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June 8th, 2021

MEMO FOR DAVID YOUNG, U.S. CHARGÉ D’AFFAIRES TO ZAMBIA

SUBJECT: PEPFAR Zambia Country Operational Plan 2021 Approval

This memo represents the successful completion of the PEPFAR Zambia Country Operational Plan (COP) 2021 planning, development, and submission. PEPFAR Zambia, 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 Zambia COP 2021 with a total approved budget of \$420,100,000, 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	384,625,398	35,474,602	420,100,000
Bilateral	383,025,398	35,474,602	418,500,000
Central	1,600,000		1,600,000

The total FY 2022 outlay for COP 2021 implementation shall not exceed the total approved COP 2021 budget of \$420,100,000 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 28th-29th, 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 Zambia's COP 2021 are approved to support PEPFAR Zambia's vision in partnership with the Government and people of Zambia. PEPFAR will support Zambia to work towards epidemic control by sustaining HIV prevention activities among individuals at greatest risk of HIV acquisition, targeting testing to efficiently identify people living with HIV (PLHIV), ensuring all newly diagnosed PLHIV are immediately linked to treatment, and that all PLHIV are retained on treatment and remain virally suppressed. In COP21, programs will be adapted to address COVID-19 as necessary.

The PEPFAR Zambia 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) A focused strategy that reflects COP programming which used a new population estimate of 21,894,827 people and a new PLHIV estimate of 1,494,701 to increase case finding, treatment retention and viral load suppression among pediatrics. (2) PEPFAR Zambia will also continue building on prior momentum driven by policies implemented at the site level to further scale up MMD, DTG-based regimens/ART optimization for clients, and index testing of biological children for CLHIV to close any gaps across age groups and geographical locations in these two priority groups. (3) Implement family-centered and family care models used in COP 19 and COP 20 to expand the delivery of patient-centered care, leveraging OVC, VMMC, DREAMS programs as access points into the family for improved outcomes. (4) Continue efforts to curb transmission amongst young men 20-24 and men under 50 using peer-led community strategies and deploying the approaches offered via MenStar. (5) Effectively collaborate with the community to improve treatment literacy and benefit from the Undetectable = Untransmittable (U=U) campaign to continue to scale up demand and use of viral load testing. (6) Routine use of real-time recency surveillance data to define, develop, and implement a targeted public health investigation and response that includes review of HIV testing, care and treatment data to identify drivers of HIV transmission and make programmatic changes accordingly.

During COP 2021, PEPFAR Zambia will identify and link populations with unmet needs to care and treatment; provide quality comprehensive care; and offer prevention interventions to address individual needs. PEPFAR Zambia will implement highly targeted HIV testing to ensure children, adolescents, men 20-34 and men over 50 are diagnosed and treated early. Important strategies will include safe and ethical index testing of sexual partners and children of PLHIV, social networking testing for KPs, and use of HIV screening tools in high-yield areas within facilities. PEPFAR Zambia will support retention to treatment by scaling up the community post model, differentiated service delivery for adolescents, men, and other priority populations, six-month MMD, and increase the proportion of adults on TLD to 80%. The scale up of these services will be adjusted as necessary with updated PLHIV estimates following an interagency

review of the latest PHIA to be conducted by PEPFAR/Zambia and agency headquarters. Program results, targets and budget adjustments will be made in DATIM and the FAST respectively based on PHIA result analysis.

American Rescue Plan Act of 2021 Summary Description

This memo approves \$20,080,000 in ARPA funds in the Economic Support Fund (ESF) account to be implemented for activities during COP 2020 and COP 2021. Of the total \$20,080,000 in ARPA funds, \$18,500,000 is expected to be implemented in COP 2021; these funds are included in the other tables found in this memo. The remaining \$1,580,000 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 COP21 FAST for COP21 Outlay	ARPA Funds To be Added to COP20 for COP20 Outlay	TOTAL ARPA Funds
TOTAL	\$18,500,000	\$1,580,000	\$20,080,000
DOD	\$780,000	\$0	\$780,000
HHS/CDC	\$8,650,000	\$1,000,000	\$9,650,000
HHS/HRSA	\$0	\$0	\$0
PC	\$0	\$0	\$0
USAID	\$9,070,000	\$580,000	\$9,650,000
USAID/WCF	\$0	\$0	\$0

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 ARP funds will support several key activities.

PEPFAR/Zambia will use these funds to enhance infection prevention and control programming (IPC) to address COVID-19 and use the opportunity for permanent changes in provider and user IPC attitudes and practices at the facility and community level; support services include ongoing communication strategies, training for vaccine deployment, and logistics support. Resources will help education efforts on the usage of COVID-19 vaccines as access grows, enabling staff and clients at PEPFAR-supported sites to receive vaccines provided through COVAX and other Government of Zambia secured COVID-19 vaccines; and fill needed gaps in the COVID-19 test,

trace and treat protocols for PEPFAR-supported staff and beneficiaries at sites across Zambia that will benefit national epidemiologic surveillance efforts.

Resources will support continuation of key epidemiological surveillance activities including integrating a COVID-19 data set into the existing and/or approved data systems in Zambia that will both strengthen existing systems and allow Zambia to respond effectively and efficiently to the COVID-19 pandemic through real-time data analysis and use. The DHIS2 PEPFAR-supported platform and the interoperability of various data capture and transmission platforms will accelerate case detection, inform response, and be used for COVID-19 and future health threat surveillance purposes. Resources requested will support the clinical management of COVID-19 at PEPFAR supported sites nationwide, reduce preventable COVID-19 related mortality in Zambia, and reduce any anticipated next wave of the pandemic.

To mitigate COVID-19's impact on PEPFAR programs and beneficiaries and support PEPFAR program recovery from the impacts of coronavirus, the PEPFAR-supported laboratory system has been indispensable for the COVID-19 response and has proven capable and resilient in terms of fundamental PCR diagnostics capacity. These funds will broaden capacity for PEPFAR Zambia which has extensively used the same platforms for SARS-COV-2 PCR as for HIV viral load testing.

Lastly this funding will enable PEPFAR programmatic acceleration and recovery from adverse impacts on PEPFAR program performance due to COVID-19 especially focusing on care and treatment, retention, community care finding, cervical cancer and TB support. Zambia proposes safeguarding the workforce responsible for these services by offering training for community case workers in COVID-19 case management and referral system to social services; providing community case workers and community welfare assistance (CWACs) with virtual regular updated information on COVID-19; providing face masks, hand sanitizers, gloves, antiseptic soap and washing buckets for social workforce and addressing small amounts of therapeutic feeding needs that left some children in the care of CWACS, particularly vulnerable.

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

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.

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	418,500,000	383,025,398	383,025,398	337,112,867	25,000,000	2,412,531	18,500,000	-	-	35,474,602	420,100,000
DOD Total	12,184,787	9,112,412	9,112,412	8,332,412	-	-	780,000	-	-	3,072,375	12,184,787
DOD	12,184,787	9,112,412	9,112,412	8,332,412	-	-	780,000	-	-	3,072,375	12,184,787
HHS Total	148,930,017	143,556,391	143,556,391	132,493,860	-	2,412,531	8,650,000	-	-	5,373,626	148,930,017
HHS/CDC	140,827,831	135,454,205	135,454,205	124,391,674	-	2,412,531	8,650,000	-	-	5,373,626	140,827,831
HHS/HRSA	8,102,186	8,102,186	8,102,186	8,102,186	-	-	-	-	-	-	8,102,186
PC Total	4,756,383	-	-	-	-	-	-	-	-	4,756,383	4,756,383
PC	4,756,383	-	-	-	-	-	-	-	-	4,756,383	4,756,383
STATE Total	2,565,910	255,210	255,210	255,210	-	-	-	-	-	2,310,700	2,565,910
State	255,210	255,210	255,210	255,210	-	-	-	-	-	-	255,210
State/AF	2,310,700	-	-	-	-	-	-	-	-	2,310,700	2,310,700
USAID Total	250,062,903	230,101,385	230,101,385	196,031,385	25,000,000	-	9,070,000	-	-	19,961,518	251,662,903
USAID, non-WCF	130,573,180	111,513,181	111,513,181	77,443,181	25,000,000	-	9,070,000	-	-	19,059,999	130,573,180
USAID/WCF	119,489,723	118,588,204	118,588,204	118,588,204	-	-	-	-	-	901,519	121,089,723

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	1,600,000	1,600,000	1,600,000	-	1,600,000	-	-	-	-	-	420,100,000
DOD Total	-	-	-	-	-	-	-	-	-	-	12,184,787
DOD	-	-	-	-	-	-	-	-	-	-	12,184,787
HHS Total	-	-	-	-	-	-	-	-	-	-	148,930,017
HHS/CDC	-	-	-	-	-	-	-	-	-	-	140,827,831
HHS/HRSA	-	-	-	-	-	-	-	-	-	-	8,102,186
PC Total	-	-	-	-	-	-	-	-	-	-	4,756,383
PC	-	-	-	-	-	-	-	-	-	-	4,756,383
STATE Total	-	-	-	-	-	-	-	-	-	-	2,565,910
State	-	-	-	-	-	-	-	-	-	-	255,210
State/AF	-	-	-	-	-	-	-	-	-	-	2,310,700
USAID Total	1,600,000	1,600,000	1,600,000	-	1,600,000	-	-	-	-	-	251,662,903
USAID, non-WCF	-	-	-	-	-	-	-	-	-	-	130,573,180
USAID/WCF	1,600,000	1,600,000	1,600,000	-	1,600,000	-	-	-	-	-	121,089,723

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.

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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: The OU 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 Zambia. 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	249,579,310	249,579,310	-	-
Orphans and Vulnerable Children	40,047,708	40,047,708	-	-
Preventing and Responding to Gender-based Violence	5,376,000	5,376,000	-	-
Water	614,000	614,000	-	-

* 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

AB/Y Earmark	COP21 Funding Level				
	TOTAL	FY 2021	FY 2020	FY 2019	Applied Pipeline
TOTAL Prevention Programming	11,371,034	11,371,034	-	-	-
Of which, AB/Y	6,386,784	6,386,784	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	56.2%	56.2%	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	-	35,474,602	1,600,000	383,025,398	420,100,000
<i>of which, Cervical Cancer</i>	-	-	-	5,363,709	5,363,709
<i>of which, Community-Led Monitoring</i>	-	1,156,000	-	-	1,156,000
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	1,600,000	-	1,600,000
<i>of which, Core Program</i>	-	33,479,081	-	329,808,724	363,287,805
<i>of which, DREAMS</i>	-	639,521	-	30,081,202	30,720,723
<i>of which, HBCU Tx</i>	-	-	-	6,000,000	6,000,000
<i>of which, Surveillance and Public Health Response</i>	-	200,000	-	-	200,000
<i>of which, VMMC</i>	-	-	-	11,771,763	11,771,763
DOD Total	-	3,072,375	-	9,112,412	12,184,787
<i>of which, Cervical Cancer</i>	-	-	-	213,709	213,709
<i>of which, Core Program</i>	-	2,872,375	-	7,688,703	10,561,078
<i>of which, Surveillance and Public Health Response</i>	-	200,000	-	-	200,000
<i>of which, VMMC</i>	-	-	-	1,210,000	1,210,000
HHS Total	-	5,373,626	-	143,556,391	148,930,017
<i>of which, Cervical Cancer</i>	-	-	-	2,250,000	2,250,000
<i>of which, Core Program</i>	-	5,373,626	-	121,631,689	127,005,315
<i>of which, DREAMS</i>	-	-	-	8,614,702	8,614,702
<i>of which, HBCU Tx</i>	-	-	-	6,000,000	6,000,000
<i>of which, VMMC</i>	-	-	-	5,060,000	5,060,000
PC Total	-	4,756,383	-	-	4,756,383
<i>of which, Core Program</i>	-	4,116,862	-	-	4,116,862
<i>of which, DREAMS</i>	-	639,521	-	-	639,521
STATE Total	-	2,310,700	-	255,210	2,565,910
<i>of which, Community-Led Monitoring</i>	-	1,156,000	-	-	1,156,000
<i>of which, Core Program</i>	-	1,154,700	-	255,210	1,409,910
USAID Total	-	19,961,518	1,600,000	230,101,385	251,662,903
<i>of which, Cervical Cancer</i>	-	-	-	2,900,000	2,900,000
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	1,600,000	-	1,600,000
<i>of which, Core Program</i>	-	19,961,518	-	200,233,122	220,194,640
<i>of which, DREAMS</i>	-	-	-	21,466,500	21,466,500
<i>of which, VMMC</i>	-	-	-	5,501,763	5,501,763

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	Age	Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	No Prioritization	Total
HTS_INDEX	<15	27279	14797	1862	1008	0	503	45449
HTS_INDEX	15+	119003	69275	4480	3174	0	3005	198937
HTS_INDEX	Total	146282	84072	6342	4182	0	3508	244386
HTS_TST	<15	63546	32091	3737	1933	0	1662	102969
HTS_TST	15+	762357	540987	40067	39938	0	54019	1437368
HTS_TST	Total	825903	573078	43804	41871	0	55681	1540337
HTS_TST_POS	<15	7149	3504	412	204	0	199	11468
HTS_TST_POS	15+	65932	39582	2714	1980	0	3769	113977
HTS_TST_POS	Total	73081	43086	3126	2184	0	3968	125445
TX_NEW	<15	7081	3562	410	240	0	204	11497
TX_NEW	15+	62642	37634	2587	1886	0	3582	108331
TX_NEW	Total	69723	41196	2997	2126	0	3786	119828
TX_CURR	<15	38643	18877	1674	1380	0	1741	62315
TX_CURR	15+	784900	328123	24131	19538	0	49398	1206090
TX_CURR	Total	823543	347000	25805	20918	0	51139	1268405
TX_PVLS	<15	34142	16659	1438	1237	0	1555	55031
TX_PVLS	15+	731217	300372	22191	18068	0	46185	1118033
TX_PVLS	Total	765359	317031	23629	19305	0	47740	1173064
CXCA_SCRN	Total	184524	73997	5335	4486	0	11930	280272
OVC_SERV	<18	415640	73778	834	0	0	12714	502966
OVC_SERV	18+	41315	13650	0	0	0	0	54965
OVC_SERV	Total	456955	87428	834	0	0	12714	557931
OVC_HIVSTAT	Total	145870	50597	0	0	0	12714	209181
PMTCT_STAT	<15	0	0	0	0	0	0	0
PMTCT_STAT	15+	265260	197820	14280	15917	0	11305	504582
PMTCT_STAT	Total	265260	197820	14280	15917	0	11305	504582
PMTCT_STAT_POS	<15	0	0	0	0	0	0	0
PMTCT_STAT_POS	15+	20508	15084	1089	1197	0	1455	39333
PMTCT_STAT_POS	Total	20508	15084	1089	1197	0	1455	39333
PMTCT_ART	<15	0	0	0	0	0	0	0
PMTCT_ART	15+	20427	15050	1089	1197	0	1440	39203
PMTCT_ART	Total	20427	15050	1089	1197	0	1440	39203
PMTCT_EID	Total	21084	14937	1068	1155	0	1541	39785
PP_PREV	<15	67370	8011	1883	0	0	251	77515
PP_PREV	15+	325363	36925	3281	5845	0	2749	374163
PP_PREV	Total	392733	44936	5164	5845	0	3000	451678
KP_PREV	Total	70694	6483	0	0	0	0	77177
KP_MAT	Total	0	0	0	0	0	0	0
VMMC_CIRC	Total	105283	85691	5680	6347	0	25000	228001
HTS_SELF	<15	3747	2248	451	137	0	44	6627
HTS_SELF	15+	68002	63004	10331	3454	0	1043	145834
HTS_SELF	Total	71749	65252	10782	3591	0	1087	152461
PrEP_NEW	Total	60103	21421	1259	1641	0	4576	89000
PrEP_CURR	Total	74266	26455	1548	2023	0	5655	109947
TB_STAT	<15	792	292	8	9	0	82	1183
TB_STAT	15+	23080	5577	270	180	0	1187	30294
TB_STAT	Total	23872	5869	278	189	0	1269	31477
TB_ART	<15	252	81	1	1	0	50	385
TB_ART	15+	10651	2093	98	36	0	627	13505
TB_ART	Total	10903	2174	99	37	0	677	13890
TB_PREV	<15	15589	7527	721	529	0	626	24992
TB_PREV	15+	255581	115543	8129	6334	0	15720	401307
TB_PREV	Total	271170	123070	8850	6863	0	16346	426299
TX_TB	<15	45724	22439	2084	1620	0	1945	73812
TX_TB	15+	847542	365757	26718	21424	0	52980	1314421
TX_TB	Total	893266	388196	28802	23044	0	54925	1388233
GEND_GBV	Total	28674	7937	993	900	0	50	38554
AGYW_PREV	Total	224947	7722	0	0	0	0	232669

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

Pending Congressional Approval