



UNCLASSIFIED

May 24, 2021

**MEMO FOR REBECCA GONZALES, U.S. AMBASSADOR TO LESOTHO**

**SUBJECT:** PEPFAR Lesotho Country Operational Plan 2021 Approval

This memo represents the successful completion of the PEPFAR Lesotho Country Operational Plan (COP) 2021 planning, development, and submission. PEPFAR Lesotho, 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 the approval for the PEPFAR Lesotho Country Operational Plan 2021, with a total approved budget of \$78,681,000, 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:

	New Funding (All Accounts)	Pipeline	Total Budget FY 2022 Implementation
<b>TOTAL</b>	<b>\$71,433,248</b>	<b>\$7,247,752</b>	<b>\$78,681,000</b>
<b>Bilateral</b>	<b>\$71,233,248</b>	<b>\$7,247,752</b>	<b>\$78,481,000</b>
<b>Central</b>	<b>\$200,000</b>		<b>\$200,000</b>

The total FY 2022 outlay for COP 2021 implementation shall not exceed the total approved COP 2021 budget of \$78,681,000 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 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 platforms 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, and local and global stakeholders and partners during the April 15-16, 2021 virtual planning meetings and participants in the virtual approval meeting; and the final COP 2021 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

## **Program Summary**

Funding and targets for Lesotho's Country Operational Plan 2021 are approved to support PEPFAR Lesotho's vision to sustain the gains made in reaching epidemic control status, and identify and address any remaining treatment or prevention gaps. This can be achieved through partnership with the Government of Lesotho and many key stakeholders, including most importantly the Basotho people, through the efficient identification of people living with HIV (PLHIV) who were previously unaware of their status, linking and retaining them on treatment, and building on historic achievements to continue to reduce HIV incidence and enabling PLHIV to enjoy healthy, productive lives. Entering COP 2021, Lesotho's progress towards epidemic control was validated by the release of the LePHIA 2020 survey results, which showed that Lesotho has achieved 90-97-92 on the 95-95-95 goals (i.e., at the time of the survey that concluded in March 2020, 90% of Basotho PLHIV were aware of their positive status, 97% of those aware of their status were receiving antiretroviral therapy (ART), and 92% of those receiving ART maintained viral suppression of their HIV). While the COVID-19 pandemic has presented major challenges in Lesotho and necessitated pausing some programming, the PEPFAR Lesotho team and its partners have still persevered and managed many remarkable new achievements during COP 19 and COP 20 that will accelerate the drive towards sustainable epidemic control, such as rapidly expanding the transition to the superior dolutegravir-based antiretroviral drug regimen and providing far higher percentages of PLHIV with multi-month supplies.

The PEPFAR Lesotho programmatic strategy to be implemented in FY 2022 will focus on finding the remaining PLHIV who are unaware of their status and ensuring that those receiving ART stay retained in care to maximize the health benefits of ART and the prevention aspect of treatment. PEPFAR Lesotho will also continue to optimize complementary prevention efforts in order to further reduce incidence rates through programs such as its DREAMS (Determined Resilient Empowered AIDS-free Mentored and Safe) partnership for adolescent girls and young women, its VMMC (Voluntary Medical Male Circumcision) and pre-exposure prophylaxis (PrEP) efforts, and its programs to serve key populations.

To optimize the success of these programs in FY 2022, PEPFAR Lesotho will ensure that critical policies are fully implemented, and will continue or initiate several key strategies, such as: (1) Refining its index testing practices to deploy them with fidelity and at the appropriate scale; (2) Maintaining high retention levels, especially through more robust health information systems, such as a national health systems database with unique patient identifiers; (3) Enhancing site-level monitoring, including through the community-led monitoring initiative; (4) Improving pediatric treatment services and continuing to provide support for Orphans and Vulnerable Children (OVC); (5) Expanding the number of layered services provided to AGYW who have enrolled in DREAMS programming; (6) Working towards higher levels of VMMC for men ages

15 and older; (7) Sustaining Lesotho's exceptionally high viral load suppression (in most disaggregated measures of program data across age, sex, and geography, the 95% threshold has already been reached) and finishing the expansion of lab capacity to provide annual viral load tests for 100% of eligible PLHIV; (8) Continuing to expand Tuberculosis Preventive Therapy (TPT) and cervical cancer screening services; (9) Expanding recency efforts to help identify any new sources of HIV cases and rapidly interrupt chains of transmission; (10) Continuing to expand high-quality PrEP services, including incorporation into the multi-month dispensing (MMD) and decentralized drug distribution (DDD) services; and 11) Further enhancing collaboration with stakeholders and counterparts, including engagement with host government officials in exercises that review barriers to local control and develop longer-term plans for increasing levels of domestic responsibility for HIV epidemic control.

During FY 2022, PEPFAR funds for Lesotho will focus heavily on the continued implementation of these various strategies in order to reach and provide essential services to all Basotho living with HIV in a client-centered way. The results of the PHIA survey will be used to help inform strategies that are meant to quickly fill any remaining programmatic gaps. Given the confirmation via the PHIA of Lesotho's progress towards longer-term epidemic control, PEPFAR Lesotho continues to plan to gradually evolve its program towards a maintenance mode where increasing levels of responsibility are eventually transferred to the host government. Although a number of PEPFAR Lesotho's programmatic features will look similar from COP 2020 to COP 2021, there will be a stronger emphasis on increasing the efficiency of efforts, particularly with case-finding and repurposing certain healthcare cadres to a right-sized footprint that best serves the needs of Lesotho's PLHIV. The increased focus on the longer-term sustainability of programs will also mean that PEPFAR Lesotho should increasingly work with and implement activities through indigenous partners to build local capacity. These capacity building efforts also extend to our host government partners. COP 2021 programming will help to build up the core competencies of governmental and institutional partners in order to better capacitate them to do the necessary work on the ground (e.g., small but significant projects that work with district-level government staff on building up disease surveillance capabilities, responsibility for oversight of clinics, etc.). During COP 2021, PEPFAR Lesotho's highly successful men's clinic model will continue to be fully supported. Case-finding efforts will continue to incorporate approaches such as risk-screening and HIV self-testing to enhance the efficiency and effectiveness of case-finding while still also meeting the highest safety and ethical standards, including through informed consent. PEPFAR Lesotho will also continue its increased emphasis on community-led monitoring to ensure high-quality, client-centered HIV services continue throughout the country.

### **American Rescue Plan Act of 2021 Summary Description**

This approval also includes \$3,760,000 in American Rescue Plan Act (ARPA) funds in the Economic Support Fund (ESF) account to be implemented for activities during COP 2020 and COP 2021. Of the total \$3,760,000 in ARPA funds, \$3,481,000 are expected to be implemented in COP 2021; these funds are included in the other tables found in this memo. The remaining \$279,000 is expected to be implemented in COP 2020. The table below shows the estimated breakout of outlays in COP 2020 versus COP 2021 by agency and operational division.

Agency/OPDIV	ARPA Funds		TOTAL ARPA Funds
	Programmed in COP	ARPA Funds To Be	
	21 FAST for COP 21 Outlay	Added to COP 20 for COP 20 Outlay	
TOTAL	\$ 3,481,000	\$ 279,000	\$ 3,760,000
DOD	\$ -	\$ -	\$ -
HHS/CDC	\$ 1,390,000	\$ -	\$ 1,390,000
HHS/HRSA	\$ -	\$ -	\$ -
PC	\$ -	\$ -	\$ -
USAID	\$ 2,091,000	\$ 279,000	\$ 2,370,000
USAID/WCF	\$ -	\$ -	\$ -

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 to prevent, prepare for, and respond to **coronavirus** (including prevention of COVID-19 infection, illness, and death among PEPFAR beneficiaries and staff) **and/or** mitigate COVID-19’s impact on PEPFAR programs and beneficiaries and support the PEPFAR program recovery from the impacts of coronavirus.

Two of the activities supported by ARPA funds in Lesotho, vaccine deployment and an ongoing telephone survey, will help Lesotho to prevent, prepare for, and respond to COVID-19. In the first phase of Lesotho’s national deployment and vaccination campaign for health care workers, major challenges with data collection and logistics coordination were identified. Since PEPFAR Lesotho’s implementing partners are well-positioned to avoid such challenges in delivering vaccines to adults with underlying conditions (including PLHIV), IPs will therefore integrate delivery of vaccines to PLHIV with the normal care and treatment of our beneficiaries. Given ongoing COVID-testing capacity limitations, ARPA funds will also support monitoring for potential COVID outbreaks through an ongoing survey of LePHIA participants throughout the country to assess COVID-like symptoms.

ARPA funds will also support “surge campaigns” to mitigate the negative effects of COVID-19 on a variety of program areas. The index testing, cervical cancer screening, VMMC, PrEP, DREAMS, and Key Populations program areas supported by PEPFAR Lesotho have been disproportionately affected by the restrictions on travel, mandatory shutdowns, quarantines, etc., that have been necessitated by COVID-19. Therefore, with these funds, PEPFAR Lesotho will support:

- An index testing surge campaign to accelerate uptake and coverage of index testing in all of Lesotho’s 10 districts. The index testing surge will be implemented in high- and medium-volume sites through the recruitment of additional Human Resources for Health (HRH)
- A cervical cancer screening surge in all 10 districts through the recruitment of additional temporary HRH

- An effort to intensify demand generation and delivery of services for VMMC and PrEP through personnel such as HRH and community health promoters
- An effort to reach and retain AGYW through a variety of methods, such as the recruitment of youth mentors, peer mentors, and scaled up socioeconomic strengthening activities
- A campaign to accelerate key populations programming by, for example, engaging additional peer educators, professional counsellors, and nurses, who will scale up EPOA, psychosocial support, and PrEP services

### **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 recency testing activities has also been significantly delayed by COVID. Accordingly, any remaining Recency 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.

Pending Congress

## 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			
		Total	GHP-State	GHP-USAID	GAP	ESF	GHP-State	GHP-State			
TOTAL	78,481,000	71,233,248	71,233,248	67,239,748	-	512,500	3,481,000	-	-	7,247,752	78,681,000
DOD Total	948,000	592,153	592,153	592,153	-	-	-	-	-	355,847	948,000
DOD	948,000	592,153	592,153	592,153	-	-	-	-	-	355,847	948,000
HHS Total	31,060,303	26,143,935	26,143,935	24,241,435	-	512,500	1,390,000	-	-	4,916,368	31,060,303
HHS/CDC	31,060,303	26,143,935	26,143,935	24,241,435	-	512,500	1,390,000	-	-	4,916,368	31,060,303
PC Total	976,618	-	-	-	-	-	-	-	-	976,618	976,618
PC	976,618	-	-	-	-	-	-	-	-	976,618	976,618
STATE Total	1,129,251	130,332	130,332	130,332	-	-	-	-	-	998,919	1,129,251
State	130,332	130,332	130,332	130,332	-	-	-	-	-	-	130,332
State/AF	998,919	-	-	-	-	-	-	-	-	998,919	998,919
USAID Total	44,366,828	44,366,828	44,366,828	42,275,828	-	2,091,000	-	-	-	-	44,566,828
USAID, non-WCF	41,872,117	41,872,117	41,872,117	39,781,117	-	2,091,000	-	-	-	-	41,872,117
USAID/WCF	2,494,711	2,494,711	2,494,711	2,494,711	-	-	-	-	-	-	2,694,711

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	200,000	200,000	200,000	-	200,000	-	-	-	-	-	78,681,000
DOD Total	-	-	-	-	-	-	-	-	-	-	948,000
DOD	-	-	-	-	-	-	-	-	-	-	948,000
HHS Total	-	-	-	-	-	-	-	-	-	-	31,060,303
HHS/CDC	-	-	-	-	-	-	-	-	-	-	31,060,303
PC Total	-	-	-	-	-	-	-	-	-	-	976,618
PC	-	-	-	-	-	-	-	-	-	-	976,618
STATE Total	-	-	-	-	-	-	-	-	-	-	1,129,251
State	-	-	-	-	-	-	-	-	-	-	130,332
State/AF	-	-	-	-	-	-	-	-	-	-	998,919
USAID Total	200,000	200,000	200,000	-	200,000	-	-	-	-	-	44,566,828
USAID, non-WCF	-	-	-	-	-	-	-	-	-	-	41,872,117
USAID/WCF	200,000	200,000	200,000	-	200,000	-	-	-	-	-	2,694,711

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:** PEPFAR Lesotho 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 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 Budget Table**

Earmarks	COP21 Funding Level			
	TOTAL	FY 2021	FY 2020	FY 2019
Care & Treatment	33,895,462	33,895,462	-	-
Orphans and Vulnerable Children	14,300,000	14,300,000	-	-
Preventing and Responding to Gender-based Violence	308,000	308,000	-	-
Water	630,000	630,000	-	-

\* 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	4,058,600	4,058,600	-	-	-
Of which, AB/Y	2,426,050	2,426,050	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	59.8%	59.8%	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.

**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
<b>TOTAL</b>	-	7,247,752	200,000	71,233,248	78,681,000
<i>of which, Cervical Cancer</i>	-	-	-	1,115,500	1,115,500
<i>of which, Community-Led Monitoring</i>	-	250,000	-	-	250,000
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	200,000	-	200,000
<i>of which, Core Program</i>	-	6,997,752	-	52,312,512	59,310,264
<i>of which, DREAMS</i>	-	-	-	14,283,800	14,283,800
<i>of which, VMMC</i>	-	-	-	3,521,436	3,521,436
<b>DOD Total</b>	-	355,847	-	592,153	948,000
<i>of which, Core Program</i>	-	355,847	-	592,153	948,000
<b>HHS Total</b>	-	4,916,368	-	26,143,935	31,060,303
<i>of which, Cervical Cancer</i>	-	-	-	459,680	459,680
<i>of which, Core Program</i>	-	4,916,368	-	21,970,661	26,887,029
<i>of which, DREAMS</i>	-	-	-	3,713,594	3,713,594
<b>PC Total</b>	-	976,618	-	-	976,618
<i>of which, Core Program</i>	-	976,618	-	-	976,618
<b>STATE Total</b>	-	998,919	-	130,332	1,129,251
<i>of which, Community-Led Monitoring</i>	-	250,000	-	-	250,000
<i>of which, Core Program</i>	-	748,919	-	130,332	879,251
<b>USAID Total</b>	-	-	200,000	44,366,828	44,566,828
<i>of which, Cervical Cancer</i>	-	-	-	655,820	655,820
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	200,000	-	200,000
<i>of which, Core Program</i>	-	-	-	29,619,366	29,619,366
<i>of which, DREAMS</i>	-	-	-	10,570,206	10,570,206
<i>of which, VMMC</i>	-	-	-	3,521,436	3,521,436

**FY 2022 Target Summary**

UNCLASSIFIED

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

Lesotho		Attained	SNU Prioritizations				Total
			Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15	-	6,590	-	-	-	6,590
	15+	-	27,650	-	-	74	27,724
	<b>Total</b>	-	<b>34,240</b>	-	-	<b>74</b>	<b>34,314</b>
HTS_TST	<15	-	7,860	-	-	-	7,860
	15+	-	111,204	-	-	727	111,931
	<b>Total</b>	-	<b>119,064</b>	-	-	<b>727</b>	<b>119,791</b>
HTS_TST_POS	<15	-	158	-	-	-	158
	15+	-	10,923	-	-	52	10,975
	<b>Total</b>	-	<b>11,081</b>	-	-	<b>52</b>	<b>11,133</b>
TX_NEW	<15	-	203	-	-	-	203
	15+	-	10,388	-	-	52	10,440
	<b>Total</b>	-	<b>10,591</b>	-	-	<b>52</b>	<b>10,643</b>
TX_CURR	<15	-	7,952	-	-	-	7,952
	15+	-	246,066	-	-	1,586	247,652
	<b>Total</b>	-	<b>254,018</b>	-	-	<b>1,586</b>	<b>255,604</b>
TX_PVLS	<15	-	7,540	-	-	-	7,540
	15+	-	230,810	-	-	1,521	232,331
	<b>Total</b>	-	<b>238,350</b>	-	-	<b>1,521</b>	<b>239,871</b>
CXCA_SCRN	<15	-	74,005	-	-	-	74,005
	18+	-	21,421	-	-	-	21,421
	<b>Total</b>	-	<b>95,426</b>	-	-	-	<b>95,426</b>
OVC_HIVSTAT	<15	-	52,571	-	-	-	52,571
	18+	-	74,005	-	-	-	74,005
	<b>Total</b>	-	<b>126,576</b>	-	-	-	<b>126,576</b>
PMTCT_STAT	<15	-	126	-	-	-	126
	15+	-	30,137	-	-	120	30,257
	<b>Total</b>	-	<b>30,263</b>	-	-	<b>120</b>	<b>30,383</b>
PMTCT_STAT_POS	<15	-	2	-	-	-	2
	15+	-	5,268	-	-	12	5,280
	<b>Total</b>	-	<b>5,270</b>	-	-	<b>12</b>	<b>5,282</b>
PMTCT_ART	<15	-	2	-	-	-	2
	15+	-	5,249	-	-	12	5,261
	<b>Total</b>	-	<b>5,251</b>	-	-	<b>12</b>	<b>5,263</b>
PMTCT_EID	<15	-	5,154	-	-	-	5,154
	15+	-	41,328	-	-	-	41,328
	<b>Total</b>	-	<b>46,482</b>	-	-	-	<b>46,482</b>
PP_PREV	<15	-	178,426	-	-	-	178,426
	15+	-	219,754	-	-	-	219,754
	<b>Total</b>	-	<b>398,180</b>	-	-	-	<b>398,180</b>
KP_PREV	<15	-	6,599	-	-	-	6,599
	15+	-	6,599	-	-	-	6,599
	<b>Total</b>	-	<b>13,198</b>	-	-	-	<b>13,198</b>
VMMC_CIRC	<15	-	20,219	-	-	-	20,219
	15+	-	41,328	-	-	-	41,328
	<b>Total</b>	-	<b>61,547</b>	-	-	-	<b>61,547</b>
HTS_SELF	<15	-	6,732	-	-	21	6,753
	15+	-	247,298	-	-	3,231	250,529
	<b>Total</b>	-	<b>254,030</b>	-	-	<b>3,252</b>	<b>257,282</b>
PrEP_NEW	<15	-	24,632	-	-	-	24,632
	15+	-	32,754	-	-	-	32,754
	<b>Total</b>	-	<b>57,386</b>	-	-	-	<b>57,386</b>
PrEP_CURR	<15	-	625	-	-	-	625
	15+	-	9,311	-	-	20	9,331
	<b>Total</b>	-	<b>9,936</b>	-	-	<b>20</b>	<b>9,956</b>
TB_STAT	<15	-	216	-	-	-	216
	15+	-	6,419	-	-	15	6,434
	<b>Total</b>	-	<b>6,635</b>	-	-	<b>15</b>	<b>6,650</b>
TB_ART	<15	-	875	-	-	-	875
	15+	-	29,885	-	-	1,543	31,428
	<b>Total</b>	-	<b>30,760</b>	-	-	<b>1,543</b>	<b>32,303</b>
TB_PREV	<15	-	8,155	-	-	-	8,155
	15+	-	256,453	-	-	1,638	258,091
	<b>Total</b>	-	<b>264,608</b>	-	-	<b>1,638</b>	<b>266,246</b>
TX_TB	<15	-	4,803	-	-	-	4,803
	15+	-	34,906	-	-	-	34,906
	<b>Total</b>	-	<b>39,709</b>	-	-	-	<b>39,709</b>
GEND_GBV	<15	-	4,803	-	-	-	4,803
	15+	-	34,906	-	-	-	34,906
	<b>Total</b>	-	<b>39,709</b>	-	-	-	<b>39,709</b>
AGYW_PREV	<15	-	34,906	-	-	-	34,906
	15+	-	4,803	-	-	-	4,803
	<b>Total</b>	-	<b>39,709</b>	-	-	-	<b>39,709</b>

\* 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:

UNCLASSIFIED

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, the approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) less than 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 at less than 80 percent of their target, at Q2 a 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 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 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 Corrective Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If, for example, the issue is retention, the proportion of net new PLHIV on treatment compared to new PLHIV on treatment (which should exceed 90 percent) should be the area of focus. 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 of the options the agency is using 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. At the core of this critical engagement is the collaborative review of quarterly results and

achievement, and findings from community-led monitoring. This continued engagement will ensure all parties' understanding of Lesotho's progress and help identify any strategic changes that may need to be made in order to more efficiently and effectively reach and sustain epidemic control.

Pending Congressional Approval