

Strategic Direction Summary (SDS) Addendum

March 6, 2024

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SDS Addendum for COP23 Y2/FY25

1. Strategic Shifts and Key Agreements

1.1 Year 2 shifts:

Achieving the 1st 95 - ensuring that 95% of People Living with HIV (PLHIV) know their HIV status – is a key priority in COP23. This achievement must be across age, sex, and geography. While considerable progress has been made in reaching adults in the 2nd 95, treatment gaps continue to exist among pediatrics, Adolescents, and Young People (AYP), and older men across the 10 provinces.

PEPFAR Zambia recognizes the need for programmatic shifts to achieve COP23 goals and close the gap in the 1st 95. In Year 2, the PEPFAR program will work towards finding 50,000 newly diagnosed PLHIV. Among the targeted testing modalities PEPFAR will scale up the use of HIV self-tests (HIVST) to find the hard-to-reach PLHIV, as well as the Social Network Strategies (SNS) modality, especially among the Key Populations (KP) and AYP. To cover the gaps for pediatrics, the OU will ensure that the Know Your Child's HIV Status (KYCHS+) is completed in all the districts, especially those that are showing larger gaps. The campaign will be implemented in both low and high-volume facilities. Caregivers will be empowered with HIVST kits to ensure their children are tested and linked to health facilities for confirmatory testing if they receive a positive or inconclusive result.

PEPFAR Zambia will support the KP program to establish Medication Assisted Therapy (MAT) services for PWIDs to reach 220 individuals in three provinces Lusaka, Copperbelt, and Southern. We will support a National Social and Behavior Change (SBC) Undetectable equals Untransmissible (U=U) campaign and will continue to prioritize pre-exposure prophylaxis (PrEP) saturation. This will consist of strengthening the provision of PrEP to ensure equity among adolescent girls and young women (AGYW), pregnant and breastfeeding women (PBFW), and KP. The program will continue to support the implementation of Cabotegravir Long Acting (CAB-LA) as a prevention method to maximize PrEP continuity and optimize privacy. As the OU heads towards HIV epidemic control, the OVC program will make a strategic shift to pursue localization and sustainability objectives through G2G with the Ministry of Community Development and Social Services (MCDSS). Starting in COP25, PEPFAR Zambia will consolidate the DREAMS program and most of the OVC activities under one single implementing agency. To ensure the transition of services is seamless we will begin transition activities and community dialogues in the third and fourth quarters of COP23 Year 2.

A key priority for Year 2 is the continued scale-up and improvement of the national electronic medical record (EMR) system, SmartCare. Increasing PEPFAR's investment in SmartCare is well aligned with GRZ priorities and strategic direction, with full national scale-up to SmartCare Pro, the latest web-based version, planned in Year 2 for all sites in the country. PEPFAR, GRZ, and Global Fund are coordinating SmartCare rollout and aligning resources to accelerate the implementation timeline and fully transition all SmartCare sites (1,605) from Legacy to SmartCare Pro across the country by FY25Q4. The full

implementation of SmartCare Pro will support individual level data availability, data quality and increased digitalization, in accordance with the 2022-2026 National Digital Health Strategy. Making this shift in programming and funding to have the latest SmartCare Pro in all high-volume sites will reduce silent transfers, improve client outcomes through person-centered systems, and support detection of repeat testers. After a review of the commodities budget, the team identified savings in key commodities as sufficient stock is available to cover 2025. These savings will be allocated to the _AMB Approvedaccelerated the rollout of SmartCare Pro as a one-time funding allocation (beyond routine annual allocations).

Due to a change in spectrum methodological approach, the 2024 PLHIV estimates used one national file, while in previous years the provincial file had been used. This change resulted in a reduction of the PLHIV estimates from 1,412,720 to 1,342,688 and consequently reduced the targets for COP23 Year 2. While some age/sex coverages are above 100%, the OU will focus on sustaining case finding efforts, increase the treatment cohort, retention, reduce re-initiations, and improve data integrity to get accurate coverages for 95-95-95 targets.

As part of the strategic plan to grow the treatment cohort PEPFAR Zambia will establish a new G2G agreement with the Ministry of Health in North Western Province. Establishing this new mechanism will increase country ownership of the National HIV response as donor resources continue to decline.

1.2 Civil Society Organization Agreements

In responding to submissions from civil society and other stakeholders, the team is working to improve psychosocial support at both facility and community levels to improve outcomes for AYP based on person-centered care using adolescent friendly/centered differentiated service delivery models. The approach will include enhanced support and linkage to peer groups for Adolescents Living with HIV who transition to Colleges or Universities away from their home environment as this was noted as an existing gap.

1.3 Activities at risk of affecting FY25 performance

Description of the activity (include activity type, geographic location, and any other key details	Status (delayed or ending) include end date if relevant	Causes: for delayed activities, include barriers resulting in the delay	Proposed resolution
Medication Assisted Therapy (MAT) clinics to support the KP program in Lusaka, Copperbelt and Southern Provinces	Delayed	The delay in approving the CN and LIFT UP funding	A scale-up plan is in development to accelerate implementation.

2. Above Site Updates

2.1 Table C.1

Technical Area	COP23 Y2/FY 25 Shifts
Human Resources for Health	<ul style="list-style-type: none"> • Implementation of a costed multiyear HRH transition plan. • Digital enhancement of integrated Human Resource Information System (iHRIS). • Reduce Above Site Program and Program Management expenditures. • Move towards localization for implementing partners. • Support HRH for HTS, as needed. • Revision, update, and implementation of National Human Resources for Health Strategic Plan. • Support the implementation of the National Community Health Strategy as it relates to standardization of remuneration packages, basic training and CBV Information Management Tool.
Supply chain system and services	<ul style="list-style-type: none"> • Implementation of new mechanism that will integrate technical assistance (TA) currently provided through GHSC-PSM and ESCMIS activities. • Focus on local organizations for provision of TA. • Support establishment of the Control Tower through system development, human capacity development and creation of roadmap. • Develop a phased plan as part of the sustainability roadmap to transition commodity procurement responsibility to GRZ as PEPFAR funding levels decline.
Laboratory Systems	<ul style="list-style-type: none"> • Support capacity development within the MOH so that MOH can increasingly have responsibility for laboratory systems/programs/activities. • Support GRZ commitment to build capacity within the laboratory sector as well as provide financial and other resources, to help sustain laboratory systems/services. • Integrate IP supported activities with MOH structures at various levels, allowing MOH to lead these efforts, while promoting ownership.
Domestic Resource Mobilization	<ul style="list-style-type: none"> • Strengthen public financial management and domestic resource mobilization at the decentralized level by directly funding and building capacity of local authorities (councils).
Governance, Policy, Planning, and Coordination	<ul style="list-style-type: none"> • Technical assistance to MOH to develop a strategy for integration of HIV into primary health care.
SmartCare	<ul style="list-style-type: none"> • Support the full national scale-up of SmartCare Pro

3. USG staffing updates

PEPFAR Coordinating Office (PCO) will add one new position in this COP23 Year 2 period. PCO is requesting the following new locally employed staff position:

- **Multilateral Advisor (FSN):** PCO would like to request a new Multilateral Advisor to coordinate, collaborate, and communicate regularly with USG agency and technical leadership as well as the global Fund Senior Fund Portfolio Manager for Zambia based at the Global Fund headquarters in Geneva Switzerland; the UNAIDS Country Representative in Zambia, the HIV Program Director of

WHO; and with the National HIV/AIDS/STI/TB Council (NAC) of Zambia, which falls under the direction of the Ministry of Health (MOH). The Multilateral Advisor will also serve as primary point of contact and liaison for PEPFAR Zambia with the Country Coordinating Mechanism (CCM) and with the Office of Multilateral Engagement at the Bureau of Global Health Security and Diplomacy

Centers for Disease Control and Prevention (CDC) will add new positions and request to repurpose already existing positions in this COP23 Year 2 period to ensure we are right sizing our staffing according to the programming support needs. All these positions will continue to support CDC Zambia's role as technical advisor to Ministry of Health and provincial health departments. CDC is proposing to repurpose the following in this COP23 Year 2:

- **Data Statistician (FSN)** – CDC was unable to recruit and retain qualified candidates for this FSN position. Therefore, we would like to repurpose it for a Senior Lab Advisor, which will right size the team for the additional efforts being taken on to ensure viral load suppression is prioritized in the new model and we are providing the best technical assistance to our implementing partners. CDC Zambia has been asked to lead a progressive and impactful laboratory program to ensure improved person-centred care for clients living with HIV across the country as well as to improve sustainable laboratory systems in line with Pillar three of PEPFAR's 5x3 strategy (Health Systems and Security). This large and increased national workload for this interagency PEPFAR priority requires an additional FSN Senior Lab Advisor.
- **National Public Health Institute (NPHI) Coordinator (FSN)** – CDC is requesting to repurpose this vacant position for a Grants Management Specialist (FSN) position to right size the Grants Management team to the \$120 Million program budget and increased level of effort. As we continue to invest more of our money into local and governmental resources, we need the additional technical assistance bandwidth to advise these partners and ensure strong accountability of U.S. Federal funds.
- **NPHI Epidemiologist (FSN)** – CDC is requesting to repurpose this vacant position for a new FSN Provincial Medical Officer (PMO) to support Northwestern Province. This is a critical position that provides the technical oversight and direction for implementation of PEPFAR Zambia/CDC activities through our G2G partnerships.
- **Associate Director of Management and Operations (USDH)** – CDC has had a USDH hired into this position for more than a decade. To reduce costs and create upward mobility within our Management and Operations structures for FSNs, CDC wishes to convert this position to an FSN position (see below) and repurpose the ADMO USDH position to an Associate Director of Communications. This is a crucial position for our office to support the PEPFAR interagency team in efforts related to joint site visit planning, health promotion activities, launch events for new health initiatives, technical assistance to our governmental counterparts with their own communications, and much more. In the last year, our PEPFAR OU has been the focus for countless VIP visits coming to see how we have successfully made so many gains in the 95-95-95 cascade. With each of these visits, we see more and more the gap we have in developing materials that showcase the incredible progress our program is making and documenting these best practices to share more broadly. As we now look towards sustainability, having a strong Communications Lead to document this legacy of how we begin to work differently, will have lasting ramifications that go beyond our OU and help document and transfer our

demonstrable work to other OUs who are trailing us in this process. By making this shift in USDH positions it will also allow us to scrutinize future USDH positions for elimination in future years.

- **Software Developer (FSN)** – CDC was unable to recruit and retain qualified candidates for this FSN position. Therefore, we would like to repurpose it for a the FSN ADMO position mentioned in the bullet above.

CDC is requesting the following new locally employed staff positions in COP23 Year 2:

- **Provincial Health Services Coordinator (FSN)** - CDC would like to request a new PHSC to support Northwestern Province. This is a critical position that supports the management of relations and activities CDC supports through our government-to-government (G2G) partnership with the Northwestern Provincial Health Office (NWPHO).
- **Chauffeurs (FSN)** - CDC would like to request three (03) new chauffeurs to support the new provincial model starting in Northwestern Province. These are critical positions that support the movements of our Lusaka staff who need to support this start-up as well as the day-to-day movements of the NWPHO PHSC and PMO in their efforts to support the G2G partnerships and their associated activities at the district and facility levels. The Lusaka Provincial Health Office will be mentoring the NWPHO, so the ability to move between these provinces will be crucial.

Of the positions reported for recruitment in COP23 Year 1, all have since been created and are currently undergoing classification with the AF Regional Classification Center.

The US Agency for International Development (USAID) will add new positions and request to repurpose already existing positions in this COP23 Year 2 period. USAID is proposing to repurpose the following in this COP23 Year 2:

- **Social Protection Advisor (FSN):** USAID would like to repurpose the current vacant Social Protection Advisory position under the HIV/AIDS Social Protection Division to be an Adolescent and Young People Advisor. The new position will be an important addition to USAID's team working on both OVC and DREAMS. With USAID expected to take on the full OVC and DREAMS PEPFAR-funded portfolio in COP25/FY26 there is a need to build out the team focused on young people for both HIV prevention and treatment. Further, the incumbent will support the wider Mission focus on young people in other sectors and will be key to linking health and education, health and economic growth, and health and environment where young people play important roles.
- **Chief Medical Officer (FSN):** USAID would like to repurpose the current Chief Medical Officer position to be an FSN-13 Deputy Director to oversee the Health Systems Strengthening Division and the Decentralized Divisions. The former Chief Medical Officer served in a technical advisor capacity and only supervised one staff member. Given the management demands of the USAID Health Office, this position was repurposed to serve as a manager/leader overseeing two cross-cutting Divisions within the health office.

USAID is requesting the following new locally employed staff positions in COP23 Year 2:

- **Social and Behavior Change Advisor (FSN):** This position is currently filled by a temporary institutional support contractor, however there is a need for strong support for HIV/AIDS-focused SBC particularly regarding youth.
- **Strategic Information Advisor (FSN):** This position has been filled over the last 1.5 years by a consultant. There is a need for a full-time FSN in this role. The position will focus on surveillance and

higher-level modeling/statistical analyses, including the annual HIV Estimates process, which has been an underrepresented skillset on the USAID SI team.

4. Priority Areas for Sustainability Roadmap Discussion

The sustainability roadmap should capture both (1) the responsibility matrix, which should include progressive shifts of program responsibility to the Government of Zambia, and (2) the financing matrix, which should include progressive shifts of funding responsibility to the Government of Zambia, and other in-country financing options. In terms of the shift of the responsibility matrix, this could be considered in terms of: (1) person-centered care provision and (2) public health systems.

Regarding person-centered care provision, in addition to the shift of responsibility over to GRZ (e.g., through G2G mechanisms), we would need to discuss the glide path of declining DSD and declining TA to sustainable levels that the GRZ can afford. Part of making person-centered care investments sustainable and affordable is working towards salary harmonization between GRZ and NGOs and projecting Zambia's future HRH needs that are right sized in terms of HRH working inside the facility and directly providing care, versus supervisory personnel.

In terms of public health systems, in addition to the shift of responsibility over to GRZ (e.g., through G2G mechanisms), we would need to envision a model where surveillance systems are able to rapidly detect and respond to emerging threats to HIV epidemic control. Specifically, national and subnational data systems need to detect emerging hotspots of new HIV transmission (e.g., through HIV recency surveillance), identify program implementation bottlenecks (e.g., rising treatment interruptions, or loss of viral load suppression), and incorporation of data from surveys (e.g., IBBS, and ZAMPHIA) to ensure efficient and impactful use of available resources to sustain viral load suppression, and ensure access to evidence-based primary prevention modalities, across geographies and population groups. In line with declining investments, a glide path towards sustainability could be planned for each of the public health systems that PEPFAR supports.

The roadmap should include specific projected milestones or indicators that demonstrate to stakeholders' progress towards sustainability both in terms of the responsibility matrix and in terms of the financial sustainability matrix.

5. PEPFAR Resource Commitments to the Sustainability Roadmap Development Process

PEPFAR Zambia will support routine convenings with representatives from the Government of the Republic of Zambia, civil society, private sector, the UN family, WHO, Global Fund and other multilateral partners for in-country sustainability dialogues to develop overall guidance of the HIV response sustainability roadmap.

Appendix

Updated Target Tables

Target Table 1 ART Targets by Prioritization for Epidemic Control

ART Targets by Prioritization for Epidemic Control							
Prioritization Area	Total PLHIV (FY25)	New Infections (FY25)	Expected Current on ART	Current on ART Target	Newly Initiated Target	ART Coverage (FY25)	ART Coverage (FY26)
			(FY24)	(FY25)	(FY25)		
				TX_CURR	TX_NEW		
Attained	862,964	15,057	794,631	813,491	27,299	94%	
Scale-Up Saturation	399,781	8,150	365,166	374,073	12,775	94%	
Scale-Up Aggressive	50,038	1,211	44,934	46,232	1,736	92%	
Sustained	29,905	560	27,154	27,855	985	93%	
No Prioritization			40,211	47,492	6,296	0%	
Total	1,342,688	24,978	1,272,096	1,309,143	49,091		

Source: COP23 Year 2 PEPFAR Analytic Workspaces (PAW): (<https://pepfar-panorama.org>)

Target Table 2 VMMC Coverage and Targets by Age Bracket in Scale-up Districts

VMMC Coverage and Targets by Targeted age-group 15-34							
SNU	Target Populations	Population Size Estimate (SNUs)	Current Coverage (FY23 Expected) ^[1]	VMMC_CIRC (in FY24)**	Expected Coverage (in FY24) ^[2]	VMMC_CIRC (in FY25)	Expected Coverage (in FY25) ^[3]
Central	678,996	921,252	44%	729,231	103%	58,140	119%
Copperbelt	521,102	815,580	75%	792,452	145%	49,809	158%
Eastern	449,301	789,563	70%	531,239	112%	43,565	138%
Luapula	271,690	422,769	71%	252,269	90%	15,227	110%
Lusaka	396,999	802,343	95%	332,539	75%	46,037	95%
Muchinga	167,719	267,195	71%	165,673	95%	12,029	114%
Northern	265,221	438,187	77%	215,756	76%	23,415	99%
NorthWestern	233,154	361,208	74%	116,622	48%	18,671	90%
Southern	419,888	668,963	78%	601,453	134%	40,874	153%
Western	232,107	369,010	73%	254,671	105%	21,856	134%
TOTAL	3,636,177	5,856,070	71%	3,991,905	104%	355,662	125%

Source: COP23 Year 2 TST

Target Table 3 Target Populations for Prevention Interventions to Facilitate Epidemic Control

Target Populations for Prevention Interventions to Facilitate Epidemic Control			
Target Populations	Population Size Estimate* (SNU)	Disease Burden*	FY25 Target**
AGYW (AGYW_PREV)	1,769,613	6%	169,253
FSW (KP_PREV)	148,077	40%	49,729
MSM (KP_PREV)	137,589	21%	39,443
PWID (KP_PREV)	91,141	15%	5,950
Prison population (KP_PREV)	Blank	Blank	33,052
TG (KP_PREV)	23,110	22%	4,645
TOTAL	2,169,530	Blank	302,072

Source: COP23 Year 2 TST

Target Table 4 Targets for OVC and Linkages to HIV Services

Targets for OVC and Linkages to HIV Services					
SNU (Province)	*Estimated # of OVC	Target # of active OVC OVC_SERV Comprehensive	Target # of OVC OVC_SERV Preventative	Target # of active OVC OVC_SERV DREAMS	Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files OVC_HIVSTAT
Military	1,059	12,738	0	0	9,715
Central	21,938	41,384	18,734	17,032	31,647
Copperbelt	32,071	61,018	59,954	30,867	47,064
Eastern	15,876	31,685	9,894	7,168	28,362
Luapula	11,587	7,849	2,924	0	6,290
Lusaka	43,366	86,740	14,623	14,263	67,861
Muchinga	4,821	0	1,584	0	0
Northern	8,327	6,366	3,864	6,698	5,042
Northwestern	6,979	5,662	4,451	0	4,089
Southern	22,060	40,052	13,709	20,560	30,554
Western	14,574	18,766	4,571	6,547	13,734
FY24 TOTAL	*182,658	312,260	134,308	103,135	244,358

Source: COP23 Year 2 TST and *National HIV/STI/TB Council OVC estimates

Updated Budget Tables

Table B.1.1 COP 22, COP23/FY 24, COP23/FY 25 Budget by Intervention

Operating Unit	Country	Fiscal Year Intervention	2021 Budget	2022 Budget	2023 Budget	2024 Budget	2025 Budget
Total			\$446,226,352	\$421,424,757	\$402,600,000	\$392,217,000	\$367,000,000
Zambia	Zambia	ASP>HMIS, surveillance, & research>Non Service Delivery>AGYW			\$300,000		
Zambia	Zambia	ASP>HMIS, surveillance, & research>Non Service Delivery>Children			\$20,000		
Zambia	Zambia	ASP>HMIS, surveillance, & research>Non Service Delivery>Key Populations	\$1,509,000	\$1,493,000	\$880,000		
Zambia	Zambia	ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	\$10,345,295	\$12,683,170	\$8,803,000		
Zambia	Zambia	ASP>HMIS, surveillance, & research>Non Service Delivery>OVC			\$135,000		
Zambia	Zambia	ASP>HMIS, surveillance, & research>Non Service Delivery>Pregnant & Breastfeeding Women			\$20,000		
Zambia	Zambia	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Key Populations				\$55,000	\$55,000
Zambia	Zambia	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations				\$6,311,718	\$7,871,718
Zambia	Zambia	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>OVC				\$246,857	\$260,000
Zambia	Zambia	ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations	\$2,990,317	\$2,923,335	\$3,053,521	\$2,816,252	\$2,258,448
Zambia	Zambia	ASP>Human resources for health>Non Service Delivery>OVC			\$70,000	\$117,190	\$120,000
Zambia	Zambia	ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	\$2,536,277	\$10,077,081	\$8,361,500	\$10,190,000	\$8,899,045
Zambia	Zambia	ASP>Laws, regulations & policy environment>Non Service Delivery>AGYW				\$120,000	
Zambia	Zambia	ASP>Laws, regulations & policy environment>Non Service Delivery>Key Populations				\$500,000	
Zambia	Zambia	ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations					\$200,000
Zambia	Zambia	ASP>Management of Disease Control Programs>Non Service Delivery>Children				\$25,000	\$25,000
Zambia	Zambia	ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations				\$100,000	\$90,000
Zambia	Zambia	ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations				\$3,182,769	\$2,337,578

Operating Unit	Country	Fiscal Year Intervention	2021 Budget	2022 Budget	2023 Budget	2024 Budget	2025 Budget
Zambia	Zambia	ASP>Management of Disease Control Programs>Non Service Delivery>OVC				\$13,353	\$20,000
Zambia	Zambia	ASP>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	\$428,477	\$497,447	\$421,000		
Zambia	Zambia	ASP>Policy, planning, coordination & management of disease control programs>Non Service Delivery>Children			\$150,000		
Zambia	Zambia	ASP>Policy, planning, coordination & management of disease control programs>Non Service Delivery>Key Populations			\$150,000		
Zambia	Zambia	ASP>Policy, planning, coordination & management of disease control programs>Non Service Delivery>Non-Targeted Populations	\$1,388,400	\$1,418,939	\$1,810,250		
Zambia	Zambia	ASP>Policy, planning, coordination & management of disease control programs>Non Service Delivery>OVC			\$165,000		
Zambia	Zambia	ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	\$8,266,000	\$6,847,400	\$7,380,000	\$6,380,000	\$5,450,000
Zambia	Zambia	ASP>Public financial management strengthening>Non Service Delivery>Non-Targeted Populations	\$990,000	\$940,000	\$1,340,000	\$680,000	\$680,000
Zambia	Zambia	ASP>Public financial management strengthening>Non Service Delivery>OVC			\$280,000		
Zambia	Zambia	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>AGYW				\$75,000	\$70,000
Zambia	Zambia	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Key Populations					\$150,000
Zambia	Zambia	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations				\$2,590,000	\$2,220,000
Zambia	Zambia	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Pregnant & Breastfeeding Women				\$30,000	\$30,000
Zambia	Zambia	C&T>HIV Clinical Services>Non Service Delivery>Children	\$1,441,250	\$4,241,904	\$4,291,904	\$3,750,000	\$3,677,904
Zambia	Zambia	C&T>HIV Clinical Services>Non Service Delivery>Key Populations				\$50,000	\$50,000
Zambia	Zambia	C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	\$22,024,684	\$26,180,119	\$24,125,260	\$30,890,410	\$29,980,209

Operating Unit	Country	Fiscal Year	2021	2022	2023	2024	2025
		Intervention	Budget	Budget	Budget	Budget	Budget
Zambia	Zambia	C&T>HIV Clinical Services>Non Service Delivery>Pregnant & Breastfeeding Women	\$93,000	\$50,000	\$295,000	\$445,000	\$430,000
Zambia	Zambia	C&T>HIV Clinical Services>Service Delivery>AGYW			\$1,750,000	\$2,350,000	\$2,350,000
Zambia	Zambia	C&T>HIV Clinical Services>Service Delivery>Children	\$3,852,400	\$10,354,516	\$13,754,516	\$12,270,000	\$12,663,397
Zambia	Zambia	C&T>HIV Clinical Services>Service Delivery>Key Populations	\$484,772	\$305,000	\$530,000	\$1,060,000	\$1,020,000
Zambia	Zambia	C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	\$39,961,689	\$70,730,938	\$58,915,410	\$51,708,209	\$46,600,847
Zambia	Zambia	C&T>HIV Clinical Services>Service Delivery>Pregnant & Breastfeeding Women		\$3,910,000	\$6,300,000	\$6,740,000	\$6,745,000
Zambia	Zambia	C&T>HIV Drugs>Non Service Delivery>Non-Targeted Populations				\$375,958	\$375,958
Zambia	Zambia	C&T>HIV Drugs>Service Delivery>Children	\$4,718,036	\$3,475,513	\$3,489,188	\$4,051,780	\$4,051,956
Zambia	Zambia	C&T>HIV Drugs>Service Delivery>Non-Targeted Populations	\$54,981,137	\$53,321,943	\$47,368,966	\$46,225,341	\$39,362,775
Zambia	Zambia	C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations	\$1,150,000	\$1,200,000	\$1,578,800	\$1,740,000	\$1,655,000
Zambia	Zambia	C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	\$47,729,841	\$41,677,829	\$37,895,603	\$34,686,371	\$38,513,134
Zambia	Zambia	C&T>HIV/TB>Service Delivery>Non-Targeted Populations				\$5,220,468	\$4,953,410
Zambia	Zambia	C&T>Not Disaggregated>Non Service Delivery>Children		\$40,943	\$40,943		
Zambia	Zambia	C&T>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	\$24,063,241	\$13,998,658	\$11,740,109		
Zambia	Zambia	C&T>Not Disaggregated>Service Delivery>Non-Targeted Populations	\$60,833,809	\$2,443,800	\$493,800		

Operating Unit	Country	Fiscal Year	2021	2022	2023	2024	2025
		Intervention	Budget	Budget	Budget	Budget	Budget
Zambia	Zambia	HTS>Community-based testing>Service Delivery>Children		\$1,000,000	\$1,300,000	\$1,360,000	\$1,339,500
Zambia	Zambia	HTS>Community-based testing>Service Delivery>Key Populations	\$1,650,000	\$900,000	\$925,000	\$870,000	\$750,000
Zambia	Zambia	HTS>Community-based testing>Service Delivery>Non-Targeted Populations	\$3,568,396	\$4,674,200	\$4,084,200	\$3,650,000	\$3,175,000
Zambia	Zambia	HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	\$1,425,000	\$800,000	\$1,000,000	\$1,115,000	\$995,000
Zambia	Zambia	HTS>Facility-based testing>Service Delivery>AGYW			\$500,000	\$895,000	\$830,000
Zambia	Zambia	HTS>Facility-based testing>Service Delivery>Children	\$193,000	\$100,000	\$100,000	\$300,000	\$285,000
Zambia	Zambia	HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	\$5,000,000	\$1,950,000	\$1,887,500	\$7,255,249	\$7,369,874
Zambia	Zambia	HTS>Facility-based testing>Service Delivery>Pregnant & Breastfeeding Women	\$500,000			\$547,184	\$546,480
Zambia	Zambia	HTS>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	\$52,523	\$130,000	\$130,000		
Zambia	Zambia	HTS>Not Disaggregated>Service Delivery>Non-Targeted Populations	\$2,067,672	\$2,434,290	\$6,434,677		
Zambia	Zambia	HTS>Not Disaggregated>Service Delivery>Pregnant & Breastfeeding Women	\$1,537,365	\$1,460,523	\$547,200		
Zambia	Zambia	PM>IM Closeout costs>Non Service Delivery>AGYW			\$1,068,775		
Zambia	Zambia	PM>IM Closeout costs>Non Service Delivery>Non-Targeted Populations	\$667,000	\$1,037,804	\$1,197,561	\$4,923,773	
Zambia	Zambia	PM>IM Program Management>Non Service Delivery>AGYW	\$3,140,329	\$100,000	\$5,469,544	\$5,000,000	\$4,237,500
Zambia	Zambia	PM>IM Program Management>Non Service Delivery>Key Populations				\$100,000	
Zambia	Zambia	PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	\$31,637,359	\$41,728,232	\$42,822,922	\$44,736,757	\$43,196,040
Zambia	Zambia	PM>IM Program Management>Non Service Delivery>OVC					\$40,000
Zambia	Zambia	PM>USG Program Management>Non Service Delivery>AGYW			\$614,544	\$614,544	\$614,544
Zambia	Zambia	PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	\$15,015,235	\$13,847,702	\$14,668,208	\$15,891,611	\$16,252,266

Operating Unit	Country	Fiscal Year	2021	2022	2023	2024	2025
		Intervention	Budget	Budget	Budget	Budget	Budget
Zambia	Zambia	PREV>Comm. mobilization, behavior & norms change>Non Service Delivery>AGYW	\$974,475	\$1,750,000	\$1,800,000		
Zambia	Zambia	PREV>Comm. mobilization, behavior & norms change>Non Service Delivery>Key Populations	\$795,000	\$700,000	\$600,000		
Zambia	Zambia	PREV>Comm. mobilization, behavior & norms change>Non Service Delivery>Non-Targeted Populations	\$290,112	\$747,412	\$322,412		
Zambia	Zambia	PREV>Comm. mobilization, behavior & norms change>Service Delivery>AGYW	\$3,100,000	\$3,050,000	\$2,517,500		
Zambia	Zambia	PREV>Comm. mobilization, behavior & norms change>Service Delivery>Key Populations	\$2,125,000	\$3,400,000	\$2,200,000		
Zambia	Zambia	PREV>Comm. mobilization, behavior & norms change>Service Delivery>Non-Targeted Populations	\$1,925,845	\$2,185,442	\$1,058,942		
Zambia	Zambia	PREV>Condom & Lubricant Programming>Non Service Delivery>Non-Targeted Populations	\$150,000	\$50,000	\$50,000	\$30,000	\$30,000
Zambia	Zambia	PREV>Condom & Lubricant Programming>Service Delivery>AGYW	\$150,000	\$50,000	\$50,000		
Zambia	Zambia	PREV>Condom & Lubricant Programming>Service Delivery>Key Populations		\$50,000	\$50,000	\$150,000	\$150,000
Zambia	Zambia	PREV>Condom & Lubricant Programming>Service Delivery>Non-Targeted Populations	\$608,907	\$1,800,000	\$1,590,000	\$1,520,000	\$1,505,000
Zambia	Zambia	PREV>Medication assisted treatment>Service Delivery>Key Populations				\$1,575,000	\$1,100,000
Zambia	Zambia	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>AGYW				\$2,970,000	\$2,895,000
Zambia	Zambia	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations				\$485,000	\$485,000
Zambia	Zambia	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Non-Targeted Populations				\$678,749	\$618,000
Zambia	Zambia	PREV>Non-Biomedical HIV Prevention>Service Delivery>AGYW				\$2,700,000	\$2,355,000
Zambia	Zambia	PREV>Non-Biomedical HIV Prevention>Service Delivery>Key Populations				\$795,000	\$645,000
Zambia	Zambia	PREV>Non-Biomedical HIV Prevention>Service Delivery>Non-Targeted Populations				\$100,000	\$1,050,748
Zambia	Zambia	PREV>Not Disaggregated>Non Service Delivery>AGYW		\$905,000		\$1,132,611	\$1,132,611
Zambia	Zambia	PREV>Not Disaggregated>Non Service Delivery>Key Populations				\$200,000	

Operating Unit	Country	Fiscal Year	2021	2022	2023	2024	2025
		Intervention	Budget	Budget	Budget	Budget	Budget
Zambia	Zambia	PREV>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	\$4,950	\$1,024,950	\$1,065,950	\$779,278	\$779,328
Zambia	Zambia	PREV>Not Disaggregated>Non Service Delivery>Pregnant & Breastfeeding Women	\$70,000		\$51,100	\$15,000	\$25,000
Zambia	Zambia	PREV>Not Disaggregated>Service Delivery>AGYW			\$262,069	\$262,069	\$323,449
Zambia	Zambia	PREV>Not Disaggregated>Service Delivery>Key Populations	\$3,200,000	\$2,070,000	\$2,030,000	\$3,655,000	\$3,300,000
Zambia	Zambia	PREV>Not Disaggregated>Service Delivery>Non-Targeted Populations	\$2,798,134	\$4,515,859	\$934,645	\$559,645	\$559,645
Zambia	Zambia	PREV>Not Disaggregated>Service Delivery>Pregnant & Breastfeeding Women	\$222,000	\$255,500	\$204,400	\$200,000	\$255,000
Zambia	Zambia	PREV>PrEP>Non Service Delivery>AGYW			\$20,000	\$57,000	\$47,000
Zambia	Zambia	PREV>PrEP>Non Service Delivery>Key Populations			\$120,000	\$300,000	\$260,000
Zambia	Zambia	PREV>PrEP>Non Service Delivery>Non-Targeted Populations	\$2,202,000	\$1,419,000	\$1,294,000	\$860,000	\$765,000
Zambia	Zambia	PREV>PrEP>Service Delivery>AGYW	\$1,200,000	\$2,114,702	\$4,940,200	\$4,390,196	\$3,804,960
Zambia	Zambia	PREV>PrEP>Service Delivery>Key Populations	\$800,000	\$2,000,000	\$3,944,915	\$4,229,996	\$3,779,539
Zambia	Zambia	PREV>PrEP>Service Delivery>Non-Targeted Populations	\$11,737,295	\$8,687,297	\$4,329,271	\$3,449,987	\$2,898,852
Zambia	Zambia	PREV>PrEP>Service Delivery>Pregnant & Breastfeeding Women	\$1,700,000	\$1,200,000	\$1,280,000	\$1,430,000	\$1,260,000
Zambia	Zambia	PREV>Primary prevention of HIV and sexual violence>Non Service Delivery>AGYW			\$275,000		
Zambia	Zambia	PREV>Primary prevention of HIV and sexual violence>Non Service Delivery>Non-Targeted Populations			\$100,000		
Zambia	Zambia	PREV>Primary prevention of HIV and sexual violence>Non Service Delivery>OVC			\$230,000		
Zambia	Zambia	PREV>Primary prevention of HIV and sexual violence>Service Delivery>AGYW	\$827,745	\$1,200,000	\$2,020,000		
Zambia	Zambia	PREV>Primary prevention of HIV and sexual violence>Service Delivery>Non-Targeted Populations		\$600,000	\$412,500		
Zambia	Zambia	PREV>Primary prevention of HIV and sexual violence>Service Delivery>OVC		\$70,000	\$1,917,500		
Zambia	Zambia	PREV>VMMC>Non Service Delivery>Non-Targeted Populations	\$1,910,000	\$1,433,300	\$2,281,660	\$2,041,000	\$1,445,000

Operating Unit	Country	Fiscal Year	2021	2022	2023	2024	2025
		Intervention	Budget	Budget	Budget	Budget	Budget
Zambia	Zambia	PREV>VMC>Service Delivery>Non-Targeted Populations	\$19,707,088	\$10,011,763	\$9,880,640	\$9,647,989	\$8,598,322
Zambia	Zambia	PREV>Violence Prevention and Response>Non Service Delivery>AGYW				\$255,000	\$190,000
Zambia	Zambia	PREV>Violence Prevention and Response>Non Service Delivery>Children				\$220,000	\$204,000
Zambia	Zambia	PREV>Violence Prevention and Response>Service Delivery>AGYW				\$1,872,000	\$1,740,000
Zambia	Zambia	PREV>Violence Prevention and Response>Service Delivery>Children				\$200,000	\$190,000
Zambia	Zambia	PREV>Violence Prevention and Response>Service Delivery>Non-Targeted Populations				\$350,000	\$345,000
Zambia	Zambia	PREV>Violence Prevention and Response>Service Delivery>OVC				\$1,649,000	\$1,515,000
Zambia	Zambia	SE>Case Management>Non Service Delivery>Non-Targeted Populations	\$1,500,000	\$454,225	\$456,225	\$350,000	\$345,000
Zambia	Zambia	SE>Case Management>Non Service Delivery>OVC	\$31,950	\$390,000	\$390,000	\$1,007,283	\$1,066,783
Zambia	Zambia	SE>Case Management>Service Delivery>AGYW	\$3,575,000			\$1,867,000	\$1,683,241
Zambia	Zambia	SE>Case Management>Service Delivery>Key Populations				\$350,000	\$330,000
Zambia	Zambia	SE>Case Management>Service Delivery>Non-Targeted Populations	\$422,701	\$54,566	\$54,566	\$380,436	\$352,848
Zambia	Zambia	SE>Case Management>Service Delivery>OVC	\$964,570	\$3,670,500	\$75,000	\$3,284,582	\$3,047,591
Zambia	Zambia	SE>Economic strengthening>Non Service Delivery>AGYW	\$450,000	\$750,000	\$850,000	\$500,000	\$475,000
Zambia	Zambia	SE>Economic strengthening>Non Service Delivery>OVC	\$79,671	\$47,221	\$47,221	\$83,000	\$83,000
Zambia	Zambia	SE>Economic strengthening>Service Delivery>AGYW	\$3,800,000	\$2,500,000	\$1,980,000	\$3,325,000	\$3,280,000
Zambia	Zambia	SE>Economic strengthening>Service Delivery>Key Populations		\$300,000	\$300,000	\$490,000	\$446,865
Zambia	Zambia	SE>Economic strengthening>Service Delivery>Non-Targeted Populations				\$200,000	\$185,000
Zambia	Zambia	SE>Economic strengthening>Service Delivery>OVC	\$1,233,913	\$1,158,913	\$33,913	\$1,085,000	\$1,016,250
Zambia	Zambia	SE>Education assistance>Service Delivery>AGYW	\$7,100,000	\$4,900,000	\$3,175,000	\$1,516,865	\$1,350,000
Zambia	Zambia	SE>Education assistance>Service Delivery>OVC	\$1,242,766	\$1,027,516	\$42,766	\$1,270,000	\$1,209,250

Operating Unit	Country	Fiscal Year	2021	2022	2023	2024	2025
		Intervention	Budget	Budget	Budget	Budget	Budget
Zambia	Zambia	SE>Legal, human rights & protection>Non Service Delivery>AGYW	\$850,000	\$320,000			
Zambia	Zambia	SE>Legal, human rights & protection>Non Service Delivery>OVC	\$3,682	\$3,682	\$3,682		
Zambia	Zambia	SE>Legal, human rights & protection>Service Delivery>Key Populations		\$100,000	\$200,000		
Zambia	Zambia	SE>Legal, human rights & protection>Service Delivery>OVC	\$200,000	\$220,000			
Zambia	Zambia	SE>Not Disaggregated>Non Service Delivery>AGYW			\$949,110		
Zambia	Zambia	SE>Not Disaggregated>Non Service Delivery>OVC	\$1,863,838	\$2,405,461	\$1,200,000		
Zambia	Zambia	SE>Not Disaggregated>Service Delivery>AGYW			\$3,060,000		
Zambia	Zambia	SE>Not Disaggregated>Service Delivery>Non-Targeted Populations	\$200,000				
Zambia	Zambia	SE>Not Disaggregated>Service Delivery>OVC		\$2,320,000	\$6,503,000		
Zambia	Zambia	SE>Psychosocial support>Non Service Delivery>AGYW	\$500,000	\$850,000	\$894,500	\$500,000	\$500,000
Zambia	Zambia	SE>Psychosocial support>Non Service Delivery>Non-Targeted Populations	\$100,000	\$450,000	\$500,000	\$250,000	\$250,000
Zambia	Zambia	SE>Psychosocial support>Non Service Delivery>OVC	\$158,930	\$331,000	\$331,000	\$100,000	\$80,000
Zambia	Zambia	SE>Psychosocial support>Service Delivery>AGYW	\$5,846,988	\$2,850,000	\$2,185,500	\$1,450,000	\$1,318,135
Zambia	Zambia	SE>Psychosocial support>Service Delivery>Key Populations		\$500,000	\$500,000	\$575,000	\$575,000
Zambia	Zambia	SE>Psychosocial support>Service Delivery>Non-Targeted Populations	\$600,000	\$950,000	\$1,094,500	\$880,000	\$845,000
Zambia	Zambia	SE>Psychosocial support>Service Delivery>OVC	\$2,170,712	\$2,717,362	\$182,612	\$722,000	\$696,000

Table B.1.2 COP22, COP23/FY 24, COP23/FY 25 Budget by Program Area

Operating Unit	Country	Fiscal Year	2023	2024	2025
		Program	Budget	Budget	Budget
Total			\$402,600,000	\$392,217,000	\$367,000,000
Zambia	Zambia	C&T	\$212,569,499	\$201,563,537	\$192,429,590
Zambia	Zambia	HTS	\$18,008,377	\$17,007,953	\$16,106,854
Zambia	Zambia	PREV	\$47,832,704	\$48,759,520	\$44,251,454
Zambia	Zambia	SE	\$25,008,595	\$20,186,166	\$19,134,963
Zambia	Zambia	ASP	\$33,339,271	\$33,433,139	\$30,736,789
Zambia	Zambia	PM	\$65,841,554	\$71,266,685	\$64,340,350

Table B.1.3 COP22, COP23/FY 24, COP23/FY 25 Budget by Beneficiary

Operating Unit	Country	Fiscal Year	2023	2024	2025
		Targeted Beneficiary	Budget	Budget	Budget
Total			\$402,600,000	\$392,217,000	\$367,000,000
Zambia	Zambia	AGYW	\$34,681,742	\$31,990,285	\$29,334,440
Zambia	Zambia	Children	\$23,546,551	\$22,731,780	\$22,964,757
Zambia	Zambia	Key Populations	\$12,639,915	\$15,539,996	\$13,186,404
Zambia	Zambia	Non-Targeted Populations	\$311,427,398	\$302,949,490	\$283,049,045
Zambia	Zambia	OVC	\$11,606,694	\$9,598,265	\$9,173,874
Zambia	Zambia	Pregnant & Breastfeeding Women	\$8,697,700	\$9,407,184	\$9,291,480

Table B.1.4 COP22, COP23/FY 24, COP23/FY 25 Budget by Initiative

Operating Unit	Country	Fiscal Year	2021	2022	2023	2024	2025
		Initiative Name	Budget	Budget	Budget	Budget	Budget
Total			\$446,226,352	\$421,424,757	\$402,600,000	\$392,217,000	\$367,000,000
Zambia	Zambia	Ambition	\$22,258,885				
Zambia	Zambia	Cervical Cancer	\$6,007,478	\$5,363,709	\$5,383,709	\$5,793,000	\$5,767,000
Zambia	Zambia	Community-Led Monitoring		\$1,156,000	\$1,255,641	\$1,157,239	\$1,254,689
Zambia	Zambia	Condoms (GHP-USAID Central Funding)		\$1,600,000	\$1,440,000	\$1,440,000	\$1,440,000
Zambia	Zambia	COP19 Performance	\$27,000,000				
Zambia	Zambia	Core Program	\$318,655,789	\$364,637,805	\$333,480,427	\$325,893,741	\$307,082,694
Zambia	Zambia	DREAMS	\$30,156,723	\$30,370,723	\$30,720,723	\$29,906,766	\$27,205,921
Zambia	Zambia	FBO Surge		\$324,757			
Zambia	Zambia	HBCU Tx	\$9,000,000	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000
Zambia	Zambia	HKID Requirement	\$20,440,032				
Zambia	Zambia	LIFT UP Equity Initiative				\$1,695,000	
Zambia	Zambia	One-time Conditional Funding			\$1,000,000		
Zambia	Zambia	OVC (Non-DREAMS)			\$10,830,500	\$8,521,265	\$8,206,374
Zambia	Zambia	Surveillance and Public Health Response	\$2,701,945	\$200,000			
Zambia	Zambia	VMMC	\$10,005,500	\$11,771,763	\$12,489,000	\$11,809,989	\$10,043,322