SECTION 4: FUNDING LANDSCAPE, CO-FINANCING AND SUSTAINABILITY
This section details trends in overall health financing, government commitments to co-financing, and key plans for sustainability. **Refer the Funding Landscape Table(s)** and supporting documents as applicable. To respond, refer to additional guidance provided in the *Instructions.*

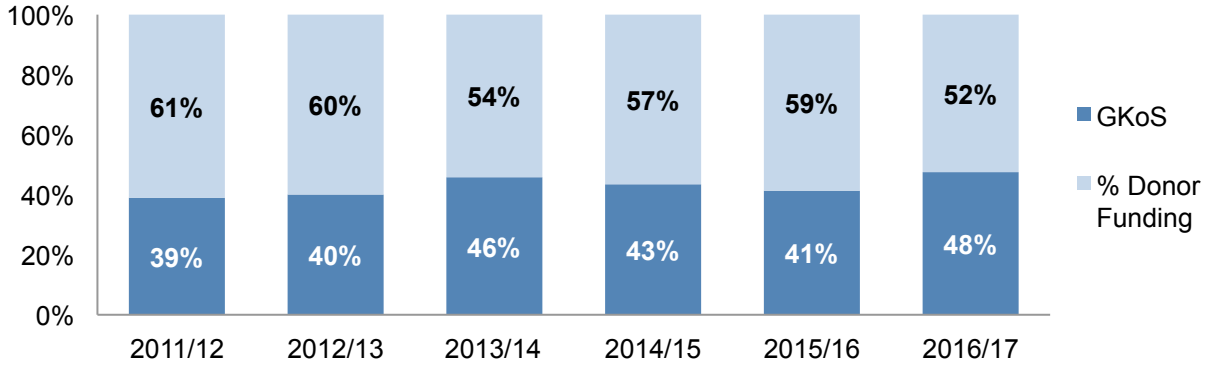
4.1 Funding Landscape and Co-financing		
Are there any current and/or planned actions or reforms to increase domestic resources for health as well as to enable greater efficiency and effectiveness of health spending? If yes, provide details below.	☒ **Yes**	☐ No
Is this current application requesting Global Fund support for developing a health financing strategy and/or implementing health-financing reforms? If yes, provide a brief description below.	☐ Yes	☒ **No**
Have previous government commitments for the 2014-16 allocation been realized? If not, provide reasons below.	☒ **Yes**	☐ No
Do current co-financing commitments for the 2017-19 allocation meet minimum requirements to fully access the co-financing incentive, as set forth in the Sustainability, Transition and Co-financing Policy?[166] If not, provide reasons below.	☒ **Yes**	☐ No
Does this application request Global Fund support for the institutionalization of expenditure tracking mechanisms such as National Health Accounts? If yes or no, specify below how realization of co-financing commitments will be tracked and reported.	☐ Yes	☒ **No**

Actions to Increase Domestic Funding and Enable Greater Efficiency and Effectiveness

Over the past three years, the Government of Swaziland has contributed $398.17 million to the health sector. Domestic funding for health increased in the past year, from $127.51 in 2016 to $129.01 in 2017 (Annex 32, p.1).

Of Swaziland's total health budget, 32.92% is spent on HIV. Domestic funding for the HIV response has grown over the past 6 years, from 39% in 2011/2012 to 48% in 2016-2017 (Figure 28).[167]

Figure 28: Share of Total HIV Funding in Swaziland, by Funding Source[168]

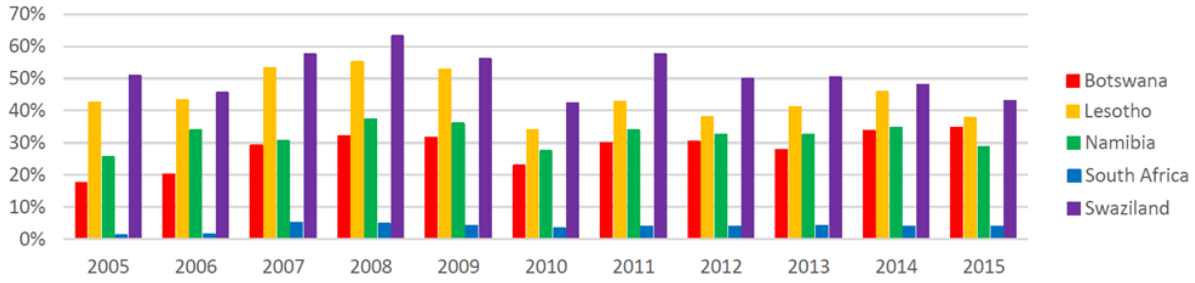


One key action to increase domestic funding for HIV in this next Global Fund grant is the move by government to fully fund all first line ARVs. This specific co-financing commitment is confirmed in an attached letter from the Ministry of Finance (Annex 32, p.3). Increasing domestic funding for vital program areas – like first line ARVs - is an important move towards greater sustainability.

For DR-TB, a key action towards greater government investment is for the government to absorb new shorter TB regimens, Bedaquiline and Delamanid. Currently, funding for these drugs is though USAID donation. However, this is expected to come to an end in 2018. In order to absorb this, the government is currently tendering to take over, demonstrating further commitment to increase domestic funding for key program areas and create greater sustainability of Swaziland's TB response.

Of the five Southern Africa Customs Union (SACU) members (Botswana, Lesotho, Namibia, South Africa and Swaziland), Swaziland is most dependent on SACU for government revenue.[169] Data shows a dip in revenue following the 2008 financial crisis, and a trend for SACU revenue to continue declining (Figure 33). Leading scholars have suggested that the SACU agreement seems to be under almost constant renegotiation and it would be appropriate for an 'HIV lens' to be brought into those debates.[170] This approach may be a strategic option for Swaziland to increase its domestic financing or HIV in the current economic climate.

Figure 29: Southern African Customs Union Revenue as a Percent of Government Revenue[171]



Realization of Historical Government Commitments for the 2014-2016 Funding Cycle and Future Co-Financing Commitments for the 2017-2019 Funding Cycle

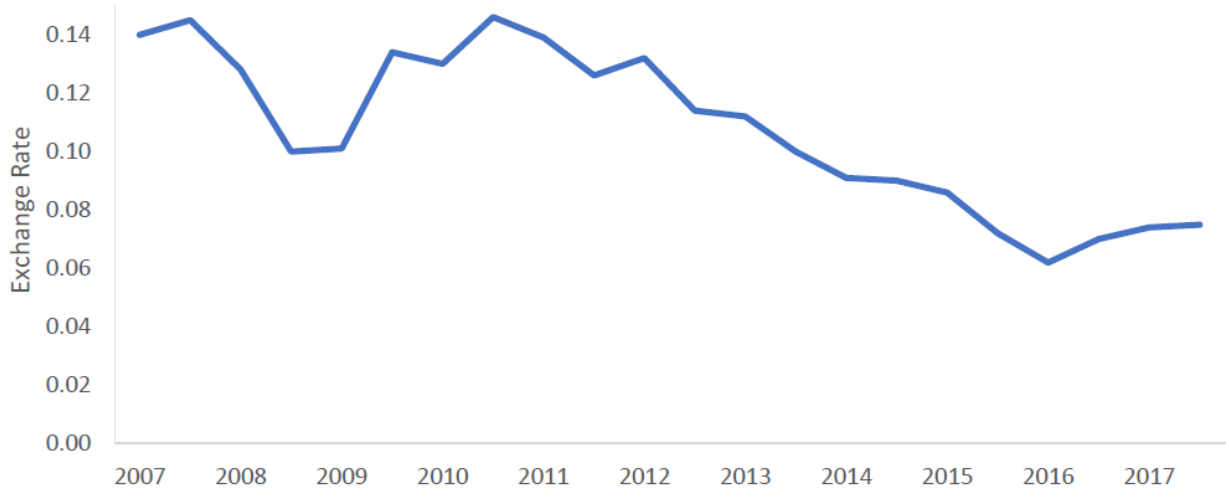
Table 4 below provides a summary of the Government of Swaziland's past contributions to its HIV and TB response, and future commitments over the next three years. A signed letter from the Ministry of Finance is attached in Annex 32 to confirm these investments and commitments. This domestic funding more than satisfies Swaziland's co-financing requirements to the Global Fund.

Table 4: Government Contributions (US $) to HIV, TB and Health in Swaziland (2015-2020)

Component	2014-2016 Funding Cycle			2017-2017 Funding Cycle		
	2015	2016	2017	2018	2019	2020
HIV	$33,970,000	$37,900,000	$30,960,000	$45,060,000	$47,320,000	$49,680,000
TB	$3,435,000	$3,800,000	$9,455,000	$4,270,000	$4,480,000	$4,710,000

The letter from the Ministry of Finance notes that exchange rate variations are an important consideration when assessing if past government commitments have been realized. Currency depreciation of the Swazi Lilangeni against US Dollar impacts the country's domestic commitment in US dollar terms (Figure 30). Indeed, as the Ministry's letter suggests, when the lower exchange rate used in previous forecasting is taken into account, historic commitments have been realized.

Figure 30: Currency Fluctuations between the Swazi Lilangeni and the US Dollar[172]



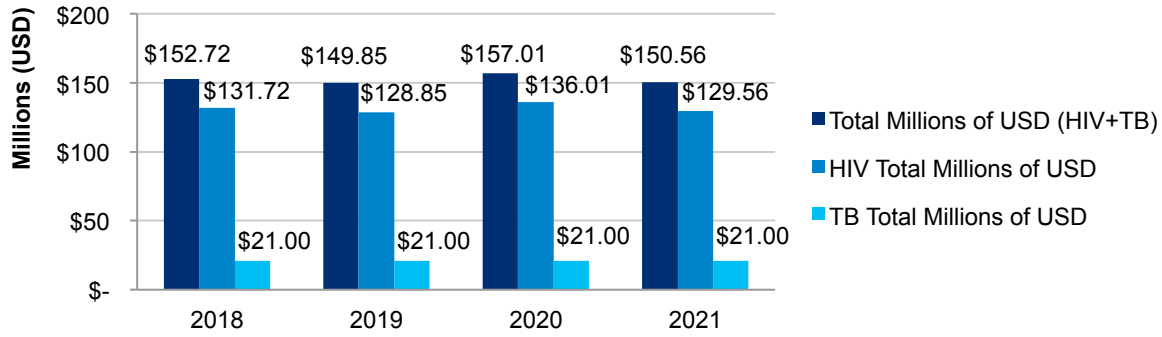
4.2 Sustainability

Describe below how the government will increasingly take up health program costs, and actions to improve sustainability of Global Fund financed programs. Specifically,

a) Explain the costs, availability of funds and the funding gap for major program areas. Specify in particular how the government will increasingly take up key costs of national disease plans and/or support health systems; including scaling up investments in programs for key and vulnerable population, removal of human rights and gender-related barriers and enabling environment interventions.
b) Describe actions to improve sustainability of Global Fund financed programs. Specifically, highlight key sustainability challenges of the program(s) covered by the funding request, and any current and/or planned actions to address them.

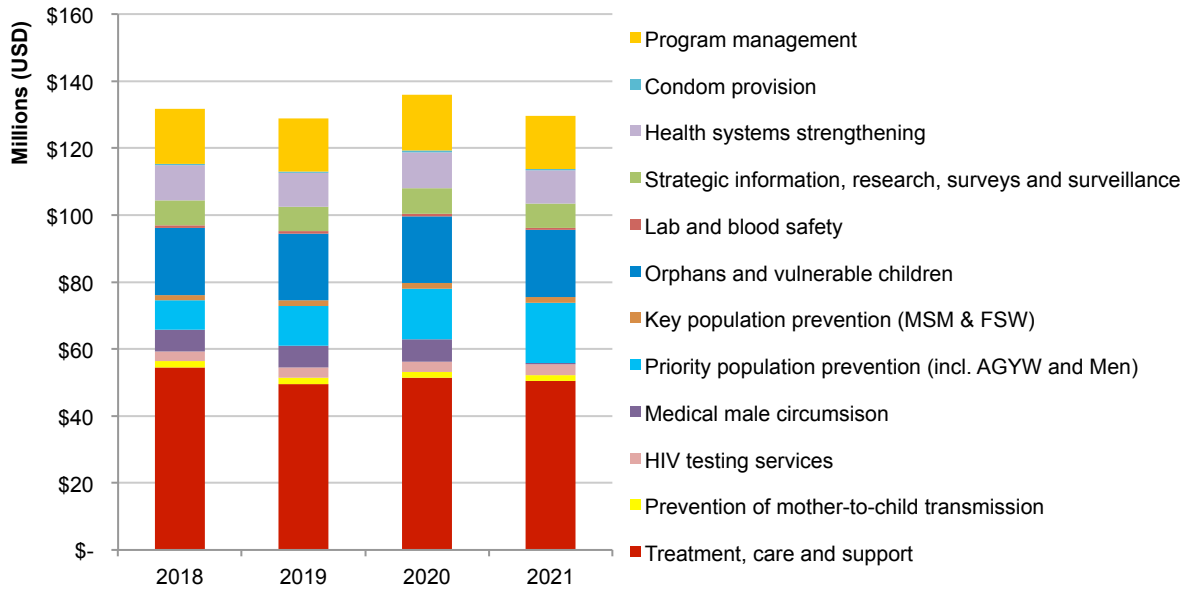
By 2021, the total cost of implementing Swaziland's essential healthcare package (EHCP II) will be between SZL 3.5 and 3.7 billion (US $260-$275 million).[173] A May 2017 analysis concluded that the Ministry does not have the necessary resources to achieve universal healthcare.[174] Even if all external funding was fully aligned with the EHCP, the deficit would still be $77 million in 2017/18. For the country's HIV and TB programs, financial needs are expected to reach $157.01 by 2020 (Figure 31).

Figure 31: Estimated Total Resource Needs for Swaziland's HIV/TB Response (Millions USD)[175]



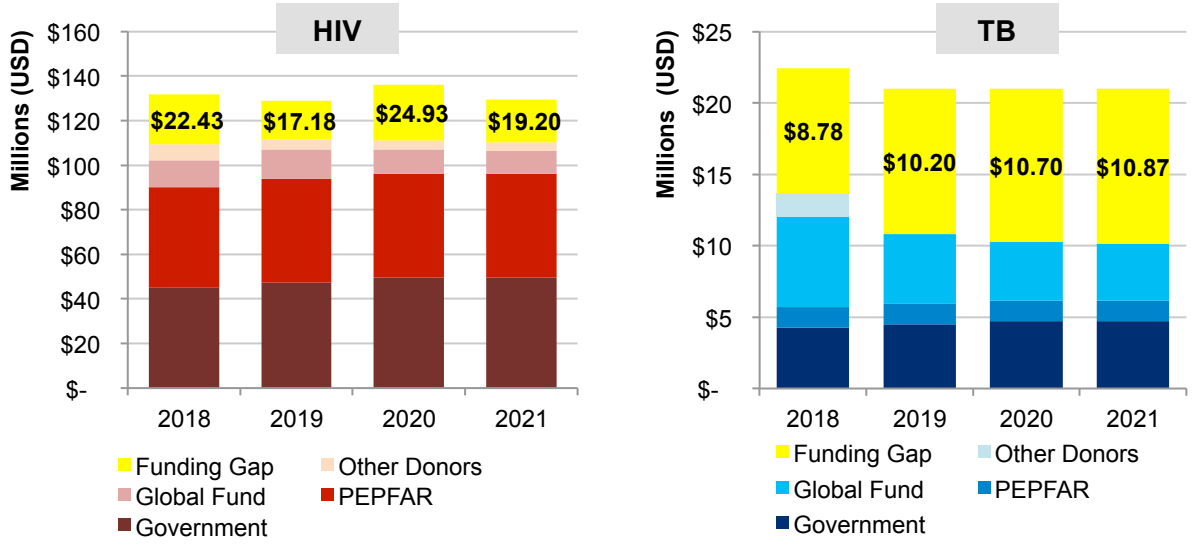
Broken down by program area (Figure 32), the bulk of funding needed for HIV is for treatment, care and support. Given Swaziland's enormous unmet need for OVC support, social protection has been added to GOALS modelling to better-characterize the true gap of the HIV response, including mitigation of the impact of HIV and AIDS. For TB, approximately US $12.6 million/year is needed for drug-resistant TB and US $8.4 million/year is needed for drug-susceptible TB.

Figure 32: Estimated Resource Needs for Swaziland's HIV Response, By Program Area[176]



Examining available funding against the estimated need, the gaps for both HIV and TB remain significant over the next four years. For HIV, the funding gap is estimated to peak in 2020 at US $24,929,540. For TB, the gap will grow to US $10,872,742 by 2021 (Figure 33).

Figure 33: Estimated Resources Available and Gaps for HIV (left) and TB (right) in Swaziland[177]



It is important to note that the funding landscape - and therefore any financial gaps identified – is currently based on a high-level Resource Needs Model estimate of total resource needs. As a result, the financial gaps are most likely under-estimated. Swaziland is about to commence development of a new HIV National HIV and AIDS Strategic Framework (NASF) in September 2017, and more accurate projections will be available early next year. Once this has occurred, Government commitments may be re-evaluated in light of more accurate information being available at that point.

The most promising option for Swaziland to close the deficit between growing program costs and limited available resources is to exploit efficiency gains. This is one of the strategic modifications for this funding request and the Ministry of Health is currently working closely with Oxford Policy Management (OPM) on the issue. OPM's model shows that if Swaziland continues on its current efficiency improvement trend, but with greater focus, there would be more than US $48 million a year in savings to benefit from – more than closing the funding gap.[178] Over time, these efficiency savings could provide a substantial redirection to the financing gap, creating a surplus by 2023/24.[179]

Implementing the Swaziland HIV investment case is also part of harnessing these efficiency gains. However, it should be noted that costs are expected to rise in the short-term in order to implement the full package of "game-changers". A strong rationale for the funding requested in this proposal is the need to front-load investments in strategic priority areas over the next three years, laying the foundation for the cost-savings to be realized later on. Indeed, while costs per HIV infection averted and per HIV-related death averted are expected to increase over the course of this funding cycle, by 2022 they are expected to begin coming down (Table 5).

Table 5: Long-term Savings and Efficiencies by Implementing Swaziland's Investment Case[180]

	2015	2020	2022	2030
Cost (USD) per HIV infection averted	$1,135	$1,800	$1,248	$250
Cost (USD) per HIV-related death averted	$1,763	$13,800	$7,943	$1,050

For TB, implementing Swaziland's HIV Investment Case will also lead to greater financial sustainability. For instance, providing universal access to HIV treatment is modelled to reduce new TB cases by 53% among PLHIV, translating into a 70% financial savings for the TB program in the long-term.[181] In addition, universal access to HIV treatment will lead to long-term savings through a reduction in the risk of MDR and XDR-TB, which is more costly to manage. With the support of this Global Fund investment, along with the investments of the Government and other partners, it is expected that the risk of recurring TB will reduce by 50%.

Epidemiological sustainability for HIV and TB will also be realized in the longer term if strategic investments are made in the investment case "game changers" (Figure 34 and Figure 35).

Figure 34: Epidemiological Sustainability for HIV Though Investment Case Game Changers[182]

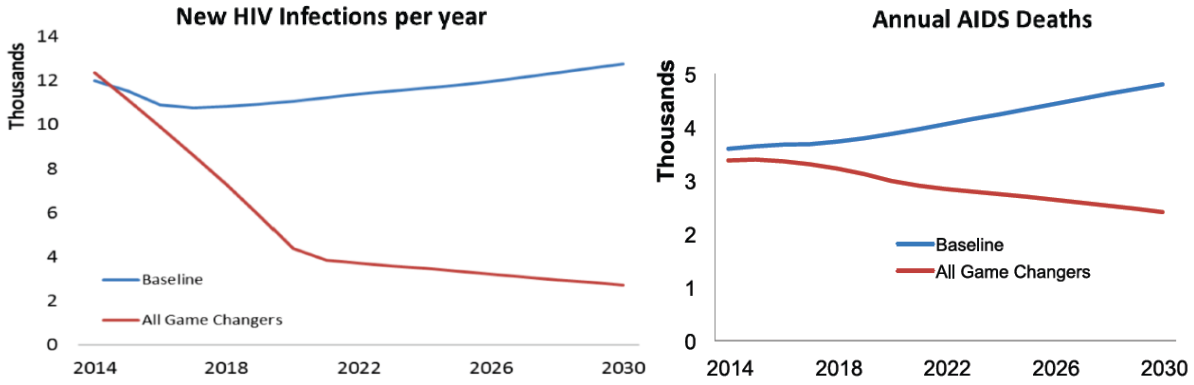
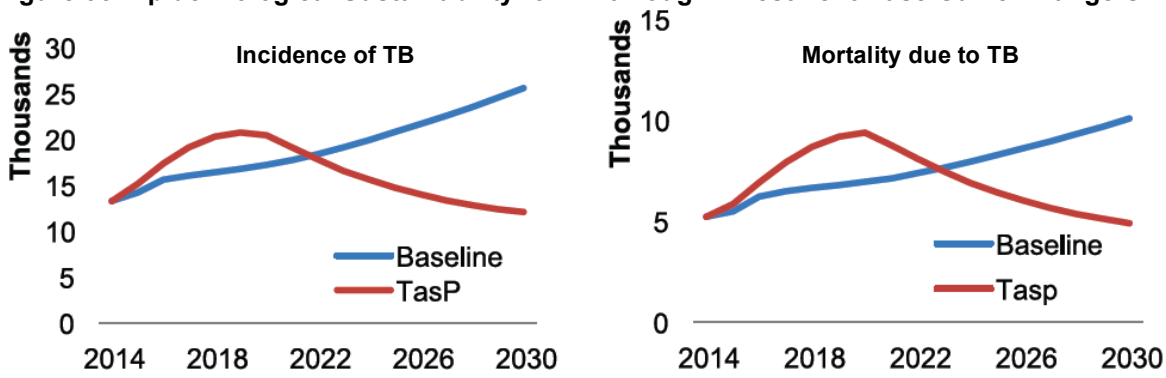


Figure 35: Epidemiological Sustainability for TB through Investment Case Game Changers[183]



Additional sustainability measures, as described in the Investment Case include:[184]

1. Sustaining the 40% contribution by domestic sources to total financial resources for HIV.
2. Integrating and mainstream HIV into health and development programs.
3. Strengthening procurement and supply management systems.
4. Strengthening community systems to deliver integrated HIV services at local level.
5. Reducing overall program management costs and maintain them at efficient levels of not more than 25% of total funding.

For the first point above, almost half (48%) of the country's total HIV funding is made up of domestic contributions in 2016/2017.[185] The Funding Landscape Table projects this will be maintained going forward. Similarly for TB, the government is projected to contribute about 45% of total funding.

For the second point, integration of HIV, TB, RMNCAH, NCDs, and other related health programs is a key strategic modification in this tailored application. Indeed, integration opportunities have been harnessed throughout this proposal.

For the third point, investments to strengthen the procurement and supply management systems, especially the warehouse management system, are prioritized in the RSSH request.

For the fourth point, community responses and systems are prioritized in the RSSH request. Differentiated ART delivery, including the country's new CommART strategy (Annex 29) as well as Community TB directly observed treatment (in line with the Community TB DOT Strategy for TB Patients) (Annex 33), are also included as a strategic approach in the funding request.

For the fifth point, program management in this proposal is just 1% of the allocation. Programs are not highly dependent on Global Fund for operational costs, with about 30% of domestic funding going to this area. Overall, the GOALS resource needs model indicates that program management will require about 12% of total resources over the next four years (recall Figure 32).

SECTION 5: PRIORITIZED ABOVE ALLOCATION REQUEST / UPDATE

Prioritized Above Allocation Request

Provide in the table below a prioritized above allocation request which, if deemed technically sound and strategically focused by the TRP, could be funded using savings or efficiencies identified during grant-making, or put on the Register of Unfunded Quality Demand to be financed should additional resources become available from the Global Fund or other actors (e.g. private donors and approved public mechanisms such as UNITAID and Debt2Health). This above allocation request should include clear rationale and should be aligned with the programming of the allocation for maximum impact. The request should reflect the order in which interventions will be funded if additional resources become available. In line with the Global Fund's Strategy to maximize impact and end the epidemics, the prioritized above allocation request should be ambitious (for example, representing at least 30-50 percent of the allocation amount).

HIV			
Module	**Interventions**	**Amount requested (USD)**	**Brief Rationale, including expected outcomes and impact** (how the request builds on the allocation)
Treatment care and support	Differentiated ART service delivery	**$4,058,944.24**	**Extend the buffer stock for second and third line ARVs from 6 months to 10 months.**
Prevention for adolescents and youth, in and out of school	Keeping girls in school	**$2,227,500.00**	**Dignity packs for an additional 16,500 girls**, covering all school-going girls in the 20 Global Fund Tinkhundla.
Prevention for the general population	Medical male circumcision	**$2,274,776.51**	Additional funding for demand creation, clinical activities and overhead costs to **perform an additional 7040 medical male circumcisions.** This above allocation request will enable the country to deliver 11,720 procedures over the three years.
Treatment care and support	Counseling and psycho-social support	**$2,300,698.08**	**Nutritional support for additional malnourished ART patients and TB patients (not co-infected) with BMI below 18.5.** This will support an additional 5,085 patients with a monthly parcel with four months' supply of ready-to-use foods for therapeutic feeding. The benefit of this support is treatment adherence and retention. It also impacts outcomes (reducing morbidity). Co-infected clients (TB/HIV co-infected) have been prioritized in the allocation amount, given the higher rates of morbidity among this group. However, evidence shows that nutrition for malnourished HIV and TB (not-co-infected) clients can still be improved with nutrition support.
HIV Testing Services	Differentiated HIV testing services	**$121,544.12**	The funding will also complement the government's investments in developing new HTS guidelines, which are anticipated by the start of this grant. The new guidelines will feature updated algorithms and innovative approaches which will require (re)training of providers. As such, funding is requested to conduct trainings (of trainers) in **provider initiated HIV testing services (PIHTS) as well as in-service training on the new HTS guidelines**, in all four regions. This will be paired with **provider initiated HIV testing services (PIHTS) training counselling to** facilities (in close coordination with PEPFAR, which is also funding portions of this activity). Along with training, funding will support the **procurement of working tools** as well as **psychosocial support** for the HTS providers.
Treatment care and support	Counseling and psycho-social support	**$417,688.00**	**Additional treatment literacy support**, including social and transitional media campaigns, recruitment of Community Outreach Workers (5 men per region and 5 AGYW). These groups are prioritized as outreach workers based on data that shows limited ART uptake among men (Table 3) and limited viral load suppression among young

			people. Lastly, funding will support the procurement of two vehicles to support the national PLHIV network SWANNEPHA. Funding is requested to recruit **community outreach workers**, with five men and five AGYW per region.
Treatment care and support	Other interventions for treatment	**$205,714.00**	**Additional demand creation for ART** among groups with low treatment coverage (i.e. men in their twenties – recall Table 3). This will include social marketing through social media, IEC materials, billboards, radio and TV adverts and other communication channels. This may be integrated with peer-led outreach among other vulnerable groups (i.e. transport operators) and with the TB active case finding.
Treatment care and support	Treatment monitoring – Viral load	**$1,136,287.92**	**Chemistry and hematology testing for ART patients** to monitor drug toxicity.
Prevention of mother-to-child transmission	Prong 1: Primary prevention of HIV infection among women of childbearing age	**$81,800.00**	**Procure syphilis test kits to cover 50% of the country need.** This builds on the 50% which is contained in the allocation amount.
Prevention for adolescents and youth, in and out of school	Other interventions for adolescent and youth	**$296,471.00**	Recruit and retain **four regional sexual and reproductive health coordinators/mentors** to enhance regional-level coordination of AGYW investments across Global Fund, PEPFAR, UN family, government and others. It is expected that this investment will help address some of the HRH-related implementation bottlenecks, especially for programmatic interventions requiring an integrated approach.
Prevention of mother-to-child transmission	Prong 4: Treatment, care and support to mothers living with HIV, their children and families	**$339,632.00**	Funding is requested to **conduct an evaluation of the mentor mother program ($20,000).** Next, funding is requested for the **development and distribution of registers and IEC materials,** biannual review meetings for sharing reports/data and experiences at regional level, **recruitment of 4 regional supervisors for the PMTCT/mentor mothers program**.
Prevention for adolescents and youth, in and out of school	Keeping girls in school	**$327,500.00**	**Printing of IEC information packs for the dignity packs.** This will include information on HIV risk reduction and information on how and where to access services.
Prevention for adolescents and youth, in and out of school	Community mobilization and norms change	**$32,500.00**	**Conduct a half day orientation for 1300 head teachers and deputies** on the LSE curriculum in primary schools
HIV Testing Services	Differentiated HIV testing services	**$30,892.86**	Additional **working tools for HTS providers** (lab coats) and **further learning and experience sharing** (conferences, exchanges) to share results from innovative testing modalities.
Prevention for adolescents and youth, in and out of school	Community mobilization and norms change	**$207,720.00**	**Procurement of 180 computers** (30 per each of the 6 schools) to support continued rollout (to underserved areas) of the digitalized youth-friendly LSE curriculum, being developed within the allocation.
Prevention programs for general population	Behavioral interventions as part of programs for the general population	**$35,750.00**	**Develop a directory of sector HIV, SRH, TB and social services interventions available** in the different target population areas for different target population groups: This shall be an overall directory of sectors interventions to guide implementers and target populations on what is available in different sectors for different target populations that they can refer clients to. This will assist service providers in platforms such as the U-report to know what is available and guide target populations towards those services. The directory shall be an easy to use guide that shows what programs are available in the education, business, public, financial, food security and social services sectors.

Prevention programs for adolescents and youth, in and out of school	Community mobilization and norms change	**$30,750.00**	**Develop a multi-sectoral model and costed operational plan to integrate health issues into other government services.** The approach is to institutionalize health issues into multi-sector entry points in order to expand access to information and services provided in communities, schools, facilities and other places. Funding will support stakeholder consultations and technical assistance to develop the plan.
Prevention programs for adolescents and youth, in and out of school	Community mobilization and norms change	**$300,000.00**	**Incentives for families to promote parent-child engagement and to entrench the stepping stones program into the homestead.** It is expected that this will lead to greater sustainability of the program.
Prevention programs for general population	Orphan and other vulnerable children package	**$6,000,000.00**	**Mobile cash transfers to 30,000 OVC in Swaziland** (as designed and piloted by the Deputy Prime Minister's Office), targeting the poorest of the poor. It is expected that this intervention will reduce poverty and enable better access to education, health services and nutrition. This will support the allocation activities by supporting highly vulnerable OVCs to attend school (and benefit from the LSR program) and access health services (benefiting from the service provision interventions). The 'co-responsibilities' of attending school and health care utilization are monitored by the scheme.
Prevention programs for general population	Orphan and other vulnerable children package	**$1,102,941.18**	**Strengthen the neighborhood care points (NCPs)** by training and supporting ownership of the NCP management committee, constructing and refurbishing NCPs (water and sanitation and hygienic kitchen), conducting a modular ECD training for two care givers per NCP and supporting program costs. OVCs under 6 year receive a holistic package of care in the day-centers: physical safety, psycho-social support, interpersonal skills and play, ECCD, nutrition support, health monitoring and referral. The community is stimulated to take ownership and give sustainable support to NCPs.
TOTAL AMOUNT		**$21,529,109.91**	

TB			
Module	**Interventions**	**Amount requested (USD)**	**Brief Rationale, including expected outcomes and impact** (how the request builds on the allocation)
Multidrug-resistant Tuberculosis	Treatment: MDR-TB	**$576,000.00**	**Third year salary for 8 regional DR-TB doctors, 12 regional DR-TB nurses and 4 regional data clerks.** The allocation amount covers salaries for the first two years of the grant. This investment will allow their work to continue for the full three years.
Multidrug-resistant Tuberculosis	Community MDR-TB care delivery	**$1,774,169.89**	**Maintain comprehensive patient support of all patients with drug-TB in all regions,** inducing a first time package, food, transport, and stipends for community treatment supporters**.** While 384 patients are prioritized for the allocation, and while this is nearly double the number in the current grant, this still leaves a gap of about 416 patients which MSF was supporting before the transition. This PAAR activity will ensure there is no gap in patient support.
TB Care and Prevention	Case detection and diagnosis	**$13,101,36.00**	**Procurement of additional buffer stock of GeneXpert cartridges** (to support government absorbing this in year 2 and 3 of the grant)
		$120,000.00	**Adding an additional day to the annual review meetings** for ACFs, screening officers, adherence officers and expert clients (all TB lay cadres). **The allocation amount covers annual 2-day review meetings, though ideally the reviews should be three days to cover additional topics, particularly given the integration these cadres are pursuing in this grant.**

TB Care and Prevention	Case detection and diagnosis	**$905,332.13**	**Procurement of digital x-rays and 6 biosafety cabinets** (2 per year) to replace retiring equipment (5 year lifespan)
TB Care and Prevention	Case detection and diagnosis	**$40,700.00**	**Increase ACF salaries** to enhance motivation and performance
TB Care and Prevention	Treatment	**$84,000.00**	**Recruit a clinical psychologist** to support the TB program
TB/HIV	TB/HIV collaborative interventions	**$111,060.51**	**Additional demand creation and treatment literacy activities**, including conducting campaigns targeting miners, ex-miners and their families; conducting campaigns targeting public transport operators; IEC materials, TV campaigns; radio campaigns and activities to create awareness on World TB day (24 March 2017).
Multidrug-resistant Tuberculosis	Treatment: MDR-TB	**$450,485.69**	**Recruitment and retention of two doctors and 4 nurses** at regional level, in Shiselweni and Manzini, to support the MSF transition in these areas.
TB/HIV	TB/HIV collaborative interventions	**$36,000.00**	**Annual joint TB/HIV planning meetings** (2.5 day residential meetings) to ensure greater integration of activities.
TB care and prevention	Treatment	**$366,148.05**	**Refurbishment and implementing IPC measures at non-BMU sites.** This will support the further expansion of accredited BMUs from the existing 118, towards ensuring that all ART sites (170) also offer TB treatment.
Multidrug-resistant Tuberculosis	Community MDR-TB care delivery	**$135,000.00**	**Training of community treatment supporters** in basic facts on TB, ethical considerations (privacy, patient confidentiality), infection control, treatment adherence and psychosocial support. This training helps them to execute their patient support duties with greater knowledge and broader understanding of their clients' needs.
Multidrug-resistant Tuberculosis	Treatment: MDR-TB	**$23,500.00**	**Strengthen pharmacovigilance** by Training of health care workers to screen for ototoxicity and cardiotoxicity once a year and conducting an annual training of health care workers of pharmacovigilance
Multidrug-resistant Tuberculosis	Treatment: MDR-TB	**$80,160.00**	**Procurement** of ear tips used for the Kuduwave to monitor for ototoxicity and Procurement of 2 additional pediatric audiology equipment, GSI audiometer and audio booth for Manzini and Lubombo region
TB/HIV	TB/HIV collaborative interventions	**$1,501,934.31**	Additional **ready-to-use supplementary nutrition for TB/HIV co-infected patients.** This will expand the criteria beyond the allocation (which only focuses on co-infected patients with BMI of 18.5 or lower. Evidence in Swaziland suggests that there is need for nutritional support even for those who are not extremely malnourished.
TB Care and Prevention	Case detection and diagnosis	**$166,667.11**	**Additional support for targeting the ACF's approach towards key populations,** including mapping and screening of Key affected populations by ACFs, including comprehensive training of ACFs and training of peer educators and caregivers to support TB key populations (factories, prisoners, orphanages, day care centers).
TB care and prevention	Treatment	**$30,000.00**	Funding is requested to **support Swaziland's TB hospital to become a center of excellence.** Specifically, funding will support a benchmarking exercise with Kimberly Hospital (Cape Town in South Africa), curriculum development and workshops for in-country and international trainings, partitioning and extending the mechanical ventilation to operationalize the dialysis machine), and technical assistance to ensure the certification of the hospital as center of excellence.
Multidrug-resistant Tuberculosis	Community MDR-TB care delivery	**$540,000.00**	**Strengthen ambulatory/community MDR-TB care and establish four regional sprinter ambulance costs**. The ambulance will include a bed, oxygen cylinder, tubes, masks, stretcher, endotrachial tubes, IVs, cardio resuscitation, drug cabinets, fire extinguisher.
TOTAL AMOUNT		**$6,941,157.69**	

RSSH			
Module	**Interventions**	**Amount requested (USD)**	**Brief Rationale, including expected outcomes and impact** (how the request builds on the allocation)
Integrated service delivery and quality improvement Integrated service delivery and quality improvement	Supportive policy and programmatic environment	**$450,000.00**	**Conduct the joint end-term HIV, TB and PMTCT program review**, following up on the mid-term review which was done in May 2017. These will help guide integrated panning across the three programs.
Health management information system and monitoring and evaluation	Routine reporting	**$128,000.00**	**Printing of TB registers** to complement the commitment from partners (PEPFAR/CDC) to support the program with this activity.
Health management information system and monitoring and evaluation	Routine reporting	**$3,424,843.00**	**Scale up CMIS** to 142 additional small volume facilities. This will enable CMIS to be operational in all facilities in the country. The more facilities where CMIS is operational, the better the functionality of the system as a whole. In other words, this PAAR activity is a catalytic one to the allocation CMIS scale-up. This means clients can move from one facility to another, and continue to be captured on the live system.
Health management information system and monitoring and evaluation	Analysis, review and transparency	**$185,000.00**	**Train at least 200 health workers, mentors and champions at all levels on data analysis, interpretation and use for decision making,** update national and sub-national HIV and TB (EPP/Spectrum) estimates and Develop and update TB&HIV Treatment Cascades by age, sex and location
Health management information system and monitoring and evaluation	Surveys	**$4,290,000.00**	**Conduct several additional surveys**, including: a Cohort Nutrition Assessment, do a PMTCT Effectiveness Survey, Conduct the next demographic and health survey, Conduct an Integrated Bio Behavioural Survey (IBBS) (building on the one currently being done by OIM), evaluate the Socio-economic impact of HIV and TB and do an HIV DR survey.
Human resources for health, including community health workers	Capacity building for health workers, including those at community level	**$26,664.00**	**Support for 3 TB program staff and 3 HIV program staff to attend relevant international conferences.** This will enable the program to share the lessons learned from Swaziland's response, as well as learn from other countries an contexts to improve innovation.
Integrated service delivery and quality improvement Integrated service delivery and quality improvement	Supportive policy and programmatic environment	**$189,306.00**	Linked with the investments in CMIS above, funding is requested in this module to **integrate CMIS with the lab information system (LIS).** In addition, funding will go towards **training at least 100 health workers on LIS, quality management systems and safety, disease prevention and surveillance.** This training will respond to finding from the 2016 Report on Assessment of Quality of Maternal and Neonatal Care in Swaziland. In particular, it will respond to the finding that infection prevention practice of health workers was poor and there was no mechanism to monitor adherence of providers to IP principles in assessed facilities.[186] The report also flags level of training of staff as a main problem in assessed facilities.[187]
Human resources for health, including community health workers	Retention and scale-up of health workers, including for community health workers	**$100,000.00**	**Train the remaining 4,400 Rural Health Motivators (RHMs)** (above the 600 that are prioritized in the allocation) using revised curriculum
Integrated service delivery	Supportive policy and	**$189,306.00**	**Procure 2 additional vehicles and drivers for Shiselweni region to support the MSF transition**

and quality improvement Integrated service delivery and quality improvement	programmatic environment		there, recalling that this is one of this proposal's main strategic modifications. Support Laboratory Personnel for the Lab Commodity Quality Assurance to support Supply Chain System (1 Technologist, 7 Warehouse Assistants). Support Laboratory Personnel to support and strengthen the Quality Assurance Unit.
Procurement and Supply Chain Management	Warehouse management system and logistics management	**$1,437,262**	Additional hardware, software and annual refresher trainings to support **extended scale up of the warehouse management system to additional sites**.
Community responses and systems	Community-led advocacy	**$20,000.00**	**Scale up advocacy for youth friendly ASRHR services** especially targeting adolescent & young girls.
Community responses and systems	Social mobilization, building community linkages, collaboration and coordination	**$50,000.00**	**Conduct regular coordination and review meetings at community level** by all service providers.
Community responses and systems	Institutional capacity building, planning and leadership development	**$50,000.00**	**Support capacity building of systems at community level;** these include a mix of short-term and longer-term interventions adapted according to needs of each community. The intervention may also include professional development for community workers/volunteers not supported elsewhere, e.g. for professional ethics, human rights, gender sensitivity and equality, and stigma reduction.
Procurement and supply chain management systems	Supply chain infrastructure and development of tools	**$696,077.73**	**Additional LIS support and Laboratory Personnel** to support and strengthen the Quality Assurance Unit and to support the supply chain system
Health management information system and monitoring and evaluation	Routine reporting	**$105,044.00**	**Information and communication technology (ICT) system support for the TB program**, including licenses, maintenance and upgrades for software and hardware.
Health management information system and monitoring and evaluation	Administrative and financial data sources	**$2,800,000.00**	**Update and maintain MIS information databank on all social welfare grants and in the future also social work case management.** It will allow DPMO to have real-time statistics on social welfare grants, for better evidence-based management and better advocacy for sustained social budgeting. This is a systems strengthening activity linked to the PAAR activity above to offer mobile cash transfers to 30,000 OVC. It will also support the matching funds activity to support 1000 AGYW (by year 3) with educational subsidies and other "cash plus care" models, as prioritized in Swaziland's investment case.
Community Responses and Systems	Institutional capacity building, planning and leadership development	**$840,000.00**	**Support establishment and operationalization of community Maternal Death Surveillance and Response (MDSR) committees**, orient communities on MDSR and support the establishment of referral networks between MDSR focal points at community and at health facility level
Community Responses and Systems	Institutional capacity building, planning and leadership development	**$50,000.00**	**Development of a national community health strategy**
Integrated service delivery and quality improvement	Supportive policy and programmatic environment	**$253,000.00**	**Interventions to address quality of care issues specific to Adolescent Friendly Health Services (AFHS).** These include technical assistance for incorporation of AFHS standards into quality audit forms, quarterly joint technical working group meetings between relevant MOH departments and incorporating the AFHS component into the quality audits conducted by the ministry of health in the 20 priority *Tinkundla.*

TOTAL AMOUNT	$15,284,502.73

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