



United States Department of State
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June 25, 2021

MEMO FOR ERIC KNEEDLER, CHARGÉ D’AFFAIRS TO KENYA

FROM: S/GAC – Michael Ruffner, S/GAC Chair
 S/GAC – Christalyn Steers-McCrum, PEPFAR Program Manager

THROUGH: S/GAC – Dr. Angeli Achrekar, Acting U.S. Global AIDS Coordinator

SUBJECT: PEPFAR Kenya Country Operational Plan 2021 Approval

This memo represents the successful completion of the PEPFAR Kenya Operational Plan COP 2021 planning, development and submission. PEPFAR Kenya, 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, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as conditional approval for the PEPFAR Kenya Country Operational Plan COP 2021 with a total approved budget of \$382,939,000 including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. PEPFAR recognizes the ongoing efforts the Government of Kenya has taken to reform KEMSA, including the recent KEMSA board changes. However, significantly more extensive reforms are needed. At this time, PEPFAR COP 21 commodity funds will not be available for distribution in Kenya until the Government of Kenya approves an alternative distribution contract and makes a commitment to reforming KEMSA. The Secretary of State and Congressional leaders are united in the essential need for U.S. taxpayer resources to be safeguarded as we provide this generous support from the American people.

Total budget is reflective of the following programming:

	New Funding (All Accounts)	Pipeline	Total Budget FY 2022 Implementation
TOTAL	363,203,697	19,735,303	382,939,000
Bilateral	363,203,697	19,735,303	382,939,000

The total FY 2022 outlay for COP 2021 implementation shall not exceed the total approved COP 2021 budget of \$382,939,000 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

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approved within this memo as a part of the total COP 2021 budget are allocated to achieve

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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 20-21, 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 Kenya's Country Operational Plan (COP) 2021 are approved to support PEPFAR Kenya's vision in partnership with the Government and people of Kenya to work towards epidemic control by targeting testing to efficiently identify people living with HIV (PLHIV), ensuring all newly diagnosed PLHIV are immediately linked to treatment, and all PLHIV are retained on treatment and remain virally suppressed. COP 2021 will continue progress towards epidemic control during FY 2022, across all ages and sexes, working toward the ultimate goal across the country that 1,353,175 are on life-saving treatment by the end of FY 2022. The program for COP 2021 seeks to enroll an additional 106,167 PLHIV on treatment and ensure viral load suppression in 1,271,352 patients.

The PEPFAR Kenya strategy for programming to be implemented during FY 2022 will focus on retaining PLHIV on ART and continuing to prevent new HIV infections through: (1) Intensifying the focus on finding, linking to, and retaining men on treatment. Through expanding self-testing, scaling up extended clinic hours, and supporting treatment and U=U literacy, COP21 aims for improvements across the clinical cascade. (2) Family-based Care and Monitoring. Through activities like home visits, individualized care giver sessions, and strengthening the linkage to Orphans and Vulnerable Children (OVC) programming, PEPFAR Kenya will serve whole families: both caregivers and children. (3) Improving the Prevention of Mother to Child Transmission (PMTCT) at the county level. In COP21, PEPFAR Kenya has developed a county-specific strategy that will focus on strengthening the facility to community linkage, enhancing retention and viral suppression of Pregnant and Breastfeeding Women (PBFW) and infants, preventing new HIV infections during pregnancy and breast-feeding, and optimizing pediatric case detection and linkage. (4) PEPFAR Kenya is also prioritizing offering PrEP to all persons and populations with an ongoing risk of HIV infection, investing in demand creation and advocacy for PrEP, and improving service quality through enhanced follow up, monitoring, and reporting. (5) In COP21, PEPFAR Kenya will improve post-circumcision follow up, strengthen consent practices for minors, and integrate VMMC into routine county health programs. (6) COP21 will also preserve some of the success seen in previous years

through the Key Population Investment Fund (KPIF), including funding for social network testing and the scale up of self-testing for key populations. (7) In COP21, the DREAMS program will be more tightly linked to OVC and will include improved service layering, with an emphasis on socio-economic outcomes. (8) COP 21 will continue scaling up community-led monitoring.

PEPFAR funds will continue to support the national roll out of Multi-Month Dispensing (MMD) to 6 months. PEPFAR Kenya will also continue working with the Government of Kenya (GOK) on developing and improving case-based surveillance and unique IDs and on increasing the GOK’s investment and monitoring budget execution in HIV.

A few notable changes from COP19 and COP20 to COP21 include routine site assessments for safe and ethical index testing, client-centered approaches to linkage, and developing and implementing U=U national strategy across all populations. COP20 saw the first round of site assessments to ensure index testing is done in compliance with WHO standards. PEPFAR Kenya will emphasize client-centered approaches for males, pregnant and breast-feeding women, and families, as well as partnering with the Government of Kenya to ensure U=U messaging reaches all populations.

Finally, in COP21 through supplemental American Rescue Plan funds, PEPFAR Kenya will fund an array of COVID-related activities like enhancing the capacity and safety of lab testing for COVID, HIV, and TB and providing mental health support for healthcare workers. More details are below.

American Rescue Plan Act of 2021 Summary Description

This memo approves \$18,250,000 in ARPA funds in the Economic Support Fund (ESF) account to be implemented for activities during COP 2020 and COP 2021. Of the total \$18,250,000 in ARPA funds, \$17,490,000 is expected to be implemented in COP 2021; these funds are included in the other tables found in this memo. The remaining \$760,000 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.

Agency/OPDIV	ARPA Funds Programmed in COP 21 FAST for COP 21 Outlay	ARPA Funds To Be Added to COP 20 for COP 20 Outlay	Total ARPA Funds
TOTAL	\$17,490,000	\$760,000	\$18,250,000
DOD	\$1,526,130	\$0	\$1,526,130
HHS/CDC	\$8,516,721	\$760,000	\$9,276,721
HHS/HRSA	\$0	\$0	\$0
PC	\$0	\$0	\$0
USAID	\$7,447,149	\$0	\$7,447,149
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 outlaid during COP 2021. These ARPA funds are being provided specifically to address the intersection of HIV and COVID to prevent, prepare for, and respond to coronavirus (including prevention of COVID-19 infection, illness, and death among PEPFAR beneficiaries and staff) and to mitigate the impacts of COVID-19 on PEPFAR programs and beneficiaries and support PEPFAR program recovery from this pandemic.

Over the course of COP 2020 and COP 2021, these ARPA funds will support a number of key activities: comprehensive IPC implementation at national, site, and special settings like prisons and military; continuity of treatment through expanded DSD and community ART distribution; improved case finding; economic strengthening for adolescent girls and young women; enhanced lab testing for COVID, HIV, and TB; enhanced testing in special settings, e.g. rapid antigen-test kits; support for those experiencing gender-based violence like expanded service hours; HPV self-sampling; isolation corners in prisons and linkage to care for those infected with COVID in prisons; mental health support for health workers; supply chain strengthening; improved surveillance; TB case-finding and bidirectional screening; temporary staff when other staff are under quarantine or isolation; and virtual services for KP and PBFW.

Faith and Communities Initiative (FCI)

The implementation of the FCI has been significantly delayed by COVID. Accordingly, any remaining FCI funds at the end of COP 20 will be allowed to carry over into COP 21. After exact amounts of carryover are determined during the End of Fiscal Year process in fall of 2021, COP 21 envelopes will be updated to account for this carryover.

Recency

The implementation of the Recency activities has also been significantly delayed by COVID. Accordingly, any remaining Recency funds at the end of COP20 will be allowed to carry over into COP21. After exact amounts of carryover are determined during the End of Fiscal Year process in fall of 2021, COP 21 envelopes will be updated to account for this carryover.

Pending

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	Total	GHP-State	GHP-USAI	GAP	ESF	FY 2020 GHP-State			FY 2019 GHP-State
TOTAL	382,939,000	363,203,697	363,203,697	307,393,697	35,000,000	3,320,000	17,490,000	-	-	19,735,303	382,939,000
DOD Total	18,399,531	17,090,752	17,090,752	15,564,622	-	-	1,526,130	-	-	1,308,779	18,399,531
DOD	18,399,531	17,090,752	17,090,752	15,564,622	-	-	1,526,130	-	-	1,308,779	18,399,531
HHS Total	155,531,037	149,125,854	149,125,854	137,289,133	-	3,320,000	8,516,721	-	-	6,405,183	155,531,037
HHS/CDC	155,531,037	149,125,854	149,125,854	137,289,133	-	3,320,000	8,516,721	-	-	6,405,183	155,531,037
PC Total	190,000	182,536	182,536	182,536	-	-	-	-	-	7,464	190,000
PC	190,000	182,536	182,536	182,536	-	-	-	-	-	7,464	190,000
STATE Total	3,362,308	1,113,462	1,113,462	1,113,462	-	-	-	-	-	2,248,846	3,362,308
State	903,391	903,391	903,391	903,391	-	-	-	-	-	-	903,391
State/AF	2,458,917	210,071	210,071	210,071	-	-	-	-	-	2,248,846	2,458,917
USAID Total	205,456,124	195,691,093	195,691,093	153,243,944	35,000,000	-	7,447,149	-	-	9,765,031	205,456,124
USAID, non-WCF	132,286,984	122,521,953	122,521,953	80,074,804	35,000,000	-	7,447,149	-	-	9,765,031	132,286,984
USAID/WCF	73,169,140	73,169,140	73,169,140	73,169,140	-	-	-	-	-	-	73,169,140

- 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	Total	GHP-State	GHP-USAI	GAP	ESF	FY 2020 GHP-State			FY 2019 GHP-State
TOTAL	-	-	-	-	-	-	-	-	-	-	382,939,000
DOD Total	-	-	-	-	-	-	-	-	-	-	18,399,531
DOD	-	-	-	-	-	-	-	-	-	-	18,399,531
HHS Total	-	-	-	-	-	-	-	-	-	-	155,531,037
HHS/CDC	-	-	-	-	-	-	-	-	-	-	155,531,037
PC Total	-	-	-	-	-	-	-	-	-	-	190,000
PC	-	-	-	-	-	-	-	-	-	-	190,000
STATE Total	-	-	-	-	-	-	-	-	-	-	3,362,308
State	-	-	-	-	-	-	-	-	-	-	903,391
State/AF	-	-	-	-	-	-	-	-	-	-	2,458,917
USAID Total	-	-	-	-	-	-	-	-	-	-	205,456,124
USAID, non-WCF	-	-	-	-	-	-	-	-	-	-	132,286,984
USAID/WCF	-	-	-	-	-	-	-	-	-	-	73,169,140

- 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 2021 partner budgets are not to be executed or outlayed without written approval from S/GAC.

Earmarks: Kenya 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 Kenya. Upon approval of this memo, the amounts below will become the new earmark controls for Kenya. 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	215,000,000	215,000,000	-	-
Orphans and Vulnerable Children	53,798,568	53,798,568	-	-
Preventing and Responding to Gender-based Violence	9,278,003	9,278,003	-	-
Water	550,000	550,000	-	-

* 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	12,055,394	12,055,394	-	-	-
Of which, AB/Y	6,282,517	6,282,517	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	52.1%	52.1%	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

The AB/Y requirement is met.

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Initiatives by Agency

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	-	19,735,303	-	363,203,697	382,939,000
<i>of which, Cervical Cancer</i>	-	-	-	3,172,900	3,172,900
<i>of which, Community-Led Monitoring</i>	-	989,929	-	210,071	1,200,000
<i>of which, Core Program</i>	-	18,501,457	-	315,099,348	333,600,805
<i>of which, DREAMS</i>	-	243,917	-	40,336,974	40,580,891
<i>of which, VMMC</i>	-	-	-	4,384,404	4,384,404
DOD Total	-	1,308,779	-	17,090,752	18,399,531
<i>of which, Cervical Cancer</i>	-	-	-	125,537	125,537
<i>of which, Core Program</i>	-	1,308,779	-	15,934,653	17,243,432
<i>of which, DREAMS</i>	-	-	-	571,062	571,062
<i>of which, VMMC</i>	-	-	-	459,500	459,500
HHS Total	-	6,405,183	-	149,125,854	155,531,037
<i>of which, Cervical Cancer</i>	-	-	-	1,735,746	1,735,746
<i>of which, Core Program</i>	-	6,405,183	-	123,098,282	129,503,465
<i>of which, DREAMS</i>	-	-	-	21,586,922	21,586,922
<i>of which, VMMC</i>	-	-	-	2,704,904	2,704,904
PC Total	-	7,464	-	182,536	190,000
<i>of which, Core Program</i>	-	-	-	10,000	10,000
<i>of which, DREAMS</i>	-	7,464	-	172,536	180,000
STATE Total	-	2,248,846	-	1,113,462	3,362,308
<i>of which, Community-Led Monitoring</i>	-	989,929	-	210,071	1,200,000
<i>of which, Core Program</i>	-	1,258,917	-	903,391	2,162,308
USAID Total	-	9,765,031	-	195,691,093	205,456,124
<i>of which, Cervical Cancer</i>	-	-	-	1,311,617	1,311,617
<i>of which, Core Program</i>	-	9,528,578	-	175,153,022	184,681,600
<i>of which, DREAMS</i>	-	236,453	-	18,006,454	18,242,907
<i>of which, VMMC</i>	-	-	-	1,220,000	1,220,000

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FY 2022 Target Summary

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

Kenya		SNU Prioritizations						Total
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	No Prioritization	
HTS_INDEX	<15	-	-	-	-	-	-	-
	15+	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-
HTS_TST	<15	-	99,536	47,146	28,715	-	111	175,508
	15+	-	2,297,769	1,258,628	767,880	-	8,554	4,332,831
	Total	-	2,397,305	1,305,774	796,595	-	8,665	4,508,339
HTS_TST_PO S	<15	-	3,744	1,826	1,091	-	4	6,665
	15+	-	57,205	31,129	15,640	-	177	104,151
	Total	-	60,949	32,955	16,731	-	181	110,816
TX_NEW	<15	-	4,067	1,987	1,172	-	4	7,230
	15+	-	54,342	29,572	14,856	-	167	98,937
	Total	-	58,409	31,559	16,028	-	171	106,167
TX_CURR	<15	-	44,939	22,812	10,058	-	120	77,929
	15+	-	721,602	401,731	148,534	-	3,379	1,275,246
	Total	-	766,541	424,543	158,592	-	3,499	1,353,175
TX_PVLS	<15	-	42,003	21,347	9,297	-	115	72,762
	15+	-	678,856	378,194	138,339	-	3,201	1,198,590
	Total	-	720,859	399,541	147,636	-	3,316	1,271,352
CXCA_SCRN	Total	-	174,596	94,775	34,774	-	634	304,779
	<18	-	416,373	187,017	34,614	-	190	638,194

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OVC_SERV	18+	-	4,452	2,417	550	-	2	7,421
	Total	-	420,825	189,434	35,164	-	192	645,615
OVC_HIVSTA T	Total	-	233,120	126,950	29,664	-	190	389,924
PMTCT_STAT	<15	-	1,220	528	579	-	3	2,330

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	15+	-	516,700	291,774	211,626	-	2,054	1,022,154
	Total	-	517,920	292,302	212,205	-	2,057	1,024,484
PMTCT_STAT_POS	<15	-	40	6	6	-	-	52
	15+	-	32,516	14,955	5,623	-	68	53,162
	Total	-	32,556	14,961	5,629	-	68	53,214
PMTCT_ART	<15	-	40	6	6	-	-	52
	15+	-	32,146	14,763	5,528	-	68	52,505
	Total	-	32,186	14,769	5,534	-	68	52,557
PMTCT_EID	Total	-	31,311	14,428	5,508	-	67	51,314
	<15	-	106,118	29,260	-	-	-	135,378
PP_PREV	15+	-	246,361	61,114	4,220	-	61,776	373,471
	Total	-	352,479	90,374	4,220	-	61,776	508,849
KP_PREV	Total	-	144,101	107,570	34,930	-	-	286,601
KP_MAT	Total	-	6,149	1,787	-	-	-	7,936
VMMC_CIRC	Total	-	25,467	12,499	16,207	-	850	55,023
	<15	-	-	-	-	-	-	-
HTS_SELF	15+	-	603,593	327,576	164,284	-	20,000	1,115,453
	Total	-	603,593	327,576	164,284	-	20,000	1,115,453
PrEP_NEW	Total	-	51,600	33,747	14,581	-	84	100,012
PrEP_CURR	Total	-	72,234	47,256	20,397	-	113	140,000
TB_STAT	<15	-	2,062	1,193	1,119	-	6	4,380
	15+	-	29,017	19,553	12,544	-	172	61,286
	Total	-	31,079	20,746	13,663	-	178	65,666
TB_ART	<15	-	409	202	115	-	-	726
	15+	-	8,339	4,793	2,508	-	40	15,680
	Total	-	8,748	4,995	2,623	-	40	16,406
TB_PREV	<15	-	2,861	1,412	886	-	4	5,163
	15+	-	39,059	20,827	11,142	-	136	71,164
	Total	-	41,920	22,239	12,028	-	140	76,327
TX_TB	<15	-	44,939	22,812	10,058	-	120	77,929
	15+	-	721,602	401,731	148,534	-	3,379	1,275,246

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	Total	-	766,541	424,543	158,592	-	3,499	1,353,175
GEND_GBV	Total	-	343,778	145,912	43,119	-	-	532,809
AGYW_PREV	Total	-	151,747	40,998	-	-	-	192,745

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

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), HIV self testing (HTS SELF) 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.

The elements listed above (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 Kenya'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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