collection efforts are going on during fiscal year 2007 (October 1, 2006 through September 30, 2007). Include ALL significant data collection efforts that are being undertaken by other donors or the host country government in addition to those being undertaken with USG funding.

In question 4, you are asked to indicate the number of service delivery sites that will be included in any ANC surveillance study. In question 5, you are asked to detail any other significant data collection activities that are not detailed in questions 1 through 4. Significant data collection activities could include a Multiple Indicator Cluster Survey (MICS), Priorities for Local AIDS Control Efforts (PLACE), Service Provision Assessment (SPA), Service Availability Mapping (SAM), HIV incidence testing, HIV drug resistance survey, national ART outcomes or impact evaluation. A brief description should be included if any other significant data collection activities are being undertaken. Also, please tell us if you are planning to do an analysis or updating of the health care workforce or the workforce corresponding to other Emergency Plan goals for your country.

DATA ENTRY:

Table 5: Planned Data Collection

Please answer each of the questions in this table in relation to data collection activities planned in your country in fiscal year 2006. Include all data collection being undertaken, not just that being funded by USG money.

Add Comments Save

1. Is an AIDS Indicator Survey (AIS) planned for fiscal year 2006?	☐ Yes ☐ No
If yes, Will HIV testing be included?	☐ Yes ☐ No
When will preliminary data be available?	
2. Is a Demographic and Health Survey (DHS) planned for fiscal year 2006?	☐ Yes ☐ No
If yes, Will HIV testing be included?	☐ Yes ☐ No
When will preliminary data be available?	
3. Is a Health Facility Survey planned for fiscal year 2006?	☐ Yes ☐ No
When will preliminary data be available?	
4. Is an ANC Surveillance Study planned for fiscal year 2006?	☐ Yes ☐ No
If yes, approximately how many service delivery sites will it cover?	
When will preliminary data be available?	
5. Other significant data collection activity:	
Name:	
Provide a brief description of the data collection activity	

Most of the questions require only a yes/no answer. Please also include dates when preliminary data will be available from the survey, where applicable and when known.

SUPPORT DOCUMENTS

REQUIRED SUPPORT DOCUMENTS:

CONTENT:

Explanation of Target Calculations

Please provide an explanation of how targets in both Table 2 and Table 3.3 were calculated. For Table 2, please include both downstream (direct) and upstream (indirect) calculations. For Table 3.3, please provide information on how downstream (direct) summary targets by program area were calculated. You do NOT need to provide an explanation of how partner level targets were calculated. Please see [Appendix 30](#) for an example of a well-written explanation. This example is NOT a template but simply gives one example (of many) of how this can be put together. Please feel free to submit something in your own format, as long as it addresses all of the necessary areas.

Fiscal Year 2008 Funding Planned Activities

Please provide a one-page document that details the work that will be undertaken with fiscal year 2008 funding. This document should not reference any other document, but should be a stand alone effort that briefly details what work will be undertaken. This will be used for the FY 2008 Congressional Budget Justification. Please see [Appendix 27](#) for an example of what this document should look like.

Staffing Matrix

Please upload the completed staffing matrix that is attached in [Appendix 14](#).

Global Fund Supplemental

In an effort to better understand and report on the technical assistance that the U.S. Government is providing to HIV/AIDS grants of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) country teams should provide a brief description of the technical assistance (and budget amount) that will be undertaken to directly support any Global Fund HIV/AIDS grant in your country through the FY 2007 COP. Some examples of technical assistance include: support to the CCM, help with monitoring/evaluation or procurement systems, strengthening program and/or financial management structures. See [Appendix 31](#) for a template/example.

Budget Adjustment Strategy

This is a short supporting document in which countries should indicate potential strategic changes if reductions are required from the initial Budget Allocation. Please see [Appendix 34](#).

Targeted Evaluation Background Sheet

This is a two page document (template provided in [Appendix 23](#)) which provides additional information on targeted evaluation activities. A background sheet must be submitted for each targeted evaluation activity in your country.

Signed Letter from your Ambassador

OPTIONAL SUPPORT DOCUMENTS:

Acronyms List
Map
Process for COP Development

DATA ENTRY:

Previous Table of Contents Next

Upload Supporting Documents ⓘ

Upload Supporting Document:

Click "Browse" to select a file to upload

File must be of the following type:

- TEXT
- RTF
- WORD
- PDF

Description:
(Up to 500 characters)

1. Enter Filename—Click on the **Browse** button to select appropriate Support Document file to upload from your local system to the HQ Data system (Document must be a text file, RTF, Word, or PDF).
2. Additional Description—Click on the **Additional Description** box and begin entering any additional information you would like included. You may enter up to 4,000 characters (approximately one page) in this section. You may want to enter the specific date or the author in this box.
3. Click on the **Upload File** button to upload the Support Document.
4. If you would like to delete a file that you have previously uploaded, click on the **Delete File** button on the list of uploaded files (see the screen shot on page 21).
5. If you would like to look at a file that has already been uploaded, select **Download**.

[Return to Main Table of Contents](#)

COP SUBMISSION INSTRUCTIONS

In order to complete final submission of the COP, you will need to have COP read/write/finalize access. The following steps will guide you through the finalization and submission of your COP.

Mark COP Final and Ready for HQ Review and Approval

Country: Ethiopia
Fiscal Year: 2006

To mark the COP as Final and Ready for HQ Review and Approval, click on the **COP is Final and Ready for HQ Review and Approval** check box, click the **Browse** button to upload letter from In-Country Ambassador, and then click on the **Mark COP Final and Ready for HQ Review and Approval** button. To cancel, click on the **Cancel** button.

☐ COP is Final and Ready for HQ Review and Approval

Upload Letter from In-Country Ambassador:

Click "Browse" to select a file to upload

File must be of the following type:

- TEXT
- RTF
- WORD
- PDF

Browse...

Comments:

Mark COP Final and Ready for HQ Review and Approval

Cancel

1. Run the Quality Assurance Report to ensure that all sections have been completed and errors have been corrected. For a list of items that are flagged by the QA report, please see [Appendix 15](#).
2. Click on **Mark COP Final and Ready for HQ Review and Approval**.
3. The screen will show your country and the current fiscal year, click **Next** to verify.
4. Put a check mark in the box which reads **COP is Final and Ready for HQ Review and Approval**.
5. Upload a submission letter from the Ambassador.
 - a. Enter Filename—Click on the **Browse** button to select appropriate file to upload from your local system to the HQ Data system (Document must be a text file, RTF, Word, or PDF).
 - b. Comments—Click on the **Comments** box and begin entering any additional information you would like included. You may enter up to 4,000 characters (approximately one page) in this section.
 - c. Upload a submission letter from the Ambassador.
6. Click the button **Mark COP Final and Ready for HQ Review and Approval**.
7. Go celebrate the submission of your FY 2007 COP!

[Return to Main Table of Contents](#)

Index

A

Acquisition and Assistance · 3, 9, 28, 29
 Activity Narrative · 73–74
 Annual Program Results · 1, 15, 22, 24, 50, 58

B

Budget Adjustment Strategy · 9, 29
 Budgetary Requirements · 3
 AB · 4–5, 53
 OVC · 5
 Percentage Funding Limit · 8
 Treatment · 5–6, 64, 65

C

Confidentiality · 16
 Counseling and Testing · 6, 61–63
 Country Program Strategic Overview · 21

E

Early Funding Requests · 38
 Emphasis Areas · 30, 74, 76, 74–76
 Executive Summary · 19–20

F

FBO · 28
 Flexible Funding · 31–32
 Food & Nutrition · 74
 Funding Mechanism
 Activities List · 32
 Funding Mechanism Definition · 32–33
 Funding Mechanism Name · 35
 Funding Source · 37–38
 Planned Funding · 38

G

GHA1 · 31, 34, 35, 36
 Global Fund · 7, 8, 11, 49–50, 60, 67, 68, 88

I

ICASS Costs · 84

Importing · 28, 30–31
 Interagency Coordination · 10
 Information requested in Management and Staffing · 81

K

Key Legislative Issues · 78

M

Malaria
 Presidential Malaria Initiative · 7
 Male Circumcision · 55
 Management and Staffing · 6, 10, 81, 84
 Activity Narrative · 83–84
 Capital Security Cost Strategy · 84
 Funding mechanism · 83
 Instructions for completing Table 3 · 81
 IRM · 84
 Peace Corps Specific Instructions · 81
 Staffing Matrix · 11, 82, 83, 88

O

Organizations · 45
 OVC · 5, 7, 23, 52, 61

P

Partners
 Adding an organization to COPRS · 40
 Local (Indigenous) Partners · 42
 New Partners · 8, 42–43, 43
 Partner Performance · 29
 Partner Type · 41
 Prime Partner · 39
 Sub-Partners · 44, 45
 Funding · 46–47
 Name · 45
 Program Areas · 47
 Partnership for Supply Chain Management · 10, 50, 62, 63, 64, 66
 Peace Corps · 36, 37
 Country Contacts · 17
 ICASS · 83
 Pediatric HIV/AIDS · 5, 6, 61, 63, 64
 Post Exposure Prophylaxis · 55
 Prevention, Care, and Treatment Targets · 22–26
 Program Area Specific Instructions
 Table 3.3.01 (PMTCT) · 53

Table 3.3.02 (Abstinence / Be Faithful) · 53–54
 Table 3.3.03 (Blood Safety) · 54–55
 Table 3.3.04 (Injection Safety) · 55
 Table 3.3.05 (Condoms & Other Prevention) · 55–57
 Table 3.3.07 (Palliative Care - TB/HIV) · 58–60
 Table 3.3.08 (OVC) · 60–61
 Table 3.3.09 (Counseling and Testing) · 61–63
 Table 3.3.11 (ARV Services) · 64–65
 Table 3.3.13 (Strategic Information) · 66–68
 Table 3.3.14 (Other Policy Analysis and Systems Strengthening) · 68–69
 Table 3.3.15 (Management and Staffing) · 80–82
 Pro-Rating · 48
 Public Private Partnerships · 3

S

Saving · 13
 SI Advisor · 2, 6, 22, 25
 Strategic Information · 2, 6, 68, 75
 Support Documents · 11, 25, 88
 Optional Support Documents · 89
 Required Support Documents · 88
 Sustainability · 3

T

Table 1 · *See* Country Program Strategic Overview
 Table 2 · *See* Prevention, Care, and Treatment Targets

Target Populations · 30, 79
 Targeted Evaluations · 11, 76, 88
 Targets · 11, 22, 30
 2-7-10 National Targets · 22
 Activity Targets · 76
 Downstream (Direct) Activity Level Targets · 77
 Program Area Summary Targets · 50
 AB · 54
 ARV Services · 65
 Basic Health Care and Support · 58
 Blood Safety · 55
 Condoms and Other Prevention · 57
 Counseling and Testing · 63
 Injection Safety · 55
 Lab Infrastructure · 66
 Other Policy Analysis and Systems Strengthening · 69
 OVC · 61
 PMTCT · 53
 Strategic Information · 68
 TB/HIV · 60
 Upstream (Indirect) Activity Level Targets · 78
 TB/HIV · 6, 7, 23, 51, 57, 58, 66, 78
 Track 1.0 · 3, 9, 12, 23, 27, 34, 38, 73
 Instructions for completing Table 3 · 70
 Treatment · 24, 31, 48

U

Unallocated Funding · *See* Flexible Funding
 User Roles · 13