



Integrated Country Strategy

Eswatini

FOR PUBLIC RELEASE

Approved: July 20, 2018

Table of Contents

1. Chief of Mission Priorities 2

2. Mission Strategic Framework 6

3. Mission Goals and Objectives 7

4. Management Objectives..... 16

1. Chief of Mission Priorities

In partnership with the Government of the Kingdom of Eswatini (GKoE) and civil society, the U.S. Mission to Eswatini promotes responsive, accountable, and inclusive governance. The Mission seeks improved health outcomes for the people of Eswatini; a stronger commitment by the GKoE to democracy, human rights, the rule of law, and economic growth; and greater empowerment of women, youth, disabled persons, and Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) persons.

Eswatini's development continues to be adversely affected by its having the highest HIV/AIDS prevalence in the world, as well as high levels of poverty and minimal economic growth, political restrictions, and a burgeoning youth population with limited economic prospects. The human, social, and economic costs of the HIV/AIDS crisis, coupled with poor governance, weak democratic institutions, high levels of gender-based violence and gender inequality, and an unattractive investment climate, exacerbate the overall development challenges in Eswatini. Improvements in the coordinated response to the HIV/AIDS crisis and significant policy changes have maintained Eswatini's positive trajectory for disease response. The Mission is focused on working to take advantage of new opportunities to support targeted and sustained interventions by the GKoE—with particular emphasis on coordination with traditional leaders, civil society, the private sector, and development partners to enhance their efforts to meet the needs of the people of Eswatini.

In alignment with the strategic priorities of the Bureau of African Affairs, the U.S. Mission to Eswatini has identified three Mission Goals. Through our interagency work on the following goals, we will guide and support the GKoE to better respond to the health needs of its population and create an environment where all emaSwati can participate meaningfully in governance and civic change:

- Provision of support to the GKoE's HIV/AIDS response;
- Deepened commitment to democratic governance, human rights, the rule of law, and a market-based economy free from government interference; and
- Increased participation by youth, women, and other disadvantaged groups in civil society and government.

Support for host-country's multi-sectoral response to HIV/AIDS

The GKoE, with ongoing support from the U.S. Government's (USG) President's Emergency Plan for AIDS Relief (PEPFAR), has made significant strides to achieve epidemic control and reverse

the impact of HIV on the people of Eswatini. PEPFAR activities support the National Emergency Response Council on HIV and AIDS (NERCHA) 2018-2022 National Multi-Sectoral Strategic Framework for HIV and AIDS (NSF) goals to:

1. Find 95% of people living with HIV (PLHIV) and make them aware of their status, intensify same-day antiretroviral therapy (ART) initiation and implement differentiated care models to target groups of missing populations;
2. Provide primary and combination prevention services to priority and key populations to prevent HIV transmission and acquisition to reduce new infections;
3. Address HIV related stigma and discrimination and ensure the right to access HIV services for all; and
4. Reduce orphaned and vulnerable children (OVC), and adolescent girls and young women's vulnerability to HIV/AIDS and address sexual offenses and gender-based violence.

PEPFAR activities will continue to support the GKoE's efforts to aggressively reach 95-95-95 (95% of PLHIV identified, 95% of PLHIV identified are on treatment, and 95% of PLHIV on treatment are virally suppressed). Epidemic control will be achieved through increased case finding of PLIV through index testing, supporting early treatment, and encouraging same day initiation of ART; suppressing viral load for PLHIV; and preventing new infections. In collaboration with the Government of the Kingdom of Eswatini, PEPFAR will continue to target the population with gender-specific interventions based on epidemiological and contextual factors, particularly focusing on testing adult males, whose testing and treatment rates are lower than females, and prevention for adolescent girls and young women, whose new infection rates are higher than for boys and young men. PEPFAR is the largest contributor to the HIV response in Eswatini, followed by the GKoE, and then the Global Fund (GF). The Swaziland HIV Incidence Measurement Survey (SHIMS) 2, released in July 2017, was Eswatini's second nationally representative Population-based HIV Assessment (PHIA) survey, designed to estimate HIV incidence and prevalence among adults ages 15 years and older.

Deepened commitment to democratic governance, human rights, the rule of law, and a market-based economy free from government interference

Limited respect for democratic freedoms, good governance, human rights, and the rule of law by key elements of the GKoE undermines national development, including Eswatini's ability to comprehensively address the HIV/AIDS crisis and its attendant social consequences. The country's governance under an executive monarchy is a significant challenge. Political parties

exist, but conditions for their operations, particularly in elections, are undefined, legally unclear, or culturally restricted. Citizens' rights to assembly, association, and expression gained improved protections with amendments to the Suppression of Terrorism Act and a new Public Order Act, and implementation of these acts since these changes has thus far been favorable. Powers are separated but imbalanced across different branches of government, with the executive branch wielding out-sized authority, the monarchy connected directly or indirectly to all judicial appointments, and the Parliament ill capacitated to perform its functions.

The Mission continues to focus on efforts to support civil society's ability to advocate for increased political space to operate, strengthen democratic institutions, enhance government transparency and accountability, and ensure human rights protections for the most vulnerable. Eswatini's economy is heavily dependent on revenue from the Southern African Customs Union (SACU), which provides 44 percent of the government's revenue and is critical to funding civil service salaries. There are many impediments to private sector growth, blocking a key potential channel for the upcoming youth bulge. We will continue efforts to support a market-based economy by engaging with the private sector on trade and investment opportunities with U.S. companies, working with the GKoE to maximize utilization of the African Growth and Opportunity Act (AGOA), exploring areas for non-AGOA exports, and strengthening government accountability with technical assistance. With AGOA eligibility restored, the Mission will work with the government to achieve reforms needed to attain eligibility for a Millennium Challenge Account compact. The Mission will continue to seek democracy and governance and economic growth funds to advance these objectives.

Increased participation by youth, women, and other disadvantaged groups in civil society and government

The Mission's public diplomacy programming is key to our ability to empower historically disadvantaged groups, particularly youth and women but also disabled and LGBTI persons, to participate in their country's future in a meaningful way. With extremely limited funding to formally support the Bureau of African Affairs' strategic priority of strengthening democracy, human rights, and good governance, the Mission relies heavily on public diplomacy to support civil society in developing the skills necessary for effectively pressing the GKoE to allow public participation in the political process. The Mission seeks to increase public diplomacy outreach and programming, especially in the form of speakers and exchanges, to expose Swazi youth and women to information and networks that will better enable them to become policy advocates, build viable economic futures, and participate in political processes.

Our public diplomacy focus is targeted at reaching Eswatini's youth, women, and other disadvantaged groups to engage on democracy and human rights issues, building the capacity

for independent media, and increasing access to electronic information. Through various public diplomacy tools, we will focus on working with Eswatini's youth and women who can serve as role models and press for government accountability to meet the needs of national development.

The Mission is working closely to link our PEPFAR, democracy and human rights, and public diplomacy programs to promote an engaged citizenry that will demand accountable government to ensure budget oversight and prioritization of social programs, increased human rights protection for women and girls, and transparent and inclusive national economic development.

2. Mission Strategic Framework

Mission Goal 1: Eswatini strengthens its multi-sector HIV/AIDS response

Mission Objective 1.1: emaSwati have greater access to improved quality of prevention, care, and treatment services through service decentralization and national expansion of test and start.

Mission Objective 1.2: Eswatini advances its capacity to lead a multi-sectoral response essential for countering HIV/AIDS by increasing focus on children, mainstreaming gender, and strengthening human and institutional capacity, with a focus on country ownership.

Mission Objective 1.3: Eswatini reduces incidence of HIV through strengthened combination prevention interventions, including treatment as prevention.

Mission Goal 2: Eswatini improves its commitment to transparent and accountable governance, human rights, and the rule of law.

Mission Objective 2.1: Civil society and the Swati government develop greater capacity and willingness to ensure the fair application of law and the transparent use of public funds.

Mission Objective 2.2: The Swati government builds the will and capacity to protect the rights of all emaSwati through rigorous and uniform implementation of constitutional freedoms and protections.

Mission Objective 2.3: The Swati government permits the expansion of press freedoms and diversification of media platforms, which are seized upon by increasingly competent and professional Swati journalists.

Mission Goal 3: Eswatini embraces inclusive, strategic, and self-driven development.

Mission Objective 3.1: Youth and women gain increased skills to participate in the economy and advocate on issues of particular concern to them.

Mission Objective 3.2: Businesses, civil society, and the public sector advocate for and implement policy reforms that improve the investment climate.

Management Objective 1: Improve Mission medical assets and emergency response capabilities locally and regionally to strengthen emergency response options, to include adding a full-time USDH Foreign Service Health Practitioner to Mission staffing.

Management Objective 2: Convert the Mission's Kent Rock Compound into 1) a fully functional alternate command center; 2) a recreational facility for the Mission community; and 3) housing.

Management Objective 3: Improve ICASS services by increasing the Mission's USDH ICASS support platform to include a full-time FMO/HRO.

3. Mission Goals and Objectives

Mission Goal 1 Eswatini strengthens its multi-sector HIV/AIDS response

Description and Linkages: This Mission Goal promotes the Bureau of African Affairs' Joint Regional Strategy (JRS) goal to "Promote Inclusive Country-led Development." Consistent with the JRS goal, Post will continue working to accelerate reductions in mortality, while also working to increase Eswatini's capacity to manage and, ultimately, fund its own HIV/AIDS response efforts.

Mission Objective 1.1 EmaSwati have greater access to improved quality of prevention, care, and treatment services through service decentralization and national expansion of test and start.

Justification: Eswatini is at the epicenter of the global HIV/AIDS pandemic, struggling to mitigate the world's highest prevalence rates of HIV and TB. More than half of the population is under 24 and nearly half of the youth are at extremely high risk of HIV. The 2010 Multiple Indicator Cluster Survey (MICS) reported that 45.1 percent of children and youth fit the definition of orphaned or vulnerable. Traditional family structures have all but collapsed, with only 22.1 percent of children raised in two-parent households. Gender-based inequalities, violence, poverty, and income disparities persist in the country and create significant barriers to effective HIV prevention interventions and the uptake of care and treatment services. Economic growth and development have been deeply impacted by the health crisis, which literally threatens the future of the Kingdom.

The majority of the population (79 percent) lives in rural areas and is dependent on subsistence farming, although Eswatini's generalized epidemic does not show significant variances in HIV prevalence between rural and urban areas or among the country's four regions. Given the HIV prevalence, the entire country is considered at risk. Further complicating the spread and prevalence is TB, which is the leading cause of morbidity and mortality among adults. WHO estimates that TB kills 50 percent of HIV infected patients and accounts for more than 25 percent of all hospital admissions. The extreme burden of HIV, TB, and other communicable diseases has severely strained the health sector's ability to tackle the growing prevalence of non-communicable diseases (NCDs). Nearly unmanageable patient loads, lack of waiting areas, deteriorating physical health infrastructure, inadequate numbers of health care providers, and the complexity of providing chronic care for HIV/AIDS patients are severely straining the government's efforts to decentralize and improve the quality of health care.

In line with the NSF and the need in Eswatini, the overall objective is to achieve improved access and quality of prevention, care, and treatment through supporting the GKoE' decentralization of services and improved quality of HIV-related prevention, care, and treatment services through better HIV/TB integration and enhancing health outcomes for PLHIV. Decentralized services will facilitate earlier diagnosis and treatment, thereby extending quality of life, and will serve to reduce HIV transmission to partners. The strategy for scale-up support for HIV and TB care and treatment services—including Test and Start (T&S)—comprises policy development, institutional and leadership capacity development, program design and (costed) planning, and significant implementation support through financial, human resource, and infrastructure support, as well as extensive technical assistance.

Mission Objective 1.2 Eswatini advances its capacity to lead a multi-sectoral response essential for countering HIV/AIDS by increasing focus on children, mainstreaming gender, and strengthening human and institutional capacity, with a focus on country ownership.

Justification: In applying the principle of encouraging 'country ownership' to the Swati context, it is critical to do so through the prism that to date, a large portion of health sector financing comes from Swati government funding streams. Eswatini finances over 40 percent of the HIV response, twice the threshold recommended by the Global Fund for a lower-middle income country (USG/PEPFAR and Global Fund account for approximately 50 percent of HIV financing). Most recently, economic growth has slowed down with devaluation of the South African rand, to which the Swati currency is tied. This devaluation has resulted in price increases for products imported from outside the currency zone. GKoE has frozen unfilled government positions for an unspecified amount of time. Further, the 2015-2016 regional drought has severely affected Eswatini with long-term ramifications; in response, GKoE has reallocated funding for drought relief. The country's current fiscal position raises serious questions of whether Eswatini's funding capacity will be severely cut in the near term.

Investments and technical support from bilateral and multilateral stakeholders—including USG, the World Bank, the European Commission (EU/EC), the UN family, Taiwan, the Global Fund, Medecins sans Frontieres (MSF), the Clinton Health Access Initiative (CHAI) and several international NGOs—are on balance supporting national systems rather than setting up parallel vertical programs.

The USG's focus is to expand and improve support for vulnerable children in core service areas, including health, education, protection, psychosocial support, food security, and economic strengthening. A major goal is to enhance coordination and standardization of community based services. The portfolio aims to: 1) reach large numbers of children with a package of essential services; 2) support and build on existing national momentum, structures, plans, and initiatives; 3) leverage additional funding and resources and improve quality and sustain services; 4) promote family-centered approaches and stronger linkages between prevention, care, treatment and support; 5) devote the bulk of funding to services and support for children through national or scalable initiatives and through NGOs that can model key aspects of impact mitigation; and 6) complement service activities with efforts to strengthen systems and improve the policy environment.

Additionally, the USG aims to create a strengthened public sector, NGO workforce and institutional base sufficient for rapid national scale up of the HIV response and with benefit across the health and social welfare sectors. Human and institutional capacity building cut across all program areas of the HIV/AIDS response. To ensure national level capacity for HR management, we must provide support to the GKoE to finalize and implement at the Ministry of Health (MOH) HR Policy, National Health Policy, and National Health Plan. Moreover, additional support is required to establish the Health and Social Welfare Commission. Technical assistance and financial support would assist the GKoE to fast-track recruitment to fill the more than 850 vacant posts with the current MOH and DSW, and to ensure that positions are filled in sites designated for rapidly scaled up services. Direct support to the MOH facilitates the linkage of HR planning with infrastructure planning and decentralization of service delivery.

Mission Objective 1.3 Eswatini reduces incidence of HIV through strengthened combination prevention interventions, including treatment as prevention.

Justification: The GKoE is focusing on expanding and intensifying its multi-sectoral HIV combination prevention approach. Its prevention strategy seeks to establish an optimal combination of prevention interventions that are tailored to different age groups/populations with sufficient intensity and quality for impact. These efforts are focused on reducing HIV risk and vulnerability and assuring the up-take of high impact services including HIV/TB treatment and care. Combination prevention programming supports enhanced awareness and education efforts for HIV prevention, including youth life skills programs for in- and out-of-school youth. They also implement innovative sexual behavior change communication messaging to reduce GBV and risky sexual behavior, and to promote voluntary medical male circumcision (MC).

The GKoE made a commitment to reach 110,000 or 80 percent of all males aged 15-24 in Eswatini with medical MC services by early 2014. This effort forms part of an integrated approach to HIV prevention and will be supported by a national communication strategy to promote MC and reduce potentially harmful misconceptions about the service. Scale up of MC services must consider a multi-pronged strategy that addresses policy and planning, human resources (HR), institutional capacity, leadership development, service delivery, and communications and social mobilization.

The current focus on PMTCT serves as a critical entry point for strengthening MNCH services and for supporting family interventions at facility and community levels more broadly. The “Elimination of Pediatric AIDS in Swaziland” Plan is based on the four-pronged approach that prioritizes prevention, care and support activities: 1) prevention of HIV in women; 2) prevention of unwanted pregnancies among HIV-positive women; 3) prevention of Mother-to-Child Transmission of HIV; and 4) care and Support for HIV-positive women, infants, and families. While the goals of the Plan focus on increasing HIV testing and linkages to PMTCT care among pregnant women, each prong also incorporates activities that specifically target the improvement and expansion of MNCH services. Linkages with family planning (FP) are seen as integral to MNCH.

Under DREAMS, an important new prevention tool will be provision of PrEP for HIV-negative female sex workers (FSW). PEPFAR/S will work with civil society and authorities, including police, to reduce discrimination, stigma, and violence against sex workers.

To achieve sufficient uptake and impact of biomedical, maternal, sexual behavior and gender interventions, Eswatini must address structural and behavioral issues. A key to this response is assisting the Swaziland National AIDS Program and NERCHA in reconstituting the National HIV Prevention Technical Working Group (TWG) and providing organizational development assistance to enable the TWG to provide leadership, oversight and coordination for prevention activities countrywide. Further needs for support include: 1) the establishment of a system for standardizing, integrating and coordinating messages and communications around key topics including multiple concurrent partners (MCP); 2) the standardization of curricula and facilitation guides for faith-based organizations (FBOs), NGOs and other community-based groups to ensure evidence based messages are disseminated widely and consistently; 3) the identification of National Prevention Champions to reach out to communities through traditional leaders and other influential groups; 4) distribution and promotion of condoms through public and private sector; 5) strengthening the focus on key target groups including youth and couples; and 6) the inclusion of key gender issues, including GBV.

Mission Goal 2 Eswatini improves its commitment to transparent and accountable governance, human rights, and the rule of law.

Description and Linkages: This Mission Goal advances the Bureau of African Affairs' Joint Regional Strategy (JRS) goal to "Strengthen Democracy, Human Rights, and Good Governance." Consistent with the JRS goal, Post will continue working to promote accountable, transparent, and responsive governance; promote and protect fundamental rights and liberties; support democratic processes; and promote strong democratic norms.

Mission Objective 2.1 Civil society and the Swati government develop greater capacity and willingness to ensure the fair application of law and the transparent use of public funds.

Justification: The Kingdom of Eswatini is an executive monarchy, ruled by King Mswati III alongside traditional parliamentary and bureaucratic structures. Traditional forms of governance and elements of representative government share power and control over policy development, law making, law enforcement and dispute resolution. In 2006, the country enacted a new constitution that enshrined broader political freedoms and expanded the roles of the legislative and judicial branches, yet implementation of the constitution remains slow and imperfect. Political parties exist, but conditions for their operations, particularly in elections, are undefined, legally unclear, or culturally restricted. Since 2016, Parliament has enacted several new laws to expand citizens' rights to assembly, association, and expression. Thus far, the GKoE has respected these expanded freedoms in practice. Powers are separated but imbalanced across different branches of government, with the executive branch wielding out-sized authority, the monarchy connected directly or indirectly to all judicial appointments, and the Parliament ill capacitated to perform its functions. The Mission will work with civil society and key members of the government to focus on strategic pathways to positive reform. To this end, we will leverage our strong network of contacts to identify and partner with forward-leaning members of government, civil society, and the private sector. We will continue to submit proposals for funding opportunities to support these priorities.

Mission Objective 2.2 The GKoE builds the will and capacity to protect the rights of all emaSwati through rigorous and uniform implementation of constitutional freedoms and protections.

Justification: The executive branch limits judicial independence through its powers of appointment and removal. The Swati ruling class uses patronage and powers over land distribution, exercised by the traditional chiefs, to help ensure that dissident voices remain isolated and weak. There is simmering dissent within the urban population, trade unions, political parties, and the youth as they challenge government and traditional structures and call for democratic reforms. The GKoE continues to invest in the State's security apparatus, and could use force to quell demonstrations and restrict speech, media, and public debates. Gender inequality continues to be a serious inhibitor to the country's political modernization, economic growth, and social development. The Mission will incorporate human rights' promotion into existing programs and look for ways to advocate for better government protection of Swati citizens' rights. We will continue to leverage training for law enforcement to professionalize the police force, with a particular focus on policing gender-based violence and child exploitation, and decreasing human rights violations.

Mission Objective 2.3 The Swati government permits the expansion of press freedoms and diversification of media platforms, which are seized upon by increasingly competent and professional Swati journalists.

Justification: Access to information is hindered by the limited number and state ownership of media outlets, poor quality journalism, high turnover, and limited internet penetration outside of urban areas. Journalists are generally free to criticize the government, but face physical, legal, financial, and social retribution if they in any way criticize the royal family. There are only two major newspapers in the country, one of which is owned by the royal family and under government control. The other paper is the only major news source independent of government control, but its journalists and editors still practice a significant degree of self-censorship, avoiding any topics that might be construed as critical of the monarchy. There is only one truly independent media outlet, the monthly editorial magazine *The Nation* whose editor was jailed for criticizing the judiciary.

The majority of emaSwati get their news from the radio, but the only radio station in the country (other than a religious station) is also government-owned. There is only one broadcasting license despite multiple attempts by others to break into the broadcasting industry. Many journalists lack formal journalism training, and journalistic integrity is lacking. The government has stopped giving scholarships to study journalism at universities in Eswatini. The Mission will continue to cultivate productive working relationships with members of the media and will work to expand training opportunities and programs designed to build the capacity of journalists, especially women and youth who are under-represented, to provide timely, accurate, and substantive reporting.

Mission Goal 3 Eswatini embraces inclusive, strategic, and self-driven development

Description and Linkages: This Mission Goal looks to address Post’s priorities of improving Eswatini’s investment climate, trade relationships with U.S. companies, and readiness to participate effectively in regional and international markets. At the same time, this Goal focuses on the pressing need for greater economic integration and inclusion, particularly for Eswatini’s historically underserved and underrepresented youth and women. The Goal advances the Bureau of African Affairs’ Joint Regional Strategy (JRS) twin goals to “Promote Inclusive Country-led Development” and “Increase Mutually Beneficial Economic Growth, Trade, and Investment.” Consistent with these JRS goals, Post will continue working to support equitable access to education for all learners, and to training for Eswatini’s next generation; improve economic governance and regional integration for trade and investment; encourage mutually beneficial trade and investment between the United States and Eswatini; and expand Eswatini’s capacity to effectively participate in global markets.

Mission Objective 3.1 Youth and women gain increased skills to participate in the economy and advocate on issues of particular concern to them.

Justification: Youth comprise more than half of the total population of Eswatini; in 2014 nearly 59 percent of the population was under age 24. Yet they face some of the greatest challenges, including limited access to education, high rates of unemployment, and disproportionate vulnerability to the devastating effects of HIV. Eswatini has the highest prevalence of HIV in the world, and youth are the most impacted by the epidemic. More than 70% of youth aged 15-17 are either orphaned or categorized as vulnerable children. Youth often complain that they are excluded from the political system and that programs meant to address youth issues are ineffective and rife with nepotism. Like youth populations, women face higher rates of unemployment. They also earn less than their male counterparts and are more adversely affected by the HIV epidemic than men. Women are infected at higher rates and, on average, at a younger age than men. Addressing Eswatini's gender- and age-based inequities will be an essential part of any successful strategy for the country to capitalize on its competitive advantages and reach its full economic potential.

Mission Objective 3.2 Businesses, civil society, and the public sector advocate for and implement policy reforms that improve the investment climate.

Justification: Eswatini has high unemployment and one of the lowest gross domestic product (GDP) growth rates in sub-Saharan Africa. As of 2016, 38 percent of the population lives below the international poverty line, according to the World Bank. The economy of Eswatini is largely dependent on sugar exports and Southern African Customs Union receipts (44 percent of total revenue), both of which are likely unsustainable in the long-term. Mismanagement and lavish and unaccountable spending by the royal family divert much needed public resources from key areas such as health, education, and economic development. Private sector development and foreign investment are key to reviving Eswatini's economy, yet inconsistent laws, a cumbersome bureaucracy, and over-regulation continue to deter business development. A lack of transparency in regulation, high cost of utilities caused by a lack of competition, and political monopoly are all disincentives to investment in Eswatini. Improving the investment climate will require improvements in governance, which are not possible without political will.

4. Management Objectives

Management Objective 1 Improve Mission medical assets and emergency response capabilities locally and regionally to strengthen emergency response options, to include adding a full-time USDH Foreign Service Health Practitioner to Mission staffing.

Justification: After a thorough review of medical and emergency response facilities in Eswatini, Post's RMO concluded that adequate medical care in-country is insufficient to support COM personnel in need of emergency medical treatment (e.g., trauma care) and/or any procedure beyond minor medical care. There are only two medical clinics in-country deemed capable to conduct routine procedures, one of which employs the only two cardiologists in the private sector. Pregnant women are advised 1) to have all prenatal evaluations performed in South Africa or the U.S., and 2) not to deliver locally but to medevac to South Africa or the U.S. for delivery. Critically ill or injured persons must be medevac'd to South Africa, but this is currently problematic between 10pm – 7am when crossing the border into South Africa is prohibited as the main border post from Eswatini to South Africa is closed, and flights out of Eswatini do not operate during these times. The USG's local and regional medical assets and emergency response capabilities are literally the only lifeline for Mission personnel in need of such support. We will be seeking a USDH Foreign Service Health Practitioner position to strengthen our overall medical support at the Mission and our emergency response capability.

Management Objective 2 Convert the Mission's Kent Rock Compound into 1) a fully functional alternate command center (ACC); 2) a recreational facility for the Mission community; and 3) temporary housing for temporary duty and transferring personnel in order to retain a valuable property asset.

Justification: The Kent Rock compound is a multi-acre USG-owned parcel of land located in Mbabane that formerly housed PEPFAR and most of the MGT support functions. The compound has recreational facilities still used by Mission staff as well as one of the Mission's boreholes, which supplies water to Mission residences. Embassy Management is working closely with OBO to adapt the compound into a fully functional alternate command center with the long-term goal of adding additional U.S. Government owned housing, while retaining and adapting its recreational capabilities. Other than the NEC, the Kent Rock compound offers the most secure and logical location for an ACC and has the added benefit of additional space for U.S. Government owned housing.

Management Objective 3 Improve ICASS services by increasing the Mission's USDH ICASS support platform to include a full-time FMO/HRO.

Justification: Since the creation of the Management Officer (MO) position at Embassy Mbabane, the MO has also been Post's Financial Management Officer (FMO) and Human Resources Officer (HRO), all three positions' workload being full-time jobs independent of one another. The Mission's ICASS customer base has increased exponentially over the last few years to current staff levels of 19 USDH, 3 USPSC, 4 TCNPSC, 8 MSG, 120 LE Staff, but the MO continues to serve as the FMO & HRO. Post receives irregular regional support from Pretoria for HRO and FMO services, which do little to alleviate the MO's daily workload of these positions. Now that the Mission has transitioned operations to the New Embassy Compound, Post needs to increase its USDH ICASS support platform to include a USDH FMO/HRO.