



UNCLASSIFIED

June 3, 2021

MEMO FOR CRAIG CLOUD, U.S. AMBASSADOR TO BOTSWANA

SUBJECT:PEPFAR Botswana Country Operational Plan 2021 Approval

This memo represents the completion of the PEPFAR Botswana Country Operational Plan (COP) 2021 planning, development and submission. PEPFAR Botswana, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2021 in alignment with the directives from the COP 2021 planning letter and agreements made during the planning meeting.

This memo serves as the approval for the PEPFAR Botswana Country Operational Plan (COP) 2021 with a total approved budget of \$60,478,500, 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:

Overall COP 2021 Budget Table

	New Funding (All Accounts)	Pipeline	Total Budget FY 2022 Implementation
TOTAL	51,905,042	8,573,458	60,478,500
Bilateral	51,905,042	8,573,458	60,478,500

The total FY 2022 outlay for COP 2021 implementation shall not exceed the total approved COP 2021 budget of \$60,478,500 without additional written approval. Any prior year funds that are not included within this COP 2021 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 2022 without additional written approval. The new FY 2021 funding and prior year funds approved within this memo as a part of the total COP 2021 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 2022– 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 2021 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, local and global stakeholders and partners during the April 28-29, 2021 virtual planning meetings and participants in the virtual approval meeting; the final COP 2021 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

Program Summary

Funding and targets for Botswana's COP 2021 are approved to support PEPFAR Botswana's vision of a "One Botswana" partnership with the Government of Botswana (GoB) and all stakeholders working together to achieve the 95-95-95 goals across all populations, sex and age bands in Botswana. PEPFAR Botswana continues to concentrate its direct service delivery, implementing mechanisms, and resources on districts with the highest HIV burden while working with the GoB and stakeholders to eliminate policy barriers and ensure that quality client-centered care, data systems, and data use for decision making are adopted and operationalized nationwide. COP 2021 is focused on sustaining the gains that have been made and ensuring that newly diagnosed people living with HIV (PLHIV) are linked to treatment, retained on treatment, and are virally suppressed. The COP 2021 program will directly support more than 174,000 PLHIV on lifelong treatment by the end of FY 2022, 47% of the approximately 374,000 PLHIV in Botswana and 53% of the 326,740 PLHIV in Botswana currently on anti-retroviral therapy (ART). While sustaining the gains, PEPFAR Botswana is ensuring that the fifth Botswana AIDS Impact Survey (BAIS V) is completed in 2021. The BAIS V survey is the first epidemiological HIV prevalence survey in Botswana since 2013 and will frame the achievements to date as well as identify specific gaps.

The PEPFAR Botswana programming strategy to be implemented in FY 2022 is based on detailed transparent discussions with representatives from the host country government, civil society, community organizations and implementing partners. The GoB has a long demonstrated strong commitment in responding to its HIV epidemic and continues to directly fund the majority of the country's HIV prevention, care and treatment costs. The focus of COP 2021 programming is maintaining high linkage, retention, adherence, and viral suppression across the 71 high volume facilities in 17 districts, several key population hotspots, as well as four ART certified, clinical wellness centers. The program will continue to strengthen the integration of facility and community services around the client and their family, ensuring high quality healthcare is delivered across the continuum of care. A full review of program data will occur following the BAIS V to support evidenced-based updates to the COP 2021 plan.

PEPFAR continues to aggressively fund HIV prevention activities in Botswana, particularly Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) services for adolescent girls and young women (AGYW), which expanded significantly in COP 2020 and

will be further strengthened in COP 2021 to offer a package of evidence-based combination prevention interventions that target vulnerable AGYW, their families, communities, and sex partners with the goal of preventing AGYW from acquiring HIV infection. PEPFAR Botswana also will continue comprehensive prevention programming through its voluntary male medical circumcision (VMMC), orphans and vulnerable children (OVC), and cervical cancer screening programs. The VMMC program will perform more than 10,000 circumcisions as they strive to meet unmet need among adolescent boys and men over the age of 15. The OVC program will increase its focus on the girls and boys ages nine to 14, working through schools to provide primary prevention of sexual violence and HIV and other socio-economic interventions while intensifying the provision of comprehensive services especially for high-risk sub-populations, in turn providing care to more than 40,000 children and their caregivers. In COP 2021, PEPFAR Botswana will continue to build on the existing platforms and strategies to increase cervical cancer screening among women living with HIV ages 25 to 49 on ART, including female sex workers (FSW).

In COP 2021, case-finding strategies for the general population are limited to: a) testing at TB and ANC clinics; b) implementing safe and ethical index testing that conforms to WHO and PEPFAR guidance; c) scaling-up HIV self-testing to enhance partner notification and deploying HIVST self-test kits as an adaptive COVID-19 strategy by distributing kits to index clients so that partners can self-screen themselves prior to coming to the facility; d) leveraging the Faith and Community Initiative (FCI) platform to reach men and youth; and e) conducting voluntary reentry testing for all newly identified PLHIV to inform the public health response. To further enhance case finding for key populations (KPs), PEPFAR Botswana has revised the mobilization and recruitment strategy for individuals to be offered HIV testing services. The program will prioritize high-yielding case finding strategies from the community and the facility including: Enhanced Peer Outreach Approach (EPOA) that engages individuals at high risk or those living with HIV to recruit members of their social and risk network for HIV testing and counselling; HIVST to mitigate stigma and discrimination and loss of confidentiality fears; and online outreach to those visiting matchmaking and dating sites. Case-finding strategies for both the general population and KPs will be revisited and updated upon completion of the BAIS V HIV prevalence survey.

COP 2021 will provide targeted support to Botswana to sustain its emergency response to the COVID-19 pandemic while addressing critical HIV program needs in the general and key population segments. PEPFAR Botswana will continue to invest in critical partnerships with multilateral institutions and civil society organizations to ensure proper alignment and synergistic programming that cuts across both clinical and social dynamics of the HIV response, including HIV stigma and gender-based violence. A few notable changes from COP 2020 to COP 2021 include an increase in local/indigenous partner funding, expansion of the OVC program into 3 new Subnational Units (SNU) that already have a PEPFAR presence with an appreciable amount of PLHIV on lifesaving treatment, an expansion of PrEP efforts in high HIV prevalent areas which will target specifically young women who are at the greatest risk of infection, and implementing differentiated service delivery models such as six-month dispensing and community ART refills for all populations.

American Rescue Plan Act of 2021 Summary Description

This memo approves \$2,299,894 in ARPA funds in the Economic Support Fund (ESF) account to be implemented for activities during COP 2020 and COP 2021. Of the total \$2,299,894 in ARPA funds, \$478,500 is expected to be implemented in COP 2021; these funds are included in the other tables found in this memo. The remaining \$1,821,394 is expected to be implemented in COP 2020. The table below shows the estimated breakout of outlays in COP 2021 versus COP 2020 by implementing agency and operational division.

<u>Agency/OPDIV</u>	<u>ARPA Funds Programmed in COP21 FAST for COP21 Outlay</u>	<u>ARPA Funds To be Added to COP20 for COP20 Outlay</u>	<u>TOTAL ARPA Funds</u>
TOTAL	\$478,500	\$1,821,394	\$2,299,894
DOD	\$ 0	\$ 0	\$0
HHS/CDC	478,500	\$728,695	\$1,207,195
HHS/HRSA	\$0	\$ 459,600	\$459,600
PC	\$ 0	\$ 0	\$0
USAID	\$ 0	\$ 633,099	\$633,099
USAID/WCF	\$ 0	\$ 0	\$0

Any ARPA funds not outlayed in COP 2020 will be allowed to outlay in COP 2021, and this will be accounted for in the End of Fiscal Year exercise in the fall of 2021. The entire ARPA amount must be obligated by September 30, 2022 and should, except in extraordinary circumstances, be outlayed during COP 2021.

These ARPA funds are being provided specifically to address the intersection of HIV and COVID-19 to prevent, prepare for, and respond **to coronavirus** (including prevention of COVID-19 infection, illness, and death among PEPFAR beneficiaries and staff) **and** mitigate COVID-19 impact on PEPFAR programs and beneficiaries and support PEPFAR program recovery from the impacts of coronavirus. Over the course of COP 2020 and COP 2021, the ARPA funds implemented in Botswana will support: strengthened infection prevention control (IPC) clinical and lab practices through trainings; virtual learning and CQI; DREAMS program recovery; IPC commodities; COVID-19 vaccination M&E support; building the capacity of laboratory & surveillance systems to identify, investigate, and analyze COVID-19 variants. These interventions will also have a positive impact on PEPFAR programs by restoring and strengthening programs to strengthen health systems, improve health care services and increase safe and accessible services to patients as well as enhance disease detection and support continuous monitoring through testing and lab surveillance.

Faith and Communities Initiative (FCI)

The implementation of the FCI has been significantly delayed by COVID in many PEPFAR OUs. Accordingly, any remaining FCI funds at the end of COP 2020 will be allowed to carry over into COP 2021. After exact amounts of carryover are determined during the End of Fiscal Year process in fall of 2021, COP 2021 envelopes will be updated to account for this carryover.

Recency Testing Activities

The implementation of the Recency activities has also been significantly delayed by COVID. Accordingly, any remaining Recency funds at the end of COP 2020 will be allowed to carry over into COP 2021. After exact amounts of carryover are determined during the End of Fiscal Year process in fall of 2021, COP 2021 envelopes will be updated to account for this carryover

Pending Congressional Approval

Funding Summary

All COP 2021 funding summarized in the charts 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.

COP 2021 Budget Table by Agency – Bilateral

	of which, Bilateral										Total COP21 Budget (Bilateral + Central)
	Total	New Funding								Applied Pipeline	
		Total	FY 2021			FY 2020	FY 2019				
			GHP-State	GHP-USAID	GAP	ESF	GHP-State	GHP-State			
TOTAL	60,478,500	51,905,042	51,905,042	49,230,292	-	2,196,250	478,500	-	-	8,573,458	60,478,500
DOD Total	866,839	-	-	-	-	-	-	-	-	866,839	866,839
DOD	866,839	-	-	-	-	-	-	-	-	866,839	866,839
HHS Total	30,244,007	25,133,884	25,133,884	22,459,134	-	2,196,250	478,500	-	-	5,110,123	30,244,007
HHS/CDC	29,576,327	24,669,781	24,669,781	21,995,031	-	2,196,250	478,500	-	-	4,906,546	29,576,327
HHS/HRSA	667,680	464,103	464,103	464,103	-	-	-	-	-	203,577	667,680
PC Total	3,715,071	1,190,231	1,190,231	1,190,231	-	-	-	-	-	2,524,840	3,715,071
PC	3,715,071	1,190,231	1,190,231	1,190,231	-	-	-	-	-	2,524,840	3,715,071
STATE Total	1,029,591	1,029,591	1,029,591	1,029,591	-	-	-	-	-	-	1,029,591
State	82,412	82,412	82,412	82,412	-	-	-	-	-	-	82,412
State/AF	947,179	947,179	947,179	947,179	-	-	-	-	-	-	947,179
USAID Total	24,622,992	24,551,336	24,551,336	24,551,336	-	-	-	-	-	71,656	24,622,992
USAID, non-WCF	23,672,992	23,601,336	23,601,336	23,601,336	-	-	-	-	-	71,656	23,672,992
USAID/WCF	950,000	950,000	950,000	950,000	-	-	-	-	-	-	950,000

1/Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.

2/Economic Support Fund (ESF) funding is authorized in the American Rescue Plan Act of 2021 and must be used for a combined HIV and COVID purpose.

COP 2021 Budget Table by Agency – Central

	of which, Central										Total COP21 Budget (Bilateral + Central)
	Total	New Funding								Applied Pipeline	
		Total	FY 2021			FY 2020	FY 2019				
		Total	GHP-State	GHP-USAID	GAP	ESF	GHP-State	GHP-State			
TOTAL	-	-	-	-	-	-	-	-	-	-	60,478,500
DOD Total	-	-	-	-	-	-	-	-	-	-	866,839
DOD	-	-	-	-	-	-	-	-	-	-	866,839
HHS Total	-	-	-	-	-	-	-	-	-	-	30,244,007
HHS/CDC	-	-	-	-	-	-	-	-	-	-	29,576,327
HHS/HRSA	-	-	-	-	-	-	-	-	-	-	667,680
PC Total	-	-	-	-	-	-	-	-	-	-	3,715,071
PC	-	-	-	-	-	-	-	-	-	-	3,715,071
STATE Total	-	-	-	-	-	-	-	-	-	-	1,029,591
State	-	-	-	-	-	-	-	-	-	-	82,412
State/AF	-	-	-	-	-	-	-	-	-	-	947,179
USAID Total	-	-	-	-	-	-	-	-	-	-	24,622,992
USAID, non-WCF	-	-	-	-	-	-	-	-	-	-	23,672,992
USAID/WCF	-	-	-	-	-	-	-	-	-	-	950,000

1/Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.

2/Economic Support Fund (ESF) funding is authorized in the American Rescue Plan Act of 2021 and must be used for a combined HIV and COVID purpose.

GHP-State Funds: Upon the clearance of a FY 2021 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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 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.

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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 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.

ARPA ESF Funds: ESF funds must have both an HIV and COVID related purpose as laid out in relevant S/GAC guidance. Upon the clearance of a FY 2021 PEPFAR ESF 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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt, agency headquarters will move the funds to the country platform via each agency's internal process.

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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 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 2021 total budget level and documented within COP/ROP 2021 partner budgets are not to be executed or outlayed without written approval from S/GAC.

Earmarks: Botswana has planned for programming for FY 2021, FY 2020, and/or FY 2019 GHP-State 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 Botswana. Upon approval of this memo, the amounts below will become the new earmark controls for Botswana. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmark Budget Table

Earmarks	COP21 Funding Level			
	TOTAL	FY 2021	FY 2020	FY 2019
Care & Treatment	20,496,043	20,496,043	-	-
Orphans and Vulnerable Children	14,682,059	14,682,059	-	-
Preventing and Responding to Gender-based Violence	1,660,000	1,660,000	-	-
Water	50,000	50,000	-	-

**Only GHP-State and GHP-USAID will count towards the Care and Treatment and OVC earmarks*

***Only GHP-State will count towards the GBV and Water earmarks*

Earmark Budget Table – AB/Y

AB/Y Earmark	COP21 Funding Level				
	TOTAL	FY 2021	FY 2020	FY 2019	Applied Pipeline
TOTAL Prevention Programming	7,701,199	7,701,199	-	-	-
Of which, AB/Y	4,505,643	4,505,643	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	58.5%	58.5%	N/A	N/A	N/A

1/Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.

AB/Y Earmark Budget Justification

[Option 1, Total %AB/Y ≥ 50%] AB/Y Requirement Met.

Botswana is a sparsely populated land-locked country with a population of approximately 2.36 million (2018 projection). HIV infection in Botswana, one of the hardest hit countries in the world, is largely concentrated in the urban and peri-urban areas of the country with the highest disease burdens being concentrated in Greater Gaborone and Greater Francistown. The burden in absolute numbers is highest among populations (age 25+), and strikingly so among women. Botswana's 2019 GNI per capita, according to the World Bank, was \$7,650. While classified as an upper middle-income country, Botswana's most recent Gini index estimate of 53.3 (World Bank, 2015) reflects one of the starkest income disparities globally.

While the most recent Botswana prevalence survey was conducted in 2013, the preliminary results of the BAIS V are expected to become available during 2021. However, until the preliminary results are shared, PEPFAR Botswana will continue to use program data and UNAIDS Spectrum estimates to inform programmatic decisions. The most recent UNAIDS Spectrum (2020) estimates that PLHIV in Botswana to be 374,729 (HIV prevalence of 15.1%) and an incidence rate of 0.42 (8,863 new infections).

The second Botswana Behavioral and Biological Surveillance Survey (BBSS 2017), the first in five years, has provided data related to key populations (KP). Botswana conducted the BBSS among KP in five districts (Chobe, Francistown, Gaborone, Ngamiland South and Palapye). The data analysis shows significant progress in reaching KP, especially female sex workers (FSWs).

Among Female Sex Workers, 92.9% had ever been tested for HIV, compared to 88.1% in 2012 BBSS. The results show a decrease in prevalence for FSW from 61.9% to 42.8% (2012, BBSS; 2017 BBSS). Access to treatment for those who know their status improved drastically from 2012 BBSS from 25% to 88% in 2017 BBSS II and 99% report taking their ARVs every day. Knowing one's HIV status was an entry point to treatment. Among FSWs, HIV prevalence steadily increases by age group. Declines between 2012 and 2017 were seen most noticeably in the younger age groups.

In contrast, for men who have sex with men (MSM) the trend was upward, with prevalence increasing from 13.1% in 2012 to 14.8% in 2017. The report is important to understand the epidemic in KPs and allows us to further focus our KP activities. The proportion of MSM who have ever tested has increased significantly since 2012 (76% vs. 92%) and this trend is seen across districts. Testing rates are highest in Gaborone and Chobe and similar in Francistown, Palapye and Maun. About 76% tested in the last 12 months compared to 80% in 2012. Most of them tested HIV negative. Botswana is estimated to have a national ART coverage estimate of 90%. Women age 25+ have the highest coverage at 97%; the lowest ART coverage is among less than 15 year olds and males 15-24 years, 78% and 63%, respectively. Botswana's viral suppression rate is impressively high at 98% across all age and sex bands.

These data are invaluable for assisting the national and PEPFAR programs in developing population specific programming approaches to both sustain PLHIV on treatment and prevent new infections. Both transgender (TG) individuals and people who inject drugs (PWID) were not included in past IBBSs, however, PEPFAR has been increasing its capacity to serve these additional KPs in current and future programming.

COP 2021 Budget Table by Agency and Initiative

	Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Bilateral - New Funding	Total COP21 Budget
TOTAL	-	8,573,458	-	51,905,042	60,478,500
<i>of which, Cervical Cancer</i>	-	-	-	1,000,000	1,000,000
<i>of which, Community-Led Monitoring</i>	-	-	-	400,000	400,000
<i>of which, Core Program</i>	-	4,642,615	-	32,598,168	37,240,783
<i>of which, DREAMS</i>	-	3,714,843	-	16,322,874	20,037,717
<i>of which, VMMC</i>	-	216,000	-	1,584,000	1,800,000
DOD Total	-	866,839	-	-	866,839
<i>of which, Core Program</i>	-	650,839	-	-	650,839
<i>of which, VMMC</i>	-	216,000	-	-	216,000
HHS Total	-	5,110,123	-	25,133,884	30,244,007
<i>of which, Cervical Cancer</i>	-	-	-	1,000,000	1,000,000
<i>of which, Core Program</i>	-	3,757,975	-	18,833,076	22,591,051
<i>of which, DREAMS</i>	-	1,352,148	-	3,716,808	5,068,956
<i>of which, VMMC</i>	-	-	-	1,584,000	1,584,000
PC Total	-	2,524,840	-	1,190,231	3,715,071
<i>of which, Core Program</i>	-	223,429	-	970,231	1,193,660
<i>of which, DREAMS</i>	-	2,301,411	-	220,000	2,521,411
STATE Total	-	-	-	1,029,591	1,029,591
<i>of which, Community-Led Monitoring</i>	-	-	-	400,000	400,000
<i>of which, Core Program</i>	-	-	-	534,234	534,234
<i>of which, DREAMS</i>	-	-	-	95,357	95,357
USAID Total	-	71,656	-	24,551,336	24,622,992
<i>of which, Core Program</i>	-	10,372	-	12,260,627	12,270,999
<i>of which, DREAMS</i>	-	61,284	-	12,290,709	12,351,993

FY 2022 Target Summary

FY 2021 funds are released, and COP 2021 applied pipeline is approved to achieve the following results in FY 2022.

Indicator	Ag	Attain	Scale-Up: Satu	Scale-Up: Aggr	Sustain	Centrally Supp	No Prioritiz	Total
HTS_INDEX	<15	0	0	0	440	0	0	440
HTS_INDEX	15+	0	0	0	17186	0	0	17186
HTS_INDEX	Total	0	0	0	17626	0	0	17626
HTS_TST	<15	0	0	0	468	0	0	468
HTS_TST	15+	0	0	0	62731	0	819	63550
HTS_TST	Total	0	0	0	63199	0	819	64018
HTS_TST_POS	<15	0	0	0	22	0	0	22
HTS_TST_POS	15+	0	0	0	5152	0	26	5178
HTS_TST_POS	Total	0	0	0	5174	0	26	5200
TX_NEW	<15	0	0	0	52	0	0	52
TX_NEW	15+	0	0	0	4971	0	0	4971
TX_NEW	Total	0	0	0	5023	0	0	5023
TX_CURR	<15	0	0	0	1760	0	0	1760
TX_CURR	15+	0	0	0	172607	0	0	172607
TX_CURR	Total	0	0	0	174367	0	0	174367
TX_PVLS	<15	0	0	0	1730	0	0	1730
TX_PVLS	15+	0	0	0	169017	0	0	169017
TX_PVLS	Total	0	0	0	170747	0	0	170747
CXCA_SCRN	Total	0	0	0	32394	0	0	32394
OVC_SERV	<18	0	0	0	35037	0	0	35037
OVC_SERV	18+	0	0	0	5732	0	0	5732
OVC_SERV	Total	0	0	0	40769	0	0	40769
OVC_HIWSTAT	Total	0	0	0	21024	0	0	21024
PMTCT_STAT	<15	0	0	0	15	0	0	15
PMTCT_STAT	15+	0	0	0	23478	0	0	23478
PMTCT_STAT	Total	0	0	0	23493	0	0	23493
PMTCT_STAT	<15	0	0	0	1	0	0	1
PMTCT_STAT	15+	0	0	0	5707	0	0	5707
PMTCT_STAT	Total	0	0	0	5708	0	0	5708
PMTCT_ART	<15	0	0	0	1	0	0	1
PMTCT_ART	15+	0	0	0	5705	0	0	5705
PMTCT_ART	Total	0	0	0	5706	0	0	5706
PMTCT_EID	Total	0	0	0	5453	0	0	5453
PP_PREV	<15	0	0	0	0	0	0	0
PP_PREV	15+	0	0	0	31741	0	0	31741
PP_PREV	Total	0	0	0	31741	0	0	31741
KP_PREV	Total	0	0	0	7480	0	0	7480
KP_MAT	Total	0	0	0	0	0	0	0
VMMC_CIRC	Total	0	0	0	8810	0	1200	10010
HTS_SELF	<15	0	0	0	81	0	0	81
HTS_SELF	15+	0	0	0	15350	0	0	15350
HTS_SELF	Total	0	0	0	15431	0	0	15431
PrEP_NEW	Total	0	0	0	7414	0	150	7564
PrEP_CURR	Total	0	0	0	8490	0	250	8740
TB_STAT	<15	0	0	0	0	0	0	0
TB_STAT	15+	0	0	0	1643	0	0	1643
TB_STAT	Total	0	0	0	1643	0	0	1643
TB_ART	<15	0	0	0	0	0	0	0
TB_ART	15+	0	0	0	951	0	0	951
TB_ART	Total	0	0	0	951	0	0	951
TB_PREV	<15	0	0	0	1381	0	0	1381
TB_PREV	15+	0	0	0	146138	0	0	146138
TB_PREV	Total	0	0	0	147519	0	0	147519
TX_TB	<15	0	0	0	1748	0	0	1748
TX_TB	15+	0	0	0	171099	0	0	171099
TX_TB	Total	0	0	0	172847	0	0	172847
GEND_GBV	Total	0	0	0	8329	0	0	8329
AGYW_PREV	Total	0	0	0	24896	0	0	24896

Partner Management and Stakeholder Engagement:

Agreements made during COP 2021 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 percent of target achievement at 3 months or (2) less than 40 percent 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 percent and 100 percent 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 percent 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 percent of their target at Q2 performance review should be triggered. For key populations programming, per MER Guidance and program requirements, HIV testing is a required element of the KP_PREV indicator. HIV testing services (HTS) or referring an individual to HTS is required to be offered (at least once during the reporting period and/or in accordance with WHO/national guidance) unless the individual had previously been tested positive for HIV. HIV prevention services must be tailored to individual risks. If the individual is self-identified as HIV positive, then HTS provision or referral to HTS will not be a required element of this indicator. Workplans for IPs should reflect these HTS requirements for key populations programming. Additionally, where referral to HTS is made, IP workplans and program design should incorporate measures to follow through on HTS with KP clients to ensure referral completion. 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 percent. If the issue is retention it should be net new on treatment equal to 90 percent 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 2021 implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. This continued engagement will ensure all parties' understanding of Botswana's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

