



UNCLASSIFIED

May 27, 2021

MEMO FOR NATALIE BROWN, U.S. AMBASSADOR TO UGANDA

SUBJECT: PEPFAR Uganda Country Operational Plan 2021 Approval

This memo represents the successful completion of the PEPFAR Uganda Country Operational Plan (COP) 2021 planning, development and submission. PEPFAR Uganda, 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 Uganda Country Operational Plan (COP) 2021 with a total approved budget of \$418,425,000, 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
TOTAL	401,675,915	16,749,085	418,425,000
Bilateral	399,175,915	16,749,085	415,925,000
Central	2,500,000		2,500,000

The total FY 2022 outlay for COP 2021 implementation shall not exceed the total approved COP 2021 budget of \$418,425,000 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 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 26-27, 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 Uganda's COP 2021 will support PEPFAR Uganda's vision in partnership with the Government and people of Uganda to achieve and sustain epidemic control by (1) continuing to expand client-centered and differentiated service delivery models (DSDM) to improve treatment continuity and viral load suppression among all people living with HIV (PLHIV); (2) strengthening targeted case finding to efficiently identify undiagnosed PLHIV, particularly for pediatrics, adolescents, and men; and (3) refining and expanding effective prevention and treatment programs among Priority and Key Populations (KP). COP 2021 resources will contribute to epidemic control by the end of FY2022 and beyond, across all ages and sexes, by initiating 71,526 PLHIV on treatment, bringing the total PLHIV on treatment to 1,339,579. This represents 94% of the estimated 1,420,828 Ugandans living with HIV across all 136 districts.

In FY 2022, PEPFAR Uganda will continue to refine proven client-centered interventions to improve treatment continuity for PLHIV and prevent new infections in vulnerable populations. Gaps in client identification and treatment interruption, particularly among men, young people, and children, are being addressed by scaling interventions to engage clients and address their individual needs, improve treatment literacy, and expand DSDM. PEPFAR Uganda is addressing the needs of a young and mobile population by strengthening integrated health information systems to support clients seeking services in various clinics, including a client registry, electronic medical records, and unique identifiers. National continuous quality improvement (CQI) initiatives, led by the Ministry of Health (MOH) and supported by PEPFAR, will leverage improved systems and connectivity to provide virtual training and mentorship and build capacity among healthcare providers and indigenous Ugandan partners, including faith communities and faith-based organizations, private not-for-profit and community-based organizations. Priority and KP programming will institutionalize effective approaches piloted over the last two years across agencies and regions to address stigma and discrimination, expand community-based DSDM and safe spaces, increase reach, and avert new infections through biomedical and behavior change interventions.

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 for children in the community. Prevention services will be strengthened through ongoing 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 scale with a nearly 50% target increase 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) among the 15-29 year old age group and will focus on district level saturation.

During COP 2021, PEPFAR Uganda will continue to support service delivery in 100% of Uganda's 136 districts. PEPFAR Uganda's program will remain flexible and responsive to the changing environment, using site- and population-specific data, particularly from recency testing and the Uganda Population HIV Impact Assessment (UPHIA) 2021 (preliminary data expected in FY2021 Q4), to identify areas for critical performance improvement and needs for expanded service delivery. Cervical cancer screening and treatment services will fully scale to reach women living with HIV (WLHIV). The independent community-led monitoring strategy carried out through close collaboration with the Government of Uganda and civil society will continue to enable robust advocacy for clients, community collaboration, transparency across programs, and help ensure high-quality, client-centered HIV services. Notable additional changes from COP20 to COP21 include further increase in multi-month dispensing (MMD) and DSDM; expansion of the DREAMS program from 23 to 24 districts to include an urban model in Kampala; scale-up of effective prevention interventions among high risk populations, including PrEP and VMMC; additional support for Regional Referral Hospitals (RRH) to provide strong, decentralized health service delivery, from 10 to 17 RRH; and strengthened health information systems to improve patient-level data systems, data use, and connectivity in health centers across the country. Strong partner management to support significant local partner transitions and ensure fiscal responsibility will be essential in COP 2021.

American Rescue Plan Act of 2021 Summary Description

This memo approves \$19,925,000 in ARPA funds in the Economic Support Fund (ESF) account to be implemented for activities during COP 2020 and COP 2021. Of the total \$19,925,000 in ARPA funds, \$19,925,000 is expected to be implemented in COP 2021; these funds are included in the other tables found in this memo. The remaining \$0 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	\$19,925,000	\$0	\$19,925,000
DOD	\$510,861	\$0	\$510,861
HHS/CDC	\$10,336,461	\$0	\$10,336,461
HHS/HRSA	\$775,000	\$0	\$775,000
PC	\$0	\$0	\$0
USAID	\$7,430,094	\$0	\$7,430,094
USAID/WCF	\$847,000	\$0	\$847,000
State/PRM	\$25,584	\$0	\$25,584

Any ARPA funds not outlaid 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 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 will support:

While Uganda quickly responded to minimize the spread of COVID-19, the pandemic and lock-down measures resulted in significant disruptions throughout the Ugandan health system. Uganda, through support of PEPFAR and its implementing partners, developed innovative methods to reach patients despite the growing need to protect patients and health care workers amidst fears of community spread of COVID-19, and widespread movement and group-gathering restrictions. The implementation environment continues to be impacted by the identification of several variants, difficulty in maintaining response momentum, as well as limited vaccine availability and vaccine hesitancy.

PEPFAR Uganda proposes to implement \$19,925,000 additional funding through the American Rescue Plan Act of 2021 to prevent and mitigate the negative impacts of COVID-19 on PEPFAR programs and beneficiaries. The interagency PEPFAR team prepared the proposal to work in synergy with other COVID-19 and health systems funding to reduce duplication of activities over the COP20 and COP21 implementation periods. PEPFAR Uganda will: 1) improve and expand the reach of infection prevention control activities by procuring personal protective equipment for field staff and community activities, and support ongoing medical education among health workers, teachers, and other frontline workers; 2) complement vaccination and testing activities by increasing demand creation, improve data collection, and aid Uganda with the increased need for waste management; and 3) help mitigate the impact of COVID-19 on HIV activities by improving logistics and laboratory functions, improve access to and safety of populations most affected by COVID-19, increase TB case finding, and increase sexual violence prevention and response activities.

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 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.

Recency Funding

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 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.

	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	415,925,000	399,175,915	399,175,915	336,038,415	40,000,000	3,212,500	19,925,000	-	-	16,749,085	418,425,000
DOD Total	16,860,555	16,601,486	16,601,486	16,090,625	-	-	510,861	-	-	259,069	16,860,555
DOD	16,860,555	16,601,486	16,601,486	16,090,625	-	-	510,861	-	-	259,069	16,860,555
HHS Total	175,286,497	163,497,174	163,497,174	149,173,213	-	3,212,500	11,111,461	-	-	11,789,323	175,286,497
HHS/CDC	174,092,121	162,302,798	162,302,798	148,753,837	-	3,212,500	10,336,461	-	-	11,789,323	174,092,121
HHS/HRSA	1,194,376	1,194,376	1,194,376	419,376	-	-	775,000	-	-	-	1,194,376
PC Total	2,386,068	-	-	-	-	-	-	-	-	2,386,068	2,386,068
PC	2,386,068	-	-	-	-	-	-	-	-	2,386,068	2,386,068
STATE Total	2,832,715	1,533,748	1,533,748	1,508,164	-	-	25,584	-	-	1,298,967	2,832,715
State	361,166	361,166	361,166	361,166	-	-	-	-	-	-	361,166
State/AF	1,608,967	310,000	310,000	310,000	-	-	-	-	-	1,298,967	1,608,967
State/PRM	862,582	862,582	862,582	836,998	-	-	25,584	-	-	-	862,582
USAID Total	218,559,165	217,543,507	217,543,507	169,266,413	40,000,000	-	8,277,094	-	-	1,015,658	221,059,165
USAID, non-WCF	127,586,323	126,570,665	126,570,665	79,140,571	40,000,000	-	7,430,094	-	-	1,015,658	127,586,323
USAID/WCF	90,972,842	90,972,842	90,972,842	90,125,842	-	-	847,000	-	-	-	93,472,842

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.

	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	2,500,000	2,500,000	2,500,000	-	2,500,000	-	-	-	-	-	418,425,000
DOD Total	-	-	-	-	-	-	-	-	-	-	16,860,555
DOD	-	-	-	-	-	-	-	-	-	-	16,860,555
HHS Total	-	-	-	-	-	-	-	-	-	-	175,286,497
HHS/CDC	-	-	-	-	-	-	-	-	-	-	174,092,121
HHS/HRSA	-	-	-	-	-	-	-	-	-	-	1,194,376
PC Total	-	-	-	-	-	-	-	-	-	-	2,386,068
PC	-	-	-	-	-	-	-	-	-	-	2,386,068
STATE Total	-	-	-	-	-	-	-	-	-	-	2,832,715
State	-	-	-	-	-	-	-	-	-	-	361,166
State/AF	-	-	-	-	-	-	-	-	-	-	1,608,967
State/PRM	-	-	-	-	-	-	-	-	-	-	862,582
USAID Total	2,500,000	2,500,000	2,500,000	-	2,500,000	-	-	-	-	-	221,059,165
USAID, non-WCF	-	-	-	-	-	-	-	-	-	-	127,586,323
USAID/WCF	2,500,000	2,500,000	2,500,000	-	2,500,000	-	-	-	-	-	93,472,842

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.

ARP 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 Uganda 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 Uganda. 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.

Earmarks	COP21 Funding Level			
	TOTAL	FY 2021	FY 2020	FY 2019
Care & Treatment	244,681,641	244,681,641	-	-
Orphans and Vulnerable Children	44,522,517	44,522,517	-	-
Preventing and Responding to Gender-based Violence	12,949,019	12,949,019	-	-
Water	3,800,005	3,800,005	-	-

* 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

AB/Y Earmark	COP21 Funding Level				Applied Pipeline
	TOTAL	FY 2021	FY 2020	FY 2019	
TOTAL Prevention Programming	28,865,830	28,865,830	-	-	-
Of which, AB/Y	16,550,226	16,550,226	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	57.3%	57.3%	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

AB/Y Requirement Met.

Initiatives by Agency

	Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Bilateral - New Funding	Total COP21 Budget
TOTAL	-	16,749,085	2,500,000	399,175,915	418,425,000
<i>of which, Cervical Cancer</i>	-	-	-	3,000,000	3,000,000
<i>of which, Community-Led Monitoring</i>	-	-	-	1,200,000	1,200,000
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	2,500,000	-	2,500,000
<i>of which, Core Program</i>	-	16,681,919	-	339,043,081	355,725,000
<i>of which, DREAMS</i>	-	-	-	23,000,000	23,000,000
<i>of which, VMMC</i>	-	67,166	-	32,932,834	33,000,000
DOD Total	-	259,069	-	16,601,486	16,860,555
<i>of which, Cervical Cancer</i>	-	-	-	85,645	85,645
<i>of which, Core Program</i>	-	191,903	-	12,165,259	12,357,162
<i>of which, DREAMS</i>	-	-	-	2,053,088	2,053,088
<i>of which, VMMC</i>	-	67,166	-	2,297,494	2,364,660
HHS Total	-	11,789,323	-	163,497,174	175,286,497
<i>of which, Cervical Cancer</i>	-	-	-	1,287,941	1,287,941
<i>of which, Community-Led Monitoring</i>	-	-	-	1,200,000	1,200,000
<i>of which, Core Program</i>	-	11,789,323	-	134,857,256	146,646,579
<i>of which, DREAMS</i>	-	-	-	13,501,493	13,501,493
<i>of which, VMMC</i>	-	-	-	12,650,484	12,650,484
PC Total	-	2,386,068	-	-	2,386,068
<i>of which, Core Program</i>	-	2,386,068	-	-	2,386,068
STATE Total	-	1,298,967	-	1,533,748	2,832,715
<i>of which, Cervical Cancer</i>	-	-	-	6,082	6,082
<i>of which, Core Program</i>	-	1,298,967	-	1,340,017	2,638,984
<i>of which, VMMC</i>	-	-	-	187,649	187,649
USAID Total	-	1,015,658	2,500,000	217,543,507	221,059,165
<i>of which, Cervical Cancer</i>	-	-	-	1,620,332	1,620,332
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	2,500,000	-	2,500,000
<i>of which, Core Program</i>	-	1,015,658	-	190,680,549	191,696,207
<i>of which, DREAMS</i>	-	-	-	7,445,419	7,445,419
<i>of which, VMMC</i>	-	-	-	17,797,207	17,797,207

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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.

SNU Prioritizations		SNU Prioritizations						
Indicator	Age	Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	No Prioritization	Total
HTS_INDEX	<15	5,876	16,144	11,947	-	-	28	33,995
	15+	50,829	116,658	83,183	-	-	1,068	251,738
	Total	56,705	132,802	95,130	-	-	1,096	285,733
HTS_TST	<15	11,006	50,386	36,458	-	-	168	98,018
	15+	613,425	1,292,161	791,008	-	-	36,998	2,733,592
	Total	624,431	1,342,547	827,466	-	-	37,166	2,831,610
HTS_TST_POS	<15	1,299	5,683	4,078	-	-	14	11,074
	15+	11,079	29,653	21,693	-	-	537	62,962
	Total	12,378	35,336	25,771	-	-	551	74,036
TX_NEW	<15	1,584	5,904	4,180	-	-	18	11,686
	15+	10,545	28,177	20,608	-	-	510	59,840
	Total	12,129	34,081	24,788	-	-	528	71,526
TX_CURR	<15	19,068	34,603	25,296	-	-	592	79,559
	15+	328,415	508,863	400,981	-	-	21,761	1,260,020
	Total	347,483	543,466	426,277	-	-	22,353	1,339,579
TX_PVLS	<15	17,233	31,288	22,851	-	-	535	71,907
	15+	296,424	459,306	361,917	-	-	19,640	1,137,287
	Total	313,657	490,594	384,768	-	-	20,175	1,209,194
CXCA_SCRN	Total	72,884	118,638	87,800	-	-	3,244	282,566
OVC_SERV	<18	81,455	151,397	129,898	-	-	3,872	366,622
	18+	26,015	42,762	36,269	-	-	1,008	106,054
	Total	107,470	194,159	166,167	-	-	4,880	472,676
OVC_HIVSTAT	Total	65,180	107,124	90,849	-	-	2,524	265,677
PMTCT_STAT	<15	329	633	371	-	-	-	1,333
	15+	358,691	714,179	418,331	-	-	8,949	1,500,150
	Total	359,020	714,812	418,702	-	-	8,949	1,501,483
PMTCT_STAT_POS	<15	139	305	162	-	-	-	606
	15+	18,654	37,648	22,842	-	-	733	79,877
	Total	18,793	37,953	23,004	-	-	733	80,483
PMTCT_ART	<15	138	301	158	-	-	-	597
	15+	18,637	37,598	22,770	-	-	728	79,733
	Total	18,775	37,899	22,928	-	-	728	80,330
PMTCT_EID	Total	18,837	38,034	23,074	-	-	733	80,678
PP_PREV	<15	840	2,190	1,050	-	-	-	4,080
	15+	31,268	41,088	40,488	-	-	6,772	119,616
	Total	32,108	43,278	41,538	-	-	6,772	123,696
KP_PREV	Total	103,759	93,790	87,450	-	-	-	284,999
KP_MAT	Total	207	-	-	-	-	-	207
VMMC_CIRC	Total	125,693	233,715	139,412	-	-	25,000	523,820
HTS_SELF	<15	972	4,267	4,666	-	-	-	9,905
	15+	66,338	138,074	125,359	-	-	3,387	333,158
	Total	67,310	142,341	130,025	-	-	3,387	343,063
PrEP_NEW	Total	35,709	46,104	48,192	-	-	-	130,005
PrEP_CURR	Total	44,630	57,628	60,252	-	-	-	162,510
TB_STAT	<15	2,096	2,900	1,966	-	-	74	7,036
	15+	16,364	24,100	16,789	-	-	619	57,872
	Total	18,460	27,000	18,755	-	-	693	64,908
TB_ART	<15	338	576	361	-	-	16	1,291
	15+	4,953	7,278	5,622	-	-	273	18,126
	Total	5,291	7,854	5,983	-	-	289	19,417
TB_PREV	<15	3,682	9,195	6,725	-	-	129	19,731
	15+	52,122	97,607	78,995	-	-	4,634	233,358
	Total	55,804	106,802	85,720	-	-	4,763	253,089
TX_TB	<15	19,068	34,603	25,296	-	-	592	79,559
	15+	328,415	508,863	400,981	-	-	21,761	1,260,020
	Total	347,483	543,466	426,277	-	-	22,353	1,339,579
GEND_GBV	Total	35,072	62,035	38,164	-	-	946	136,217
AGYW_PREV	Total	26,832	119,731	101,256	-	-	-	247,819

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 Uganda's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.