



UNCLASSIFIED

6/11/2021

MEMO FOR DONALD WRIGHT, U.S. AMBASSADOR TO TANZANIA

SUBJECT: PEPFAR Tanzania Country Operational Plan 2021 Approval

This memo represents the successful completion of the PEPFAR Tanzania Country Operational Plan (COP) 2021 planning, development and submission. PEPFAR Tanzania, 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 Tanzania Country Operational Plan (COP) 2021 with a total approved budget of \$468,821,930, 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	422,606,585	46,215,345	468,821,930
Bilateral	422,106,585	46,215,345	468,321,930
Central	500,000		500,000

The total FY 2022 outlay for COP 2021 implementation shall not exceed the total approved COP 2021 budget of \$468,321,930 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 27-28, 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 Tanzania's Country Operational Plan (COP) 2021 will support PEPFAR Tanzania's vision in partnership with the Government of Tanzania (GOT) to work towards epidemic control by scaling up targeted testing strategies to efficiently identify people living with HIV (PLHIV); ensuring all newly diagnosed PLHIV are immediately linked to treatment; and ensuring all PLHIV are retained on treatment and remain virally suppressed. Building on the gains from COP 2019 and COP 2020 implementation, COP 2021 will work towards the attainment of epidemic control (95-95-95 goals) across all ages and sexes through the end of FY2022. Accordingly, the program for COP 2021 will work toward the goal of maintaining 1,565,858 PLHIV across the country on life-saving treatment, enrolling 139,796 PLHIV newly on treatment, and ensuring viral load suppression in 1,477,993 patients by the end of FY 2022.

The PEPFAR Tanzania strategy for programming to be implemented in FY 2022 will be grounded in the commitment and the strategic decision to utilize data-driven processes to identify program gaps and measure progress against closing those gaps. Essential to this process will be the conduction of the second Tanzania HIV/AIDS Impact Survey (THIS) to provide updated assessments on programmatic progress and data that will inform PEPFAR priorities. Continuous engagement of the GOT, stakeholders and implementing partners in the development and implementation of effective strategies to rapidly respond to programmatic shifts will also be critical. Although a large majority of programmatic successes in COP 18 & 19 have been maintained through the end of FY 2020, the impact of the COVID-19 pandemic on the PEPFAR Tanzania program has been substantial. Looking ahead to COP21, PEPFAR Tanzania will focus on regaining program momentum towards the achievement of UNAIDS 95-95-95 goals by bringing key interventions to scale, while ensuring the safety of clients, healthcare workers, and implementing partner staff. Success will rely upon having systems and policies in place to support the implementation of programmatic best practices. The specific focus in COP 21 will include: (1) scale-up of HIV case finding strategies, especially for hard to reach populations, with an enhanced effort to provide high quality, non-coercive, and confidential index testing; (2) rapid acceleration of ART enrollment, ensuring optimization of ARV regimens for pediatric and adult clients, including the use of differentiated service delivery models; (3) strengthened program retention with the goal of increasing community viral load suppression and morbidity and mortality reduction; (4) integration of recency surveillance into routine HIV testing services (HTS); (5) optimization of laboratory infrastructure to support timely and comprehensive viral load testing services; and (6) strengthened HIV combination prevention to decrease the number of incident HIV infections in Tanzania. All efforts will be complemented by efforts to address widespread stigma and discrimination that leads to fear of testing and reduction in service quality for people living with HIV.

In FY 2022, PEPFAR funds for Tanzania will be heavily invested in optimizing and bringing to scale key strategies to find and link the most vulnerable Tanzanians to prevention and lifesaving treatment services. Continued engagement of the Key and Vulnerable Population (KVP) forum will ensure that lessons learned from the KP investment fund (KPIF) will be integrated and

effectively implemented at the community level. VMMC services will capitalize on a successful COP 19/20 pivot to focus on older men with an enhanced focus on innovative demand creation approaches to engage this population. Combination prevention strategies such as DREAMS will expand its reach to enroll the most at-risk adolescent girls and young women (AGYW), including pregnant and breastfeeding AGYW, with enhanced economic strengthening activities and mentorship in all councils. During the May COP 2021 meetings, the GOT approved the National PrEP Framework and committed to commence with the immediate scale-up of pre-exposure prophylaxis (PrEP) for vulnerable and key populations beginning in June 2021. In COP 2021, PEPFAR/Tanzania will reach 50,000+ new clients, including AGYW, serodiscordant couples and other at risk populations with this critical HIV prevention intervention. PEPFAR Tanzania will also rapidly accelerate nationwide 6-month dispensing (6MMD) and the timely transition to pediatric DTG-10. Treatment literacy at the facility and community level will be scaled to strengthen treatment linkage and minimize patient loss. Community-ART enrollment and refills will continue for key and vulnerable populations with an expansion to the general population. PEPFAR Tanzania will also collaborate with the GOT to conduct an in-depth review of the national laboratory infrastructure to develop a plan to optimize the laboratory network in order to maximize EID and viral load testing efficiencies and minimize supply chain disruptions. Continued investments in the OVC program will be leveraged to enhance pediatric case finding and treatment support efforts to address current gaps in the pediatric cascade. To this end, the PEPFAR Tanzania team will continuously review program data from the OVC program in COP 20/21 to ensure that the program is geographically aligned with HIV burden, reaching the most vulnerable children and families with comprehensive services. Finally, above site investments will focus on supporting all of these priorities through the development of systems for rapid access to and use of high-quality data to inform strategic priorities; supply chain strengthening to deliver life-saving commodities; building health worker capacity; laboratory investments to ensure quality and timely viral testing and monitoring; and institutional strengthening that will continue steps towards sustainability.

During COP 2021, PEPFAR Tanzania will continue to invest in the highest HIV burden districts covering all PLHIV. In COP 2020 PEPFAR expanded to cover 197 councils in order to achieve the 95-95-95 goals. With the purpose of addressing the geographic shift in PLHIV distributions in Tanzania that occurred as a response to COVID-19 migrations, in COP 2021 PEPFAR Tanzania will continue to prioritize these 197 councils with an enhanced focus on using current data to ensure that investments remain geographically aligned with high HIV burden areas (i.e. the Lake Zone, the Southern Highlands, and Dar Es Salaam). Broad gaps in testing coverage across age and sex bands will be addressed through evidence-based implementation of enhanced index testing, optimized provider-initiated testing and counseling (PITC), HIV self-testing scale-up and client centered targeted community testing. All retention activities initiated in COP 2020; such as strengthened OVC clinical linkages to improve the pediatric cascade, Undetectable equals Untransmittable (U=U) messaging, expanded linkage case management (LCM) for new clients, and the “Operation Triple Zero” strategy to enhance retention and viral load suppression among adolescents and young persons; will continue in COP 2021 with a focus on the real-time assessment of any gaps at the facility level for quality improvement. PEPFAR Tanzania will also support the GoT to optimize the laboratory infrastructure and systems to enhance efficiencies and support sustainability efforts. In addition, the DREAMS program for adolescent girls and young women will build upon successes from its expansion to 11 councils in COP 2020 by

formalizing/standardizing the mentorship program, focusing on increased recruitment of pregnant and breastfeeding AGYW into DREAMS, expanding economic strengthening activities into the remaining 8 councils, and employing more DREAMS Ambassadors at the regional and district level. Pediatric anti-retroviral therapy (ART) coverage and formulations will be optimized in COP 2021 through GoT supported introduction and rapid scale-up of DTG-10 across Tanzania. The VMMC program will perform >432,000 circumcisions in men ≥ 15yrs and over 300,000 WLHIV aged 25-49yrs will be screened for cervical cancer in COP 21, with prevention efforts focused on demand creation, service integration, and quality assured practices for both of these programs. Key population social networks and community platforms will be leveraged for distribution of HIV self-test kits, where PEPFAR Tanzania aims to target 50% of the KP testing gap with self-testing services in COP 2021. In addition, PEPFAR/ Tanzania will bring to scale the Peer Navigator Linkage Case Management Model for key populations receiving testing services. For clients newly identified positive, key Implementing Partner strategies include initiation on a Community 30- day ART starter pack and linkage of HIV positive clients with peer navigators at each testing point to facilitate linkage to treatment, with up to 6 month follow up for all clients newly initiated on ART. For clients with a negative HIV status, KPs will be provided with, or referred for, other prevention and clinical services. PEPFAR-supported community implementing partners will scale-up community ART refills by offering multi-month dispensing through mobile clinics. The synergistic impact of data-driven facility and community-based HIV testing, expanded LCM for high-risk and vulnerable groups, differentiated service delivery models, optimized treatment regimens, and strengthened client centered approaches will accelerate Tanzania’s efforts to achieve epidemic control in COP 2021.

American Rescue Plan Act of 2021 Summary Description

This memo approves \$20,500,000 in ARPA funds in the Economic Support Fund (ESF) account to be implemented for activities during COP 2020 and COP 2021. Of the total \$20,500,000 in ARPA funds, \$18,321,930 is expected to be implemented in COP 2021; these funds are included in the other tables found in this memo. The remaining \$2,178,070 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	\$18,321,930	\$2,178,070	\$20,500,000
DOD	\$3,288,559	\$0	\$3,288,559
HHS/CDC	\$9,963,005	\$0	\$9,963,005
HHS/HRSA	\$0	\$0	\$0

PC	\$0	\$0	\$0
USAID	\$5,070,366	\$2,178,070	\$7,248,436
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 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: infection prevention and control (IPC) measures to protect health facility staff at PEPFAR supported sites, laboratory support for COVID-19 genetic sequencing, support for vaccine rollout planning and dissemination to health care workers, mitigation of losses in pediatric HIV program performance due to the pandemic, COVID-19 case management, the expansion of community antiretroviral therapy (ART) distribution, and support to train a cadre of community health workers to support activities that reach orphans and vulnerable children. Funds will also be used to support Tanzania's National Oxygen Scale-up Plan and to enhance laboratory surveillance at PEPFAR-supported facilities to guide decisions to scale-up or down PEPFAR services in the face of outbreaks or new strains. This plan has been developed based on priorities outlined in Tanzania's National COVID-19 Response Plan and is designed to align with and be complementary to Tanzania's Global Fund COVID-19 Response Mechanism (C19RM) application.

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	468,321,930	422,106,585	422,106,585	366,165,905	35,000,000	2,618,750	18,321,930	-	-	46,215,345	468,821,930
DOD Total	52,401,900	50,123,390	50,123,390	46,834,831	-	-	3,288,559	-	-	2,278,510	52,401,900
DOD	52,401,900	50,123,390	50,123,390	46,834,831	-	-	3,288,559	-	-	2,278,510	52,401,900
HHS Total	169,451,028	169,451,028	169,451,028	156,869,273	-	2,618,750	9,963,005	-	-	-	169,451,028
HHS/CDC	169,451,028	169,451,028	169,451,028	156,869,273	-	2,618,750	9,963,005	-	-	-	169,451,028
PC Total	2,823,746	-	-	-	-	-	-	-	-	2,823,746	2,823,746
PC	2,823,746	-	-	-	-	-	-	-	-	2,823,746	2,823,746
STATE Total	1,046,780	475,927	475,927	475,927	-	-	-	-	-	570,853	1,046,780
State	240,052	240,052	240,052	240,052	-	-	-	-	-	-	240,052
State/AF	806,728	235,875	235,875	235,875	-	-	-	-	-	570,853	806,728
USAID Total	242,598,476	202,056,240	202,056,240	161,985,874	35,000,000	-	5,070,366	-	-	40,542,236	243,098,476
USAID, non-WCF	145,413,645	117,457,778	117,457,778	77,387,412	35,000,000	-	5,070,366	-	-	27,955,867	145,413,645
USAID/WCF	97,184,831	84,598,462	84,598,462	84,598,462	-	-	-	-	-	12,586,369	97,684,831

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	500,000	500,000	500,000	-	500,000	-	-	-	-	-	468,821,930
DOD Total	-	-	-	-	-	-	-	-	-	-	52,401,900
DOD	-	-	-	-	-	-	-	-	-	-	52,401,900
HHS Total	-	-	-	-	-	-	-	-	-	-	169,451,028
HHS/CDC	-	-	-	-	-	-	-	-	-	-	169,451,028
PC Total	-	-	-	-	-	-	-	-	-	-	2,823,746
PC	-	-	-	-	-	-	-	-	-	-	2,823,746
STATE Total	-	-	-	-	-	-	-	-	-	-	1,046,780
State	-	-	-	-	-	-	-	-	-	-	240,052
State/AF	-	-	-	-	-	-	-	-	-	-	806,728
USAID Total	500,000	500,000	500,000	-	500,000	-	-	-	-	-	243,098,476
USAID, non-WCF	-	-	-	-	-	-	-	-	-	-	145,413,645
USAID/WCF	500,000	500,000	500,000	-	500,000	-	-	-	-	-	97,684,831

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: 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 the OU. Upon approval of this memo, the amounts below will become the new earmark controls for the OU/Agency. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmarks	COP21 Funding Level			
	TOTAL	FY 2021	FY 2020	FY 2019
Care & Treatment	260,565,673	260,565,673	-	-
Orphans and Vulnerable Children	37,000,812	37,000,812	-	-
Preventing and Responding to Gender-based Violence	10,340,965	10,340,965	-	-
Water	2,160,611	2,160,611	-	-

* 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	26,465,659	26,465,659	-	-	-
Of which, AB/Y	16,812,069	16,812,069	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	63.5%	63.5%	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	-	46,215,345	500,000	422,106,585	468,821,930
<i>of which, Cervical Cancer</i>	-	-	-	3,531,000	3,531,000
<i>of which, Community-Led Monitoring</i>	-	108,864	-	916,136	1,025,000
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	500,000	-	500,000
<i>of which, Core Program</i>	-	43,473,238	-	353,620,745	397,093,983
<i>of which, DREAMS</i>	-	-	-	25,000,000	25,000,000
<i>of which, Surveillance and Public Health Response</i>	-	-	-	18,321,930	18,321,930
<i>of which, VMMC</i>	-	2,633,243	-	20,716,774	23,350,017
DOD Total	-	2,278,510	-	50,123,390	52,401,900
<i>of which, Cervical Cancer</i>	-	-	-	805,682	805,682
<i>of which, Community-Led Monitoring</i>	-	-	-	275,000	275,000
<i>of which, Core Program</i>	-	2,027,220	-	36,138,540	38,165,760
<i>of which, DREAMS</i>	-	-	-	3,647,000	3,647,000
<i>of which, Surveillance and Public Health Response</i>	-	-	-	3,288,559	3,288,559
<i>of which, VMMC</i>	-	251,290	-	5,968,609	6,219,899
HHS Total	-	-	-	169,451,028	169,451,028
<i>of which, Cervical Cancer</i>	-	-	-	1,600,965	1,600,965
<i>of which, Core Program</i>	-	-	-	145,218,048	145,218,048
<i>of which, DREAMS</i>	-	-	-	3,389,000	3,389,000
<i>of which, Surveillance and Public Health Response</i>	-	-	-	9,963,005	9,963,005
<i>of which, VMMC</i>	-	-	-	9,280,010	9,280,010
PC Total	-	2,823,746	-	-	2,823,746
<i>of which, Core Program</i>	-	2,823,746	-	-	2,823,746
STATE Total	-	570,853	-	475,927	1,046,780
<i>of which, Community-Led Monitoring</i>	-	108,864	-	191,136	300,000
<i>of which, Core Program</i>	-	461,989	-	284,791	746,780
USAID Total	-	40,542,236	500,000	202,056,240	243,098,476
<i>of which, Cervical Cancer</i>	-	-	-	1,124,353	1,124,353
<i>of which, Community-Led Monitoring</i>	-	-	-	450,000	450,000
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	500,000	-	500,000
<i>of which, Core Program</i>	-	38,160,283	-	171,979,366	210,139,649
<i>of which, DREAMS</i>	-	-	-	17,964,000	17,964,000
<i>of which, Surveillance and Public Health Response</i>	-	-	-	5,070,366	5,070,366
<i>of which, VMMC</i>	-	2,381,953	-	5,468,155	7,850,108

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	5,864	52,582	-	9,199	-	38	67,683
HTS_INDEX	15+	39,360	187,580	-	63,825	-	986	291,751
HTS_INDEX	Total	45,224	240,162	-	73,024	-	1,024	359,434
HTS_TST	<15	67,577	516,094	-	54,819	-	354	638,844
HTS_TST	15+	287,627	1,340,193	-	481,522	-	17,203	2,126,545
HTS_TST	Total	355,204	1,856,287	-	536,341	-	17,557	2,765,389
HTS_TST_POS	<15	2,439	21,437	-	3,549	-	17	27,442
HTS_TST_POS	15+	16,344	77,855	-	24,361	-	550	119,110
HTS_TST_POS	Total	18,783	99,292	-	27,910	-	567	146,552
TX_NEW	<15	2,404	20,652	-	3,512	-	21	26,589
TX_NEW	15+	15,523	73,970	-	23,191	-	523	113,207
TX_NEW	Total	17,927	94,622	-	26,703	-	544	139,796
TX_CURR	<15	9,821	61,126	-	16,243	-	782	87,972
TX_CURR	15+	189,427	996,856	-	265,907	-	25,696	1,477,886
TX_CURR	Total	199,248	1,057,982	-	282,150	-	26,478	1,565,858
TX_PVLS	<15	8,844	53,371	-	14,730	-	753	77,698
TX_PVLS	15+	179,205	945,222	-	251,108	-	24,760	1,400,295
TX_PVLS	Total	188,049	998,593	-	265,838	-	25,513	1,477,993
CXCA_SCRN	Total	44,209	222,556	-	56,880	-	6,009	329,654
OVC_SERV	<18	130,276	419,739	-	20,419	-	349	570,783
OVC_SERV	18+	31,697	113,794	-	8,211	-	-	153,702
OVC_SERV	Total	161,973	533,533	-	28,630	-	349	724,485
OVC_HIVSTAT	Total	61,562	255,958	-	20,419	-	349	338,288
PMTCT_STAT	<15	787	6,513	-	1,092	-	180	8,572
PMTCT_STAT	15+	127,751	455,231	-	120,356	-	13,591	716,929
PMTCT_STAT	Total	128,538	461,744	-	121,448	-	13,771	725,501
PMTCT_STAT_POS	<15	56	94	-	9	-	-	159
PMTCT_STAT_POS	15+	7,356	18,743	-	3,921	-	719	30,739
PMTCT_STAT_POS	Total	7,412	18,837	-	3,930	-	719	30,898
PMTCT_ART	<15	56	92	-	9	-	-	157
PMTCT_ART	15+	7,332	18,713	-	3,919	-	718	30,682
PMTCT_ART	Total	7,388	18,805	-	3,928	-	718	30,839
PMTCT_EID	Total	7,042	17,898	-	3,735	-	683	29,358
PP_PREV	<15	-	1,768	-	162	-	-	1,930
PP_PREV	15+	88,355	421,056	-	16,877	-	4,602	530,890
PP_PREV	Total	88,355	422,824	-	17,039	-	4,602	532,820
KP_PREV	Total	17,721	130,511	-	26,919	-	-	175,151
KP_MAT	Total	598	5,257	-	123	-	-	5,978
VMMC_CIRC	Total	26,480	312,358	-	89,191	-	4,583	432,612
HTS_SELF	<15	-	-	-	-	-	19	19
HTS_SELF	15+	102,112	634,368	-	205,616	-	1,181	943,277
HTS_SELF	Total	102,112	634,368	-	205,616	-	1,200	943,296
PrEP_NEW	Total	5,882	36,300	-	10,239	-	451	52,872
PrEP_CURR	Total	6,152	39,796	-	11,561	-	451	57,960
TB_STAT	<15	238	1,322	-	48	-	-	1,608
TB_STAT	15+	5,033	30,731	-	7,264	-	-	43,028
TB_STAT	Total	5,271	32,053	-	7,312	-	-	44,636
TB_ART	<15	57	347	-	1	-	-	405
TB_ART	15+	1,691	8,877	-	1,462	-	-	12,030
TB_ART	Total	1,748	9,224	-	1,463	-	-	12,435
TB_PREV	<15	3,744	28,495	-	5,831	-	84	38,154
TB_PREV	15+	45,182	230,120	-	64,160	-	2,625	342,087
TB_PREV	Total	48,926	258,615	-	69,991	-	2,709	380,241
TX_TB	<15	12,225	81,778	-	19,755	-	803	114,561
TX_TB	15+	204,950	1,070,826	-	289,098	-	26,219	1,591,093
TX_TB	Total	217,175	1,152,604	-	308,853	-	27,022	1,705,654
GEND_GBV	Total	12,791	93,404	-	34,377	-	1,160	141,732
AGYW_PREV	Total	29,859	58,153	-	-	-	-	88,012

Partner Management and Stakeholder Engagement:

Agreements made during COP 2021 discussions, including those regarding national PrEP implementation, 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 the 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 Tanzania's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

Pending Congressional Approval