



UNCLASSIFIED

May 26, 2021

**MEMO FOR BRIAN NICHOLS, U.S. AMBASSADOR TO ZIMBABWE**

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

This memo represents the successful completion of the PEPFAR Zimbabwe Country Operational Plan (COP) 2021 planning, development and submission. PEPFAR Zimbabwe, 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, informed by 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 Zimbabwe Country Operational Plan (COP) 2021 with a total approved budget of \$213,229,251, 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>213,229,251</b>	-	<b>213,229,251</b>
<b>Bilateral</b>	<b>209,429,251</b>		<b>209,429,251</b>
<b>Central</b>	<b>3,800,000</b>		<b>3,800,000</b>

The total FY 2022 outlay for COP 2021 implementation shall not exceed the total approved COP 2021 budget of \$213,229,251 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 in the virtual approval meeting on May 18, 2021; and the final COP 2021 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

## **Program Summary**

Funding and targets for Zimbabwe's Country Operational Plan (COP) 2021 will support PEPFAR Zimbabwe's vision to: advance client centered services, engage communities, support capacity for sustainable epidemic control, and implement resilient programs designed to mitigate the impacts of COVID-19 on the PEPFAR program. ZIMPHIA 2020 found that 86.8 percent of adults living with HIV were aware of their status and of those aware of their status, 97.0 percent were on antiretroviral treatment (ART). Among those on treatment, 90.3 percent achieved viral load suppression. These exciting results demonstrate that Zimbabwe has achieved the second and third 90s nationally. Consequently, PEPFAR must evolve to realign PEPFAR-supported resources with the current epidemic context (and in the context of COVID-19).

Now that the program is close to reaching all three goals along the 90-90-90 cascades, program reporting and frame of reference for the HIV treatment cascade will be national, not just PEPFAR-supported sites. COP 2021 will work to achieve and maintain 100 percent ART coverage within all districts and across all age and sex bands by the end of FY 2022. PEPFAR Zimbabwe will continue to invest in the delivery of a comprehensive package of HIV treatment and prevention activities within 44 of Zimbabwe's 63 districts. To ensure equitable gains towards achieving sustainable epidemic control across Zimbabwe, the PEPFAR program will also provide above-site technical assistance to monitor the HIV response in the remaining 19 centrally supported districts. With over 1.1 million Zimbabweans currently on ART, the PEPFAR program must work with Zimbabwe's Ministry of Health and Child Care (MoHCC) and others to increase access to viral load monitoring, while strengthening and expanding efforts to improve retention and viral suppression, particularly among populations lagging in these areas such as children, adolescents, young men and pregnant women. PEPFAR Zimbabwe will continue significant support in COP 2021, and coordinate with health development partners to complete a human resources for health (HRH) inventory to inform priorities for future HRH investment. The PEPFAR Zimbabwe strategy for programming to be implemented in FY 2022 will focus on preventing new HIV infections, ensuring continuity of care and treatment; and keeping clients on treatment healthy by:

1. Saturating safe voluntary medical male circumcision (VMMC) program efforts on reaching young men between the ages 15-29.
2. Increasing completion rates for the Determined Resilient Empowered AIDS-Free Mentored and Safe (DREAMS) program for adolescent girls and young women (AGYW). In COP20, DREAMS expanded into 10 additional districts, bringing the total number of districts supported to 16. In COP21, all districts will receive the complete DREAMS package of services that includes offering Pre- Exposure Prophylaxis (PrEP) as a secondary service for the most vulnerable AGYW.

3. Additionally, build on and coordinate with established orphaned and vulnerable children (OVC) platforms to ensure services that are comprehensive, synergistic, and efficient in terms of both cost and time for programs and clients.
4. Scaling up clinical services that specifically target female sex workers (FSW), men who have sex with men (MSM), and introducing a focus on reaching transgender populations for the first time.
5. Strengthening availability, quality and use of electronic medical records, and data reporting systems for HIV treatment and viral suppression monitoring in coordination with the Global Fund and other donors.

PEPFAR funds for Zimbabwe will focus heavily on retention and viral suppression through interventions that prevent loss or interruption in treatment, activities that improve tracking and documentation and lastly interventions targeting missed/ lost clients and special populations. Interventions will also include completion of transition to optimized Tenofovir/Lamivudine/Dolutegravir (TLD) regimens for all eligible clients. PEPFAR Zimbabwe also will continue to support the expansion of differentiated service delivery (DSD) models to increase the proportion of stable adolescent and adult clients in DSD models for ART to 80% among those eligible by December 2022. Through ongoing dialogue with Zimbabwe's MoHCC, the PEPFAR program will support the orientation of facility staff on respectful management of clients including being friendly and non-judgmental. For adolescents, the Zvandiri Community Adolescent Treatment Supporters (CATS) model approach will continue and adapt for scale up in districts with high HIV burden among this age group. In COP 21, the Electronic Health Record (E-HR) is expected to have saturated PEPFAR DSD districts, and this is expected to be a game-changer with regards to client documentation. Use of E-HR will facilitate systematic early missed appointment tracking, reductions in interruption in treatment and other gaps in services provided to an individual client among other functions. The PEPFAR program will engage some of the existing lay cadres to become retention facilitators who will take on the role of intensive tracking for individuals at risk of treatment interruption, which will begin within 24 hours of clients having missed appointments. Given the now urgent need to ensure that all patients have reliable access to ART while they are practicing social distancing, the program must accelerate progress toward 6 multi-month dispensing (6MMD). The availability of 6MMD at PEPFAR-supported sites is a minimum program requirement, and the program should strive to address that while working with all stakeholders for a stable supply chain in COP 2021.

PEPFAR Zimbabwe must focus on improved access to viral load monitoring, while strengthening and expanding efforts to improve retention and viral suppression, particularly among priority populations such as children, adolescents, and pregnant women. Viral load monitoring and scale-up has been a substantial and persistent challenge. PEPFAR and Global Fund are working collaboratively to better increase and harmonize support for lab services. The program has also noted that the utilization of viral load results is sub-optimal pointing to the need to strengthen the clinic-laboratory interface (CLI). In COP21, PEPFAR will therefore continue to invest in scaling up CLI in all supported districts, ensuring that the clinical partners, OVC/ community partners, and the laboratory partner work harmoniously and measurably to increase access to VL services for all eligible PLHIV already on ART. The goal of the strategy is 90% coverage by the end of FY 22.

As Zimbabwe reaches epidemic control, the COP 2021 strategy for case finding will continue to emphasize the need to employ HIV testing strategies that reduce testing volumes and eliminate unnecessary testing using the epidemic control and concentrated target population testing strategies that were developed in COP20. Safe and ethical index testing will continue to be supported by implementing recommendations following Redcap assessment. Regular review of index testing performance will be done to ensure that the program reaches all listed contacts in a safe and ethical manner. HIV testing at community posts, and community intelligence-based models will continue to constitute a major part of the concentrated target population HIV testing strategy partnered with HIVST to make the testing even more efficient at identifying the sub-populations that remain underserved and are at highest risk. Improvements to the KP program through mapping hotspots and scale up of differentiated HTS services will be implemented in COP 21. During COP 2021, PEPFAR Zimbabwe will begin supporting community led organizations to visit PEPFAR funded sites to evaluate the quality of services offered to communities including PLHIV, young people, and key populations. The organizations will be supported to visit sites across the country throughout the year and to report on quality of services, data which will be shared to improve service delivery.

In COP 2021, PEPFAR Zimbabwe will continue advancing TB screening, prevention and treatment. While TB prevention targets have been adjusted based on MoHCC and stakeholder input along with analysis of program opportunity and historical achievement, the program will continue to build on positive trends in percentage and number of individuals completing TB Preventive Treatment (TPT), improve TB screening quality and expand availability of alternate TPT regimens. Cervical cancer screening and treatment will continue to improve coverage and access and quality, and also will begin Human Papillomavirus (HPV) DNA testing.

### **American Rescue Plan Act of 2021 (ARPA) Summary Description**

This memo approves \$10,190,000 in ARPA funds in the Economic Support Fund (ESF) account to be implemented for activities during COP 2020 and COP 2021. Of the total \$10,190,000 in ARPA funds, \$9,429,251 is expected to be implemented in COP 2021; these funds are included in the other tables found in this memo. The remaining \$760,749 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.

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 COP20 and COP21, the ARPA funds will support:

- Optimized HIV screening for infants and TB screening for adults.

- Procurement of HIV commodities to sufficiently cover short-term gaps and support the viral load surge activities.
- Outreach activities to improve access to HIV services and treatment in communities outside of high-volume clinics. This will mitigate the impact of COVID-19 on some of the most vulnerable populations, including orphans, adolescent girls and young women.
- The execution of a viral load surge campaign to find clients who missed appointments during the last year due to lockdowns or other COVID-related reasons. Routine viral load testing improves treatment quality and individual health outcomes for people living with HIV and contribute to prevention.
- Access to quick and affordable COVID-19 testing for PEPFAR-supported staff. This will reduce the number of days lost from program implementation due to long waiting and quarantine period.

Zimbabwe has been especially hard-hit by clinic closures and reduced health facility operations during the last year due to COVID-19 infections and death among health workers. The health sector had already suffered from years of neglect and health worker strikes leading up to the pandemic, but coronavirus has worsened the situation with limited COVID-19 testing, limited access to protective equipment and reduced access to HIV services.

<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>
<b>TOTAL</b>	<b>\$9,429,251</b>	<b>\$760,749</b>	<b>\$10,190,000</b>
DOD			<b>\$0</b>
HHS/CDC	<b>\$4,620,333</b>		<b>\$4,620,333</b>
HHS/HRSA			<b>\$0</b>
PC			<b>\$0</b>
USAID	<b>\$4,808,918</b>	<b>\$760,749</b>	<b>\$5,569,667</b>
USAID/WCF			<b>\$0</b>

**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	209,429,251	209,429,251	209,429,251	198,750,000	-	1,250,000	9,429,251	-	-	213,229,251
HHS Total	71,968,747	71,968,747	71,968,747	66,098,414	-	1,250,000	4,620,333	-	-	71,968,747
HHS/CDC	71,968,747	71,968,747	71,968,747	66,098,414	-	1,250,000	4,620,333	-	-	71,968,747
STATE Total	728,046	728,046	728,046	728,046	-	-	-	-	-	728,046
State	40,000	40,000	40,000	40,000	-	-	-	-	-	40,000
State/AF	688,046	688,046	688,046	688,046	-	-	-	-	-	688,046
USAID Total	136,732,458	136,732,458	136,732,458	131,923,540	-	-	4,808,918	-	-	140,532,458
USAID, non-WCF	103,031,173	103,031,173	103,031,173	98,222,255	-	-	4,808,918	-	-	103,031,173
USAID/WCF	33,701,285	33,701,285	33,701,285	33,701,285	-	-	-	-	-	37,501,285

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	3,800,000	3,800,000	3,800,000	-	3,800,000	-	-	-	-	213,229,251
HHS Total	-	-	-	-	-	-	-	-	-	71,968,747
HHS/CDC	-	-	-	-	-	-	-	-	-	71,968,747
STATE Total	-	-	-	-	-	-	-	-	-	728,046
State	-	-	-	-	-	-	-	-	-	40,000
State/AF	-	-	-	-	-	-	-	-	-	688,046
USAID Total	3,800,000	3,800,000	3,800,000	-	3,800,000	-	-	-	-	140,532,458
USAID, non-WCF	-	-	-	-	-	-	-	-	-	103,031,173
USAID/WCF	3,800,000	3,800,000	3,800,000	-	3,800,000	-	-	-	-	37,501,285

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 Zimbabwe 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 PEPFAR Zimbabwe. Upon approval of this memo, the amounts below will become the new earmark controls for the Zimbabwe/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	101,378,827	101,378,827	-	-
Orphans and Vulnerable Children	46,619,796	46,619,796	-	-
Preventing and Responding to Gender-based Violence	7,944,155	7,944,155	-	-
Water	125,000	125,000	-	-

AB/Y Earmark	COP21 Funding Level				
	TOTAL	FY 2021	FY 2020	FY 2019	Applied Pipeline
TOTAL Prevention Programming	11,698,787	11,698,787	-	-	-
Of which, AB/Y	8,109,373	8,109,373	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	69.3%	69.3%	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**

	<b>Total Central Applied Pipeline</b>	<b>Total Bilateral Applied Pipeline</b>	<b>Total Central - New Funding</b>	<b>Total Bilateral - New Funding</b>	<b>Total COP21 Budget</b>
<b>TOTAL</b>	-	-	<b>3,800,000</b>	<b>209,429,251</b>	<b>213,229,251</b>
<i>of which, Cervical Cancer</i>	-	-	-	<b>4,500,000</b>	<b>4,500,000</b>
<i>of which, Community-Led Monitoring</i>	-	-	-	<b>1,049,262</b>	<b>1,049,262</b>
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	<b>3,800,000</b>	-	<b>3,800,000</b>
<i>of which, Core Program</i>	-	-	-	<b>146,602,517</b>	<b>146,602,517</b>
<i>of which, DREAMS</i>	-	-	-	<b>40,277,472</b>	<b>40,277,472</b>
<i>of which, VMMC</i>	-	-	-	<b>17,000,000</b>	<b>17,000,000</b>
<b>HHS Total</b>	-	-	-	<b>71,968,747</b>	<b>71,968,747</b>
<i>of which, Cervical Cancer</i>	-	-	-	<b>1,715,000</b>	<b>1,715,000</b>
<i>of which, Community-Led Monitoring</i>	-	-	-	<b>559,262</b>	<b>559,262</b>
<i>of which, Core Program</i>	-	-	-	<b>52,660,431</b>	<b>52,660,431</b>
<i>of which, DREAMS</i>	-	-	-	<b>10,258,054</b>	<b>10,258,054</b>
<i>of which, VMMC</i>	-	-	-	<b>6,776,000</b>	<b>6,776,000</b>
<b>STATE Total</b>	-	-	-	<b>728,046</b>	<b>728,046</b>
<i>of which, Community-Led Monitoring</i>	-	-	-	<b>490,000</b>	<b>490,000</b>
<i>of which, Core Program</i>	-	-	-	<b>238,046</b>	<b>238,046</b>
<b>USAID Total</b>	-	-	<b>3,800,000</b>	<b>136,732,458</b>	<b>140,532,458</b>
<i>of which, Cervical Cancer</i>	-	-	-	<b>2,785,000</b>	<b>2,785,000</b>
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	<b>3,800,000</b>	-	<b>3,800,000</b>
<i>of which, Core Program</i>	-	-	-	<b>93,704,040</b>	<b>93,704,040</b>
<i>of which, DREAMS</i>	-	-	-	<b>30,019,418</b>	<b>30,019,418</b>
<i>of which, VMMC</i>	-	-	-	<b>10,224,000</b>	<b>10,224,000</b>

## FY 2022 Target Summary

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

Zimbabwe		SNU Prioritizations					Total
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
	<15	9,066	-	-	-	-	9,066
HTS_INDEX	15+	138,024	-	-	-	-	138,024
	<b>Total</b>	<b>147,090</b>	-	-	-	-	<b>147,090</b>
	<15	26,126	-	-	-	-	26,126
HTS_TST	15+	794,352	-	-	-	-	794,352
	<b>Total</b>	<b>820,478</b>	-	-	-	-	<b>820,478</b>
	<15	3,535	-	-	-	-	3,535
HTS_TST_POS	15+	64,242	-	-	-	-	64,242
	<b>Total</b>	<b>67,777</b>	-	-	-	-	<b>67,777</b>
	<15	3,680	-	-	-	-	3,680
TX_NEW	15+	60,980	-	-	-	-	60,980
	<b>Total</b>	<b>64,660</b>	-	-	-	-	<b>64,660</b>
	<15	58,054	-	-	-	11,922	69,976
TX_CURR	15+	1,009,357	-	-	-	185,427	1,194,784
	<b>Total</b>	<b>1,067,411</b>	-	-	-	<b>197,349</b>	<b>1,264,760</b>
	<15	53,235	-	-	-	10,569	63,804
TX_PVLS	15+	949,513	-	-	-	169,120	1,118,633
	<b>Total</b>	<b>1,002,748</b>	-	-	-	<b>179,689</b>	<b>1,182,437</b>
CXCA_SCRN	<b>Total</b>	<b>207,977</b>	-	-	-	-	<b>207,977</b>
	<18	377,972	-	-	-	-	377,972
OVC_SERV	18+	51,604	-	-	-	-	51,604
	<b>Total</b>	<b>429,576</b>	-	-	-	-	<b>429,576</b>
OVC_HIVSTAT	<b>Total</b>	<b>170,151</b>	-	-	-	-	<b>170,151</b>
	<15	-	-	-	-	-	-
PMTCT_STAT	15+	253,447	-	-	-	-	253,447
	<b>Total</b>	<b>253,447</b>	-	-	-	-	<b>253,447</b>
	<15	-	-	-	-	-	-

Zimbabwe		SNU Prioritizations						Total
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	No Prioritization	
PMTCT_STAT_P OS	15+	27,553	-	-	-	-	-	27,553
	<b>Total</b>	<b>27,553</b>	-	-	-	-	-	<b>27,553</b>
	<15	-	-	-	-	-	-	-
PMTCT_ART	15+	27,215	-	-	-	-	-	27,215
	<b>Total</b>	<b>27,215</b>	-	-	-	-	-	<b>27,215</b>
PMTCT_EID	<b>Total</b>	<b>28,005</b>	-	-	-	-	-	<b>28,005</b>
	<15	-	-	-	-	-	-	-
PP_PREV	15+	90,820	-	-	-	-	-	90,820
	<b>Total</b>	<b>90,820</b>	-	-	-	-	-	<b>90,820</b>
KP_PREV	<b>Total</b>	<b>52,948</b>	-	-	-	-	-	<b>52,948</b>
KP_MAT	<b>Total</b>	-	-	-	-	-	-	-
VMC_CIRC	<b>Total</b>	<b>133,955</b>	-	-	-	-	-	<b>133,955</b>
	<15	161	-	-	-	-	-	161
HTS_SELF	15+	201,498	-	-	-	-	-	201,498
	<b>Total</b>	<b>201,659</b>	-	-	-	-	-	<b>201,659</b>
PrEP_NEW	<b>Total</b>	<b>38,772</b>	-	-	-	-	-	<b>38,772</b>
PrEP_CURR	<b>Total</b>	<b>50,119</b>	-	-	-	-	-	<b>50,119</b>
	<15	943	-	-	-	-	-	943
TB_STAT	15+	24,937	-	-	-	-	-	24,937
	<b>Total</b>	<b>25,880</b>	-	-	-	-	-	<b>25,880</b>
	<15	359	-	-	-	-	-	359
TB_ART	15+	14,947	-	-	-	-	-	14,947
	<b>Total</b>	<b>15,306</b>	-	-	-	-	-	<b>15,306</b>
	<15	15,213	-	-	-	-	-	15,213
TB_PREV	15+	260,631	-	-	-	-	-	260,631
	<b>Total</b>	<b>275,844</b>	-	-	-	-	-	<b>275,844</b>
	<15	61,730	-	-	-	-	-	61,730
TX_TB	15+	1,070,333	-	-	-	-	-	1,070,333
	<b>Total</b>	<b>1,132,063</b>	-	-	-	-	-	<b>1,132,063</b>
GEND_GBV	<b>Total</b>	<b>13,698</b>	-	-	-	-	-	<b>13,698</b>
AGYW_PREV	<b>Total</b>	<b>142,816</b>	-	-	-	-	-	<b>142,816</b>

Zimbabwe	SNU Prioritizations						Total
	Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	No Prioritization	

\* 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) 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 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 achievements and findings from community-led monitoring. This continued engagement will ensure all parties' understanding of Zimbabwe's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

Pending Congressional Approval