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May 21, 2021

**MEMO FOR ROBERT THOMAS, U.S. CHARGE D’AFFAIRES TO THE DOMINICAN REPUBLIC (DR)**

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

This memo represents the successful completion of the PEPFAR DR Country Operational Plan (COP) 2021 planning, development and submission. PEPFAR DR, 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 DR Country Operational Plan (COP) 2021 with a total approved budget of \$26,250,000, 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>24,982,565</b>	<b>1,267,435</b>	<b>26,250,000</b>
<b>Bilateral</b>	<b>24,982,565</b>	<b>1,267,435</b>	<b>26,250,000</b>

The total FY 2022 outlay for COP 2021 implementation shall not exceed the total approved COP 2021 budget of \$26,250,000 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 20-21, 2021 virtual planning meetings and participants in the virtual approval meeting; the final COP 2021 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

## **Program Summary**

Funding and targets for DR's COP 2021 are approved to support PEPFAR DR's vision to control the HIV/AIDS epidemic, save lives, and improve outcomes among "focus clients" (FC, individuals of Haitian descent residing in the DR), by reducing the barriers to ART initiation, continuity, and adherence, while enabling the PEPFAR DR program to better meet the needs of the most vulnerable FC populations (men, TB patients, older adults, and key populations) and their children. Furthermore, funding and targets of COP 2021 will support PEPFAR Dominican Republic's vision in partnership with the Government and people of Dominican Republic to reach epidemic control by targeting testing to efficiently identify people living with HIV (PLHIV), ensuring that at least 95% of newly diagnosed PLHIV are rapidly linked to treatment, and all PLHIV are retained on treatment and remain virally suppressed. In COP 2021, PEPFAR DR will work towards epidemic control across all ages and sexes, with the ultimate goal across the country that 42,389 clients will be on life-saving treatment by the end of FY 2022. The program for COP 2021 will focus intensely on 10 highest burdened geographic areas by enrolling an additional 7,607 PLHIV on treatment in FY2022 and ensuring viral load suppression in 38,113 patients in these areas.

The PEPFAR DR strategy for programming to be implemented in FY 2022 will focus on preventing new infections, optimizing case finding, improving linkage to and continuity of treatment of PLHIV on ART, and improving viral suppression rates through: 1) Community-focused case finding, via strategically allied community-based organizations and virtual outreach platforms that are responsive to FC, use of optimized, safe, ethical, and trusted index testing services; 2) Use of a network of community outreach and community care teams by supported health facilities and organizations to link FC to testing and treatment and improve treatment continuity and adherence; 3) Continued operationalization of the COP19 fast track policy within the network of supported service entry points; 4) Expansion and/or intensification of activities implemented in COP20/FY2021 to return clients to care and prevent interruption in treatment, including improved access to health services that are culturally and linguistically responsive to FC, intensive partner management, and resilient, community-engaged, client-centered approaches to care and treatment; 5) accelerated implementation of minimum program requirements, including complete transition to TLD and transition of all eligible clients to MMD while ensuring adherence to treatment, and rapid initiation of ARV treatment in alignment with the GoDR's MoH guidelines; 6) enhanced community-led monitoring; 7) improved OVC case management in collaboration with clinics, to ensure that 90% or more eligible FC (including their children, i.e., C/ALHIV) achieve viral suppression, are offered OVC comprehensive program enrollment and access to psycho-social, food, and economic security services; children receive index-testing; and, adolescents at elevated risk for drop out and their infants are retained

in care; 8) expansion of the PrEP program among FC and key populations; 9) Laboratory strengthening, including expansion of sample collection schedules, improvement of sample transportation, reduction of lab turnaround times, and improved clinical management of viral load results; 10) Expansion of tailored interventions to reduce stigma and discrimination among health service staff and entities that interact with FC and KP on a regular basis, including the uniformed services and military facilities; and, 11) Prevent and mitigate the impact of COVID-19 on PEPFAR supported programs by implementing activities in line with the 2021 American Rescue Plan (ARPA).

PEPFAR DR will continue to prioritize strong working relationships with the DR Ministry of Health to implement a supportive policy environment for PEPFAR DR's HIV services. This will require the implementation of a well-coordinated technical assistance approach to the Government of Dominican Republic (GoDR) that relies on high levels of collaboration and cooperation between PEPFAR, GoDR, Global Fund, UNAIDS, and civil society organizations.

During COP 2021, PEPFAR DR will focus intensely on the same 10 highest burdened geographic areas (the 5 regions covered in COP19 and 5 additional priority regions added in COP20). No major strategic shifts are planned from COP 2020 to COP 2021. New strategies and interventions planned for COP21 include a) accelerated expansion of self-testing to serve FC, key and vulnerable populations, b) screening and management of advanced HIV disease for both newly diagnosed as well as focus clients already on ART, c) bringing the TB Preventive Therapy completion rate up to 85% and integrating TPT dispensing and refilling schedule with the focus clients' ART refill schedule, d) use of virtual platforms to reach more focus clients and key populations with PrEP services, and e) completion of COP20 benchmarks that were not achieved in FY 2021 to reduce key system barriers.

As for the cross-border strategy described in the COP 2020 plan, steps the PEPFAR DR and Haiti teams had planned to address binational issues were interrupted by the COVID-19 pandemic and changes in leadership at multiple levels. Realizing these challenges and the fact that most of the work of each program is not paired or focused on binational issues, S/GAC paused expectations about a cross-border strategy, reframed the conversation as 'binational referral' aiming for sufficient coordination to provide seamless care, and ended the designation of DR and Haiti as country pair. Each country prepared a separate Country Operational Plan for COP21. However, the PEPFAR DR team will continue to collaborate with the PEPFAR Haiti team to assess and close the gaps along the HIV continuum of care for migrant and binational individuals in the Dominican Republic and Haiti, aiming for seamless, continuous, client centered services for those that seek HIV care and treatment after crossing the international border.

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

This memo approves \$1,250,000 in ARPA funds in the Economic Support Fund (ESF) account to be implemented for activities during COP 2020 and COP 2021. Of the total \$1,250,000 in ARPA funds, \$1,250,000 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>
<b>TOTAL</b>	<b>\$1,250,000</b>	<b>\$0</b>	<b>\$1,250,000</b>
DOD	\$0	\$0	\$0
HHS/CDC	\$625,000	\$0	\$625,000
HHS/HRSA	\$0	\$0	\$0
PC	\$0	\$0	\$0
USAID	\$625,000	\$0	\$625,000
USAID/WCF	\$0	\$0	\$0

Any ARPA funds not outlayed in COP 2020 will be allowed to outlay in COP 2021, and this will be accounted for in the End of Fiscal Year exercise in the Fall of 2021. The entire ARPA amount must be obligated by September 30, 2022 and should, except in extraordinary circumstances, be 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 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 DR as described below.

PEPFAR activities in the Dominican Republic (DR) have been severely affected by COVID-19. A complex array of pandemic-related challenges affected PEPFAR's ability to sustain historically high standards in supporting timely and quality provision of HIV services to DR's most vulnerable populations. For example, from the beginning of the pandemic there has been insufficient availability of personal protective equipment (PPE) for implementing partners and beneficiaries; reduced laboratory capacity to collect, transport and analyze serum samples for viral load testing; travel restrictions that limited opportunities for on-site monitoring and supervision; and decreased beneficiary access to health services and other social programs given mobility barriers and curfews.

Funds made available through the 2021 American Rescue Plan Act will be used to prevent, prepare for, and respond to COVID-19, and to mitigate its effect on PEPFAR-supported activities in the DR. This will include procuring PPE and other supplies for infection prevention and control (IPC) for implementing teams and beneficiaries; developing and implementing IPC protocols and standard operational procedures in HIV clinics to ensure patient and health worker safety; strengthening laboratory capacity to continue required testing for HIV diagnosis and viral load monitoring while also utilizing testing platforms for COVID-19 diagnostic purposes; supporting families to meet increased household economic and nutritional needs to ensure treatment adherence; and expanding the number of beneficiaries with access to digital health platforms to support linkage and adherence to treatment.

**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			
<b>TOTAL</b>	26,250,000	24,982,565	24,982,565	23,345,065	-	387,500	1,250,000	-	-	1,267,435	26,250,000
<b>DOD Total</b>	343,244	333,818	333,818	333,818	-	-	-	-	-	9,426	343,244
<b>DOD</b>	343,244	333,818	333,818	333,818	-	-	-	-	-	9,426	343,244
<b>HHS Total</b>	11,895,176	11,895,176	11,895,176	10,882,676	-	387,500	625,000	-	-	-	11,895,176
<b>HHS/CDC</b>	11,895,176	11,895,176	11,895,176	10,882,676	-	387,500	625,000	-	-	-	11,895,176
<b>USAID Total</b>	14,011,580	12,753,571	12,753,571	12,128,571	-	-	625,000	-	-	1,258,009	14,011,580
<b>USAID, non-WCF</b>	14,011,580	12,753,571	12,753,571	12,128,571	-	-	625,000	-	-	1,258,009	14,011,580

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		
<b>TOTAL</b>	-	-	-	-	-	-	-	-	-	-	26,250,000
<b>DOD Total</b>	-	-	-	-	-	-	-	-	-	-	343,244
DOD	-	-	-	-	-	-	-	-	-	-	343,244
<b>HHS Total</b>	-	-	-	-	-	-	-	-	-	-	11,895,176
HHS/CDC	-	-	-	-	-	-	-	-	-	-	11,895,176
<b>USAID Total</b>	-	-	-	-	-	-	-	-	-	-	14,011,580
USAID, non-WCF	-	-	-	-	-	-	-	-	-	-	14,011,580

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.

Pending Congressional Review

**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.

**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 outlaid without written approval from S/GAC.

**Earmarks:** PEPFAR DR 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 DR. Upon approval of this memo, the amounts below will become the new earmark controls for the DR. 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
<b>Care &amp; Treatment</b>	<b>10,780,504</b>	<b>10,780,504</b>	-	-
<b>Orphans and Vulnerable Children</b>	<b>3,512,240</b>	<b>3,512,240</b>	-	-
<b>Preventing and Responding to Gender-based Violence</b>	<b>400,000</b>	<b>400,000</b>	-	-
<b>Water</b>	-	-	-	-

\* 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
<b>TOTAL Prevention Programming</b>	<b>445,489</b>	<b>445,489</b>	-	-	-
<b>Of which, AB/Y</b>	-	-	-	-	-
<b>% AB/Y of TOTAL Sexual Prevention Programming</b>	<b>0.0%</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

*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 not applicable as the DR does not have a generalized epidemic.

**Initiatives by Agency**

	Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Bilateral - New Funding	Total COP21 Budget
<b>TOTAL</b>	-	<b>1,267,435</b>	-	<b>24,982,565</b>	<b>26,250,000</b>
<i>of which, Community-Led Monitoring</i>	-	-	-	<b>150,000</b>	<b>150,000</b>
<i>of which, Core Program</i>	-	<b>1,267,435</b>	-	<b>24,832,565</b>	<b>26,100,000</b>
<b>DOD Total</b>	-	<b>9,426</b>	-	<b>333,818</b>	<b>343,244</b>
<i>of which, Core Program</i>	-	<b>9,426</b>	-	<b>333,818</b>	<b>343,244</b>
<b>HHS Total</b>	-	-	-	<b>11,895,176</b>	<b>11,895,176</b>
<i>of which, Community-Led Monitoring</i>	-	-	-	<b>75,000</b>	<b>75,000</b>
<i>of which, Core Program</i>	-	-	-	<b>11,820,176</b>	<b>11,820,176</b>
<b>USAID Total</b>	-	<b>1,258,009</b>	-	<b>12,753,571</b>	<b>14,011,580</b>
<i>of which, Community-Led Monitoring</i>	-	-	-	<b>75,000</b>	<b>75,000</b>
<i>of which, Core Program</i>	-	<b>1,258,009</b>	-	<b>12,678,571</b>	<b>13,936,580</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.

Approved COP 2021 SNU Prioritization Table

Dominican Republic	Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	No Prioritization	Total
HTS_INDEX	<15	-	-	-	-	-	-
	15+	-	-	9,668	-	-	9,668
	Total	-	-	9,668	-	-	9,668
HTS_TST	<15	-	-	-	-	-	-
	15+	-	-	124,100	-	-	124,100
	Total	-	-	124,100	-	-	124,100
HTS_TST_POS	<15	-	-	-	-	-	-
	15+	-	-	8,047	-	-	8,047
	Total	-	-	8,047	-	-	8,047
TX_NEW	<15	-	-	-	-	-	-
	15+	-	-	7,607	-	-	7,607
	Total	-	-	7,607	-	-	7,607
TX_CURR	<15	-	-	177	-	-	177
	15+	-	-	42,212	-	-	42,212
	Total	-	-	42,389	-	-	42,389
TX_PVLS	<15	-	-	173	-	-	173
	15+	-	-	37,940	-	-	37,940
	Total	-	-	38,113	-	-	38,113
CXCA_SCRN	Total	-	-	-	-	-	-
OVC_SERV	<18	-	-	6,783	-	-	6,783
	18+	-	-	6,130	-	-	6,130
	Total	-	-	12,913	-	-	12,913
OVC_HIVST	Total	-	-	6,783	-	-	6,783
AT							
PMTCT_STAT	<15	-	-	-	-	-	-
	15+	-	-	-	-	-	-
	Total	-	-	-	-	-	-
PMTCT_STAT_POS	<15	-	-	-	-	-	-
	15+	-	-	-	-	-	-
	Total	-	-	-	-	-	-
PMTCT_ART	<15	-	-	-	-	-	-
	15+	-	-	-	-	-	-
	Total	-	-	-	-	-	-
PMTCT_EID	Total	-	-	-	-	-	-
PP_PREV	<15	-	-	98	-	-	98
	15+	-	-	55,138	-	-	55,138
	Total	-	-	55,236	-	-	55,236
KP_PREV	Total	-	-	-	-	-	-
KP_MAT	Total	-	-	-	-	-	-
VMMC_CIRC	Total	-	-	-	-	-	-

HTS_SELF	<15	-	-	-	-	-	-	-
	15+	-	-	- 10 -	-	-	-	-

Dominican Republic		Attained	Scale-Up:	Scale-Up:	Sustained	Centrally	No	Total
			Saturation	Aggressive		Supported	Prioritization	
	Total	-	-	-	-	-	-	-
PrEP_NEW	Total	-	-	2,219	-	-	-	2,219
PrEP_CURR	Total	-	-	3,220	-	-	-	3,220
TB_STAT	<15	-	-	-	-	-	-	-
	15+	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-
TB_ART	<15	-	-	-	-	-	-	-
	15+	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-
TB_PREV	<15	-	-	144	-	-	-	144
	15+	-	-	40,452	-	-	-	40,452
	Total	-	-	40,596	-	-	-	40,596
TX_TB	<15	-	-	177	-	-	-	177
	15+	-	-	49,819	-	-	-	49,819
	Total	-	-	49,996	-	-	-	49,996
GEND_GBV	Total	-	-	3,402	-	-	-	3,402
AGYW_ PREV	Total	-	-	-	-	-	-	-

*\* 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 PEPFAR Oversight and Accountability Response 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 Strategic Direction Summary (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

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

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