



United States Department of State

Washington, D.C. 20520

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April 7, 2020

**MEMO FOR CHRISTOPHER KRAFFT; U.S. CHARGE D'AFFAIRES TO UGANDA**

**SUBJECT:** PEPFAR Uganda Country Operational Plan 2020 Approval

This memo represents the successful completion of the PEPFAR Uganda Country Operational Plan (COP) 2020 planning, development and submission. PEPFAR Uganda, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2020 in alignment with the directives from the COP 2020 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval memo for the PEPFAR Uganda Country Operational Plan (COP) 2020 with a total approved budget of \$408,950,000, including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

**Funding Table**

Uganda	New Funding (all accounts)	Pipeline	Total Budget FY 2021 Implementation
<b>Total Budget</b>	<b>381,119,446</b>	<b>27,830,554</b>	<b>408,950,000</b>
Bilateral	381,119,446	27,830,554	408,950,000
Central	-	-	-

Approve a total FY 2021 outlay for COP/ROP 2020 implementation that does not exceed the total approved COP 2020 budget of \$408,950,000. Any prior year funds that are not included within this COP 2020 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2021 without additional written approval. The new FY 2020 funding and prior year funds approved within this memo as a part of the total COP 2020 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2021– must be submitted to and approved by S/GAC.

Approved funding will be made available to agencies for allocation to country platform to implement COP 2020 programming and priorities as outlined below and in the appendix.

**Background**

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, indigenous and international stakeholders and implementing partners during the March 2-6, 2020 in-person planning meetings and participants in the virtual approval meeting; the final COP 2020 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

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## **Program Summary**

Funding and targets for PEPFAR Uganda's Country Operational Plan (COP) 2020 will support the Government and people of Uganda to achieve and sustain epidemic control by (1) expanding client-centered and differentiated service delivery models (DSDM) to improve retention and viral load suppression among all PLHIV; (2) deploying targeted case finding and recency testing to efficiently identify previous undiagnosed people living with HIV (PLHIV) and areas of new infection, particularly for pediatrics, adolescents, and men; and (3) improving and expanding effective prevention and treatment programs among Priority and Key Populations (KP). COP 2020 resources will contribute to epidemic control by the end of FY2021 and beyond, across all ages and sexes, by the initiation and retention of 1,326,797 PLHIV on life-saving treatment. This represents 93% of the estimated 1,431,553 Ugandans living with HIV. PEPFAR Uganda will strive to link 95% of newly-identified PLHIV to treatment and retain 98% of those clients in care and treatment. COP 2020 programming will expand direct service delivery to an additional 10 high-gap districts, enroll an additional 35,970 PLHIV on treatment, and ensure viral load suppression in 1,197,680 clients supported by PEPFAR programming.

In FY 2021, PEPFAR Uganda will prioritize retention of PLHIV in care and treatment and prevention of new infections in the highest-risk populations by building on proven and promising platforms and initiatives. Clinical gaps in client identification and retention, particularly among men and children, will be closed through the scale-up of innovative approaches, including new uses of SMS technology, messaging for targeted audiences, client-centered and community-based DSDM, and expanded support for activities with indigenous Ugandan partners, including faith communities and faith-based organizations, private not-for-profit and community-based organizations. PEPFAR-supported priority and KP programming will refocus to improve service quality and clinical outcomes by addressing stigma and discrimination, expanding community-based DSDM and safe spaces, increasing reach, and averting new infections through biomedical and behavior change interventions. The continuous quality improvement (CQI) initiative led by the Uganda Ministry of Health (MOH) and PEPFAR support for Regional Referral Hospitals will ensure high quality care is available throughout the country. In addition, establishment of independent community monitoring will enable robust advocacy for clients, community collaboration and transparency across the program. The overarching success of the program will be supported by taking health information systems to scale, including a client registry, electronic medical records and unique identifier systems.

Prevention of mother to child transmission (PMTCT) and orphans and vulnerable children (OVC) programming bridge treatment and prevention by providing focused support for women and children living with HIV and their families, as well as HIV and violence prevention services to OVC in the community. Prevention services will also be strengthened through the improvement and expansion of DREAMS (Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe) programming for adolescent girls and young women (AGYW). Pre-Exposure Prophylaxis (PrEP) will continue to be brought to scale for high risk populations, including AGYW, pregnant and breastfeeding women (PBFW), and KP. PEPFAR Uganda has made great strides in the provision of voluntary male medical circumcision (VMMC), and will focus on saturation among the 15-29 year old age group. Ongoing partner management through improved data use to sustain gains and retain patients in care will be a focus in COP 2020. All interventions will be aligned with Uganda MOH guidelines, the UNAIDS 90-90-90 goals, WHO guidelines and global best practices, and with

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the PEPFAR Strategy for Accelerating HIV/AIDS Epidemic Control (2017-2020) and in close collaboration with GoU and other stakeholders.

During COP 2020, PEPFAR Uganda will continue to invest in programming in 100% of Uganda's 135 districts and expand direct service delivery to 10 additional high-gap districts. Within these districts, COP 2020 will further focus on the populations with the highest treatment gaps, specifically men, pediatrics, and adolescents, and optimizing treatment regimens for all PLHIV. PEPFAR Uganda's program will also remain nimble, using site- and population-specific data, particularly from recency testing and the Uganda Population HIV Impact Assessment (UPHIA) 2020, to identify areas for critical performance improvement and needs for expanded service delivery. This includes a \$1,735,715 reserve held in a Department of State S/GAC TBD mechanism, which will be shifted to PEPFAR implementing agencies in FY 2021 to respond to gaps identified by UPHIA results. Ongoing support to optimize lab diagnostic platforms to maximize the use of conventional as well as point of care early infant diagnosis (EID) and viral load testing will continue. Notable additional changes from COP19 to COP20 include an increase in the number of community drug distributions points; reinstating cervical cancer screening and treatment for women living with HIV; expansion of the DREAMS program from 15 to 19 districts; scale-up of effective prevention interventions among high risk populations, including provision of methadone-assisted therapy; limiting VMMC to those 15 years of age and above; and strengthening of health information systems to improve the use of EMR and connectivity in health centers across the country. Additionally, a new community-led monitoring strategy carried out through close collaboration with the Government of Uganda and Civil Society will help ensure high-quality, client-centered HIV services.

### Funding Summary

All COP 2020 funding summarized in the chart below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in all PEPFAR systems and summarized in the appendix.

### Bilateral COP20 Table (by Agency)

Uganda	Bilateral					Central		Total Bilateral Applied Pipeline	Total Bilateral - New Funding	Total COP 20 Budget
	New Funding			Applied Pipeline		Applied Pipeline	Unspecified			
	FY20			Unspecified						
Total	GHP-State	GHP-USAID	GAP	Total	Total					
DOD TOTAL	10,047,292	10,047,292	-	-	5,285,786	-	5,285,786	10,047,292	15,333,078	
HHS TOTAL	183,488,881	180,276,381	-	3,212,500	11,224,500	-	11,224,500	183,488,881	194,713,381	
HHS/CDC	183,088,881	179,876,381	-	3,212,500	11,224,500	-	11,224,500	183,088,881	194,313,381	
HHS/HRSA	400,000	400,000	-	-	-	-	-	400,000	400,000	
HHS/SAMHSA	-	-	-	-	-	-	-	-	-	
PEACE CORPS TOTAL	2,183,336	2,183,336	-	-	202,732	-	202,732	2,183,336	2,386,068	
STATE TOTAL	4,523,763	4,523,763	-	-	-	-	-	4,523,763	4,523,763	
State (State, S/EUR, S/EAP, and S/WHA)	1,758,793	1,758,793	-	-	-	-	-	1,758,793	1,758,793	
State/AF	280,000	280,000	-	-	-	-	-	280,000	280,000	
State/PRM	749,255	749,255	-	-	-	-	-	749,255	749,255	
State/S/GAC	1,735,715	1,735,715	-	-	-	-	-	1,735,715	1,735,715	
USAID TOTAL	180,876,374	180,876,374	40,000,000	-	11,117,536	-	11,117,536	180,876,374	191,993,710	
USAID, non-WCF	154,504,917	114,504,917	40,000,000	-	11,117,536	-	11,117,536	154,504,917	165,622,453	
USAID, WCF	26,371,257	26,371,257	-	-	-	-	-	26,371,257	26,371,257	
TOTAL	381,119,446	337,906,946	40,000,000	3,212,500	27,830,554	-	27,830,554	381,119,446	408,950,000	

\* Pipeline refers to funding allocated in prior years, approved for implementation in FY 2021

**GHP-State Funds:** Upon the clearance of a FY 2020 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2021 at approved COP 2020 partner budget levels to achieve FY 2021 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

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**CDC GAP Funds:** With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2021 at approved COP 2020 partner budget levels to achieve FY 2021 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

**GHP-USAID Funds:** With the receipt of this signed memo, USAID is approved to use GHP-USAID funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2021 at approved COP 2020 partner budget levels to achieve FY 2021 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, GHP-USAID funding may be made available to country teams per USAID internal processes and following agency requirements.

**Applied Pipeline Funds:** With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2021 at approved COP 2020 partner budget levels to achieve FY 2021 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Additional or remaining pipeline from previous year's activities that are not currently captured in the COP 2020 total budget level and documented within COP 2020 partner budgets are not to be executed or outlayed without written approval from S/GAC.

**Earmarks:** The OU has planned for programming for FY2020, FY2019 or/or FY2017 funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during COP may exceed the original controls assigned to the OU. Upon approval of this memo, the amounts below will become the new earmark controls for the OU/Agency. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

**Earmark Table**

Earmarks	COP20 Funding Level			Total
	FY20	FY19	FY17	
Care & Treatment	266,077,617	-	-	266,077,617
Orphans and Vulnerable Children	42,422,314	-	-	42,422,314
Preventing and Responding to Gender-based Violence	6,295,791	-	-	6,295,791
Water	3,779,991	-	-	3,779,991

**Bilateral COP20 Table (by Agency and Initiative)**

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	Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Bilateral - New Funding	Total COP 20 Budget
<b>Uganda</b>				
<b>TOTAL</b>	-	27,830,554	381,119,446	408,950,000
<i>of which, Ambition</i>	-	-	5,000,000	5,000,000
<i>of which, Cervical Cancer</i>	-	-	5,000,000	5,000,000
<i>of which, COP19 Performance</i>	-	-	22,000,000	22,000,000
<i>of which, Core Program</i>	-	16,126,948	290,973,052	307,100,000
<i>of which, DREAMS</i>	-	6,620,807	16,379,193	23,000,000
<i>of which, FBO Surge</i>	-	-	1,350,000	1,350,000
<i>of which, HKID Requirement</i>	-	-	28,500,000	28,500,000
<i>of which, VMMC</i>	-	5,082,799	11,917,201	17,000,000
<b>DOD TOTAL</b>	-	5,285,786	10,047,292	15,333,078
<i>of which, Cervical Cancer</i>	-	-	137,888	137,888
<i>of which, COP19 Performance</i>	-	-	737,231	737,231
<i>of which, Core Program</i>	-	3,109,634	6,306,323	9,415,957
<i>of which, DREAMS</i>	-	1,850,145	250,000	2,100,145
<i>of which, FBO Surge</i>	-	-	70,000	70,000
<i>of which, HKID Requirement</i>	-	-	1,625,490	1,625,490
<i>of which, VMMC</i>	-	326,007	920,360	1,246,367
<b>HHS TOTAL</b>	-	11,224,500	183,488,881	194,713,381
<b>HHS/CDC</b>	-	11,224,500	183,088,881	194,313,381
<i>of which, Ambition</i>	-	-	1,611,993	1,611,993
<i>of which, Cervical Cancer</i>	-	-	2,548,888	2,548,888
<i>of which, COP19 Performance</i>	-	-	12,803,697	12,803,697
<i>of which, Core Program</i>	-	7,392,624	141,974,856	149,367,480
<i>of which, DREAMS</i>	-	659,654	10,247,847	10,907,501
<i>of which, FBO Surge</i>	-	-	700,000	700,000
<i>of which, HKID Requirement</i>	-	-	9,338,934	9,338,934
<i>of which, VMMC</i>	-	3,172,222	3,862,666	7,034,888
<b>HHS/HRSA</b>	-	-	400,000	400,000
<i>of which, Core Program</i>	-	-	400,000	400,000
<b>HHS/SAMHSA</b>	-	-	-	-
<b>PEACE CORPS TOTAL</b>	-	202,732	2,183,336	2,386,068
<i>of which, Core Program</i>	-	202,732	1,894,720	2,097,452
<i>of which, DREAMS</i>	-	-	203,616	203,616
<i>of which, HKID Requirement</i>	-	-	85,000	85,000
<b>STATE TOTAL</b>	-	-	4,523,763	4,523,763
<b>State (State, S/EUR, S/EAP, and S/WHA)</b>	-	-	1,758,793	1,758,793
<i>of which, Core Program</i>	-	-	1,758,793	1,758,793
<b>State/AF</b>	-	-	280,000	280,000
<i>of which, Core Program</i>	-	-	180,000	180,000
<i>of which, HKID Requirement</i>	-	-	100,000	100,000
<b>State/PRM</b>	-	-	749,255	749,255
<i>of which, Cervical Cancer</i>	-	-	13,380	13,380
<i>of which, COP19 Performance</i>	-	-	144,429	144,429
<i>of which, Core Program</i>	-	-	357,096	357,096
<i>of which, HKID Requirement</i>	-	-	70,000	70,000
<i>of which, VMMC</i>	-	-	164,350	164,350
<b>State/SGAC</b>	-	-	1,735,715	1,735,715
<i>of which, Core Program</i>	-	-	1,735,715	1,735,715
<b>USAID TOTAL</b>	-	11,117,536	180,876,174	191,993,710
<b>USAID, non-WCF</b>	-	11,117,536	154,504,917	165,622,453
<i>of which, Ambition</i>	-	-	3,327,397	3,327,397
<i>of which, Cervical Cancer</i>	-	-	927,104	927,104
<i>of which, COP19 Performance</i>	-	-	2,736,378	2,736,378
<i>of which, Core Program</i>	-	5,421,958	119,310,920	124,732,878
<i>of which, DREAMS</i>	-	4,111,008	5,567,395	9,678,403
<i>of which, FBO Surge</i>	-	-	580,000	580,000
<i>of which, HKID Requirement</i>	-	-	17,280,576	17,280,576
<i>of which, VMMC</i>	-	1,584,570	4,775,147	6,359,717
<b>USAID, WCF</b>	-	-	26,371,257	26,371,257
<i>of which, Ambition</i>	-	-	60,610	60,610
<i>of which, Cervical Cancer</i>	-	-	1,372,740	1,372,740
<i>of which, COP19 Performance</i>	-	-	5,578,265	5,578,265
<i>of which, Core Program</i>	-	-	17,054,629	17,054,629
<i>of which, DREAMS</i>	-	-	110,335	110,335
<i>of which, VMMC</i>	-	-	2,194,678	2,194,678
<b>TOTAL</b>	-	27,830,554	381,119,446	408,950,000

\* Pipeline refers to funding allocated in prior years, approved for implementation in FY 2021

**FY 2021 Target Summary**

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FY 2020 funds are released and COP 2020 applied pipeline is approved to achieve the following results in FY 2021.

Uganda		SNU Prioritizations					Total *
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15	6,110	1,265	4,219	4,576		16,250
	15+	46,679	9,675	21,659	16,467		95,215
	<b>Total</b>	<b>52,789</b>	<b>10,940</b>	<b>25,878</b>	<b>21,043</b>	-	<b>111,465</b>
HTS_TST	<15	9,041	2,025	8,399	9,698		29,296
	15+	508,589	219,711	432,560	568,391		1,740,455
	<b>Total</b>	<b>517,630</b>	<b>221,736</b>	<b>440,959</b>	<b>578,089</b>	-	<b>1,769,751</b>
HTS_TST_POS	<15	1,231	253	890	969		3,359
	15+	12,370	2,533	8,870	9,748		34,013
	<b>Total</b>	<b>13,601</b>	<b>2,786</b>	<b>9,760</b>	<b>10,717</b>	-	<b>37,372</b>
TX_NEW	<15	1,298	269	943	1,015		3,543
	15+	11,801	2,422	8,453	9,284		32,427
	<b>Total</b>	<b>13,099</b>	<b>2,691</b>	<b>9,396</b>	<b>10,299</b>	-	<b>35,970</b>
TX_CURR	<15	36,416	9,145	15,886	16,343		78,529
	15+	620,134	126,506	243,887	234,178		1,248,268
	<b>Total</b>	<b>656,550</b>	<b>135,651</b>	<b>259,773</b>	<b>250,521</b>	-	<b>1,326,797</b>
TX_PVLS	<15	32,881	8,271	14,375	14,815		71,010
	15+	559,704	114,179	220,123	211,400		1,126,670
	<b>Total</b>	<b>592,585</b>	<b>122,450</b>	<b>234,498</b>	<b>226,215</b>	-	<b>1,197,680</b>
CXCA_SCRN	<b>Total (15+)</b>	<b>141,934</b>	<b>24,936</b>	<b>50,951</b>	<b>38,999</b>		<b>260,616</b>
OVC_SERV	<18	183,375	44,558	114,565	40,087		387,234
	18+	49,456	9,397	20,208	12,989		92,933
	<b>Total</b>	<b>232,831</b>	<b>53,955</b>	<b>134,773</b>	<b>53,076</b>	-	<b>480,167</b>
OVC_HIVSTAT	<b>Total (&lt;18)</b>	<b>183,375</b>	<b>44,558</b>	<b>114,565</b>	<b>40,087</b>		<b>387,234</b>
PMTCT_STAT	<15	393	179	327	434		1,333
	15+	431,101	196,714	365,305	481,379		1,483,346
	<b>Total</b>	<b>431,494</b>	<b>196,893</b>	<b>365,632</b>	<b>481,813</b>	-	<b>1,484,679</b>
PMTCT_STAT_POS	<15						-
	15+	38,414	8,047	20,660	18,226		87,802
	<b>Total</b>	<b>38,414</b>	<b>8,047</b>	<b>20,660</b>	<b>18,226</b>	-	<b>87,802</b>
PMTCT_ART	<15						-
	15+	38,406	8,047	20,636	18,206		87,749
	<b>Total</b>	<b>38,406</b>	<b>8,047</b>	<b>20,636</b>	<b>18,206</b>	-	<b>87,749</b>
PMTCT_EID	<b>Total</b>	<b>36,497</b>	<b>7,646</b>	<b>19,637</b>	<b>17,316</b>		<b>83,428</b>
PP_PREV	<15	4,190	337	3,126	4,399		12,095
	15+	40,876	12,900	30,809	13,508		104,817
	<b>Total</b>	<b>45,066</b>	<b>13,237</b>	<b>33,935</b>	<b>17,907</b>	-	<b>116,912</b>
KP_PREV	<b>Total</b>	<b>138,935</b>	<b>28,330</b>	<b>76,936</b>	<b>40,610</b>		<b>284,811</b>
KP_MAT	<b>Total</b>	<b>300</b>					<b>300</b>
VMMC_CIRC	<b>Total</b>	<b>97,078</b>	<b>32,139</b>	<b>68,655</b>	<b>92,650</b>		<b>318,522</b>
HTS_SELF	<15	160	19	139	19		337
	15+	139,888	17,954	70,428	36,258		264,528
	<b>Total</b>	<b>140,048</b>	<b>17,973</b>	<b>70,567</b>	<b>36,277</b>	-	<b>264,865</b>
PrEP_NEW	<b>Total</b>	<b>41,571</b>	<b>9,578</b>	<b>23,630</b>	<b>21,025</b>		<b>95,804</b>
PrEP_CURR	<b>Total</b>	<b>47,189</b>	<b>10,818</b>	<b>25,918</b>	<b>24,836</b>		<b>108,761</b>
TB_STAT (N)	<15	3,439	895	1,706	1,696		7,821
	15+	27,889	7,244	14,454	15,025		65,315
	<b>Total</b>	<b>31,328</b>	<b>8,139</b>	<b>16,160</b>	<b>16,721</b>	-	<b>73,136</b>
TB_ART (N)	<15	1,257	322	627	601		2,839
	15+	10,837	2,779	5,855	6,027		25,791
	<b>Total</b>	<b>12,094</b>	<b>3,101</b>	<b>6,482</b>	<b>6,628</b>	-	<b>28,630</b>
TB_PREV (N)	<15	12,288	2,719	4,799	5,162		25,163
	15+	160,988	33,448	64,023	61,970		326,566
	<b>Total</b>	<b>173,276</b>	<b>36,167</b>	<b>68,822</b>	<b>67,132</b>	-	<b>351,729</b>
TX_TB (D)	<15	46,191	10,233	17,125	18,217		92,505
	15+	618,827	128,642	236,939	226,342		1,234,300
	<b>Total</b>	<b>665,018</b>	<b>138,875</b>	<b>254,064</b>	<b>244,559</b>	-	<b>1,326,805</b>
GEND_GBV	<b>Total</b>	<b>39,497</b>	<b>16,410</b>	<b>30,955</b>	<b>36,531</b>		<b>124,253</b>

\* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

**COP 2019 Performance Funds:**

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All partners must be managed throughout the implementation year as indicated in the COP guidance. Overall performance including activities tied to COP19 performance will be reviewed at Q3FY20 to determine if the programs are on track to access all funds at the start of COP20. This communication will come through the S/GAC Chair and POART process.

**Faith and Communities Initiative (FCI) / Faith Based Organization (FBO) Surge Programming:**

In light of the delays in FCI programming associated with delayed arrival of funds for FCI and/or new subs for FCI funding received in COP19, FCI funds from COP19 will be protected and can be outlaid in COP20, in excess of the new COP20 total budget amount indicated in this memo, without being considered an over-outlay. Activities related to FCI/FBO surge activities must be fully implemented in COP20/FY21.

**Partner Management and Stakeholder Engagement:**

Agreements made during COP discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15% of target achievement at 3 months or (2) less than 40% of target achievement at 6 months must have a complete review of performance data (including trends in performance) and expenditures to date by program area, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX\_CURR) performance should be between 98% and 100% of the target. This can be adjusted in country context where HIV treatment services are still scaling up and the treatment new target is greater than 10% of treatment current. OVC programs are also similar in that there are clients continuing services from the previous year; if the IP is less than 80% of their target at Q2 performance review should be triggered. These elements (i.e. review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85%. If the issue is retention it should be net new on treatment equal to 90% of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC the options the agency is implementing to address partner non-performance, including options for a shift to new partners. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout COP implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. This

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continued engagement will ensure all parties' understanding of Uganda's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

Pending Congressional Approval

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