



The UN COVID-19 Response and Recovery Multi-Partner Trust Fund
(UN COVID-19 MPTF)

Proposal

Proposal Title: SUPPORTING THE ESWATINI GOVERNMENT'S URGENT NEED IN RESPONDING TO THE COVID-19 HEALTH & FOOD EMERGENCY

Amount: USD 375,000

Cover Page

Contacts	Resident Coordinator or Focal Point in his/her Office Name: Nathalie Ndongo-Seh Email: nathalie.ndongo-seh@one.un.org Position: Resident Coordinator Other Email: ndongo-seh@un.org Telephone: +268 7602 9916 Skype: nathalie.ndongo-seh
Description	This proposed intervention is designed to cover two critical areas, capacity building and procurement of additional PPE and health commodities, in supporting the health system which is already under pressure to respond to COVID-19. As per the Eswatini National COVID-19 Contingency Plan’s priorities and objectives, the UN in the Kingdom of Eswatini is resource mobilizing to urgently support the government health system in its efforts in combating the COVID-19 pandemic. Though the impact is general, however, (a) frontline health care workers, (b) Newborns, (c) Children, (d) adolescents & young people and (e) Women are the key populations covered in this proposal. This project will enable the UN to procure essential equipment, supplies and commodities as well as train frontline health care workers on COVID-19 prevention, testing and management. The ultimate aim is to reduce COVID-19 mortalities and morbidities.
Universal Markers	<u>Gender Marker</u> : <i>(bold the selected; pls select one only)</i> a) Have gender equality and/or the empowerment of women and girls as the primary or principal objective. b) Make a significant contribution to gender equality and/or the empowerment of women and girls; c) Make a limited contribution or no contribution to gender equality and/or the empowerment of women and girls.
Fund Specific Markers	Human Rights Based Approach to COVID19 Response <i>(bold the selected)</i> : Yes/No Considered OHCHR guidance in proposal development <u>UN OHCHR COVID19 Guidance</u>
	Fund Windows <i>(bold the selected; pls select one only)</i> Window 1: Enable Governments and Communities to Tackle the Emergency Window 2: Reduce Social Impact and Promote Economic Response
Geographical Scope	Regions: All four regions of the country Country: Eswatini
Recipient UN Organizations	WHO, UNFPA & UNICEF Names and email addresses of Recipient UN Organizations: UNICEF: Name: Alice Akunga

	<p>Email: aakunga@unicef.org Position: Representative, Eswatini Country Office Telephone: +268 7602 5144</p> <p>UNFPA: Name: Margaret Thwala-Tembe Email: thwala-tembe@unfpa.org Position: Acting Head of Office, Eswatini Country Office Telephone: +268 78026952</p> <p>WHO: Name: ATSYOR, Cornelia A. Email: atsyorc@who.int Position: Representative, Eswatini Country Office Telephone: +268 xxxxxxxxxxxx</p>																							
Implementing Partners	MOET, MOSCYA, FLAS, Lusweti, NDMA																							
Programme and Project Cost	<table border="1"> <thead> <tr> <th>Budget</th> <th>Agency</th> <th>Amount</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td></td> <td>WHO</td> <td>\$ 125, 000</td> <td>Provision of equipment, supplies and commodities and development of technical guidance & Standard Operating Procedures for continuity of health care services</td> </tr> <tr> <td></td> <td>UNFPA</td> <td>130 000</td> <td>Support capacity building for frontline health care workers on COVID-19 prevention, testing and management</td> </tr> <tr> <td></td> <td>UNICEF</td> <td>120 000</td> <td>Support health facility resilience building and catch up activities on essential services</td> </tr> <tr> <td>Total</td> <td></td> <td>\$ 375 000</td> <td></td> </tr> </tbody> </table>	Budget	Agency	Amount	Comments		WHO	\$ 125, 000	Provision of equipment, supplies and commodities and development of technical guidance & Standard Operating Procedures for continuity of health care services		UNFPA	130 000	Support capacity building for frontline health care workers on COVID-19 prevention, testing and management		UNICEF	120 000	Support health facility resilience building and catch up activities on essential services	Total		\$ 375 000				
Budget	Agency	Amount	Comments																					
	WHO	\$ 125, 000	Provision of equipment, supplies and commodities and development of technical guidance & Standard Operating Procedures for continuity of health care services																					
	UNFPA	130 000	Support capacity building for frontline health care workers on COVID-19 prevention, testing and management																					
	UNICEF	120 000	Support health facility resilience building and catch up activities on essential services																					
Total		\$ 375 000																						
Comments	UNAIDS, World Bank, RCO will be supporting and collaborating agencies.																							
Programme Duration	Start Date: May 2020																							
	Duration (In months): 7																							
	End Date: December 2020																							

I. Immediate Socio-Economic Response to COVID19

Eswatini's first COVID-19 patient tested positive on 14th March, and the country currently sits at 36 cases as of 23 April 2020, with new cases reported daily. Despite the Government of Eswatini invoking a state of emergency and putting the country on lockdown for 6 weeks, the rate of local infections has continued to rise steadily. In addition, with testing facilities opened in the country and 1051 test successfully done, the emerging picture is the virus was not successfully contained, and there is early evidence of a public health crisis with extensive social and economic ramifications. In light of the COVID-19 pandemic and the rapidly increasing number of confirmed cases in Eswatini, the Government prepared a comprehensive multisectoral National COVID-19 Plan, which prioritizes infection prevention and control, risk communication as well as protection and safety of health care workers and that of their families.

There is also evidence that the health care system delivery system is under severe strain as a result of the pandemic. The latter, could lead to the increase of the already high maternal mortality ratio and neonatal mortality rate, currently standing at 452 per 100, 000 live births and 20 per 1000 live births respectively. The media and field observations are revealing the following concerning issues for health care provision:

- Frontline health care workers who stop working and/or abandon patients suspected to have COVID-19 due to non-availability of PPE, lack of comprehensive information and guidelines on COVID-19, including prevention, case management and treatment in health centers.
- With the lockdown, there are reports of increasing home births between due to lack of transport and waiting huts, this puts the lives of women and newborns at risk
- Field officers are reporting that due to lack of the PPE and information on COVID-19, some other critical services are not provided by health care workers, including antenatal care, child welfare (immunization), PNC, family planning etc. This may reverse gains achieved so far and impact negatively on the SDG indicators
- An increase in national food insecurity due to below average agriculture production giving a 49% deficit in national consumption requirement, high food prices, the travel restrictions and partial lockdown immediately reducing income from micro medium and small-scale enterprises as well as informal jobs and self-employment activities, and year on year decline in remittances receivables by 39% for the period from January to March 2020. As a result, an estimated 301,762 people (27% of the population) are at risk of food insecurity.

II. Solutions proposed

The government of Eswatini has established a National Resource Mobilization Committee for COVID-19 with E99 million pledged in cash and PPE, however severe gaps still exists both in technical capacity, and health supplies and commodities. According to reports from the National Disaster Management Agency (NDMA) as well as the Minister of Health, the priority in the COVID response is the strengthening of health sector capacity to cope with the demand for services through procurement of equipment for specialized care, procuring required PPE for reducing HCWs risk for contracting COVID-19. Other examples of severe gaps include screening, contact tracing, case management, infection prevention, laboratory testing and treatment of confirmed COVID-19 cases.

The Honorable Minister of Health also confirmed that the health system needs urgent support if it is to cope with the increasing number of COVID-19 confirmed cases and PPE has been a challenge including scaling up screening, contact tracing as well as infection prevention and control and laboratory testing.

Women and children remains the major victims in pandemics, COVID-19 is no exception. Protection of the population, in particular women, frontline health workers, older persons, persons with underlying health conditions, persons with disabilities, persons living with HIV, sex workers, young people from contagion through measures such as the dissemination of necessary precautionary information and adequate provision of personal protective equipment as well as psychosocial support. Therefore, support towards continuity for the provision of the sexual and reproductive health and rights of women and girls, including their access to maternal and new-born care; post-abortion services; family planning, sexual and reproductive health and rights information; effective referral pathways; menstrual health items; contraception; antiretroviral for HIV/AIDS; and antibiotics to treat sexually transmitted infections..

Below are the suggested strategic interventions:

1. Support capacity building for frontline health care workers at both facility and community on clinical case management and surveillance. This will include the much needed and limited PPE, comprehensive training of most frontline health care works from all health facilities (227).
2. Ensuring equitable access to services to women and children and vulnerable and marginalized groups including older persons, the homeless, persons with disabilities, persons deprived of liberty, persons with underlying health conditions, persons living with HIV, sex workers, migrants and refugees, LGBTQI persons, congregate populations and elderly on healthcare, nutrition, and support victims of gender-based violence.
3. Provision of equipment, supplies, commodities and vehicles for surge capacity: Reports have highlighted the urgent need and limited availability of essential supplies and commodities for proper response to the COVID-19 pandemic.
4. Innovative SBBC: There is an urgent need to spread accurate, evidence-based information on COVID-19 through all media platforms to all persons, in languages and formats they understand, taking into consideration persons with disabilities. These will include Tune me, which has more than 70 000 registers users, U-report, Ignite and other media platforms including radio (jingles) and TV as well as print media. In addition, gender sensitive public information including on the sexual and reproductive health aspect will be disseminated.
5. Development of technical guidance & Standard Operating Procedures: There is an urgent and growing need for the development of technical guidelines and SOPs for continuation of provision of COVID-19 related services as well as other essential health care services by frontline health care workers.
6. Expanding the laboratory capacity for COVID-19 and supporting the in initiating the setting up of a Public Health laboratory inclusive of Influenza surveillance component.
7. Strengthen capacity of the Health systems (Resilience building) to ensure continuity of life saving high impact maternal, newborn and child health services during and post COVID-19. The impact of containments measures and fear of Corona on access to health services like delivery by skilled health workers, quality newborn care, immunization and management of malnutrition has already been observed. There is need to capacitate both health facilities and communities to deal with the challenge now and post COVID-19.
8. Assessment for Health workers' behavior, Community and Environmental components.
9. Improve the coordination and capacity of the EOC (IMT) through trainings and review of available data for evidence informed decision making.

III. What is the specific need/problem the intervention seeks to address?

This intervention seeks to strengthen capacity building and procurement of additional health supplies and commodities, to support the health system in stemming the growth of local transmission of COVID-19. On 30 January 2020, the WHO Director General declared that the outbreak of coronavirus disease (COVID-19) constitutes a Public Health Emergency of International Concern. The increasing number of positive confirmed for COVID-19 in the Kingdom of Eswatini, which currently stands at 36, with 10 reported recoveries and 1 death poses a huge strain on the health system. The of lack of essential equipment

including PPE and limited information on COVID prevention, management and treatment among health care workers is a threat to the COVID-19 and health response as a whole. These have resulted in some frontline health workers abandoning patients as they fear being infected by the dreadful virus. Unfortunately, there are already infected frontline health care workers.

Even though the country has established a surveillance and alert systems COVID-19, established access to a qualified diagnostic laboratory for COVID19, ensured that basic infection prevention and control measures are in place in health care facilities, but the country still requires to establish a laboratory capacity for COVID-19 and supporting the in initiating the setting up of a Public Health laboratory inclusive of Influenza surveillance component.. The government has tried to ensure that health care workers are trained in appropriate infection prevention and control and establish rapid response teams to investigate and manage any COVID-19 cases and their contacts should the outbreak spread the country. In order to strengthen operational readiness to respond to COVID-19 outbreak, the Government of Eswatini there is an urgent need for the proposed support.

Additionally, the extended national lockdown which includes limited access to the public transport system used by more than 70% of the population, has reduced access to public health care services, as well as other conditions e.g. maternal newborn care, ART, chronic disorders and others. There is also a poverty multiplier effect which will adds further pressure on the health care system, as 59% of the population live below the poverty line, and 29% below the extreme poverty line. With the economy forecasted to contract to -6.7% due to COVID-19 and the emergency period lasting 6 months, food security and unemployment for this population will exacerbate public health issues.

Poverty, discrimination and inequality are the main causes of the lack of enjoyment of human rights by all population groups. Eswatini's recent slow growth has manifested in high rates of poverty and inequality in the country. The public health response also needs support for protecting populations left behind including PLWHIV, PLWD, children, women and rural populations. The 2018 female Gender Disparity Index value for Eswatini is 0.595 in contrast with 0.618 for males, resulting in a GDI value of 0.962. It is important to note that regional disparities continue to persist and are different per vulnerability. Discrimination is a key driver affecting vulnerabilities and limiting access to health services, especially for women and girls, children, LGBTQI persons as well as persons living with disabilities, albinism, autism and HIV/AIDS, sex workers, migrants and refugees, persons deprived of liberty. The COVID-19 might exacerbate the above-mentioned challenges.

IV. How does this collaborative programme solve the challenge? Please describe your theory of change.

The UN implementing partners will provide direct technical support (programming and M and E), as agreed in the government COVID 19 plan and contribution agreement. There will be a number of implementing partners involved in the project implementation. Below are the implementing partners and their responsibilities.

A. Government

- Provides overall leadership in the provision of COVID 19 services and information
- Provides human resources, data capturing and reporting tools, essential medical drugs and supplies

B. Development partners

- Supporting the implementation of project strategic interventions in collaboration with UN partners, NERCHA,
- Provides daily mentorship to health facilities

C. CSOs

- Will lead community-led health and behavior change interventions with the general population
- Engage community structures.

In light of the rapid increasing number of positive confirmed COVID-19 cases in Eswatini, which has resulted in the over strained health system in the country. This proposal aims at strengthening the health response by improving the capacity of frontline health care workers in the prevention, testing and management of COVID-19 on the basis of non-discrimination, and also continue to ensure access and provision of quality care for other essential services. These will be achieved through competent coordination of the EOC (IMT), provision of normative guidance, procurement of vehicles for supportive supervision and outreach services targeting neonatal and maternal and child health services, HIV/TB, and NCD services, equipment, supplies and commodities as well as capacity building of health care workers on the COVID-19 management. The ultimate goal is to ensure reduction of COVID-19 related mortalities and morbidities and continuity of other essential health services and maintenance of UHC.

The [UN 2020 CCA reports](#) as well as the [National Contingency COVID-19 Plan](#) will guide the implementation of this project.

V. Target population

This situation is affecting general population, however, in terms of the furthest left behind. The following are more vulnerable:

1. Frontline health care workers: they are at risk of being infected. On the other hand, provision of services is being compromised.
2. Newborns: with the increasing number of home births, a number of neonates might be lost.
3. Children: The limited provision of immunizations for instance might lead to resurgence of vaccine controlled health problems like measles, polio myelitis, diphtheria and others.
4. Adolescents & young people: Non provision of some health services might exacerbate the teenage pregnancies, unsafe abortion, HIV infections, SGBV etc
5. Women: Not accessing all health services, in particular SRH services might lead to unplanned pregnancies due to unmet need for FP, increasing maternal morbidity and mortality, increasing unmet need, STI including HIV re-infections.
6. Older persons
7. Persons with underlying health conditions, with disabilities, persons living with HIV, sex workers.

This is line with the finding of the [Eswatini CCA 2020 - Final Draft- 3 April 2020.docx](#) as well as the objectives of the [National Contingency COVID-19 Plan](#)

VI. Who will deliver this solution?

The UN implementing partners (WHO, UNICEF & UNFPA)

- Provide direct technical support (programming and M and E), as agreed in the government COVID 19 plan and contribution agreement.
- Strengthen coordination and capacity building of government for enhanced response and resilience building

Government, especially the Ministry of Health

- Provides overall leadership in the provision of COVID 19 services and information
- Provides human resources, data capturing and reporting tools, essential medical drugs and supplies

Development partners

- Supporting the implementation of project strategic interventions in collaboration with UN partners, NERCHA, NDMA, USAID
- Provides daily mentorship to health facilities

CSOs

- Will lead community-led health and behavior change interventions with the general population
- Engage community structures.

The UN has well experienced technical experts and have existing programmes supported by the implementing agencies. WHO and UNFPA is engaged with government at various COVID-19 platforms. Both agencies have adequate financial management capacities and programmatic systems to support smooth implementation of the project. In addition, they both have a strong collaboration with development partners, CSOs and government. Whilst, project will be focusing on building comprehensive needs for resilience building (Capacity, supplies, equipment). It will build on existing health work force, use government, in particular existing structures. It will utilize existing and government recognized coordination platforms

Results Framework

INSTRUCTIONS: Each proposal will pick a window. As part of the proposal the agencies, funds and programme will develop an outcome, outcome indicators, outputs and output indicators that will contribute to the achievement of the selected proposal outcome.

Window 1: Proposal Outcome		Outcome Total Budget USD
	1.1 Eswatini population is protected and or provided with quality and comprehensive essential health care services, by competent and healthy frontline health care workers during the COVID-19 pandemic.	USD 375,000

		Baseline	Target	Means of verification	Responsible Org
Impact Indicator	1.1a Proportion of COVID-19 recovered Emaswati:	National: 36.4% Male: 21.1% Female: 15.3%	National:90% Male: 90% Female: 90%	National COVID-19 situational report	WHO, UNFPA & UNICEF
	1.1b Proportion of deaths due to COVID-19 in Eswatini	4.5% Male: 4.5% Female: 0%	1% Male: 1% Female: 1%	National COVID-19 situational report	WHO, UNFPA & UNICEF
Outcome Indicators	Proportion of COVID-19 suspected cases referred to Health Facilities according to National Guidelines	N/A	100%	Health Facility Registers (ODK)	WHO, UNFPA & UNICEF
	Proportion of COVID-19 confirmed cases treated according to National Guidelines	N/A Male: Info Not Available Female: Info Not Available	100% Male: 100% Female: 100%	Health Facility Register (ODK)	WHO, UNFPA & UNICEF
Proposal Outputs	1.1.1 National and institutional capacities are strengthened to deliver high quality health services and information, in particular during the COVID-19 pandemic in Eswatini				
Proposal Output Indicators	1.1.1a Proportion of health facilities provided with COVID-19 equipment, commodities & supplies	0%	25	National monthly covid-19 reports	WHO
	1.2.1a Proportion of health care workers trained on COVID-19 prevention, management & treatment	36%	95%	National monthly report	UNFPA
	1.3.1a Proportion of health facilities implementing MNH, immunization and nutrition catch up activities including outreaches post covid	N/A	40%	Ministry of Health Reports	UNICEF

SDG Targets and Indicators

Please consult Annex: [SDG List](#)

Please select no more than three Goals and five SDG targets relevant to your programme.

(selections may be bolded)

Sustainable Development Goals (SDGs) [select max 3 goals]			
<input type="checkbox"/>	SDG 1 (No poverty)	<input type="checkbox"/>	SDG 9 (Industry, Innovation and Infrastructure)
<input type="checkbox"/>	SDG 2 (Zero hunger)	<input type="checkbox"/>	SDG 10 (Reduced Inequalities)
<input checked="" type="checkbox"/>	SDG 3 (Good health & well-being)	<input type="checkbox"/>	SDG 11 (Sustainable Cities & Communities)
<input type="checkbox"/>	SDG 4 (Quality education)	<input type="checkbox"/>	SDG 12 (Responsible Consumption & Production)
<input type="checkbox"/>	SDG 5 (Gender equality)	<input type="checkbox"/>	SDG 13 (Climate action)
<input type="checkbox"/>	SDG 6 (Clean water and sanitation)	<input type="checkbox"/>	SDG 14 (Life below water)
<input type="checkbox"/>	SDG 7 (Sustainable energy)	<input type="checkbox"/>	SDG 15 (Life on land)
<input type="checkbox"/>	SDG 8 (Decent work & Economic Growth)	<input type="checkbox"/>	SDG 16 (Peace, justice & strong institutions)
<input checked="" type="checkbox"/>	SDG 17 (Partnerships for the Goals)		
Relevant SDG Targets and Indicators			
[Depending on the selected SDG please indicate the relevant target and indicators.]			
Target	Indicator # and Description	Estimated	%
3.1	3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	15%	
3.2	3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	10%	
3.3	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	15%	
3.8	3.8 Achieve universal health coverage, including financial risk protection, access to	60%	

	quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	
5.2	5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	10%

Risk

What risks and challenges will complicate this solution, and how they will be managed and overcome?

(COVID19 has created an unprecedented and fast changing development context. Accepting this volatile situation, please identify up to three risk to the success of the proposal based on best available analysis to the UN) Please enter no more than 3.

Event	Categories Financial Organizational Political (regulatory and/or strategic)	Level 2 – Medium High 1 - Low	Likelihood 6 – Expected 5 – Highly Likely 4 – Likely 3 – Moderate 2 – Low Likelihood 1- Not Likely 0 – Not Applicable	Impact 5 – Extreme 4 – Major 3 – Moderate 2 – Minor 1 – Insignificant	Mitigating Measures	Risk Owner	
Risk1 The COVID-19 pandemic has caused severe pressure on the health system. A number of patients who are suspected to have COVID-19 have been abandoned by frontline health care workers. This is due to lack of	<i>Operational</i>	<i>4 – Very High</i>	<i>5 – Highly Likely</i>	<i>4 – Major</i>	During the implementation of this project technological approaches for capacity building will be utilized Social marketing, taking advantage of social media platforms will be used The focus on building health system resilience to ensure		

equipment, supplies and commodities including non-availability of PPE, lack of comprehensive information on COVID-19, including prevention, management and treatment					continuity of essential services and catch up post COVID-19		
Risk 2 Community transmission of COVID-19 due to stigmatization of confirmed cases resulting in an increased number of community members not disclosing symptoms to health officials	<i>Operational</i>	<i>3 - High</i>	<i>5 – Highly Likely</i>	<i>4 – Major</i>	Risk Communication Community Engagement	Community	
Risk 3 With the fast increasing infection rate in the country, UN/Project staff might get infect and or spread COVID-19 the disease.	<i>Operational</i>	<i>3- High</i>	<i>5- Highly likely</i>	<i>4- Major</i>	Adherence to WHO precautions	Implementing partners (IPs)	
Risk 4 Due to the fast evolving COVID-29 pandemic and lockdowns implementing partners might not be able to fulfill their expected roles affecting the implementation of the project.	<i>Operational</i>	<i>3- High</i>	<i>5- Highly likely</i>	<i>4- Major</i>	Close collaboration and monitoring of IPs	Implementing partners s	

<p>Risk 5 Global supply chains breaking resulting in delayed and or not able to secure required supplies, commodities and equipment.</p>	<p><i>Operational</i></p>	<p><i>3- High</i></p>	<p><i>5- Highly likely</i></p>	<p><i>4- Major</i></p>	<p>Use regional office and headquarters to support procurement</p> <p>South to south cooperation to support procurement</p>	<p>Implementing partners</p>	
<p>Risk 6 The high risk of exposing staff to the disease during the course of delivering the project, they might get infecting, when Medical evaluation is facing lots of constraints.</p>	<p><i>Operational</i></p>	<p><i>3- High</i></p>	<p><i>5- Highly likely</i></p>	<p><i>4- Major</i></p>	<p>Adherence to WHO precautions</p>	<p>Implementing partners</p>	

Budget by UNDG Categories

*Up to Four Agencies

Budget Lines	Fiscal Year	Description [OPTIONAL]	WHO	UNFPA	UNICEF	Total USD
1. Staff and other personnel	2020					
2. Supplies, Commodities, Materials	2020	Support capacity building of frontline health care workers including PPE, laboratory reagents Support health facility resilience building and catch up activities on essential services	50 572	116 495	40,550	207 617
3. Equipment, Vehicles, and Furniture, incl. Depreciation	2020	Procurement of equipment for COVID-19 management	61,250			61,250
4. Contractual services	2020					
5. Travel	2020					
6. Transfers and Grants to Counterparts	2020				66,600	66,600
7. General Operating and other Direct Costs	2020		5,000	5,000	5,000	15, 000
Sub Total Programme Costs			116,822	121,495	112,150	350,467
8. Indirect Support Costs * 7%			8178	8,505	7,851	24,534
Total			125 000	130,000	120, 001	375, 001

* The rate shall not exceed 7% of the total of categories 1-7, as specified in the COVID-19 Response MOU and should follow the rules and guidelines of each recipient organization. Note that Agency-incurred direct project implementation costs should be charged to the relevant budget line, in line with UNSDG guidance.