The President's Emergency Plan for AIDS Relief (PEPFAR)

FY 2011

Country Operational Plan (COP) Guidance

FINAL

July 16, 2010

Table of Contents

1 Introduction

Launched in 2003 by President George W. Bush, PEPFAR holds a place in history as the largest effort by any nation to combat a single disease. In the first five years of the program, PEPFAR focused on establishing and scaling up prevention, care, and treatment programs. Country programs achieved great success in expanding access to HIV prevention, care, and treatment in low-resource settings. During its first phase, PEPFAR supported treatment to more than 2.4 million people, care to nearly 11 million people, including 3.6 million orphans and vulnerable children (OVC), and prevention of mother-to-child treatment services for nearly 16 million pregnancies.

The global epidemic continues to require a comprehensive, multisectoral approach that expands access to prevention, care, and treatment. As PEPFAR works to build upon its successes, the strategy for the second phase of implementation heightens the focus on transitioning from an emergency response to promoting sustainable country programs. For more information about PEPFAR's Five-Year Strategy, please visit http://pepfar.gov/strategy/.

On May 5, 2009, President Barack Obama and Secretary of State Hillary Rodham Clinton announced the U.S. government's Global Health Initiative (GHI); see press release at: http://www.whitehouse.gov/the_press_office/Statement-by-the-President-on-Global-Health-Initiative/. The GHI is designed to connect and build upon the impressive results and momentum of PEPFAR and other USG health programs. It is leveraging the full range of USG assets in supporting a long-term strategic approach to global health. It will carry forward existing commitments, enabling partner countries to improve health in communities impacted by HIV and other diseases. As the cornerstone of the GHI, PEPFAR supports countries in providing more efficient, integrated, and sustainable health programs and serves as a foundation upon which to link and integrate systems of care. For more information about the GHI, please visit http://pepfar.gov/ghi/ .

2 What is a Country Operational Plan?

The Country Operational Plan (COP) is the vehicle for documenting USG annual investments and anticipated results in HIV/AIDS and the basis for approval of annual USG bilateral HIV/AIDS funding in most countries. The COP also serves as the basis for Congressional notification, allocation, and tracking of budget and targets and as an annual work plan for the USG. For programs that have or are negotiating Partnership Frameworks, it serves as the annual work plan for the USG's contribution to the Partnership. Data from the COP is essential to PEPFAR's transparency and accountability to key stakeholders.

The most important part of the COP process, however, is the interagency country planning process, including partner performance reviews, partner consultation, analysis, and planning. All USG agencies responding to the HIV/AIDS epidemic in each partner country come together as one team. Under the leadership of the U.S. Ambassador, this team develops one annual work plan in the form of the COP, which is reviewed by an interagency headquarters teams and then approved by the U.S. Global AIDS Coordinator.

Several multi-country platforms are now developing Regional Operational Plans (ROPs). This guidance applies to those programs equally, whether they are explicitly referenced or not.

With the growth of PEPFAR and country budgets, the size of COPs has also grown and has represented a significant burden for the field and headquarters. As announced at the Annual Meeting in Arusha and in "News to the Field," we are shifting to a two-year framework for program planning – informed by yearly budget planning – to reduce this burden while maintaining critical standards of accountability. The first year of the two-year cycle will include a level of narrative and budget reporting that will allow S/GAC and agency headquarters to review and evaluate the strategic direction and program planning for a given country or region; we are in the process of ensuring that the content and timing of this more substantial submission to headquarters is well harmonized with other headquarters reporting processes for foreign assistance. The second year in the cycle will constitute a "low narrative year" with a focus on budgetary tables and some additional requirements.

Transition to two-year COPS harmonized with other foreign assistance processes will be time-consuming and must include substantial field input as well as adequate time to ensure that requisite data input systems are developed, tested, and made operational. For these reasons, among others, it has been determined that the FY 2011 COP will represent the "low narrative" year in the two-year cycle.

The table in Section 3.1. below summarizes significant changes from prior COPs to the 2011 submission requirements.

3 Guidance Updates

3.1 COP Submission changes

The FY 2011 COP submission has been significantly streamlined. The table below gives a brief outline of which elements are required and which elements will not be required for the FY 2011 COP. It also highlights key programmatic or policy refinements which

are discussed in further detail elsewhere in this document. This table is not exhaustive. For a comprehensive list of COP elements required for FY 2011, see section 4.6.

REQUIRED FOR FY 2011	***NOT* REQUIRED FOR FY 2011**
An expanded executive summary (see section 5.1)	Technical area narratives, or TANs
Mechanism budgets, cross-cutting attributions, key issues (see section 5.3)	Mechanism narratives (for any mechanisms)
National and technical area summary targets (see section 5.4)	Mechanism targets
Streamlined M&O information, including a staffing database (see section 5.5)	Staffing breakdown by budget code
PPP table	Global Fund supplemental/template
Construction annex	HCW Salary Report

3.2 Mandatory Earmarks; Budgetary and Reporting Requirements

Complying with legislative earmarks and responsiveness to Congressional reporting requirements are important elements of COP preparation. Both must be carefully considered by Operating Unit (OU) teams in a manner that takes into account the country/regional context and seizes every opportunity for integrated programming consistent with the new PEPFAR strategy and the imperatives of the Global Health Initiative.

3.2.1 Orphans and Vulnerable Children (OVC)

PEPFAR must devote at least 10% of program resources globally to OVC programs. Former focus countries (with the exception of Vietnam and Guyana) *must* spend at least 10% of their budget on OVC; justifications from these countries for amounts less than 10% will not be considered. Countries may wish to consider budgeting HIV prevention programs that have OVC as an explicit and exclusive target population in the HKID budget code.

OVC programming is essential for all countries/regions, but those with smaller OVC populations and concentrated epidemics may submit justifications for spending less than 10%.

Pediatric treatment may **not** be counted towards the OVC earmark but remains a global priority and continues to have its own pediatric treatment program budget code.

The OVC budgetary requirement is calculated by dividing the total HKID budget code funding by the program funding, which no longer includes HLAB (all prevention, care, and treatment):

$$\frac{\text{OVC (HKID)}}{\text{Prevention, Care and Treatment}} \geq 10\%$$

3.2.2 Care and Treatment Budgetary Requirements and Considerations

Under PEPFAR reauthorization, at least 50% of the total global prevention, care, and treatment resources must be dedicated to treatment and care for PLHIV, according to the following formula:

$$\frac{\text{Care \& Treatment for PLHIV (HBHC + HTXS + HTXD + PDCS + PDTX + HVTB + HVCT)}}{\text{Prevention, Care and Treatment}} \geq 50\%$$

3.2.3 Other Budgetary Considerations

While they do not raise to the level of "hard" earmarks in authorizing legislation, our partners in Congress may use the annual appropriations process to emphasize priorities from their unique perspective and to indicate levels of funding for those priorities which they expect the program to achieve, sometimes referred to as "soft" earmarks. It is vitally important that OU teams are responsive to these concerns. S/GAC and the Deputy Principals acknowledge and endorse these issues and expect field teams to incorporate them in their planning processes.

3.2.3.1 Tuberculosis

Tuberculosis (TB) is one of the most common opportunistic infections and the leading cause of death among people living with HIV (PLHIV) in sub-Saharan Africa. Studies conducted on patients on antiretroviral therapy (ART) in sub-Saharan Africa showed high rates of TB (7-20%) not only among patients initiating ART, but also among patients already receiving ART, particularly during the first six months of therapy. If not adequately addressed, TB threatens the great successes that the PEPFAR program has made over the past five years in rapidly expanding access to HIV care and treatment globally.

HIV prevalence among patients diagnosed with active TB is much higher than the general prevalence in most sub-Saharan African countries, with rates as high as 50-80%. TB clinical settings provide an opportunity to identify large numbers of PLHIV

who are in need of HIV care and treatment services, most of whom are eligible for ART based on low CD4 count and clinical stage; HIV care settings can greatly assist in identifying co-infected individuals.

The *WHO Interim Policy on Collaborative TB/HIV Activities* outlines the interventions critical to reducing the burden of HIV among TB patients and reducing the burden of TB among PLHIV. As stated in the State of the Program Area Report (SOPA) for TB/HIV, PEPFAR supports implementation of recommended interventions in countries through direct delivery of services and advocacy with ministries of health (MOHs) and partners, technical assistance to develop national guidelines/policies and operational tools, and program planning and evaluation based on the following priorities:

- HIV testing and linkage to HIV prevention, care, and treatment among TB patients
- TB screening, diagnosis, and treatment among PLHIV
- Laboratory services to support TB diagnosis and treatment
- TB infection control
- Strengthening program monitoring and evaluation (M&E)
- Surveillance and management of multi-drug resistant TB (MDR TB)
- Isoniazid preventive therapy (IPT) for PLHIV

Under the Global Health Initiative (GHI), integrated programming is to be enhanced; TB/HIV collaborative activities are prototypic of the key concepts of coordination, collaboration, integration, and systems strengthening that are central to GHI. In its Five Year Strategy, PEPFAR identifies the urgent need to address the TB/HIV co-morbidity and commits to aggressively expand implementation of the "Three Is" and treatment for co-infected individuals.

PEPFAR appropriations in recent years have routinely included an earmark for TB/HIV; the 2010 amount was $160 million, and we anticipate a similar amount when 2011 appropriations are finalized. COP budgets that do not reflect resource commitments commensurate to the TB burden should clearly justify their allocation decisions on TB in the executive summary and may expect to receive additional scrutiny in the review process. Countries are strongly encouraged to maximize TB/HIV programming and direct budget attribution (including placing TB/HIV associated laboratory costs in the HVTB budget code rather than under HLAB). Please consult with the TB/HIV technical working group for further guidance.

3.2.3.2 Food and Nutrition

Food and nutrition support is a critical component of successful HIV/AIDS care and treatment. HIV and malnutrition interact in a vicious cycle. For many PLHIV, the

infection causes or aggravates malnutrition through reduced food intake, increased energy needs, or poor nutrition absorption. Malnutrition can hasten the progression of HIV and worsen its impact by weakening the immune system, increasing susceptibility to opportunistic infections and reducing the effectiveness of treatment. Malnutrition and food insecurity remain highly prevalent in most countries where PEPFAR support programs, particularly in Sub-Saharan Africa. Nutrition support is a critical component of a comprehensive response to HIV/AIDS.

Recent appropriations have included expanding earmarks for nutrition. For FY 2010, the food and nutrition earmark was $130 million.

While the contributions of programs such as Feed the Future, Title II Food Programs, the World Food Program and others cannot be attributed to Congressional expectations that expanding PEPFAR support will be committed to food and nutrition, OU teams are expected to closely coordinated with these key counterpart programs to ensure maximum complementarity of their and our respective investments.

Operating Unit teams are encouraged to focus resources on this critical priority commensurate with the degree of HIV-related food insecurity and/or malnutrition among PLHIV and to fully consider opportunities for complementary programming with Feed the Future, World Food Program, etc. While it does not have a separate program budget code, field teams should carefully and comprehensively quantify the level of financial commitment to food and nutrition represented in OVC, care and support, PMTCT, and treatment programs. The narrative below is intended to assist teams in ensuring they effectively program activities to both meet country needs and respond to Congressional expectations.

The Food and Nutrition Technical Working Group (F&N TWG) has identified three critical areas of programmatic focus for Operating Unit teams to consider as they develop a nutrition portfolio for their COP:

Nutrition Care

Nutrition assessment, counseling, and support (NACS) is an essential component of a comprehensive response to HIV care and treatment. Ensuring that basic nutrition assessments and effective nutrition counseling occur consistently and accurately creates a foundation on which all other nutrition activities are based. Therapeutic and supplementary feeding is a critical component of HIV care and support and is most effectively utilized when provision is based on anthropometric criteria. Provision of therapeutic and supplementary feeding support, particularly in resource-poor settings, should be prioritized to assist the most vulnerable populations as follows:

1. Replacement/complementary food to HIV-exposed infants up to 2 years of age
2. Supplementary food to underweight HIV+ women in pregnancy and lactation

3. Supplementary food to OVC with evidence of growth faltering (wt/ht <-2 z-score)
4. Supplementary food to HIV/AIDS patients w/ BMI <18.5

Finally, establishing linkages and two-way referral support between clinical treatment centers and community support services is essential to foster sustainable and comprehensive care and support for PLHIV.

PMTCT and HIV-Free Survival

HIV-free survival (infants who remain alive and HIV-free) is the ultimate goal of PMTCT and infant-feeding programs. Newly released WHO guidelines on PMTCT now include recommendations for ARV interventions that can drastically reduce the risk of MTCT during ante- and perinatal periods. The new infant feeding guidelines also recommend provision of ARVs to mothers (not currently receiving ART) and infants through the duration of breastfeeding. In light of the effectiveness of the ARV interventions, HIV-infected mothers are encouraged to breastfeed for a minimum of 12 months and beyond until a safe and adequate replacement diet is available. Programmatic emphasis should be placed on postnatal counseling surrounding infant feeding, nutrition, and health. Special attention should be given to link counseling to early infant diagnosis. Regular assessment, counseling, and support should be provided, particularly to encourage exclusive breastfeeding for the first six months of life and appropriate complementary feeding from six months of age and beyond and to provide post-weaning support. Establishing a continuum of care within clinical services should allow for tracking of mother-infant pairs, a focus on improving maternal nutrition status, and provision of basic child survival interventions until at least 24 months of age.

Food Security and Livelihoods

Through provision of NACS and other services, care and treatment facilities assist in meeting the needs of PLHIV, their families and OVC. However, these services are not able to address underlying issues, such as generalized food and economic insecurity, that can compromise treatment success and long-term survival of PLHIV, nor are they able to address needs for OVC and their caregivers. Therefore, there is a need to link NACS clients with wrap-around services that address their current economic strengthening /livelihoods/food security (ES/L/FS) needs and the basic needs of children and families. Efforts to identify promising practices and gaps among ES/L/FS activities, facilitate scale-up of promising practices and address gaps, and create linkages between clinical services and ES/L/FS activities can sustainably improve the economic and food security status of HIV/AIDS-affected households. Efforts to coordinate programming of PEPFAR nutrition activities and wraparound services with broader food security/nutrition programs, such as those implemented through Feed the Future, will assist in comprehensively addressing the nutrition needs of PLHIV and their families.

3.2.4 Abstinence and Be Faithful Reporting Requirements

Field teams are reminded that the budgetary requirement ("hard earmark") for Abstinence and Be Faithful (AB) programs in the original PEPFAR authorizing legislation is no longer in place and has been superseded by a reporting requirement for countries with generalized epidemics.

If AB programmed activities do not reach a 50% threshold of all sexual prevention funding in countries with generalized epidemics, a justification is required. These brief justifications should explain the rationale for prevention programming decisions given the epidemiologic context, contributions of other donors, and other relevant factors. The U.S. Global AIDS Coordinator is required to report to the appropriate Congressional committees on the justification for these decisions.

The Abstinence and Be Faithful target for countries with generalized epidemics is calculated by dividing the total HVAB budget code funding by the sexual prevention funding (HVAB + HVOP):

$$\frac{\text{AB (HVAB)}}{\text{Sexual Prevention (HVAB + HVOP)}} \geq 50\%$$

3.2.5 Single-Partner Funding Limit

The single partner funding limit seeks to promote efficient use of funding, diversify organizations with which PEPFAR partners, and increase partnerships with local organizations, all with the goal of promoting long term sustainability of HIV/AIDS programs in partner countries. This long-standing administrative requirement is highly relevant in the context of the new PEPFAR strategy and its priority on country ownership and sustainability. Pending procurement reform at USAID is further expected to reinforce priority on the values associated with the funding limit.

For operating units receiving over $20 million in PEPFAR funds for FY 2011 (GHCS-State, GAP, and/or GHCS-USAID for HIV), the percentage limit on funding to a single partner remains 8%. For operating units receiving $20 million or less in FY 2011, the single partner limit is $2 million.

The single partner funding limit only applies to grants and cooperative agreements. The limit does NOT apply to:

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

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

$$\frac{\text{Partner Funding Applicable to the Single-Partner Funding Limit (Total Partner Funding (includes funding received as a prime or sub) – Exempted Funding from the Limit)}}{\text{Country Budget Applicable to the Limit Country Budget (Central \& Field \$) – USG M\&O Costs}} = \%\ \text{Partner Funding}$$

Additional information about the limit and the exceptions is available in Appendix 5.

3.2.6 Justifications

Please submit a justification for any situation where the mandatory budgetary or reporting requirements cannot be met within the guidance above for OVC (in countries with concentrated epidemics or former non-focus countries, only; USG programs in former focus countries with generalized epidemics **must** meet the 10% OVC earmark), care and treatment, sexual prevention, and the single-partner funding limit. A sample is located on www.PEPFAR.net for your convenience.

3.3 Family Planning

The GHI priorities placed on integrated health programming and implementation of a woman- and girl-centered approach to health assistance reinforce the importance of voluntary family planning and other reproductive health services, including safe pregnancy care for women and families in U.S. foreign assistance. Field teams are expected to prioritize opportunities to link PEPFAR-funded activities with those funded from separate accounts supporting reproductive health and family planning. In wraparounds between HIV/AIDS and family planning activities, PEPFAR funds should be targeted to the HIV/AIDS interface.

Opportunities that should be actively pursued include

- providing counseling and referrals (linkages) to family planning programs for women in HIV/AIDS prevention, treatment, and care programs – ideally at the same site;
- linking family planning clients with HIV prevention, particularly in areas with high HIV prevalence and strong voluntary family planning systems – again, ideally at the same site;

- prioritizing family planning services (funded from non-HIV accounts) in PEPFAR-funded PMTCT programs;
- provision of HIV prevention messaging and support, as well as HIV counseling and testing (funded by PEPFAR), within antenatal care, maternal and child health, and family planning programs (funded from other accounts); and
- ensuring strong referrals for PMTCT and appropriate care and treatment for women who test positive in any of these venues.

Guidance on integration of PEPFAR-funded activities with RH/FP programming is in final clearance and will be available soon.

3.4 Other Programmatic Guidance

Two additional guidance documents for prevention among most-at-risk populations are being developed or are now available. Both documents describe the scope of USG HIV/AIDS prevention focused activities PEPFAR will support for these prioritized populations. The guidance documents are a response to the urgent need to expand HIV prevention for most-at-risk-populations.

Guidance on Comprehensive HIV Prevention for People who Inject Drugs was recently released and is available on www.pepfar.gov.

Guidance for Comprehensive HIV Prevention for Men Who Have Sex with Men is still under development and is forthcoming.

4 COP Submission

4.1 Which Programs Submit a FY 2011 COP?

The following programs are required to complete a full FY 2011 COP: Angola, Botswana, Burundi, Cambodia, Cameroon, China, Côte d'Ivoire, Democratic Republic of the Congo, Dominican Republic, Ethiopia, Ghana, Guyana, Haiti, India, Indonesia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Russia, Rwanda, South Africa, Sudan, Swaziland, Tanzania, Thailand, Uganda, Ukraine, Vietnam, Zambia and Zimbabwe. Regional Operational Plans are required from the Caribbean, Central Asia, and Central America field teams.

Smaller PEPFAR programs that do not complete a COP/ROP will account for PEPFAR resources received under the Foreign Operations appropriation and programmed through USAID or State through preparation of a Foreign Assistance Operational Plan.

The Office of the Director of U.S. Foreign Assistance at the Department of State coordinates the development the Foreign Assistance Operational Plans. CDC programs in countries/regions that do not prepare COPs will account for their resources through CDC Country or Regional Assistance Plans.

4.2 Important Resources for COP Preparation

Country Support Team Lead (CSTL) and team members, including the Strategic Information (SI) Advisor, and Technical Working Groups (TWGs) are important participants and can help support the COP process. The CSTL is your main point of contact at S/GAC and should be substantially involved. Engaging the SI Advisor early in the process to assist with target setting and with planning of Strategic Information activities is also essential. The Country Support Team members can help with strategic planning of activities and reviewing and finalizing the COP. If you would like assistance from one of the TWGs, please contact the CSTL for your country. The *FY 2011 Technical Considerations*, drafted by the TWGs, is a companion document to be used in conjunction with this *FY 2011 COP Guidance*.

As in previous years, the guidance and its appendices contain critical information that informs program planning and will be posted on the FY2011 COP Planning section of the extranet and subsequently on www.pepfar.gov .

Other channels of communication to strengthen COP planning, including work with Field Support Team Leads and weekly COP clarification calls, are important. Based on these questions from the field, headquarters will develop "COP Clarifications" to answer issues in the COP guidance and disseminate "COP Clarifications" through News to the Field and by posting them on the PEPFAR Extranet.

4.3 COP Timeline

Given headquarters delays in release of COP Guidance, the final due date has been adjusted to October 29, 2010. Field Teams that have already developed detailed planning calendars based on the announced October 15th due date are invited to submit early, as are all interested teams, but all COPs/ROPs must be submitted by October 29th.

COP Guidance released	July 15, 2010
Country-specific target templates sent to Operating Units	Early August 2010
Early Funding Requests Due	Early September 2010
COP/ROP Due	October 29, 2010
COP Cleaning	(approx) October 15 – November 30

COP Reviews	(approx) December 1 –20
COP Approval Memos Sent	(approx) January 30, 2011

4.4 COP Structure

As noted on page 6 above, 2011 COPs are intentionally low-burden in terms of materials to be submitted for headquarters review. In addition to the headquarters-driven need associated with the shift to two-year COPs and harmonization with other foreign assistance planning and reporting processes, this is an intentional effort to provide Operating Units with greater opportunities to work with partner governments to implement Partnership Frameworks and on advancing sustainability and country ownership.

The 2011 COP consists of implementing mechanism templates ***without*** any associated narratives but including the uploaded documents required for reporting to Congress described below. Completion of the implementing mechanism templates will enable us to gather the necessary budget information as well as report on key issues and cross-cutting data. There will be no technical area narratives. As noted above, the submission date will be October 29, 2010 for all Operating Units, although early submission will be accommodated beginning on October 15th.

Operating Unit teams are still expected to perform annual inter-agency portfolio reviews and pipeline analyses for COP planning purposes.

Early response from several Operating Unit teams to the presentation on plans for 2011 and subsequent COPs at the Annual Meeting in Arusha indicated a desire to have consistent – but significantly abbreviated – narratives that elaborate on the proposed targets and budgets for implementing partners for *in-country* use. We therefore strongly encourage Operating Unit Teams to have early and open interagency discussions to determine what narratives will be useful for interagency portfolio reviews, routine program monitoring, and briefings/presentations to partner governments that would be enriched by having more than implementing mechanism templates. It is also considered a best practice to maintain these narratives on a (secure) shared drive or through some other means that allows access by all agencies and Mission leadership to consistent summary information on plans and accomplishments of implementing partners, regardless of USG managing agency.

Because narrative information needs, especially for use external to the USG, can vary significantly from country to country, S/GAC is not proposing a standard format. CSTLs will, however, be glad to accept narrative templates developed by individual country/regional teams and post them to PEPFAR.net for use or adaptation by other teams.

CDC will adhere to all elements described in the new COP 2011 guidance and will use its continuation application and new awards processes to meet any internal requirements that cannot be fulfilled using 2011 COP submissions. As all applications for funding undergo both in-country recommendations and independent technical and management reviews, CDC will adapt these processes to meet CDC-specific requirements. To facilitate this process, each CDC partner will be required to complete a table (template to be provided) for each partner mechanism to meet CDC's internal management and oversight requirements. This submission will be required for the continuation application and new applications for funding to CDC.

4.5 Early Funding

Operating Unit teams wishing to request early funding for critical activities will submit an early funding request in early September 2010. All Operating Units submitting a PEPFAR Operational Plan in FY 2011 are eligible to submit early funding requests, which are subject to HQ review and approval. Early funding requests will take place on www.pepfarplanb.org. More guidance on how to submit early funding requests, and the specific deadline, is forthcoming.

4.6 Submitting Your COP

Operating Units will submit their COPs/ROPs via templates and documents that they will upload to www.pepfarplanb.org. Operating Units will have access to their FY 2010 COP templates, which they can update for FY 2011. If teams utilized v15 for any mechanisms in 2010, these must be copied and pasted in to v22. Version 15 will no longer be supported. New mechanisms must also use Mechanism Data Entry v22. Blank templates can be found on PEPFAR.net in the FY 2011 COP Planning site (https://www.pepfar.net/C15/C7/FY2011%20COP%20Planning/default.aspx).

4.6.1 Required Documents and Format

Item	Type of Data	Template Filename and Required Version	Document Type
1	Implementing Mechanism (IM)	Mechanism Data Entry v22.xls If you utilized v15 for any mechanisms in 2010, these must be copied and pasted in to v22. V15 will no longer be supported.	Template
2	National and Technical	Country specific templates will be	Template

Item	Type of Data	Template Filename and Required Version	Document Type
	Area Indicators and Target Justifications	sent to Operating Unit teams in early August. An example is available on pepfar.net.	
3	Implementing Mechanism Indicators (optional)	FY2011 COP OPTIONAL Target Templates.xls	Template
4	M&O Staffing, Agency Information, Justify New Staff, and Plans to Fill Vacancies	Country specific Access databases will be sent to Operating Unit teams. The database contains two sections, staffing data and agency information. See Annex 8 for instructions on updating the Access database. USAID cannot receive .zip files, so when the M&O databases are sent out they will be sent to non-USAID addresses within the team. For USAID to gain access provide your CSTL with a personal email address or coordinate within your team to share the file (i.e., flash drive).	Access Database
5	Public-Private Partnerships	2009-08-19 Public Private Partnerships Table.xls	Template
6	Construction Annex	FY2011 Construction Annex is provided on PEPFAR.net	Template
7	Executive Summary	2011 Executive Summary Sample.docx is provided on PEPFAR.net as an example.	No Template
8	Ambassador's Letter	No defined template (an example is on pepfar.net).	No Template
9	Budgetary Requirement and Single Partner Funding Limit Justifications	No defined template (examples are on pepfar.net).	No Template

Please be aware that the templates do not contain headers or footers to indicate that they are "For USG Only," but please handle them as USG-only documents. In addition, every effort has been made to ensure that templates print reasonably; however, due to the volume of data on a few templates, they may require scaling or other print manipulation to be able to see everything in a reasonable manner. We apologize for any inconvenience this may cause.

5 COP Elements

5.1 Executive Summary

As Operating Units will not be submitting Technical Area or Implementing Mechanism narratives for FY 2011, the length and organizational structure of Executive Summaries have been modified this year. As in past years, OU teams' executive summary will be uploaded as a supporting document. The document should not exceed 10 pages and must follow the formatting in the example posted on the COP Planning page on www.pepfar.net. Core content of the Executive Summary will be used, as in previous years, for Congressional Notifications (CNs) of operating plans; additional content is focused on emerging issues and priorities, including treatment targets, incorporation of principles of the Global Health Initiative in PEPFAR plans, and alignment of COPs/ROPs with Partnership Frameworks (PFs) and their Implementation Plans (PFIPs) or Regional Strategy counterparts.

Significant portions of 2011 Executive Summaries that will be used for CNs may be prepared by updating 2010 submissions. Executive Summaries are to precisely follow the order, and include all the content, contained in the example posted on PEPFAR.net.

It has been noted that many operating units previously developed their Executive Summaries at the conclusion of the entire COP development cycle. As the Executive Summary will constitute the bulk of narrative content for the 2011 COP and will highlight strategic priorities for prevention, care and treatment and document planned responses to emerging issues, teams are strongly encouraged to: (1) draft the Executive Summary very early in the 2011 planning process; (2) invite its review by CSTLs and full Country Support Teams at headquarters prior to submission; (3) thoroughly review it with partner government interlocutors and other key stakeholders; and (4) only then use it as the basis for interagency discussion of budgets and targets for technical areas and implementing partners. In summary, it is recommended that teams develop their overall strategic objectives for the year and draft the executive summary based on the these strategic priorities with enough lead time to ensure interagency concurrence and review by the CSTL. There are specific issues which require concentrated attention and as such, teams will need to provide one to three paragraphs per issue on the following:

- **Sustainability and Country Ownership –** the new PEPFAR strategy, GHI, and the process of negotiating PFs/PFIPs are all elements of advancing country ownership and the long-term sustainability of PEPFAR program. Teams should highlight particular successes or challenges in engaging partner governments in development of 2011 COPs, increased partner government contributions (financial, strategic leadership, and/or facilities and personnel) to the HIV

response, and pursuit of needed policy reforms that contribute to a more sustainable response. Status reports on development and/or implementation of PFs/PFIPs should be included as should highlights on specific ways in which USG teams are moving to support and build capacity of local leadership in all relevant sectors.

- **Treatment Scale-up** (where applicable): National and USG-direct treatment results for the last two complete reporting periods (APR 2009, SAPR 2010), rate of monthly enrollment of net new patients for last three months if available, and national and USG-direct treatment targets for the end of the 2011 COP implementation period. Teams should include an overview of specific strategies to gain efficiencies and anticipated activities focused on increasing accuracy of costing data on the provision of treatment and use in projection of future costs to sustain treatment scale-up. This section should also include any regulatory or policy impediments to using generic drugs in-country, as well as explicit USG plans for resolving them.

- Adoption of **Global Health Initiative** core principles: concrete steps the USG team and its implementing partners will take during the 2011 implementation cycle to act on key GHI principles (http://www.pepfar.gov/ghi/index.htm) including
    - Integrating a heightened woman- and girl-centered approach to PEPFAR programming, with specific attention to PMTCT and to gender-based violence. PMTCT strategies which focus on addressing the areas in the cascade of services that are not fully effective should be highlighted and addressed. This would include such strategies as moving PMTCT out of a facility-based model to reach pregnant women who do not or cannot use clinical facilities and who will not have a facility-based delivery;
    - Optimal integration of health programming across fund accounts where applicable, USG managing agencies, and implementing partners for increased impact;
    - Heightened engagement with and leverage of multilateral organizations, global health partnerships, and private sector actors for increased impact and sustainability of the HIV response; and
    - Building sustainability through health systems strengthening and improved metrics, monitoring, and evaluation. This includes strengthening existing data collection systems for monitoring health service provision and health outcomes; surveillance approaches for monitoring infectious diseases; and increasing country capacity to manage, oversee, and operate national health systems, including the use of information and evidence for decision-making. An important element is the incorporation of new or improved metrics to assess the progress and effect of implementing the GHI principles as an integrated package.

- **New procurements:** Operating Unit teams should outline new procurements for FY 2011 and how they fit into the overarching strategy, PFIP, and GHI principles. Brief descriptions of how teams intend to achieve increased operating efficiency and cost-effectiveness through new procurements should be included as well.

- **Health Systems Strengthening and Human Resources for Health:** In addition to the separate direct and cross-cutting budget attributions associated with these critical investment priorities, Executive Summaries should highlight strategic advances the team will seek in these areas when implementing 2011 COPs. It should also be noted that a number of approved 2010 COPs included significant shifts in funding from treatment (HTXS / PDTX), laboratory infrastructure (HLAB) and other budget codes to health systems strengthening (OHSS). This is believed to reflect operating units' appreciation of the increased emphasis in the reauthorized PEPFAR legislation on systems strengthening and/or the new PEPFAR strategy's emphasis on sustainability and country ownership but has been interpreted by some as a "decrease in support" for treatment or other direct health service delivery. Thus, executive summaries should explicitly describe how new and existing planned investments in health systems strengthening will improve quality and capacity of direct health care delivery, especially treatment.

5.2 Managing Partners

5.2.1 Prime Partners

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

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

Do not name a partner as a prime or sub under an implementing mechanism until it has been formally selected through normal Acquisition & Assistance processes, such as

Annual Program Statements, Requests for Application, Funding Opportunity Announcement, or Requests for Proposals. If a partner has not been formally selected, list the prime partner for the implementing mechanism as "To Be Determined" (TBD). See Appendix 5 for guidance on notifying S/GAC once you have identified a prime partner.

For all direct programming to be implemented by a USG Agency, the agency should have an implementing mechanism with itself named as the prime partner. Note that all of the costs associated with a USG agency's footprint in country, i.e., costs of doing PEPFAR business or "management and operations" costs (including staffing), will be entered in the M&O section. Technical staff salaries will be attributed to the applicable budget code through the M&O section, **not** through implementing mechanisms.

For more information on partner definitions, please see appendix 5.

5.2.2 Sub-Partners

Definitions

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

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

Note: Information is only to be submitted on Prime Partners and Sub-Partners, not on "Subs of Subs."

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

For those occasions where a USG Agency is the prime partner, you may NOT have sub-partners under that funding mechanism. A sub-partner under a USG Agency is the same as a prime partner, and the entity should be entered as a separate funding mechanism. For instance, CDC should only be listed as a prime partner for technical

programming that CDC provides directly in-country. (Costs of staff time, including the provision of technical assistance, should be entered as costs of doing PEPFAR business in the M&O section, not as a funding mechanism.) If funding will eventually be obligated to another organization, then CDC should NOT be the prime partner. For more assistance with this issue, please contact Heather Pumphrey (hbp7@cdc.gov).

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 (MOH) in your country, you would not list any district level health ministry as a sub-partner if the funding flows through the national MOH. You should only list the district level health ministries as sub-partners if they are receiving funds directly from a prime partner without going first through a national level headquarters.

5.2.3 Track 1.0 Partners

Track 1.0 Partners

The following are the status of the Track 1.0 agreements:

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

- The full cost of any expansion of treatment using Track 1.0 grantees.

- **Track 1.0 OVC and ABY** agreements received funded extensions through June 2010, and many are receiving additional no-cost extensions until September 30, 2010. Transition to existing field-managed mechanisms or new competitive procurements is ongoing on a country-by-country basis to ensure continuity of services.

- **Track 1.0 Blood Safety** agreements have transitioned to field-management.

- **Medical transmission** programs have already been transferred to the field.

5.2.4 Unallocated Funding

As explained in the June 30th, 2010 communication to field teams, 2011 COPs/ROPs may not include **any** unallocated funding. Countries may still utilize TBD mechanisms, being careful to ensure that the implementing mechanism template identifies the relevant program budget category/ies, cross-cutting issues, and the USG agency expected to manage the TBD.

5.3 Managing Implementing Mechanisms

An implementing mechanism is a grant, cooperative agreement, or contract in which a discrete dollar amount is passed through a prime partner entity and for which the prime partner is held fiscally accountable. Examples of implementing mechanisms are bilateral contracts, bilateral grants, field support (USAID) to a HQ-managed project/entity, cooperative agreements, etc.

Each USG implementing mechanism will have a separate mechanism template. One prime partner will need to have multiple templates only if:

- A partner is funded by more than one agency; or

- A partner has multiple projects that are administered through separate procurement instruments; e.g. AED FANTA and AED Linkages will need to be entered as two separate partners.

Note: You do not need a separate "funding mechanism" entry for each funding source that a partner is receiving.

All costs associated with institutional contractors providing support to the OU team should be entered in the Management & Operations section.

5.3.1 Implementing Mechanism Details

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

- Prime Partner Name
- Funding Agency
- Procurement Type
- Implementing Mechanism Name
- Mechanism ID
- Field Tracking Number (optional)
- Agreement Timeframe (may change if there are no-cost extensions)

Prime Partner Name

The prime partner name will be selected from a list of pre-existing partner names that can be found on the COP Planning page of www.pepfar.net. If the partner is new, Operating Unit teams will need to request the addition of the partner. While we do not have a database system, Operating Unit teams should submit the "New Partner Request" form with their COP. The "New Partner Request" form can be found on the extranet.

Funding Agency

It is critical that you identify the correct agency because the USG Agency / Operating Division selected will be the one that receives funding from S/GAC (see table on next page).

Agencies	

• DoD (Department of Defense)
• DOL (Department of Labor)
• Department of State
  o AF (African Affairs)
  o EAP (East Asian and Pacific Affairs)
  o EUR (European and Eurasian Affairs)
  o INR (Intelligence and Research)
  o NEA (Near Eastern Affairs)
  o S/GAC (Office of the U.S. Global AIDS Coordinator)
  o PM (Political-Military Affairs)
  o PRM (Population, Refugees, and Migration)
  o SCA (South and Central Asian Affairs)
  o WHA (Western Hemisphere Affairs)
	• HHS (Health and Human Services)
	  o CDC (Centers for Disease Control and Prevention)
	  o HRSA (Health Resources and Services Administration)
	  o NIH (National Institutes of Health)
	  o OS (Office of the Secretary)
	  o SAMHSA (Substance Abuse and Mental Health Services Administration)
	• Peace Corps
	• USAID (United States Agency for International Development)
	• U.S. Treasury

- NIH – Field teams should ensure that they are familiar with the scope of HIV-related clinical or other research that NIH (and potentially other USG agencies) currently fund in country to determine whether or not there are non-research activities appropriate for inclusion in the COP that may be logically "appended" to these research efforts. If there are opportunities to provide country/regional PEPFAR funding to add a service component to an NIH study, country funding for the additional service component *only* would be put into the COP. The NIH study would NOT be included. You can also include support for training through NIH via Fogarty International Center (FIC) research training grants that support the strengthening of human capacity in strategic information: surveillance, HIS, targeted and public health evaluations, program monitoring and evaluation, modeling, and bioethics. Operating Unit teams should be in contact with the FIC research training program officer or directly with grantee and their in-country collaborators to discuss capacity building needs (see research training websites at www.fic.nih.gov for contact info for AIDS International Training and Research Program, International Clinical, Operations and Health Services Research Training Award for AIDS and TB, and International Research Ethics Education And Curriculum Development Award). To expedite the distribution of funds, please identify the grant name (e.g. Vanderbilt AITRP) or number (D43TW001035) in the narrative. As with all agencies, NIH should be listed as the associated agency, and the Prime Partner who will eventually receive the

funding should be listed as the Prime Partner.

- HRSA - Please note that although CDC locally manages HRSA partners such as ITECH (the University of Washington), the Twinning Center (American International Health Alliance (AIHA)), New York AIDS Institute (HIVQUAL) and Georgetown University (Nursing Capacity Building), HRSA should be listed as the associated agency.

- Peace Corps – Funding going to the Peace Corps should be identified with Peace Corps as the USG Agency receiving the funding. Peace Corps should never appear as another USG Agency's prime partner. For more information on how to capture Peace Corps costs, please see section 5.5.5 Peace Corps Volunteers.

- 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 **–** Please identify the State Department Bureau for all mechanisms where the Department of State is the USG Agency. For any project using State's Regional Procurement Support Offices (RPSO) for construction or renovation, list the relevant State regional bureau as the USG Agency (guidance on using RPSO as an option will be forthcoming).

- Treasury – The GHI and PEPFAR II place an increased focus on country ownership and expand our partnership with the Global Fund. In this context, it will be important to develop public financial management capacity within partner governments. Treasury's Office of Technical Assistance (OTA), which provides advisors with expertise in public financial management to government ministries, was included in PEPFAR's most recent authorization for this purpose. Depending on country context, Operating Unit teams may wish to incorporate this element into their broader health systems strengthening portfolio. For these mechanisms, please identify Treasury as the USG Agency and prime partner.

Procurement Type

The types of procurement types are:

- Contract **-** A mutually binding legal instrument in which the principal purpose is the acquisition by purchase, lease, or barter of property or services for the direct benefit or use of the Federal government or in the case of a host country

contract, the partner government agency that is a principal signatory party to the instrument. Note: IQCs should be listed as contracts.

- Cooperative Agreement **-** A legal instrument used where the principal purpose is the transfer of money, property, services, or anything of value to the recipient in order to accomplish a public purpose of support or stimulation authorized by Federal statute and where substantial involvement by the USG is anticipated. Note: PASAs should be listed as cooperative agreements.

- Grant - A legal instrument where the principal purpose is the transfer of money, property, services or anything of value to the recipient in order to accomplish a public purpose of support or stimulation authorized by Federal statute and where substantial involvement by USG is ***not*** anticipated.

- Umbrella Award – An umbrella award is a grant or cooperative agreement in which the prime partner does not focus on direct implementation of program activities, but rather acts as a grants-management partner to identify and mentor sub-recipients, which in turn carry out the assistance programs. See Appendix 5 for additional criteria.

- Inter-agency Agreement (IAA) **-** An Inter-Agency Agreement is a mechanism to transfer funding between agencies. This mechanism should only be used in **very rare** occasions and is not permitted for use with GHCS-State funding. If the USG team decides that one agency has a comparative advantage and is better placed to implement an activity with either GHCS-USAID or CDC GAP funding, the USG team has the option of requesting to transfer money from one agency to another through an IAA. This is not the most efficient way of providing funds from one agency to another. However, one example of an appropriate use of an IAA is agency buy-in for BUCEN services.

- USG Core **-** Although this option exists on the mechanism template, we do not foresee any reason for OU teams to use this option. USG Core funding is expected to be captured in the M&O database in FY 2011.

Implementing Mechanism Name

The mechanism name is a tool to identify unique mechanisms. We have seen the following mechanism naming conventions:

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

If this is a HQ buy-in implementing mechanism, you must put the name of the HQ project in the implementing mechanism name field. For example, if you are using the CTRU Project or UTAP, you should use these names in the implementing mechanism name field. Otherwise, there are no limitations on mechanism name; we recommend that Operating Unit teams choose unique values for the mechanism name.

Implementing mechanism name is not the same as the prime partner name, although in some cases the fields may hold the same values. The table below provides several examples of the difference between implementing mechanism name and prime partner name.

Examples of Prime Partners and Implementing Mechanism Names:

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

Mechanism ID and Field Tracking Number

In the absence of a database system, Operating Unit teams should use the following mechanism IDs:

- For mechanisms that existed in the FY 2009 COP in the COPRS I system, Operating Unit teams should use the COPRS I "mechanism system ID."
- For mechanisms that were created in the FY 2010 COP or using the "Plan B" system, Operating Unit teams should use the mechanism ID from that system. For example, if the file name included "new017" in the name, the mechanism ID would be "17."
- For new mechanisms, Operating Unit teams should start their new mechanism ID numbers where they left off last year.

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

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

Agreement Timeframe

The Agreement Start Date and Agreement End Date fields are a month-year stamp that field teams use to indicate the agreement timeframe. This time stamp will serve as an indication of where a mechanism is in its lifecycle. If the agreement timeframe has not yet been determined, the OU team should use 1/1911 as the start date and 12/1911 as the end date. Please note that the database cannot process your mechanisms without an agreement timeframe in place.

5.3.2 Mechanism Narratives

Implementing mechanism and budget code narratives are not required in the FY 2011 COP. Operating Unit teams are welcome to submit narratives in implementing mechanism templates; narratives will not be reviewed with the FY 2011 COP.

For definitions of the budget codes, see appendix 4.

5.3.3 Funding Sources / Accounts

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

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

* The GHCS-USAID account is the account appropriated directly to USAID, formerly the Child Survival and Health (CSH) Account.

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

Reminders – As noted elsewhere, please ensure that you are coordinating as a USG Team in determining funding decisions and that *all* USG HIV/AIDS funding is being programmed as an interagency USG Team. Please also ensure that your programming is consistent with your budget controls (e.g., if your OU team is not receiving GHCS (USAID) funding, you should not program GHCS (USAID) funds).

5.3.4 Cross-Cutting Programs and Key Issues

The importance of cross-cutting budget attributions cannot be over-emphasized. They represent areas of PEPFAR programming with great potential to contribute to PEPFAR II and GHI by more consciously seeking opportunities for integration and synergy across program areas. They also reflect areas in which there is continuing stakeholder interest.

In the absence of implementing mechanism narratives, correct identification of cross-cutting attributions and key issues will be **critical** to minimize data calls in the future.

All mechanisms that are working in any of the eight cross-cutting attributions (HRH, Construction/Renovation, Food and Nutrition, Economic Strengthening, Education, Water, or Gender-based Violence) **must** have the cross-cutting budget attributions identified and accurately quantified; if you need assistance in developing standard approaches to quantifying cross-cutting attributions, please contact your CSTL. For definitions of cross-cutting attributions, please see appendix 4.

In FY 2011, we will be capturing funding information for eight cross-cutting areas , which are listed below and defined in appendix 4. Attributions should not total more than the mechanism planned funding. For example, if a partner is being funded at $1,000,000 for Pediatric Treatment (or for that amount across several program budget codes), the total of all cross-cutting attributions cannot be more than $1,000,000. A single activity can often have more than one cross-cutting attribution (e.g., service training on safe water would be split between both HRH and Water).

Cross-cutting attributions should be identified for all relevant mechanisms, even in the case of "To Be Determined" or TBD mechanisms. In these cases, Operating Unit teams should estimate the amount of funding for each of the cross-cutting budget categories. The cross-cutting budget information can be updated during reprogramming if necessary.

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

While they do not require budget attributions, accurately identifying the key area/s in which a given activity contributes to priorities associated with integrated health programming or other priorities associated with PEPFAR II or GHI is also important.

Activity managers and technical working groups are asked to give thoughtful consideration to identifying the extent to which planned activities contribute to progress in these areas.

Key Issues
Health-Related Wraparounds • Child Survival Activities • Family Planning • Malaria (PMI) • Safe Motherhood • TB
Gender • Increasing women's legal rights and protection • Increasing gender equity in HIV/AIDS activities and services • Addressing male norms and behaviors • Increasing women's access to income and productive resources
End-of-Program Evaluation
Mobile Population
Military Population
Workplace Programs

5.3.5 Sub-Partners

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

For FY 2011 sub-partner names need to be provided for each implementing mechanism proposed in the COP. During the APR, field teams will only report obligations to those named sub-partners. If sub-partners are unknown for an implementing mechanism, nothing need be entered in the mechanism template at this time; however, sub-partner lists must be updated throughout the year during the Reprogramming process.

5.3.6 Common Mistakes in the Implementing Mechanism Template that Lead to Upload Errors

Implementing Mechanism Templates will utilize an automatic process for uploading the data in the templates. Because of this automated process **the templates MUST be correctly completed or errors will be generated.** See below for errors that may occur and make all attempts to avoid these common mistakes.

1. Read the Instructions tab of the template ***first*** and adhere to the instructions when completing the template.

2. File naming conventions described in the Instructions tab must be strictly adhered to or the file will be rejected by the system.

See below for specific instructions on areas of the Implementing Mechanism template that may generate an error if not completed properly. The headings refer to the various tabs within the template, if a tab is not mentioned there are no unique issues to consider.

File Naming Conventions

- *New Mechanisms.* Your filename should be "Mechanism Data Entry v22" dot "GH" dot "new###" dash "FY2011," where the "GH" is your country's two-letter ISO code for new mechanisms. The final filename should look something like "Mechanism Data Entry v22.GH.new001-FY2011." Three things to note:
    1. "Mechanism Data Entry v22" should show up in the filename for every mechanism template. At the beginning. With all of these exact spaces. Spelled correctly.

2. The new mechanism number should be three digits. So, rather than "new14," it should be "new014." New mechanisms for 2011 should have the numbering start where you left off for new 2010 mechanisms. For instance, if you had 3 new mechanisms in 2010 named, new001, new002, and new003, your first new mechanism for 2011 would be new004.

3. The "GH" should be replaced with your country's two-letter ISO code, the list of which is included in the template instructions.

- *Existing Mechanisms.* Your filename should be "Mechanism Data Entry v22" dot "GH" dot "mech######" dash "FY2011" for existing mechanisms. If you are updating a mechanism from 2010, it must be in v22 and you should call it Mechanism Data Entry v22. Please do not use v15 and call it v22. Only use v22 for existing mechanisms. We will send your v15s back. Two things to note:
    1. For an existing mechanism that was in COPRS I, the mechanism ID should be 6 digits long. So, rather than "mech846," it would be "mech000846." For mechanisms that existed in the FY 2009 COP in the COPRS I system, Operating Unit teams should use the COPRS I "mechanism system ID."

    2. For an existing mechanism from COP 2010 that was new in 2010 (from the COP, May Programming, or July Reprogramming cycles) continue to use the newXXX id that you assigned last year, just add dash "FY2011" to the filename. The new ID should be added to the "Mechanism ID" field in the first tab.

- If your OU team is submitting FY 2010 funding, please follow the above naming conventions, replacing "FY2010" for "FY2011" in the FY10 mechanisms. FY2010 mechanisms should be separated from the rest of the mechanisms in the "previous year" folder. This applies to countries that are programming FY 2010 PF funds but other exceptions may apply. Contact your CSTL to verify if you will be programming FY 2010 funding as part of your COP/ROP submission.

General – these items are not related to a specific tab on the template, rather general to all tabs.

1. Do not submit a mechanism template for unallocated funds; as noted above and in the context of the separate communication sent to the field on June 30th, 2010, 2011 COPs/ROPs may **not** include any unallocated funding. Operating Unit teams may still include TBD mechanisms.

2. Anytime you enter a Planned Amount (whether it's for a Funding Source, Budget Code, or Cross-Cutting Attribution), you must also enter the corollary data that

goes with it. For instance if you enter a Budget Code, you must also enter a Planned Amount for that Budget Code and vice versa; if you enter a budget amount on the funding source tab, you must also add the funding source and vice versa.

3. If the Planned Amount is intended to be zero (0), do not leave the field blank; enter zero. You will need to copy this number from another document and paste it into the field.

4. The Planned Amount cell on the Budget Code tabs cannot accept entered values > $10,000,000. If your partner should receive a higher amount, copy the number from another document and paste it into the applicable field.

5. **Please remember that cross-cutting attributions and key issues are required for all mechanisms and are of increasing importance in S/GAC reporting to Congressional oversight and Appropriations Committees.**

Identification Tab

The following fields are **required** on the Identification tab:

1. Operating Unit
2. Planning/Reporting Cycle
    a. If you are updating a FY 2010 mechanism, please ensure that this field is blank so that we will know that you are programming money for FY 2011.
    b. If you are creating a new mechanism, you should leave this field blank so that we will know that you are programming money for FY 2011.
    c. If you are programming FY 2010 funding, please ensure that FY 2010 is entered in this field.
3. Mechanism Name (the name is up to the team—we just require that you have one)
4. Procurement Type
5. Funding Agency – please use the drop down menu (do not type in the agency)
6. Agreement Start Date – if the mechanism is a TBD, select a place holder start date 01/1911.
7. Agreement End Date – if the mechanism is a TBD, select a place holder end date 12/1911.

Partner

1. Partner is the only required field.

2. Both the Partner and Subpartners that are listed on this tab must match existing partner names, or the file will be rejected. To ensure this doesn't happen, you must copy/paste the partner name exactly as it appears in the provided Partner List file (Partner List.xls on PEPFAR.net). *(Note that this list will be updated as of*

May programming. Any new partners who were identified during July 2010 reprogramming will need to be updated at a later date.)

a. If you are submitting a mechanism that contains a new partner, follow the instructions as indicated on the Instructions tab of the template.

3. If you are submitting a mechanism which contains more subpartners than spaces to indicate them, you must submit a supplemental mechanism with the Identification tab completed and only the supplementary subpartners listed on the Partner tab. This supplemental mechanism file name should include the original mechanism ID and "supp," e.g., "Mechanism Data Entry v22.GH.mech123456_supp.xls" or "Mechanism Data Entry v22.GH.new001_supp.xls."

Funding Source

1. At least one Funding Source and associated Planned Amount are required. Please note that you can use more than one funding source for a partner. So, if you're buying into your Track 1 projects, you only need to submit one mechanism template for that mechanism—you would simply put the Central GHCS-State funding in the first row, the GHCS-State funding in the next row, and any GAP or other funding in the next row.

2. When determining the appropriate funding source, please keep in mind the following:
   a. Central GHCS-State is to be used for Track 1 projects only.
   b. Budget planning control levels have been provided to you by funding source: GHCS-State (formerly GHAI), GHCS-USAID (formerly CSH), Central GHCS-State (Track 1 only), and GAP. Total planned amounts for each funding source should not exceed the control levels provided.

Budget Code tab (1-18)

1. At least one of the Budget Code tabs must be completed with budget information (narratives are not required for any budget codes). Budget codes do not have assigned tabs (Tab 1 can be used for PMTCT or for treatment services or anything else).

2. For each Budget Code tab that is completed, BOTH the Budget Code and Planned Amount fields must have data entered.

3. Please note that the template does not automatically add up your budget codes to ensure that they equal the amount in the funding source. But they should still total the same amount, so please check that they do before submitting. **THIS IS A CRITICAL STEP** that can ultimately delay the processing of your COP if not

done properly. If your budget codes do not total correctly, your CSTL will contact you to update your mechanism(s) to fix this problem.

Cross-Cutting Budget

1. Please **remember to fill in cross-cutting attributions**, where appropriate!
    a. All mechanisms that are working in any of the eight cross-cutting attributions (HRH, Construction/Renovation, Food and Nutrition, Economic Strengthening, Education, Water, or Gender-based Violence) **must** have the cross-cutting budget attributions filled in. For definitions of the cross-cutting budget attributions, please see Appendix 4.
    b. **It is the last tab** in the file after the 18 budget code tabs, so you might not automatically see it, but it is critical for us to track progress against congressionally-mandated budgetary requirements.
2. If a cross-cutting attribution is selected, then the associated Planned Amount must also be completed.
3. Your cross-cutting attributions should not total more than the mechanism planned funding.

Carryover Activities

1. For carryover activities, enter 0 in the Planned Amount for both Funding Source and Budget Code fields and put the following sentence in the Overview Narrative: Carryover mechanism, same as 2010.

5.4 Setting Targets for the COP

5.4.1 Targets and Results

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

PEPFAR looks at two levels of targets and results:

1. National– all operating units (countries and regions) will report national level data on a small core set of indicators, where applicable (see Next Generation Indicators Reference Guide for additional information). National data represent the collective achievements of all contributors to a program area (i.e., host country government, donors, or civil society organizations).

2. Direct - The PEPFAR directly attributable contributions to HIV programs. These targets are expected achievements of the PEPFAR program through its funded efforts and activities. Specific outputs and deliverables may be achieved in the areas of service delivery as well as health workforce development, information systems, medical products and commodities, financing, and leadership and governance. The Next Generation Indicator (NGI) guidance provides further detail.

National and technical area summary targets and justifications will be submitted in an Excel spreadsheet, as was the case for FY 2010. Operating Units will receive pre-populated target templates in early August which will include targets as of July Reprogramming. An example of target templates is available on PEPFAR.net. Operating Units with approved PFIPs will also receive additional target spreadsheets to set targets for custom indicators associated with the PFIP.

5.4.2 National Targets

National-level targets describe the expected achievements of all contributors to a country's HIV program, including the host country government and all of its stakeholders, donors, and civil society organizations. All Operating Unit teams must work with Partner Governments to address the annual targets for 2011 and 2012, at a minimum.

PEPFAR operating unit teams working in the context of Partnership Frameworks should have supported (or support, if the OU team is negotiating the PF) the development of five-year targets for each goal and five-year and annual targets for each of the required, applicable national-level indicators (associated with objectives). PEPFAR teams will not be assigned national five-year goals by headquarters. For target data submitted, these figures should be reviewed each year and revised, if necessary, to reflect the most recent programmatic trends.

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

5.4.3 PEPFAR Technical Area Summary Targets

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

PEPFAR teams will be required to provide two years of technical area summary targets for FY 2011 and FY 2012 time periods. PEPFAR teams will not be assigned national five-year targets by headquarters. Revision of out-year targets will be allowed during each year's COP cycle.

Programs should be setting targets to all indicators for which they have activities. For example, if a treatment program is also doing prevention activities, it is important to set relevant targets in treatment as well as prevention.

As separately communicated by cable, programs directly supporting anti-retroviral treatment are required to coordinate with S/GAC in setting treatment targets for 2011. All possible treatment efficiencies must by applied and HQ support will be provided to use costing models and other predictive tools to inform treatment target-setting.

5.4.4 Implementing Mechanism Targets

At this time, Operating Unit teams are not required to report implementing mechanism-level targets to S/GAC. Headquarters agencies may have specific reporting requirements for mechanism-level targets.

For more information on setting targets, including guidance on "applicability" and target timeframes, see appendix 7.

5.5 USG Management and Operations (M&O)

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

Activities in which the PEPFAR OU team purchases services from an USG agency acting in the capacity of an implementing partner should be captured in the "Managing Implementing Mechanism" section. For example, Peace Corps volunteers will be included in M&O, but a Peace Corps grants program will be entered as an implementing

mechanism in the Managing Partners section. USG agencies that do NOT have a presence in country should be captured as implementing mechanisms (e.g. Department of Labor or Department of Treasury).

Budgetary Requirements
The headquarters M&O COP review team will consider a series of metrics and the OU team's responses to the guiding questions included in the COP. Operating Unit teams should evaluate the appropriate alignment of M&O costs, interagency organization and structure, and staffing data to the program in evaluating M&O investments.

5.5.1 Background

The Management and Operations of the USG presence in each country, including a strong emphasis on interagency coordination, continues to be an important priority for PEPFAR.

Each OU team is expected to manage strategic and interagency deliberations around changes to the PEPFAR-funded USG staffing footprint (previously referred to as "Staffing for Results"). These deliberations should include review of the staffing and organizational structure of the in country USG team regularly throughout the year. While planning for the FY 2011 COP, Operating Unit teams should re-evaluate their USG staffing footprint and organizational structure to ensure it maximizes interagency planning, implementation, and evaluation. As part of the staffing analysis, Operating Unit teams should consider staffing needs for program technical and management demands for the next three years.

Additional guidance on engaging locally employed staff, work with agency management offices, Costs of Doing PEPFAR Business, staffing data, functional and management charts, M&O metrics, and PEPFAR Coordinator hiring are included in Appendix 8.

5.5.2 M&O Operating Unit Team Narratives

In FY 2011, all M&O data and narratives will be collected through a modified Access database. Operating Unit teams will receive their COP 2010 staffing database submissions for updating. The amount of data required for individual staff records has been reduced and Operating Units will submit one narrative for proposed new positions and one narrative for plans to fill vacancies as part of their staffing database.

For all approved but vacant positions, the Operating Unit team must submit a separate maximum three page narrative describing plans and timelines for filling vacant positions.

For proposed new positions, a single supporting maximum three page narrative is required describing (1) the interagency process by which additions to the overall US staffing footprint were prioritized and approved, (2) technical assistance (e.g., Framework Job Descriptions) or other support that may be needed from Headquarters to fill proposed new positions, and (3) how the new positions are explicitly linked to one or more of the following overarching priorities in the second five-year strategy for PEPFAR and/or PEPFAR's role in the Global Health Initiative, namely:

- Building country ownership and sustainability (including health systems strengthening and advancing implementation of Partnership Frameworks)
- Placing priority on LES versus USDH or expatriate personnel
- Promoting women- and girl-centered programming
- Promoting integrated health programming
- Improving internal USG or external (partner government and/or bi- and multilateral donor and/or public private partnership) coordination and results

Country/regional programs with vacancies among previously approved positions exceeding five percent on the date of COP submission and/or proposing new positions not aligned to the priorities above may anticipate that any proposed new positions will be rigorously evaluated for relevance and may be yellow- or red lit in the review process.

PEPFAR continues to be committed to addressing issues hindering our ability to sufficiently recruit and retain locally employed staff (LE Staff) working for PEPFAR around the world; they are critical members of our PEPFAR team and are essential to long-term sustainability of programs addressing HIV/AIDS. Specific information to address LE staff as well as resources to assist recruitment and retention, are available at: https://www.pepfar.net/C15/C9/Human%20Resources%20Issues/default.aspx.

5.5.3 Planned Funding of USG Costs of Doing PEPFAR Business

USG CODB includes all costs inherent in having the USG footprint in country, i.e. the cost to have our personnel in country providing the various services, technical assistance, management oversight, administrative support, other program support, etc. to implement PEPFAR and meet PEPFAR goals.

By capturing all CODB in the M&O section, these data are organized in one location, and itemization of individual CODB is easier; this provides more transparency to Congress, OMB, and other stakeholders on each Federal agency's costs for managing

and implementing the PEPFAR program. Operating Unit teams will enter the CODB information annually to reflect the USG agency's CODB budget for the fiscal year.

There are 10 CODB categories. Some of the CODB categories include only a budget data field; one CODB category also includes a small narrative to describe the costs. Appendix 9 provides CODB category definitions and supporting guidance for the 10 categories:

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

Operating Units must budget for their entire FY 2011 estimated CODB by funding source in the COP. Operating Unit teams may update the costs as appropriate during reprogramming. All CODB must be funded out of the country budget. Operating Unit teams must work with the Financial Management Officer, Executive Officer, Budget Officer, and/or other local administrative staff to develop the M&O budget.

Indirect Costs:
As of July 2010, only one of the indirect cost models for the implementing PEPFAR agencies is still awaiting review and approval. Until all of the models are finalized, HQ will continue to calculate and fund the FY 2011 indirect costs for the field.

An Access database will be sent to Operating Units to report their CODB.

5.5.4 Staffing Data

As a part of the COP, Operating Unit teams are asked to submit staffing data in a modified staffing database. Note that in addition to requiring less information about each staff position, the "Types of Positions" have been condensed. The table below represents a "cross walk" between the 11 staffing categories in the previous database and the five categories in revised 2011 database. Operating Units who submitted a staffing database in COP 2010 will receive their submissions from last year in a modified, pre-populated database.

In this context, "employee" is inclusive of Locally Employed Staff (LES), Third Country Nationals (TCN), US Direct Hire (USDH), USDH-equivalents (e.g., Personal Services Contractors or PSC), Institutional Contractors/Fellows, and Other (for which there should be very few entries) employment mechanisms. Data should be entered for all current, vacant as of September 30, 2010, or proposed positions that will spend at least 10 percent of their time working on PEPFAR planning, management, procurement, administrative support, technical and/or programmatic oversight activities. Note that any proposed new positions should spend at least 50% of their time on PEPFAR activities.

FY 2010 Staffing Database	FY 2011 Staffing Database
Technical Leadership/Management	Technical Leadership/Management
Technical Advisor/Non-Management	Technical and Programmatic Oversight and Support
Technical Advisor/Program Manager/Public health Advisor	
Wraparound and other Programmatic Support	
Contracting Officer	Contracting/Financial/Legal
Financial Budget	
Legal	
Administrative Support	Administrative and Logistics Support
Drivers	
Other Management/Leadership	US Mission Leadership and Public Diplomacy
Public Affairs/Public Diplomacy	

5.5.5 Peace Corps Volunteers

For each country and in aggregate, Peace Corps Washington will submit to S/GAC the number of PEPFAR-funded:

- Volunteers on board as of September 30, 2010;
- Peace Corps Response Volunteers on board as of September 30, 2010;
- New Volunteers proposed in the FY 2011 COP; and
- New Peace Corps Response Volunteers proposed in the FY 2011 COP.

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

5.6 Engagement with the Global Fund, Multilateral Organizations, and Partner Government Agencies

There is an increasing recognition that PEPFAR's success globally and at country-level is directly associated with the extent to which Global Fund-supported activities are – or are not – performing at optimal levels and delivering services of high quality. The USG

is the largest contributor to the Global Fund and has a vested interest in ensuring that grants succeed and that they complement our bilateral efforts. PEPFAR OU teams are reporting positive experience with dedicated Global Fund liaison positions, and we are taking steps to encourage more countries to add such positions. Active discussion is underway between S/GAC and the Global Fund Secretariat to identify concrete ways in which we can support field teams and partner governments to optimize Global Fund grant performance. Mid-term assessment of the centrally-funded Global Fund technical assistance mechanism is underway, and plans for expanded support are being developed.

For these and other reasons, there will not be a Global Fund submission with FY 2011 COPs. S/GAC will instead follow up in the next few months with a separate, though limited, data call to ensure that critical initiatives PEPFAR will be undertaking with the Global Fund, both at Secretariat and country-level, are fully responsive to field needs. We welcome volunteers from the field who are willing to help shape this data call. Please contact your CSTL if you would like to volunteer.

USG teams should continue to place COP planning in the broader context of improving aid effectiveness through engagement and collaboration with many levels of partners. If OU teams would like more information on the status of Global Fund grants or other multilateral programming for consideration during COP planning, please contact the S/GAC Multilateral Diplomacy Office.

5.7 Public-Private Partnerships

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

Matching resources can be financial resources, in-kind contributions, and intellectual property. For reporting purposes, a collaboration is considered a PPP if the ratio of private resources to PEPFAR funds is at least 1:1. In the event the private sector partner contributes resources in-kind, Operating Unit teams should monetize the contribution by estimating its market value, in coordination with the partner. While the definition of a PPP encourages a 1:1 match from the private sector, Operating Unit teams are strongly encouraged to engage with private sector entities regardless of resource inputs whenever it increases the effectiveness of programs.

The key aspect of a public-private partnership is this: **a private sector partner must be contributing resources (with adherence to the above ratios).**

A contract with a private company is not a PPP, nor is an activity that will build off an existing investment with no new money or in-kind contributions from the private sector.

The following are critical core elements that reviewers of the 2011 COPs will expect to see represented in the public-private partnerships summary table. Each column should be filled in to the extent possible. However, if a piece of data is not known (e.g. FY2011 partner name) then the column should be listed as TBD. If the funding amount is not known (for either PEPFAR or the Private Sector), please leave the field blank and indicate in the description that the funding amount is TBD. In the partnership description, the following elements must be included:

- **Year in Partnership (e.g. Year 1 of 4)**
- **Partner FY2011 contribution (broken out into cash and in-kind, if possible—breakouts should appear in the description field)**
- **Brief description describing activity, reason for partnering with private sector, and inclusion of M&E.**

This can be done succinctly, as in the example below:

Operating Unit	COP Planning Cycle	Name of Partnership	Name of Partner(s)	FY2011 PEPFAR Contribution in USD	FY2011 Private Sector Contribution in USD	Please write a brief description about the partnership (max 1,000 characters)
Ethatanzimbia	*FY 2011*	*e.g. Becton Dickinson Lab Strengthening*	*Becton Dickinson*	*$300,000*	*$300,000*	*In FY2011, we will continue the Becton Dickinson Lab Strengthening partnership, which will enter its 2nd of 3 years. The partnership will continue training lab personnel on quality management (120 trained so far) and will expand the mapping of TB referral sites beyond the capital region. BD continues to bring technical capabilities in lab strengthening that make this partnership an important component of the national strategy. The BD contribution for FY2011 will be $300,000, of which $200,000 will be in-kind and $100,000 cash.*

5.8 Construction

A policy paper on future directions for PEPFAR-funded construction is under development for decision-making. In the interim, options for new construction (as opposed to renovation) remain extremely limited. Use of the US Army Corps of Engineers is not cleared by Headquarters agencies. Very limited use of the Regional Procurement Support Office (RPSO) may be approved in exceptional cases and where OU Teams can document on-the-ground US direct hire capacity to oversee RPSO construction projects. USAID implementing partners may undertake construction as approved/overseen by bilateral or regional USAID procurement officials in accordance with all applicable regulations.

For planned HHS/CDC construction projects, until the additional construction guidance is issued, please select State/S/GAC as the implementing agency and identify the mechanism as "TBD."