The Global Fund

Execution Version

Grant Confirmation

1. This **Grant Confirmation** is made and entered into by **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **Coordinating Assembly of Non Governmental Organisation** (the "Principal Recipient" or the "Grantee"), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 30 July 2015, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Grantee, to implement the Program set forth herein.

2. **Single Agreement**. This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, policies, representations, covenants, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the Global Fund Grant Regulations (2014), available at http://www.theglobalfund.org/GrantRegulations). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provisions of this Grant Confirmation shall govern unless expressly provided for otherwise in the Framework Agreement.

3. **Grant Information**. The Global Fund and the Grantee hereby confirm the following:

3.1	Host Country or Region:	Kingdom of Eswatini
3.2	Disease Component:	HIV/AIDS, Tuberculosis
3.3	Program Title:	Halting the spread of HIV and reversing its impact in Eswatini
3.4	Grant Name:	SWZ-C-CANGO
3.5	GA Number:	2601
3.6	Grant Funds:	Up to the amount of USD 6,308,101 or its equivalent in other currencies
3.7	Implementation Period:	From 1 October 2021 to 30 September 2024 (inclusive)
3.8	Principal Recipient:	Coordinating Assembly of Non Governmental Organisation Plot No. 419. JSM Matsebula Street P.O. Box A67. Swazi Plaza.

		H100 Mbabane Kingdom of Eswatini Attention: Mr. Emmanuel Ndlangamandla Executive Director Telephone: 26824044721 Facsimile: +26824045532 Email: director@cango.org.sz
3.9	Fiscal Year:	1 April to 31 March
3.10	Local Fund Agent:	PricewaterhouseCoopers Services (Pty) Ltd Rhus Office Park Kal Grant Street H100 Mbabane Kingdom of Eswatini Attention: Makhosazana Mhlanga Telephone: +26876028433 Email: makhosazana.mhlanga@pwc.com
3.11	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland Attention: Gail Steckley Regional Manager Grant Management Division Telephone: +41587911700 Facsimile: +41445806820 Email: gail.steckley@theglobalfund.org

4. **Policies**. The Grantee shall take all appropriate and necessary actions to comply with (1) the Global Fund Guidelines for Grant Budgeting (2019 as amended from time to time), (2) the Health Products Guide (2018, as amended from time to time), and (3) any other policies, procedures, regulations and guidelines, which the Global Fund may communicate in writing to the Grantee, from time to time.

5. **Covenants**. The Global Fund and the Grantee further agree that:

5.1 Personal Data

(1) Principles. The Principal Recipient, on behalf of the Grantee, acknowledges that Program Activities are expected to respect the following principles and rights ("Data Protection Principles"):

(a) Information that could be used to identify a natural person ("Personal Data") will be: (i) processed lawfully, fairly and transparently; (ii) collected for specified, explicit and legitimate purposes and not further processed in a manner not compatible with those purposes; (iii) adequate, relevant and limited to what is necessary for the purposes for which they are processed; (iv) accurate and, where necessary, kept up to date; (v) kept in a form which permits identification of the individuals for no longer than is necessary for the purposes for which the Personal Data is processed; and (vi) processed in a manner that ensures appropriate security of the Personal Data; and

(b) Natural persons are afforded, where relevant, the right to information about Personal Data that is processed; the right to access and rectify or erase Personal Data; the right to data portability; the right to confidentiality of electronic communications; and the right to object to processing.

(2) Limitations. Where collection and processing of Personal Data is required in order to implement Program Activities, whether by the Principal Recipient, a Sub-recipient, or Supplier, the Principal Recipient should respect the Data Protection Principles:

(a) to the extent that doing so does not violate or conflict with applicable law and / or policy; and

(b) subject to the Principal Recipient balancing the Data Protection Principles with other fundamental rights in accordance with the principle of proportionality, taking into account the risks to the rights and freedoms of natural persons.

5.2 With respect to Section 7.6 (Right of Access) of the Global Fund Grant Regulations (2014), (1) the Global Fund may collect or seek to collect data, and it is possible that such data may contain Personal Data, and (2), prior to collection and at all times thereafter, the Principal Recipient shall take all necessary actions to ensure that the transfer of such information to the Global Fund does not violate any applicable law or regulation.

5.3 In accordance with the Global Fund Sustainability, Transition and Co-financing Policy (GF / B35 / 04) (the "STC Policy"), the Grantee acknowledges and agrees that:

(1) the Host Country should progressively increase government expenditure on health to meet national universal health coverage goals; and increase domestic funding of Global Fund-supported programs, with a focus on progressively absorbing the costs of key Program components as identified in consultation with the Global Fund. The Principal Recipient acknowledges that the Global Fund may reduce Grant Funds during the current or any subsequent Implementation Period in the event the Host Country fails to meet these requirements; and

(2) the commitment and disbursement of USD 7,690,965.30 (the "Co-Financing Incentive") is subject to the Global Fund's satisfaction with the Host Country's compliance with the requirements to access the 'co -financing incentive 'as set forth in the STC Policy (the "Co-Financing Incentive Requirements"). The Global Fund may reduce all or part of the Co-Financing Incentive during the current or any

subsequent Implementation Period, in the event that the Host Country fails to comply with the Co-Financing Incentive Requirements.

5.4 The Program budget may be funded in part by Grant Funds disbursed under a previous Grant Agreement, which the Global Fund has approved to be used for the Program under the current Grant Agreement ("Previously Disbursed Grant Funds"), as well as additional Grant Funds up to the amount set forth in Section 3.6. hereof. Accordingly, the Global Fund may reduce the amount of Grant Funds set forth in Section 3.6. hereof by the amount of any Previously Disbursed Grant Funds. Previously Disbursed Grant Funds shall be governed by the terms of this Grant Agreement.

5.5 The Program budget includes USD 2,596,205 ("Matching Funds") programmed towards activities to support Adolescent Girls and Young Women in high prevalence settings (the "Catalytic Priority"). Notwithstanding anything to the contrary in the Grant Agreement, Matching Funds must remain invested in activities relating to the Catalytic Priority for the duration of the Implementation Period, and may only be reprogrammed for other activities supporting that Catalytic Priority, unless otherwise approved in writing by the Global Fund.

5.6 Prior to the use of Grant Funds by the Principal Recipient to finance educational subsidies with respect to budget line 33, the Principal Recipient shall submit to the Global Fund, and obtain the Global Fund's written approval of, an operational plan highlighting, among others, the relevant recruitment process as well as associated risk mitigation measures.

5. 7 Prior to the use of Grant Funds by the Principal Recipient to finance travel related costs, the Principal Recipient shall submit to the Global Fund, and obtain the Global Fund's written approval of, a training plan with a revised budget taking into account all necessary changes related to the impact of COVID-19.

5.8 The use of Grant Funds for any increases in the salaries of Program staff is subject to the Global Fund's receipt of the relevant rationale for each increase and associated justifying documents, and the Global Fund's subsequent approval of such salary increases.

[*Signature Page Follows.*]

IN WITNESS WHEREOF, the Global Fund and the Grantee have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives on their respective date of signature below.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

By: _____

Name: Mark Eldon-Edington

Title: Head, Grant Management Division

Date: Aug 17, 2021

Coordinating Assembly of Non Governmental Organisation

By: _____

Name: Emmanuel Ndlangamandla

Title: Executive Director

Date: 09/08/2021

Acknowledged by

By: _____

Name: Deliswa Maphanga

Title: Chair Country Coordinating Mechanism of the Kingdom of Eswatini

Date: 10/08/2021

By: _____

Name: Colani Magongo

Title: Civil Society Signatory Country Coordinating Mechanism of the Kingdom of Eswatini

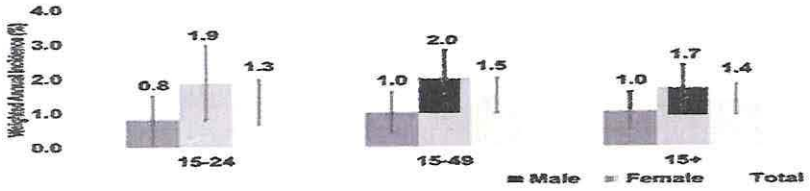
Date: 09/08/2021

Schedule I
Integrated Grant Description

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

Eswatini has made great strides against the HIV epidemic, with reductions in HIV incidence. Annual incidence of HIV among adults ages 15 years and older in Eswatini is 1.13%: 1.41% among females and 0.85% among males (SHIMS 2, 2018). This corresponds to approximately 6,000 new cases of HIV annually among adults ages 15 years and older in Eswatini.



Source: SHIMS 2016/17

Figure 1: HIV incidence by age and sex in Eswatini

Adolescents and young people age 15-24 still account for about 45% of all new HIV infections. The government has identified this age group as a new centre of the epidemic. Among young people, adolescent girls and young women (AGYW) bear the disproportionate risk confirmed by the HIV Recency testing results which shows significant new infections among adolescent girls and young women hence the need to implement focused HIV prevention interventions for Adolescent Girls and Young Women. This will also include active PrEP promotion and uptake to be led by peers however, actions to combat stigma reduction towards PrEP uptake need to be strengthened.

The National Strategic Framework defines key populations as female sex workers (FSW) and men who have sex with men (MSM) and also prioritizes for focused HIV service delivery for children, adolescents and young people, adult men, prisoners, mobile populations (e.g. transport operators) and people with disabilities. Programmatic data suggest the need to also include people who inject drugs (PWID), transgender people, and PLHIV in prevention programs.

The key intervention sites will include communities and hotspots. Identified hotspot areas include bars, homes, lodges/hotels, brothels, street and parks, market places, overnight truck shops, bus stands, and abandoned areas. Bars have been identified as the main hotspots for FSW, MSM, and transgender people.

Eswatini's HIV response through the HIV treatment program has been a great success. The country met the 95-95-95 targets and this can be attributed to scale up of HIV treatment as well as rollout of differentiated service delivery (DSD) as a major enabling factor to people living with HIV to access and adhere to treatment. To maintain these gains made, structured programs aimed at improving treatment adherence of people living with HIV need to be strengthened. Education and structured engagements of communities to reduce stigma and discrimination are critical to reach and maintain HIV epidemic control.

2. Goals, Strategies and Activities

a. The project aims to achieve the following goals:
   1. Preventing new HIV infections among Key and vulnerable populations, empowering them towards safe, healthy livelihoods

2. Empowering people living with HIV to attain optimum health outcomes through breaking the barriers to adherence and retention

b. The strategies are as follows:
   - Life Skills Education sessions for in-school
   - Demand creation for behaviour change interventions
   - Risk assessments for tailor-made implementation of HIV Prevention programs
   - HIV Risk Reduction education sessions using stepping stones plus model for out of school adolescent girls and young women
   - HIV risk reduction education for key populations
   - Vulnerability assessment
   - Education support and subsidies
   - Economic Empowerment and Vocational Training
   - Treatment Adherence support and education
   - Structured community engagement to prevent gender-based violence

3. Target Group/Beneficiaries

- Adolescents Girls and Young Women aged 10 – 24;
- Boys and men 10 -24
- Transport operators;
- Key populations (Sex Workers, Men who Have Sex with Men, People who Inject Drugs);
- People Living with HIV (Adults and Adolescents);

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

Summary Budget

Country	Eswatini
Grant Name	SWZ-C-CANGO
Implementation Period	01-Oct-2021 - 30-Sep-2024
Principal Recipient	Coordinating Assembly of Non Governmental Organisation

By Module	01/10/2021 - 31/12/2021	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	Total Y1	01/10/2022 - 31/12/2022	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	Total Y2	01/10/2023 - 31/12/2023	01/01/2024 - 31/03/2024	01/04/2024 - 30/06/2024	01/07/2024 - 30/09/2024	Total Y3	Grand Total	% of Grand Total
Prevention	$209,511	$762,418	$136,601	$128,120	**$1,236,650**	$243,657	$522,786	$138,725	$144,271	**$1,049,439**	$173,197	$556,747	$117,128	$109,568	**$956,639**	**$3,242,727**	**51.4 %**
Program management	$211,616	$198,921	$189,517	$197,592	**$797,645**	$200,212	$191,419	$191,419	$199,833	**$782,882**	$201,897	$198,579	$198,579	$207,347	**$806,402**	**$2,386,929**	**37.8 %**
RSSH: Community systems strengthening	$12,105	$23,967	$35,473	$850	**$72,395**	$2,297	$906	$906	$906	**$5,017**	$2,451	$967	$27,949	$967	**$32,335**	**$109,746**	**1.7 %**
Treatment, care and support	$65,891	$106,309	$36,700	$36,461	**$245,361**	$51,496	$44,091	$43,836	$43,836	**$183,259**	$48,661	$41,080	$41,785	$8,553	**$140,079**	**$568,699**	**9.0 %**
Grand Total	**$499,122**	**$1,091,615**	**$398,291**	**$363,023**	**$2,352,050**	**$497,663**	**$759,202**	**$374,886**	**$388,846**	**$2,020,596**	**$426,206**	**$797,373**	**$385,442**	**$326,434**	**$1,935,455**	**$6,308,101**	**100.0 %**

By Cost Grouping	01/10/2021 - 31/12/2021	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	Total Y1	01/10/2022 - 31/12/2022	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	Total Y2	01/10/2023 - 31/12/2023	01/01/2024 - 31/03/2024	01/04/2024 - 30/06/2024	01/07/2024 - 30/09/2024	Total Y3	Grand Total	% of Grand Total
Human Resources (HR)	$278,363	$278,363	$278,363	$278,363	**$1,113,453**	$303,800	$303,800	$303,800	$303,800	**$1,215,199**	$287,121	$287,121	$288,147	$253,271	**$1,115,660**	**$3,444,313**	**54.6 %**
Travel related costs (TRC)		$364,983	$41,063	$26,811	**$432,856**	$131,544	$75,471	$26,634	$32,180	**$265,829**	$86,760	$77,707	$31,814	$24,717	**$220,998**	**$919,683**	**14.6 %**
External Professional services (EPS)	$5,210	$5,210	$10,944	$13,285	**$34,650**	$5,523	$5,523	$5,523	$13,937	**$30,505**			$25,803	$8,768	**$34,570**	**$99,725**	**1.6 %**
Non-health equipment (NHP)	$125,397	$8,749	$25,651	$2,294	**$162,090**	$8,116	$2,431	$2,431	$2,431	**$15,409**	$2,577	$2,577	$2,577	$2,577	**$10,308**	**$187,807**	**3.0 %**
Communication Material and Publications (CMP)	$24,673	$22,674	$1,204	$1,204	**$49,755**	$8,608	$20,586	$1,204	$1,204	**$31,603**	$9,073	$21,749	$1,204	$1,204	**$33,230**	**$114,588**	**1.8 %**
Indirect and Overhead Costs	$41,066	$41,066	$41,066	$41,066	**$164,262**	$35,294	$35,294	$35,294	$35,294	**$141,175**	$35,897	$35,897	$35,897	$35,897	**$143,588**	**$449,026**	**7.1 %**
Living support to client/ target population (LSCTP)	$24,413	$370,570			**$394,983**	$4,778	$316,098			**$320,876**	$4,778	$372,322			**$377,100**	**$1,092,959**	**17.3 %**
GrandTotal	**$499,122**	**$1,091,615**	**$398,291**	**$363,023**	**$2,352,050**	**$497,663**	**$759,202**	**$374,886**	**$388,846**	**$2,020,596**	**$426,206**	**$797,373**	**$385,442**	**$326,434**	**$1,935,455**	**$6,308,101**	**100.0 %**

By Recipients	01/10/2021 - 31/12/2021	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	Total Y1	01/10/2022 - 31/12/2022	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	Total Y2	01/10/2023 - 31/12/2023	01/01/2024 - 31/03/2024	01/04/2024 - 30/06/2024	01/07/2024 - 30/09/2024	Total Y3	Grand Total	% of Grand Total
PR	**$161,775**	**$210,121**	**$133,080**	**$106,532**	**$611,508**	**$111,818**	**$119,241**	**$99,859**	**$108,273**	**$439,191**	**$110,530**	**$124,380**	**$130,817**	**$112,603**	**$478,330**	**$1,529,029**	**24.2 %**
Coordinating Assembly of Non Governmental Organisation	$161,775	$210,121	$133,080	$106,532	$611,508	$111,818	$119,241	$99,859	$108,273	$439,191	$110,530	$124,380	$130,817	$112,603	$478,330	$1,529,029	24.2 %
SR	**$337,347**	**$881,494**	**$265,211**	**$256,491**	**$1,740,542**	**$385,845**	**$639,961**	**$275,027**	**$280,573**	**$1,581,405**	**$315,676**	**$672,993**	**$254,624**	**$213,831**	**$1,457,125**	**$4,779,072**	**75.8 %**
AGYW SR1	$195,328	$641,836	$155,291	$141,612	$1,134,067	$247,352	$513,825	$154,691	$154,691	$1,070,559	$182,919	$551,643	$132,521	$132,521	$999,604	$3,204,230	50.8 %
KP SR	$60,989	$108,994	$49,389	$54,587	$273,959	$62,311	$57,359	$51,813	$57,359	$228,843	$58,953	$55,127	$55,175	$47,615	$216,869	$719,671	11.4 %
PLHIV SR	$81,030	$130,663	$60,531	$60,292	$332,516	$76,183	$68,777	$68,522	$68,522	$282,004	$73,804	$66,223	$66,928	$33,696	$240,651	$855,171	13.6 %
Grand Total	**$499,122**	**$1,091,615**	**$398,291**	**$363,023**	**$2,352,050**	**$497,663**	**$759,202**	**$374,886**	**$388,846**	**$2,020,596**	**$426,206**	**$797,373**	**$385,442**	**$326,434**	**$1,935,455**	**$6,308,101**	**100.0 %**

Performance Framework

Country	Eswatini
Grant Name	SWZ-C-CANGO
Implementation Period	01-Oct-2021 - 30-Sep-2024
Principal Recipient	Coordinating Assembly of Non Governmental Organisation

Reporting Periods							
	Start Date	01-Oct-2021	01-Jul-2022	01-Jan-2023	01-Jul-2023	01-Jan-2024	01-Jul-2024
	End Date	30-Jun-2022	31-Dec-2022	30-Jun-2023	31-Dec-2023	30-Jun-2024	30-Sep-2024
	PU includes DR?	No	Yes	No	Yes	No	No

Program Goals, Impact Indicators and targets

1	The goal of the HIV NSF 2018-2023 is to super-fast track the HIV response to reduce new HIV infections by 85% and AIDS related mortality by 50% from 2017 levels by 2023.
2	The goal of the TB NSP 2020-2023 is to reduce TB incidence by 50% and TB deaths by 75% from 2015 baseline by 2023.

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023	2024
1	HIV I-13 Percentage of people living with HIV	Eswatini	N: 200,481 D: 1,093,238 P: 18.3%	2019 Eswatini HIV Estimates and Projection Report, 2020 Eswatini Population Census Report, 2017	Gender | Age,Gender,Age		N: D: P: 18.12% Due Date: 15-Feb-2022	N: D: P: 18.02% Due Date: 15-Feb-2023	N: D: P: 17.92% Due Date: 15-Feb-2024	N: D: P: 17.89% Due Date: 15-Feb-2025
	Comments									
	Data will be collected through population based surveys such as SHIMS, or/and any other surveillance study. HIV Estimates and Projections 2019 showed a decline in PLHIV, as the total population increases the number of PLHIV will eitheir remain the same or decline due to the stage the country has reached of epidemic control, where fewer people test positive. The targets are aligned to the national strategic plan for HIV (National multisectoral HIV and AIDS strategic framework 2018-2023)								
2	HIV I-4 Number of AIDS-related deaths per 100,000 population	Eswatini	N: 213 D: P:	2019 Eswatini HIV Estimates and Projection Report, 2019	Age,Gender,Gender | Age		N: 183 D: P: % Due Date: 15-Feb-2022	N: 164 D: P: % Due Date: 15-Feb-2023	N: 146 D: P: % Due Date: 15-Feb-2024	N: 137 D: P: % Due Date: 15-Feb-2025
	Comments									
	The targets are based on the annual AIDS related deaths. The baseline is based on 2,329 deaths in 2019 against estimated population of 1,415,775. The target numerators are based on estimated AIDS-related deaths of 2,000; 1,800; 1,600; and 1,500 in 2021; 2022; 2023; and 2024 respectively. The population (denominators) are based on population estimates calculated at a population groth rate of 0.09 from 2017. 1,682,082; 1,833,470; 1,998,482 and 2,178,346 in 2021; 2022; 2023; and 2024 respectively. The targets are aligned to the national strategic plan for HIV (National multisectoral HIV and AIDS strategic framework 2018-2023)									
3	HIV I-14 Number of new HIV infections per 1000 uninfected population	Eswatini	N: 4,480 D: P:	2019 Eswatini HIV Estimates and Projection Report, 2019	Gender | Age,Gender,Age		N: 51 D: P: % Due Date: 15-Feb-2022	N: 40 D: P: % Due Date: 15-Feb-2023	N: 30 D: P: % Due Date: 15-Feb-2024	N: 20 D: P: % Due Date: 15-Feb-2025
	Comments									
	Baseline line targets are based on 2016/17 SHIMS 2 findings among ages 15-49 years. The 2023 and 2024 targets are as per the 2018-2023 Eswatini NSF. NSF targets were set based on the SHIMS, for the year 2020 the target was set at 0.68 and for the 2023, the target stands at 0.41. HIV Estimates and Projections projected a much higher infection rate (2019) of 0.63, 0.59 and 0.57.									
4	TB/HIV I-1 TB/HIV mortality rate per 100,000 population	Eswatini	N: 61 D: P:	2019 WHO Global TB Report, 2019 (Eswatini Profile)			N: 18 D: P: % Due Date: 15-Feb-2022	N: 14 D: P: % Due Date: 15-Feb-2023	N: 11 D: P: % Due Date: 15-Feb-2024	N: 8 D: P: % Due Date: 15-Feb-2025
	Comments									

4	The baseline for this indicator has been extracted from the WHO Country Profile (Aug 2020). The Goal of TB NSP Reduce TB mortaity by 50% in 2023. A 50% reduction would mean that the Country would reach a TB/HIV mortality of about 31/100000 in 2023. We have etrapolated the years in between by factoring in a reduction of about 17% annually.									
5	TB I-2 TB incidence rate per 100,000 population	Eswatini	N: 363 D: P:	2019 WHO Global TB Report, 2020 (Eswatini Profile)			N: D: P: 1.77% Due Date: 15-Feb-2022	N: D: P: 1.78% Due Date: 15-Feb-2023	N: D: P: 1.80% Due Date: 15-Feb-2024	N: D: P: 1.80% Due Date: 15-Feb-2025
	Comments									
	The baseline for this indicator has been extracted from the WHO Country Profile (Dec 2020). The Goal of TB NSP Reduce TB incidence of all forms of TB by 40% in 2023. A 40% reduction would mean that the Country would reach a TB incidence of about 218/100000 in 2023. We have etrapolated the years in between by factoring in a reduction of about 13% annually.									
6	TB I-3□ᴹ□ TB mortality rate per 100,000 population	Eswatini	N: 22 D: P:	2019 WHO Global TB Report, 2020 (Eswatini Profile)			N: 18 D: P: % Due Date: 15-Feb-2022	N: 14 D: P: % Due Date: 15-Feb-2023	N: 11 D: P: % Due Date: 15-Feb-2024	N: 8 D: P: % Due Date: 15-Feb-2025
	Comments									
	The baseline for this indicator has been extracted from the WHO Country Profile (Aug 2020). The Goal of TB NSP Reduce TB mortaity by 50% in 2023. A 50% reduction would mean that the Country would reach a TB incidence of about 11/100000 in 2023. We have etrapolated the years in between by factoring in a reduction of about 17% annually.									
7	TB I-4□ᴹ□ RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB	Eswatini	N: D: P: 8.6%	2017 Drug Resistant Survey (DRS)			N: D: P: 8.00% Due Date: 15-Feb-2022	N: D: P: 8.00% Due Date: 15-Feb-2023	N: D: P: 8.00% Due Date: 15-Feb-2024	N: D: P: 8.00% Due Date: 15-Feb-2025
	Comments									
	Estimated MDR-TB prevalence is currently 8.6% among new cases. Implementing TB sequencing will allow the country to generate an accrurate estimate of magnitude of RR and/or MDR among new TB cases. Indicator will be reported on based on the WHO annual TB reports on subsequent years.									
8	HIV I-6 Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months	Eswatini	N: D: P: 1.2%	2019 Eswatini HIV Estimates and Projection Report, 2019			N: D: P: 1.77% Due Date: 15-Feb-2022	N: D: P: 1.78% Due Date: 15-Feb-2023	N: D: P: 1.80% Due Date: 15-Feb-2024	N: D: P: 1.80% Due Date: 15-Feb-2025
	Comments									
	HIV transmission rate at 6 weeks for exposed infants was 1.21% in 2019. HIV transmission rate at 6 weeks is projected to remain below 2% between 2019 up until 2024. The 2019 MTCT rate is estimated at 2.5% after cessation of breastfeeding and projected to remain below 3.0% in 2024.									

Program Objectives, Outcome Indicators and targets

1	HIV: Reduction of HIV incidence among persons aged 15-49 years by 85% by 2023
2	HIV: Reduction of HIV incidence among persons aged 15-24 by 85% by 2023
3	HIV: Reduction of new HIV infections among infants aged 0-1 year to less than 0.05% by 2023
4	HIV: Reduction of AIDS deaths by 50% by 2023
5	TB: Establish and Operationalize Multi-sectoral mechanisms to address TB issues, by 2023
6	TB: Secure 90% of required TB NSP funding, build capacity and maintain focused positions for TB control at all levels, by 2023
7	TB: Increase TB treatment coverage (all forms) from 80% in 2018 to 90 % in 2023
8	TB: Increase the proportion of childhood TB case notifications from 7% in 2019 to 12 % in 2023
9	TB: Increase TB Preventive Therapy (TPT) uptake from 62% among the under 5 years children TB contacts and from 65% among PLHIV (2019) to 90% by 2023
10	TB: Increase treatment success rate for all forms of TB (drug-susceptible TB and Drug resistant TB) from 83% in 2019 to 90% in 2023 and 95% in 2025
11	TB: Reduce the proportion of affected families facing catastrophic costs due to TB to zero by 2023

12	TB: Increase TB/HIV/NCDs collaborative activities (Diabetes, Hypertension, Chronic lung diseases and Mental Health services) in TB BMUs from unknown in 2019 to 50% BMUs in 2023

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023	2024
1	HIV O-11□ᴹ□ Percentage of people living with HIV who know their HIV status at the end of the reporting period	Eswatini	N: 192,462 D: 200,481 P: 96.0%	2019 HIV Estimates and Projections	Gender		N: D: P: 96.00% Due Date: 15-Feb-2022	N: D: P: 96.00% Due Date: 15-Feb-2023	N: D: P: 98.00% Due Date: 15-Feb-2024	N: D: P: 100.00% Due Date: 15-Feb-2025
	Comments									
	Disaggregation will be by age (children and adults) and gender because, the proportion who know their HIV status is lower among children compared to adults. The targets are aligned to the national strategic plan for HIV (National multisectoral HIV and AIDS strategic framework 2018-2023) and adjusted for the upper bound of PLHIV estimates									
2	HIV O-12 Percentage of people living with HIV and on ART who are virologically suppressed	Eswatini	N: 184,355 D: 191,782 P: 96.1%	2019 HIV Estimates and Projections	Gender		N: D: P: 93.00% Due Date: 15-Feb-2022	N: D: P: 95.00% Due Date: 15-Feb-2023	N: D: P: 97.00% Due Date: 15-Feb-2024	N: D: P: 99.00% Due Date: 15-Feb-2025
	Comments									
	Eswatini already attained the 95-95-95 treatment targets which was determined using the spectrum estimates. However, for this indicator and treatment, the country is using the upper bound of the estimate hence the pseudo reduction on the year 1 and 2 targets. The targets are aligned to the national strategic plan for HIV (National multisectoral HIV and AIDS strategic framework 2018-2023) and adjusted for the upper bound of PLHIV estimates									
3	HIV O-14 Percentage of women and men aged 15–49 who report discriminatory attitudes towards people living with HIV	Eswatini	N: D: P: 37.0%	2014 Multiple Indicator Cluster Survey (MICS)			N: 177 D: P: % Due Date: 15-Feb-2022	N: 158 D: P: % Due Date: 15-Feb-2023	N: 145 D: P: % Due Date: 15-Feb-2024	N: 130 D: P: % Due Date: 15-Feb-2025
	Comments									
	The target is aligned to the HIV NSF 2018 - 2023 document which set the targets to ≤10% in 2020 and ≤ 5% by 2023.									
4	TB O-1a Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	Eswatini	N: 262 D: P:	2019 National TB Program			N: 199 D: 361 P: 55.12% Due Date: 15-Feb-2022	N: 179 D: 326 P: 54.91% Due Date: 15-Feb-2023	N: 166 D: 299 P: 55.52% Due Date: 15-Feb-2024	N: 150 D: 268 P: 55.97% Due Date: 15-Feb-2025
	Comments									
	Case notification targets were generated base on estimated notification volumes derived by the TIME Modelling exercise. The targets take into account implementing the objectives of the NSP. The TIME model estimate that the NSP will avert 970 new TB cases (10.6% reduction relative to 2018 baseline) and that it will lead to 1,569 additional TB notifications for the period 2020-2023.									
5	TB O-2a Treatment success rate of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	Eswatini	N: 2,494 D: 2,771 P: 90.0%	2019 National TB Program			N: 1,896 D: 3,122 P: 60.73% Due Date: 15-Feb-2022	N: 1,784 D: 2,498 P: 71.42% Due Date: 15-Feb-2023	N: 1,652 D: 1,873 P: 88.20% Due Date: 15-Feb-2024	N: 1,496 D: 1,630 P: 91.78% Due Date: 15-Feb-2025
	Comments									
	The TB NSP aims to maintain treatment success rate for all forms of TB at over 90% and over by 2023. This a challenging objective that will see the the implementation of a shorter Orall DR-TB regimen, strengthen pharmacovigilance, Integrated Management of TB and NCDs and ensuring uniterreupted supply of TB drugs.									
6	TB O-6 Notification of RR-TB and/or MDR-TB cases – Percentage of notified cases of bacteriologically confirmed, drug resistant RR-TB and/or MDR-TB as a proportion of all estimated RR-TB and/or MDR-TB cases	Eswatini	N: 159 D: 373 P: 42.6%	2019 National TB Program			N: 199 D: 361 P: 55.12% Due Date: 15-Feb-2022	N: 179 D: 326 P: 54.91% Due Date: 15-Feb-2023	N: 166 D: 299 P: 55.52% Due Date: 15-Feb-2024	N: 150 D: 268 P: 55.97% Due Date: 15-Feb-2025

6	**Comments** Findings from the Drug Resistance Survey conducted in indicated that atleast 58% of RR cases were being missed by GeneXpert. The NSP Modelling report provide the estimated number of DR-TB cases. In 2019 the proportion of RR/MDR-TB cases among all notified DR-TB cases stood at 52% and fell to 47% in 2020. TB sequencing is expected to improve the dectection of RR cases. The target takes into account recent perfomance of the indicator and the declining overall TB burden in the country as observed since 2013.												
7	TB O-4□ᴹ□ Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated	Eswatini	N: 280 D: 363 P: 77.1%	2019 National TB Program			N: 129 D: 159 P: 81.13% Due Date: 15-Feb-2022	N: 190 D: 229 P: 82.97% Due Date: 15-Feb-2023	N: 169 D: 199 P: 84.92% Due Date: 15-Feb-2024	N: 156 D: 179 P: 87.15% Due Date: 15-Feb-2025			
	Comments The denominators for this indicator are informed by the NSP Modelling Report 2020. The Programme is currently implementing an all-oral shorter regimen under operational research conditions, with strict monitoring and documentation in two regions (Shiselweni and Lubombo) then scale up to other regions with lessons learnt from these two regions. The Programme will also expand provision of DOT through implementing Video Observe Therapy and Patient support programmes such food and nutritional package and transport stipends for patient. Combined these initiaves will contribute to improved treatment adherence.												
8	TB O-5□ᴹ□ TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed)	Eswatini	N: 2,900 D: 4,203 P: 69.0%	2019 National TB Program			N: 1,896 D: 3,122 P: 60.73% Due Date: 15-Feb-2022	N: 1,784 D: 2,498 P: 71.42% Due Date: 15-Feb-2023	N: 1,652 D: 1,873 P: 88.20% Due Date: 15-Feb-2024	N: 1,496 D: 1,630 P: 91.78% Due Date: 15-Feb-2025			
	Comments As a result of COVID-19 lockdowns and the disruptions it brought to the supply and also demand of TB services we expect Treatment coverage (low TB initiations) to be adversely affected in 2020 . We expect treatment coverage to contract in 2020 due to measures that we put in place to deal with the COVID 19 pandemic but pick up again from 2022 when full TB services have been restored.												

Coverage indicators and targets

CI Number	Population	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Responsible PR	Cumulation Type	01-Oct-2021 30-Jun-2022	01-Jul-2022 31-Dec-2022	01-Jan-2023 30-Jun-2023	01-Jul-2023 31-Dec-2023	01-Jan-2024 30-Jun-2024	01-Jul-2024 30-Sep-2024
Prevention															
1	Men who have sex with men	KP-1a□ᴹ□ Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	Country: Eswatini; Coverage: Geographic Subnational, less than 100% national program target	N: 2,386 D: 5,818 P: 41.0%	2018 SADC KP Regional Strategy Country Implementation – Eswatini Updates 2019. Page 8. Online at https://bit.ly/2OB5ssP	Age	Yes		Non cumulative - special	N: 500 D: 5,818 P: 8.6%	N: 500 D: 5,818 P: 8.6%	N: 625 D: 5,818 P: 10.7%	N: 625 D: 5,818 P: 10.7%	N: 900 D: 5,818 P: 15.5%	N: 600 D: 5,818 P: 10.3%
	Comments CANGO, through Global Fund support, will reach 1000 MSM in year one, 1,250 in year two, and 1,500 in year three, while PEPFAR will reach 3,152 MSM each year, based on COP20 targets. The targets here only reflect those to be achieved by GF PR as it is not always possible to obtain the PEPFAR results for national reporting while the baseline is the national achieved. Target setting was guided by new UNAIDS guidance which recommends >80% clinic uptake, regular checkups and approaching 90% outreach uptake and monthly outreach contacts (see Key Population Trusted Access Platforms Considerations in planning and budgeting for a key population platform to deliver scaled quality HIV prevention and treatment services and for addressing critical enablers. Page 55. Online at https://hivpreventioncoalition.unaids.org/wp-content/uploads/2020/04/Budget-Considerations-for-KP-Trusted-Access-Platforms-April-2-2020-Final-V-1.1a-no-TCs-1.pdf). An MSM will be considered reached if they receive any of the minimum service package as per Eswatini's Key Population Program Implementation Guide (updated in April 2020): (1) Information on prevention and related health services, (2) Provision of condoms and lubricants, (3) condom demonstrations, (4) Community mobilization and empowerment, (5) Information on the KP community centers and services, (6) Referrals to testing, care, and treatment services for HIV and STIs, (7) Follow-up appointments, and (8) Information on violence and services that respond to violence (See Eswatini Key Population Program Implementation Guide 2020. Page 20. Online at https://bit.ly/3jh6HeY) Budget Allocation BL 59 to 70. 75, 98, 103 amounting to $78,734.61 6 MSM peer educators will be engaged to reach the targets set. A one-off training for peer educators and quarterly meetings has been allocated. Activations have also been proposed Implementation areas: Timphisini, Gege, Mtsambama, Maseyisini, Lobamba Lodzala, Lamgabhi, Mahlangatsha, Mhlume, Lobamba, Mayiwane, Somntongo, Mafutseni, Nhlambeni, Piggs Peak, Mkhiweni, Ngwempisi, and Siteki													
2	Sex workers and their clients	KP-1c□ᴹ□ Percentage of sex workers reached with HIV prevention programs - defined package of services	Country: Eswatini; Coverage: Geographic Subnational, less than 100% national program target	N: 6,228 D: 13,563 P: 45.9%	2018 SADC KP Regional Strategy Country Implementation – Eswatini Updates 2019. Page 8. Online at https://bit.ly/2OB5ssP	Gender,Age	Yes		Non cumulative - special	N: 350 D: 13,563 P: 2.6%	N: 350 D: 13,653 P: 2.6%	N: 400 D: 13,563 P: 2.9%	N: 400 D: 13,563 P: 2.9%	N: 600 D: 13,563 P: 4.4%	N: 300 D: 13,563 P: 2.2%
	Comments														

2	It is expected that PEPFAR will reach 10,284 sex workers each year, based on COP20 targets (see Eswatini Country Operational Plan (COP/ROP) 2020 Strategic Direction Summary April 3, 2020. Page 42.Online at https://bit.ly/3eDx4bh). CANGO, through Global Fund support, will reach 700 sex workers in year one, 800 in year two, and 900 in year three. Target setting was guided by new UNAIDS recommendation. See details of recommendation above. The targets here only reflect those to be achieved by GF PR as it is not always possible to obtain the PEPFAR results for national reporting. However, baseline is national results that includes all partner supported programs (PEPFAR and Global Fund). A sex worker will be considered reached if they receive any of the minimum service package as per Eswatini's Key Population Program Implementation Guide (updated in April 2020): (1) Information on prevention and related health services, (2) Provision of condoms and lubricants, (3) condom demonstrations, (4) Community mobilization and empowerment, (5) Information on the KP community centers and services, (6) Referrals to testing, care, and treatment services for HIV and STIs, (7) Follow-up appointments, and (8) Information on violence and services that respond to violence (See Eswatini Key Population Program Implementation Guide 2020. Page 20. Online at https://bit.ly/3jh6HeY) Budget allocation BL 86, 88, 90, 122, 123, 126, 127, 128, 129 amounting to $57,726.94 4 FSW peer educators will be engaged to reach the targets set. A one- off training for peer educators and quarterly meetings has been allocated. Activations have also been proposed Implementation areas: Matsanjeni South, Mafutseni, Timphisini, Lamgabhi, Lobamba Lomdzala, Matsamo, Nhlambeni, Maseyisini, Mtsambama, & Mangcongco.													
3	People who inject drugs and their partners	KP-1d□ᴹ□ Percentage of people who inject drugs reached with HIV prevention programs - defined package of services	Country: Eswatini; Coverage: Geographic Subnational, less than 100% national program target	N: 106 D: 1,279 P: 8.3%	2018 COP 2020 Estimates	Age,Gender	Yes		Non cumulative - special	N: 250 D: 1,279 P: 19.5%	N: 250 D: 1,279 P: 19.5%	N: 375 D: 1,279 P: 29.3%	N: 375 D: 1,279 P: 29.3%	N: 600 D: 1,279 P: 46.9%	N: 400 D: 1,279 P: 31.3%
	Comments														
	CANGO, through Global Fund support, will reach 500 PWID in year one, 750 in year two, and 1000 in year three. Target setting was guided by new UNAIDS guidance recommendaation. Based on the COP20 targets, PEPFAR will reach 164 PWID each year. The targets here only reflect those to be achieved by GF PR as it is not always possible to obtain the PEPFAR results for national reporting. A PWID will be considered reached if they receive any of the minimum service package as per Eswatini's Key Population Program Implementation Guide (updated in April 2020): (1) Information on prevention and related health services, (2) Provision of condoms and lubricants, (3) condom demonstrations, (4) Community mobilization and empowerment, (5) Information on the KP community centers and services, (6) Referrals to testing, care, and treatment services for HIV and STIs, (7) Follow-up appointments, and (8) Information on violence and services that respond to violence (See Eswatini Key Population Program Implementation Guide 2020. Page 20. Online at https://bit.ly/3jh6HeY) Budget allocation BL 72,87, 89, 91, 101, 106, 124, 134, 135, 138 amounting to $41,183.87 4 PWIDs peer educators will be engaged to reach the targets set. A one- off training for peer educators and quarterly meetings has been allocated. Activations have also been proposed Implementation area: Manzini - Mbabane corridor.													
4	Adolescent girls and young women in high prevalence settings	YP-1a Percentage of young people aged 10-24 years attending school reached by compehensive sexuality education and/or life skills-based HIV education in schools	Country: Eswatini; Coverage: Geographic Subnational, less than 100% national program target	N: 61,643 D: 77,053 P: 80.0%	2018 CANGO Report	Gender	Yes		Non cumulative – other	N: D: P:	N: 61,643 D: 77,000 P: 80.1%	N: D: P:	N: 61,700 D: 77,000 P: 80.1%	N: D: P:	N: 61,643 D: 77,000 P: 80.1%
	Comments														
	Activities and targets for this indicator aim at assisting the MoE to implement the in-school LSE program. Targets: The proposed target is 61 643 secondary school attending students (males and females) of all ages. Currently, the LSE program is offered in all 272 secondary schools in the country, it is most suitable for students between ages 15-24. The in-school LSE target of 61 643 is based on the average enrollment per school which is about 350. The 61643 target is 80% of the overall enrolment of the 272 schools. This is to factor in schools that may not comply or not reach students with 75% due to examinations and sporting activities which may delay the roll out of LSE during schools first term. Sessions are offered from the begining of the year but only reported at the end of the year once students have been reached with 75% of the package. This target also includes YP reached in Tertiary institutions. Targets increase annually to accommodate additional classes in schools each year and possibly new schools. Reach: LSE reach is defined by the National HIV Prevention Minimum Package Guidelines 2014. Students will be counted as reached if they attend 75% of the 13 sessions which range from 40 minutes to one hour once per week. Budget allocation LSE activities amounting to $188,437.35 includes airtime for the regional MoET team, fuel for monitoring and quarterly meetings.													
5	Adolescent girls and young women in high prevalence settings	YP-2 Percentage of adolescent girls and young women reached with HIV prevention programs- defined package of services	Country: Eswatini; Coverage: Geographic Subnational, less than 100% national program target	N: 3,982 D: 34,857 P:	2020 2019 Program Data 2017 Population and Housing Census	Age	Yes		Non cumulative - special	N: 4,000 D: 34,857 P: 11.5%	N: 4,000 D: 34,857 P: 11.5%	N: 4,200 D: 34,857 P: 12.0%	N: 4,200 D: 34,857 P: 12.0%	N: 5,160 D: 34,857 P: 14.8%	N: 3,440 D: 34,857 P: 9.9%
	Comments														
	This indicator will collect the number of young women and girls reached with 75% of the curriculum for HIV prevention package in the 14 tinkhundla (Mtfongwaneni, Ntontozi, Mahlangatsha, Maphalaleni, Mayiwane, Ndzingeni, Hhukwini, Gege, Matsanjeni, Nkwene, Zombodze, Somntongo, Kubuta, and Mhlume) where CANGO will be implementing including girls reached in Tertiary institutions. AGYW 15-24 years old in 14 target Tinkhundla. Entry ascertained through assessment process against following criteria at intake: age (15-24), out of school, not having received the same intervention in the same year. 14 Field Officers will be recruited, i.e. 1 FO per Inkhunlda and 85 CYFs, each to be deployed in each community under each inkhundla. The role of the FO is to oversee, mentor and support the CYFs. The denominator is currently an estimate due to lack of data, so coverage may be low. The core interventions provided (i.e. those which are universal, and made available to all enrolled in the program) are: 1.. Risk assessment (which checks and confirms if a participant is eligible to become part of the sessions/intervention) 2. Stepping Stones Plus Therefore, in order to be reached, the AGYW will have to have received 75% of the stepping stones plus sessions and a risk assessment. AGYW are eligible to be reached once a year. Budget Allocation LSE activities amounting to $188,437.35 includes airtime for the regional MoET team, fuel for monitoring and quarterly meetings. A vulnerability assessment is conducted to support the linking of AGYW to the non-core interventions including; Biomedical services (DREAMS on wheels and referral to MOH facilities), Education support, Economic empowerment, Community GBV prevention, and Activations. For HIV testing: Testing will be undertaken by CANGO/SRs or service providers through a DREAMS on wheels type approach. AGYW from the Stepping stones and tertiary programs will be referred to testing and testing will be provided. For the tertiary program: ALL AGYW and ABYM in tertiary education institutions are targeted. The core package is the HIV prevention toolkit To be classified as reached, the participants will have to have participated in minimum 3 topics The participants can be reached more than once per year (and more than once per grant) For community: The Stepping Stone plus package includes: Picture cards led sessions, provision of HTS, PrEP, FP, STI screening, commodity distribution (condoms, lubricants and self test kits), referals for service uptake and GBV. Targets are based on the available population for females aged 10-24 years in the 14 tinkhundla. Reach will also be considered for girls who recieved one or more of the services under the package. Currently, a similar program, the Stepping Stone program is implemented in 7 tinkhundla hence the target of 8000 against a baseline of 3982.													
6	Adolescent girls and young women in high prevalence settings	YP-4 Percentage of eligible adolescent girls and young women who initiated oral antiretroviral PrEP during the reporting period	Country: Eswatini; Coverage: Geographic Subnational, less than 100% national program target	N: D: P:			Yes		Non cumulative	N: 158 D: 525 P: 30.1%	N: 157 D: 525 P: 29.9%	N: 165 D: 525 P: 31.4%	N: 165 D: 525 P: 31.4%	N: 207 D: 525 P: 39.4%	N: 138 D: 525 P: 26.3%
	Comments														
	Baseline TBD: Program started in 2017 and as of 2019 had provided PrEP to 5,119. However, this data is not disaggregated by AGYW. This indicator will track the number of AGYW from the 3 high density tinkhundla that have been reached with HIV prevention programs and also initiated on PrEP during health activations and mobile outreaches. The target is 30% of the young people aged 10-24 years reached by comprehensive sexuality education and or lifeskills based HIV education out of schools - YP-1b. The target has factored in adolescents living with HIV (ALHIV) and AGYW already initiated into ART. Budget Allocation PrEP campaign and linkage across all programs amounts to $18.5k													

7	Men who have sex with men	KP-6a Percentage of eligible men who have sex with men who initiated oral antiretroviral PrEP during the reporting period	Country: Eswatini; Coverage: Geographic Subnational, less than 100% national program target	N: D: P:			Yes		Non cumulative	N: 100 D: 500 P: 20.0%	N: 100 D: 500 P: 20.0%	N: 125 D: 500 P: 25.0%	N: 125 D: 500 P: 25.0%	N: 150 D: 500 P: 30.0%	N: 150 D: 500 P: 30.0%
	Comments														
	Baseline TBD. The indicator will measure the number of MSMs that have been reached with a prevention package and also initiated on PrEP during the reporting period. 20% of the MSMs to be reached with HIV prevention program will also initiated on PrEP. There no baselines available for this indicator, the baseline is yet to be determined at a later stage. Budget Allocation PrEP campaign and linkage across all programs amounts to $18.5k													
8	Sex workers and their clients	KP-6c Percentage of eligible sex workers who initiated oral antiretroviral PrEP during the reporting period	Country: Eswatini; Coverage: Geographic Subnational, less than 100% national program target	N: D: P:			Yes	Coordinating Assembly of Non Governmental Organisation	Non cumulative	N: 70 D: 350 P: 20.0%	N: 70 D: 350 P: 20.0%	N: 80 D: 350 P: 22.9%	N: 80 D: 350 P: 22.9%	N: 110 D: 350 P: 31.4%	N: 70 D: 350 P: 20.0%
	Comments														
	Baseline TBD. This indicator will measure the number of sex workers from the 14 tinkhundla that have been reached with HIV prevention programs and also initiated on PrEP during the reporting period. Sex workers will be able to access PrEP from public health facilities, KP Community Based Organizations Health Facilities and Outreaches. The target has factored in the already initiated on PrEP FSW and PLHIV. There are no baselines for this indicator and they will be determined at a later stage. Budget Allocation PrEP campaign and linkage across all programs amounts to $18.5k													

Workplan Tracking Measures

Population	Intervention	Key Activity	Milestones	Criteria for Completion	Country	

Comments