

PEPFAR Process – How Does it all Relate?

Coordinators Meeting
Discussion Document Only
Not for Distribution

Tuesday, September 8, 2015

SESSION OBJECTIVES

1. Overall process and timeline for planning and monitoring (COP, POART, SIMS, EA, SID) for next 12-18 months
2. Coordinator role/responsibilities in facilitating the process

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**INTRODUCTION TO
THE PEPFAR POART**

Turning COP/ROP Vision and Strategic Pivots into Results

PEPFAR

- **Dedicated** HQ and field staff to **analyze and review program, financial and epi data** on a quarterly cycle to ensure PEPFAR and agency specific COP/ROP approved **deliverables and targets are achieved** in the most efficient manner possible.

Oversight

Accountability

- Analysis results will form the basis of **corrective action** and/or the sharing of best practices across the PEPFAR community, including external stakeholders (CS, MOH, GF, UNAIDS).

Response

Team

- Corrective Action Summary (CAS) will be shared with the **COM and the Global AIDS Coordinator**, and over the course of a year will form the basis of annual COP/ROP guidance for each individual country.

Key Guiding Strategic Questions for POART

Questions for Impact and Efficiency Agendas

What does it take to get to epidemic control?

How will PEPFAR invest more strategically to maximize impact of the program?

How will decisions be monitored throughout the year with data and deliverables?

Questions for Human Rights, Sustainability and Partnerships Agendas

How are the key challenges for a sustainable national response being addressed, especially through health diplomacy and other interventions?

How are civil society and other key stakeholders, including the partner government and the Global Fund, engaged in quarterly review?

How are significant human rights issues for key and priority populations being addressed by the PEPFAR team?

POART Report: Impact and Efficiency Agendas

- What does it take to get to epidemic control?
- How will PEPFAR invest more strategically to maximize impact of the program?



HIV testing/diagnosis through the HIV clinical cascade and supportive programs
(Scale-up and sustained areas, site, grantee)

DREAMS and ACT subgroups



Obligations and outlays
(Country/agency/IM)

COP/ROP 14 Implementation (FY15 Q3/Q4) to COP/ROP 15 Implementation to FY16



SIMS
(Scale-up and sustained areas, site)



Milestones and outcomes for above site supportive activities
Transition monitoring for non-core activities and sites

Drill Down across the Cascade to monitor impact

POART Quarterly Monitoring Dashboard: Dataland

Epidemic Type: Generalized
 PEPFAR Categorization (LTS, TA, or TC): LTS
 SNU Level: 3
 Prioritization Level: AR
 Quarter: Q4

INDICATOR	RESULTS	TARGET	% Achievement	Comments
HTC_TST	5,563,999	9,194,130	60%	
PMTCT_STAT	14,034	17,886	78%	
PMTCT_ARV	14,034	17,828	79%	
PMTCT_ED	14,034	18,218	77%	
PMTCT_FD	14,034	17,948	78%	
PMTCT_CTK	14,034	17,424	81%	
VMMC_CBE	14,034	16,685	71%	
VMMC_AE	14,034	17,510	80%	
PP_PREV	14,034	18,159	77%	
KP_PREV	14,034	17,706	79%	
KP_MMAR	14,034	17,024	82%	
GEND_OBV	14,034	17,893	80%	
GENS_NDRM	14,034	17,811	79%	
SPINT_RTE	14,034	17,559	80%	
CARE_NEW	14,034	17,522	80%	
CARE_CURR	14,034	18,437	76%	
CARE_COMM	14,034	17,939	78%	
TB_STAT	14,034	17,703	80%	
TB_ARV	14,034	17,797	79%	
TB_OFF	14,034	17,713	79%	
TB_OUTCOME	14,034	17,664	79%	
TB_SCREEN	14,034	17,403	81%	
FN_THER	14,034	17,593	80%	
FN_ASSES	14,034	17,593	80%	
OVC_SERV	14,034	17,593	80%	
OVC_ACC	14,034	17,593	80%	
TX_NEW	14,034	17,593	80%	
TX_CURR	14,034	17,472	80%	
TX_REF	14,034	16,052	74%	
TX_VIRAL	14,034	17,593	80%	
TX_UNDETECT	14,034	17,464	80%	
LAB_CAP	14,034	17,998	78%	
LAB_ACC	14,034	17,479	80%	
LAB_PT	14,034	17,593	80%	
BS_CDCL	14,034	17,593	80%	
SC_STOCK	14,034	17,598	80%	
HRIL_PRE	14,034	17,560	80%	

OU Data View

SNU 3	Prioritization	MUWY	HTC_TST	HTC_TST_POS	CARE_NEW	TX_NEW	TX_CURR										
		Results	Target	Results	Target	Results	Target										
District 1	Scale-Up	90,802	25,000	28,710	87%	847	809	847	809	847	809	847	809	847	809	847	809
District 2	Scale-Up	16,342	28,887	36,886	70%	278	361	278	278	361	278	361	278	361	278	361	278
District 3	Scale-Up	8,522	885,332	3,876,872	23%	119	369	36%	158	504	52%	119	369	36%	119	369	36%
District 4	Scale-Up	17,971	22,507	28,306	87%	424	488	87%	424	488	87%	424	488	87%	424	488	87%
District 5	Scale-Up	41,511	34,030	81,254	90%	28	34	82%	28	34	82%	28	34	82%	28	34	82%
District 6	Scale-Up	49,887	38,939	52,530	87%	322	457	70%	322	457	70%	322	457	70%	322	457	70%
District 7	Scale-Up	64,984	53,214	85,836	90%	167	173	90%	167	173	90%	167	173	90%	167	173	90%
District 8	Scale-Up	16,000	16,000	16,000	90%	84	88	90%	84	88	90%	84	88	90%	84	88	90%
District 9	Scale-Up	28,411	47,807	50,323	95%	86	89	95%	86	89	95%	86	89	95%	86	89	95%
District 10	Scale-Up	6,881	144,100	151,308	90%	84	88	90%	84	88	90%	84	88	90%	84	88	90%
District 11	Scale-Up	2,698	3,138	3,295	90%	10	11	90%	10	11	90%	10	11	90%	10	11	90%
District 12	Scale-Up	13,000	14,500	16,125	80%	1,098	1,335	80%	1,098	1,335	80%	1,098	1,335	80%	1,098	1,335	80%
District 13	Scale-Up	2,888	2,121	2,105	100%	5	21	100%	5	21	100%	5	21	100%	5	21	100%
District 14	Scale-Up	96,596	46,177	46,486	90%	118	124	90%	118	124	90%	118	124	90%	118	124	90%
District 15	Scale-Up	14,388	16,082	18,853	80%	5	6	80%	5	6	80%	5	6	80%	5	6	80%
District 16	Scale-Up	91,334	76,503	113,224	80%	48	73	80%	48	73	80%	48	73	80%	48	73	80%
District 17	Scale-Up	63,040	91,872	90,454	80%	4	6	80%	4	6	80%	4	6	80%	4	6	80%
District 18	Scale-Up	17,844	28,087	30,541	80%	2	2	80%	2	2	80%	2	2	80%	2	2	80%
District 19	Scale-Up	68,811	33,812	36,503	80%	37	38	80%	37	38	80%	37	38	80%	37	38	80%
District 20	Scale-Up	12,945	15,434	80,454	80%	58	86	80%	58	86	80%	58	86	80%	58	86	80%

District Data View

Within District

Prioritization	District	Funding Agency	Partner	Mechanism ID	HTC_TST			HTC_TST_POS			CARE_NEW			TX_NEW		
					Results	Target	%	Results	Target	%	Results	Target	%	Results	Target	%
Scale-Up	District 3	CDC	University 1	14543	119,519	532,162	22%	1,000	5,000	20%	2,000	5,000	40%	2,000	5,000	40%
Scale-Up	District 3	USAID	NGO 1	23423	28,887	99,240	29%	750	3,000	25%	1,000	3,500	29%	1,000	3,500	29%
Scale-Up	District 3	CDC	NGO 2	56456	22,927	95,147	24%	424	488	87%	424	488	87%	424	488	87%
Scale-Up	District 3	CDC	Contractor 1	34563	34,030	61,254	56%	3,000	15,000	20%	3,000	15,000	20%	N/A	N/A	N/A
Scale-Up	District 3	CDC	Contractor 2	24243	15,188	97,203	16%	230	265	87%	230	265	87%	230	265	87%
Scale-Up	District 3	DOD	University 2	23445	32,987	41,893	79%	372	472	79%	372	472	79%	372	472	79%
Scale-Up	District 3	DOD	University 3	645643	35,000	122,500	29%	322	457	70%	322	457	70%	322	457	70%
Scale-Up	District 3	USAID	Contractor 3	345643	543,443	2,554,182	21%	313	360	87%	313	360	87%	313	360	87%
Scale-Up	District 3	CDC	Contractor 4	34531	28,231	230,083	12%	199	229	87%	199	229	87%	199	229	87%
Scale-Up	District 3	CDC	Contractor 5	34532	10,815	24,550	44%	19	24	79%	19	24	79%	19	24	79%
Scale-Up	District 3	USAID	Contractor 6	45629	12,305	18,458	67%	86	129	67%	86	129	67%	86	129	67%

Triangulate different data streams to identify implementation barriers to reach targets

MER Results

Prioritization	District	Funding Agency	Partner	Mechanism ID	HTC_TST			HTC_TST_POS			CARE_NEW			TX_NEW		
					Results	Target	%	Results	Target	%	Results	Target	%	Results	Target	%
Scale-Up	District 3	CDC	University 1	14543	119,519	532,162	25%	1,000	5,000	20%	2,000	5,000	40%	2,000	5,000	40%
Scale-Up	District 3	USAID	NGO 1	23423	28,887	98,240	29%	750	3,000	25%	1,000	3,500	29%	1,000	3,500	29%
Scale-Up	District 3	CDC	NGO 2	56456	22,927	95,147	24%	424	486	87%	424	486	87%	424	486	87%
Scale-Up	District 3	CDC	Contractor 1	34565	34,030	81,254	50%	3,000	15,000	20%	3,000	15,000	20%	N/A	N/A	N/A
Scale-Up	District 3	CDC	Contractor 2	24243	15,188	97,203	16%	230	265	87%	230	265	87%	230	265	87%
Scale-Up	District 3	DOO	University 2	23445	32,987	41,893	79%	372	472	79%	372	472	79%	372	472	79%
Scale-Up	District 3	DOO	University 3	645643	35,000	122,500	29%	322	457	70%	322	457	70%	322	457	70%
Scale-Up	District 3	USAID	Contractor 3	345643	543,443	2,554,182	21%	313	360	87%	313	360	87%	313	360	87%
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Scale-Up	District 3	CDC	Contractor 5	34532	10,815	24,550	44%	19	24	79%	19	24	79%	19	24	79%
Scale-Up	District 3	USAID	Contractor 6	45829	12,305	18,458	67%	86	129	67%	86	129	67%	86	129	67%

Corrective Actions Identified

SIMS Results

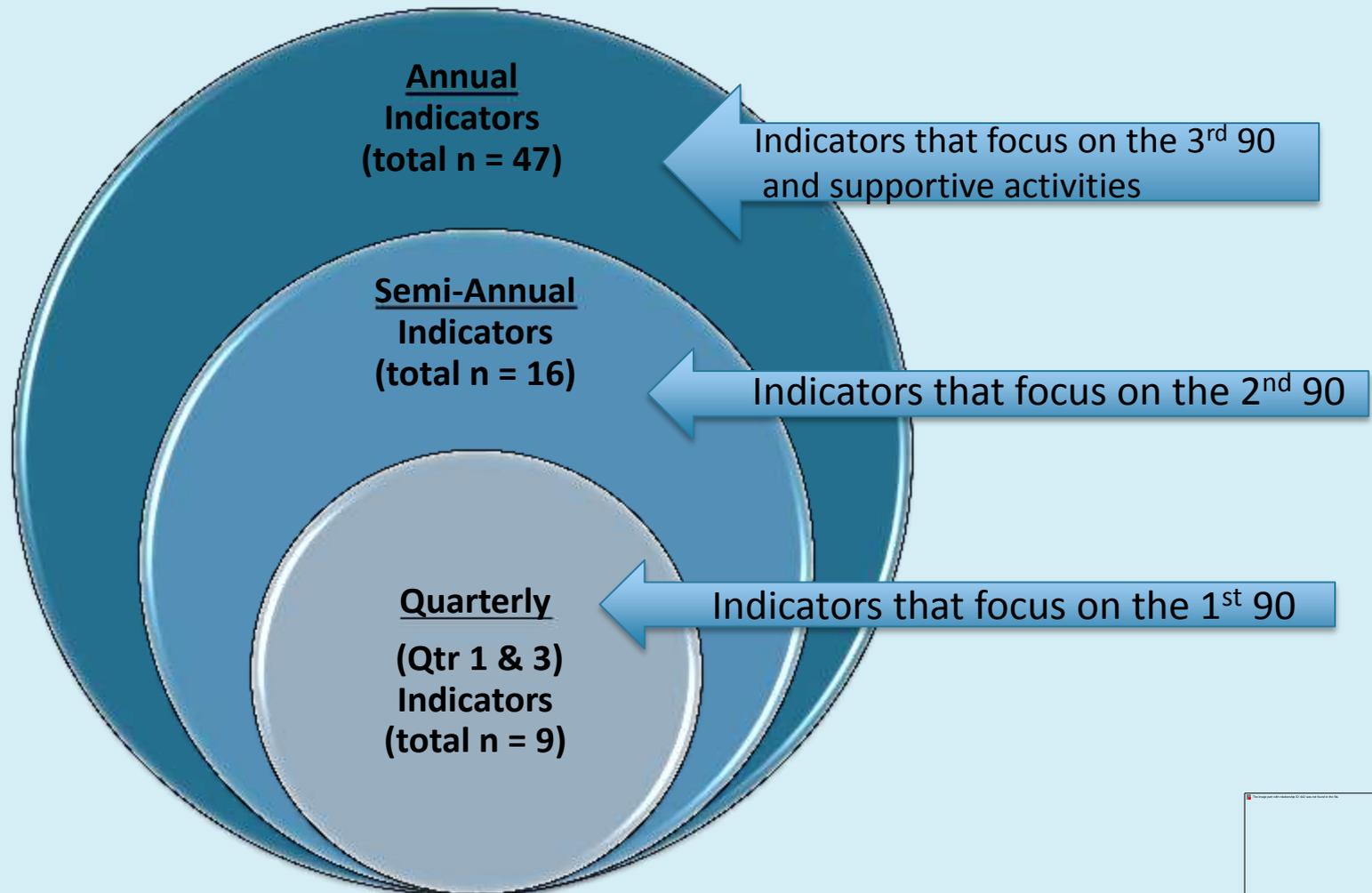
Qtrly Financials

Visit Date	Visit Type	Partner Name	Site Name	SIMS						MER		
				AD_CT_X_PT	AD_CT_X_AS	AD_CT_X_CT_X	AD_CT_X_X_ART	AD_CT_X_PHDP	AD_CT_X_NA	TX_CURR	TX_RET	
8/2/2012	I	A Help	A	4	2	4	4	4	2	4	440	60%
8/6/2012	I	B Assist	B	2	4	2	2	4	2	2	300	70%
8/2/2012	I	A Help	C	3	1	1	1	1	1	1	2000	50%
31/07/2012	F	A Help	C	3	4	3	3	4	3	3	2000	72%
31/07/2012	I	A Help	E	3	4	3	3	4	3	3	50	75%
30/07/2012	I	B Assist	F	3	3	3	3	3	3	3	100	81%
8/3/2012	I	B Assist	G	2	2	2	2	2	2	2	1000	67%
8/3/2012	I	B Assist	H	4	1	4	4	4	4	4	400	77%
7/31/2012	I	B Assist	I	3	4	3	3	4	3	3	300	72%
7/31/2012	I	B Assist	J	2	3	2	2	3	2	2	200	69%
7/30/2012	I	B Assist	K	3	3	3	3	3	3	3	250	80%
7/30/2012	I	B Assist	L	2	2	2	2	2	2	2	1060	70%
8/2/2012	I	B Assist	M	2	1	2	2	2	2	2	200	60%

Partner Organization	Project Period	COP13 Approved Budget			FY14 Actual Quarterly Outlay				Actual Outlay/COP13 Approved
		New Funds	Applied Pipeline	Total Approved Funding	Qtr1 (Oct-Dec 13)	Qtr 2 (Jan-Mar 14)	Qtr 3 (Apr-June 14)	Qtr 4 (July-Sept 14)	
Abt Associates - Private Health Sector Program	9/25/2009-9/24/2014	3,304,190	1,509,738	4,813,928	1,413,135	1,183,325	1,360,752	3,957,212	82.23%
Addis Ababa City Administration Health Bureau	09/30/12-09/29/17	1,169,668	100,000	1,269,668	0	0	0	0	0%
Addis Ababa HIV/AIDS Prevention and Control Office	09/30/12-09/29/17	250,000	191,713	441,713	0	138,550	26,325	164,875	37%
African Society For Laboratory Medicine	09/30/12-09/29/17	100,000	0	100,000	0	0	30,425	30,425	30%
Amhara Regional Health Bureau	09/30/13-09/29/18	1,546,367	0	1,546,367	0	50,000	200,000	250,000	16%
Association of Public Health Laboratories	09/01/08-03/31/15	252,343	100,000	352,343	139,928	0	29,802	169,730	48%
Clinical Laboratory Standards Institute	09/30/09-03/31/15	100,000	0	100,000	35,961	1,154	21,133	58,248	58%
Columbia University - ICAP	09/30/11-09/29/14	9,602,917	5,686,093	15,289,010	2,000,000	2,621,426	1,614,758	6,236,184	41%
Federal HIV/AIDS Prevention and Control Office	09/30/12-09/29/17	550,000	346,886	896,886	60,000	170,634	0	230,634	26%
FHI 360 - In-school Youth HIV Prevention	6/6/2013-6/5/2016	500,000	1,801,092	2,301,092	7,854	458,648	387,504	854,006	37.13%
International Relief & Development Health Infrastructure Construction Program	Various	15,399,274	15,399,274	1,229,438	2,454,421	1,175,291	0	4,859,150	31.55%
John Snow, Inc. - Central Contraceptive Procurement	01/01/2005-09/30/2015	2,799,996	2,799,996	0	0	0	0	0	0.00%

A New Era of Accountability, Transparency and Solidarity to Accelerate IMPACT

MER Indicators for Quarterly, Semi-Annual and Annual Monitoring



TBD Mechanisms and Plan

Mechanism name	Planned Funding Level	Projected Award Date	# of Months of Funding	Real Award Date
TBD – Care and Treatment	2,325,000	March 2016	6	
TBD - G2G MOH	500,000	Nov 2015	4	
TBD - G2G MOLSA	500,000	March 2016	3	
TBD - Geospatial Analysis	329,600	Sept 2015	6	
TBD - GSM	1,250,000	March 2016	2	
TBD - IFHP follow-on	1,959,742	Nov 2016	4	
TBD - M&E for OVC programs	1,000,000	Nov 2016	4	
TBD- TB Care follow on	1,000,000	March 2015	4	
TBD - PRIME follow on	819,248	March 2015	4	
Grand total	9,683,590			

Review Milestones and Outcomes for Above Site Supportive Activities

COP/ROP Table 6 - HSS, SI, and Lab activities

1. Brief Activity Description	Deliverables		Budget codes and allocation (USD)		6. Associated Implementing Mechanism (s) ID	7. Relevant Sustainability Index Score	Impact on epidemic control				
	2. 2015	3. 2016	4. 2015	5. 2016			8. HTC	9. Linkage to Care (LTC)	10. ART uptake	11. *Other Combination prevention	12. Viral suppression

POART Report: Human Rights, Sustainability and Partnerships Agendas

Monitor key challenges for a **sustainable national response** being addressed, especially through **health diplomacy** and other interventions

Monitor **civil society and other key stakeholders**, including the partner government and the Global Fund engagement

COP/ROP 14 Implementation (FY15 Q3/Q4) to COP/ROP 15 Implementation to FY16

Monitor significant **human rights issues** for key and priority populations

PPP and Central Initiatives

The First POART – September 2015

We will start with the data we have now:

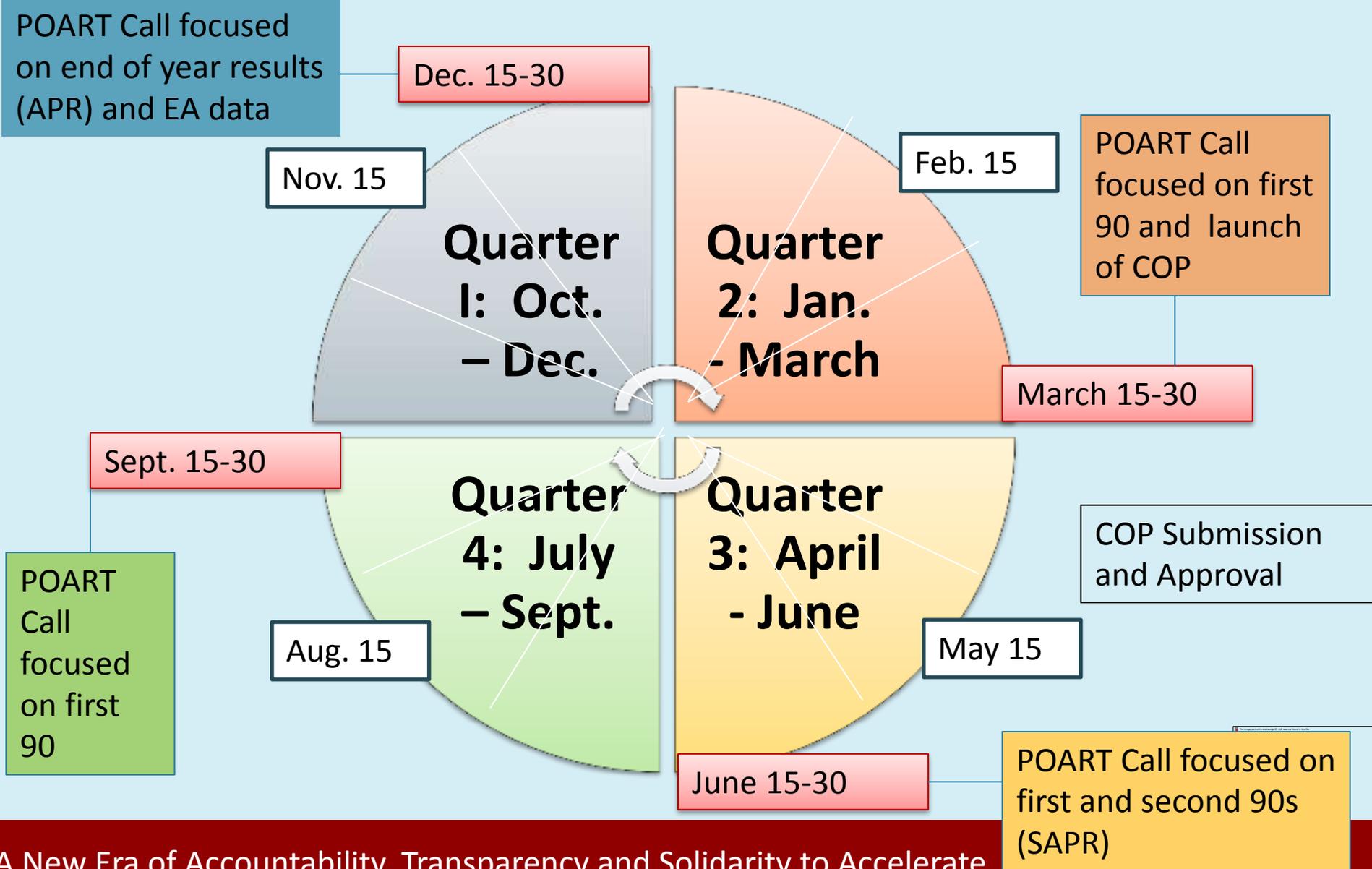
- IM level targets
- Site level results
- SIMS 1.0
- Country/agency O and O
- Qualitative discussion around the bottlenecks identified during the COP/ROP reviews

Outcomes:

- Familiarize people with the shared views
- Create data savvy users to support PEPFAR pivot

POART AND COP PLANNING CY

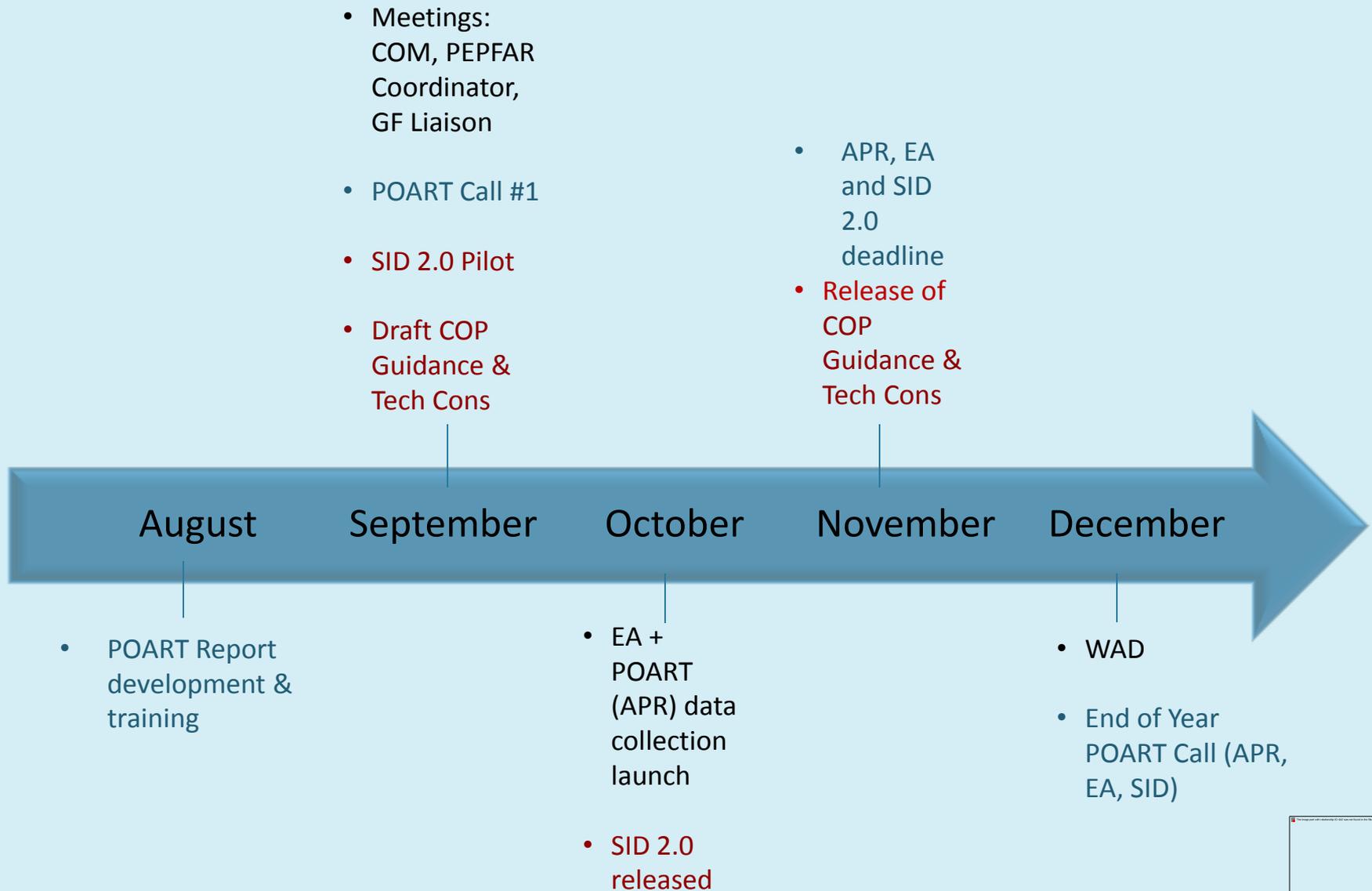
Overview of the POART Monitoring Cycle



POART and COP/ROP Cycles

	Quarter One (Oct-Dec)	Quarter Two (Jan-March)	Quarter Three (April-June)	Quarter Four (July-Sept)
POART	<ul style="list-style-type: none"> • Call on end of year results review (APR/Q4 data), EA and SID data • CAS follow-up 	<ul style="list-style-type: none"> • Call on first 90 results (Q1 data) • CAS follow-up 	<ul style="list-style-type: none"> • Call on first and second 90s (SAPR/Q2 data) • CAS follow-up 	<ul style="list-style-type: none"> • Call on first 90 results (Q3 data) • CAS follow-up
COP/ROP	<ul style="list-style-type: none"> • HQ guidance and tool development and clearance • Release of COP/ROP Guidance • COP/ROP training and webinars 	<ul style="list-style-type: none"> • HQ/Field in-person meeting; • Field COP/ROP development • COP/ROP training and webinars 	<ul style="list-style-type: none"> • COP/ROP submission deadline • HQ review of COP/ROP submission; • HQ/Field validation call/meeting • COP/ROP Approval memos complete • Fiscal year funds to field 	<ul style="list-style-type: none"> • Fiscal year funds to field • All public materials posted to the internet

2015: Month-by-Month At-a-Glance



2016: Month-by-Month At-a-Glance



Coordinators Role

- Design interagency team structures and timelines for POART and COP
- Manage day-to-day **interagency** processes (or staff)
 - Ensure team comes together for data review, data interrogation and data use
 - Understand the data and be able to explain its significance
- Lead/facilitate external stakeholder consultations with FO, interagency leadership and technical staff
- Maintain routine contact with S/GAC (CL and Chair) to ensure ongoing shared understanding of program

Discussion and Questions

2

COP/ROP 2016

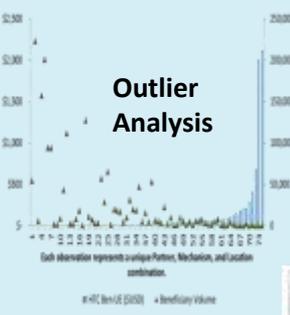
SESSION OBJECTIVES

- COP 2015 AAR survey results review and additional feedback
 - Review Process - +/-

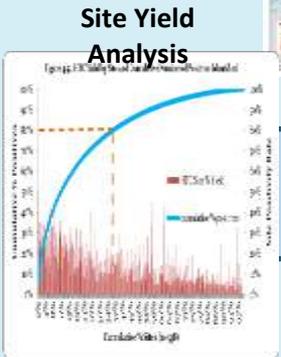
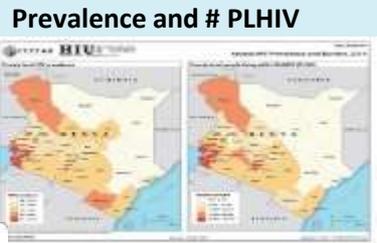
- COP 2016
 - Expected changes
 - Timeline and process

- HOP
 - Country input into HOP activities

POART - Roadmap for streamlined COP/ROP development cycle



COP/ROP 15



Resource Projections

Category	Item	Unit	Value
Personnel	1. Health	Person	10000
	2. Support	Person	5000
	3. Logistics	Person	2000
Equipment	4. Transport	Vehicle	500
	5. Medical	Equipment	1000
	6. IT	Equipment	500
Materials	7. Consumables	Box	20000
	8. Drugs	Box	10000
	9. Supplies	Box	5000

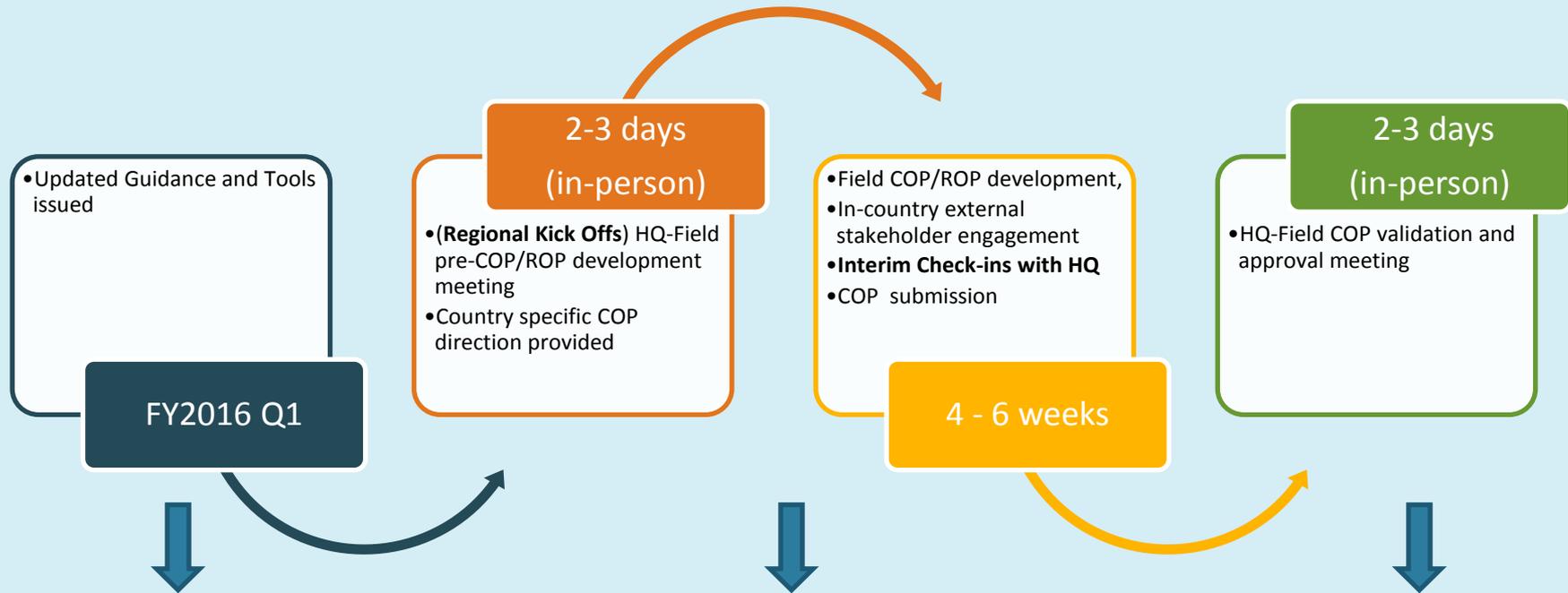


- Site yield
- Performance (targets/results)
- Unit expenditure validation
- Quality (SIMS)
- Partner Performance
- Verification of Pipeline
- MOH policy support
- Coverage

COP/ROP 16
 A strategic update based on COP/ROP 15 pivot, POART validations, and country specific COP/ROP direction

Goal: Reduce COP/ROP development from 4 to 6 month to 4 to 6 weeks

Pre-Read: 2016 COP/ROP Development Concept Overview

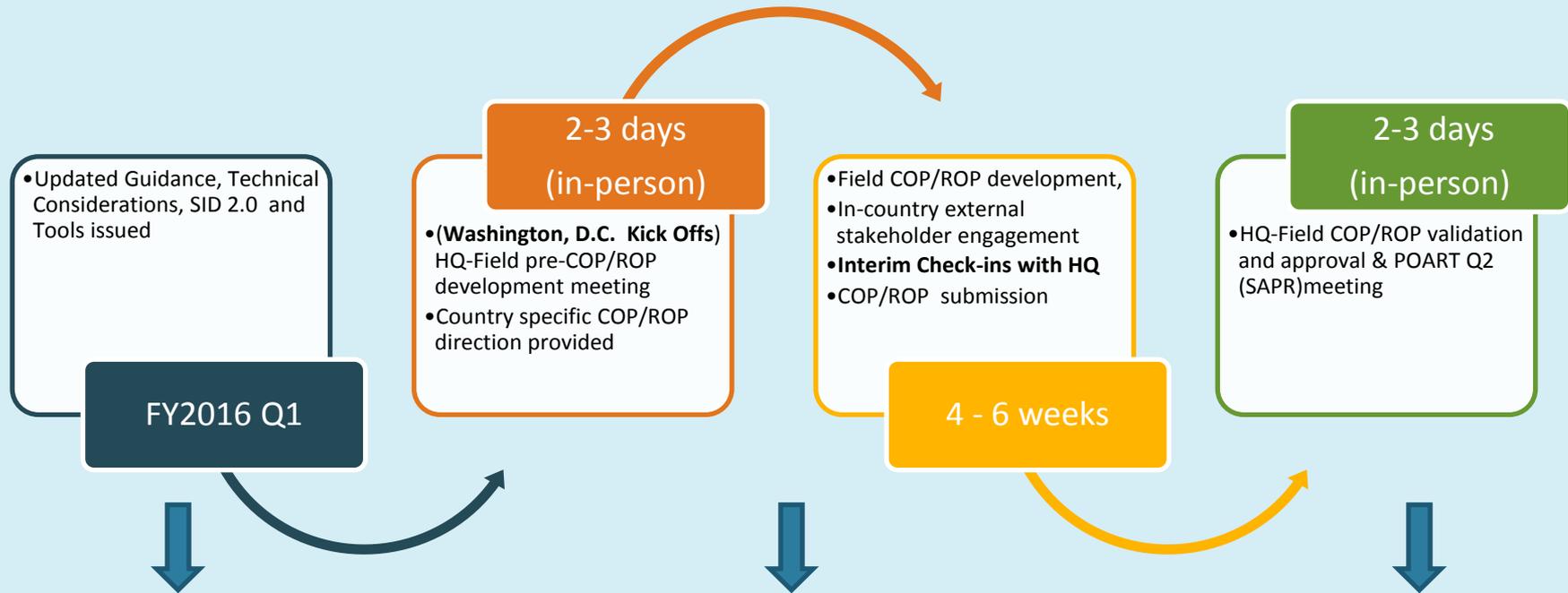


OCT/NOV/DEC
<ul style="list-style-type: none"> Updated COP Guidance Updated TECH CONS COP TOOLS Issued COP Training/Webinars SID 2.0 Developed/submitted

JAN/FEB
<ul style="list-style-type: none"> Regional Kick Off Mtgs Country Specific COP direction provided before starting COP Teams develop COP after Kick off mtg

MAR/APR
<ul style="list-style-type: none"> HQ internal Review of COP Submissions Assessment issued before in person approval mtg In person COP Approval Mtg

Revised Proposal: 2016 COP/ROP Development Concept Overview



- Updated Guidance, Technical Considerations, SID 2.0 and Tools issued

FY2016 Q1

2-3 days (in-person)

- (Washington, D.C. Kick Offs) HQ-Field pre-COP/ROP development meeting
- Country specific COP/ROP direction provided

- Field COP/ROP development, In-country external stakeholder engagement
- Interim Check-ins with HQ
- COP/ROP submission

4 - 6 weeks

2-3 days (in-person)

- HQ-Field COP/ROP validation and approval & POART Q2 (SAPR) meeting

OCT/NOV/DEC
<ul style="list-style-type: none"> • Updated COP/ROP Guidance • Updated TECH CONS • COP/ROP Tools Issued • COP/ROP Training/Webinars • SID 2.0 Developed/submitted

POART Q1 AND COP/ROP 2016 LAUNCH (MARCH)
<ul style="list-style-type: none"> • Washington, D.C. Kick Off Mtgs • Country Specific COP/ROP direction provided before starting COP/ROP • Teams develop COP/ROP after Kick Off mtg • Team submits COP/ROP in April

MAY/JUNE
<ul style="list-style-type: none"> • HQ internal Review of COP/ROP Submissions • POART Q2 Report • In person COP/ROP Approval Mtg

COP/ROP Kick Off Meeting – March, Washington, D.C.

In-person meeting to Develop Country Specific Guidance for 2016 (2-3 days)

1. Validation of progress towards 2017 targets and any recommended strategic shifts
 - a. Updated epidemiologic data and policy environment
 - b. Review of Financial Data and applied pipeline (EA and O/O reports)
 - c. Analysis of Results (MER)
 - d. Status of Quality (SIMS and other metrics)
 - e. Overview of SID 2.0
 - f. Overview of Bottlenecks & Barriers
 - g. Health diplomacy and external stakeholder discussion

2. Review of Table 6.0 continuing activities from COP/ROP15

3. Staffing review to ensure alignment with SIMS and PEPFAR 3.0 pivot

4. **Agreement on:** proposed program area level targets; earmarks; major strategic re-alignments; technical priorities; and assumptions for Unit Expenditures in order to endorse PBAC approach

COP/ROP Development

(4-6 weeks from March – April)

- **Update to the 2015 COP/ROP SDS**
- IM-level budgets
- Site level and Strategic targets
- Agency M&O
- Updated Table 6.0
- New mechanism log-frames
- Routine stakeholder engagement on COP/ROP

In-Country 2016 COP Development Process

Week One - Consultations on Country specific 2016 COP Guidance

- PEPFAR interagency team
- External Stakeholders
- PEPFAR Implementing Partners meeting

Week Two - Implementing Partner planning & SDS updates

- PEPFAR interagency team finalizes IM budgets
- PEPFAR IMs begin entering target in DATIM
- PEPFAR team work on SDS updates , M&O, and SIMS

Week Three – Implementing Partner planning & SDS updates continues

- PEPFAR IMs entering targets in DATIM
- PEPFAR team work on SDS updates , M&O, and SIMS

Week Four – Finalize Implementing Partner submission

- IM targets reviewed by activity manager/project officer
- Overall target review by PEPFAR Interagency

Week Five – Review of COP 2016 submission

- PEPFAR Interagency review of SDS, targets and other supplemental information
- External stakeholder engagement
- Presentation to COM/DCM

Week Six – Finalization

- Reflect any final external engagement and COM input
- Complete upload and submit

COP/ROP Validation/Approval & POART Q2 Review

In-Person Meeting (2-3 days), Regional Meetings, June

- Review of POART Q2 (SAPR) data
- Epidemiologic impact, geographic alignment, feasibility, affordability
 - Technical Priority Validation
 - PBAC
 - Targets
 - M&O plan, including SIMS Action Planner
 - Table 6 validation
- Health Diplomacy (Policy adoption, govt. contributions)
- Within Budget and meets all earmarks
- Review of outstanding POART action items
- On-site external stakeholder participation

HQ close-out process

- HQ/Field update to SDS, DATIM and issue of approval memo – All complete 30 days after COP/ROP approval meeting
- Posting of SDS and COP/ROP materials to PEPFAR.gov – within 30 days of approval memo issue
- Congressional Notification /Transfer of funding within same Fiscal Year

Discussion and Questions