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May 4, 2022

**MEMO FOR MICHAEL A. HAMMER, U.S. AMBASSADOR TO DEMOCRATIC  
REPUBLIC OF THE CONGO**

**FROM:** S/GAC – Hilary Wolf, S/GAC Chair  
S/GAC – Michelle Selim, PEPFAR Program Manager

**THROUGH:** S/GAC – Dr. Angeli Achrekar, Acting U.S. Global AIDS Coordinator

**SUBJECT:** PEPFAR DRC Country Operational Plan 2022 Approval

This memo represents the successful completion of the PEPFAR DRC Operational Plan (COP) 2022 planning, development and submission. PEPFAR DRC, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2022 in alignment with the directives from the COP 2022 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 DRC Operational Plan (COP) 2022 with a total approved budget of \$112,725,000, 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 FY2023 Implementation
<b>TOTAL</b>	<b>111,925,036</b>	<b>799,964</b>	<b>112,725,000</b>
<b>Bilateral</b>	<b>111,400,036</b>	<b>799,964</b>	<b>112,200,000</b>
<b>Central</b>	<b>525,000</b>		<b>525,000</b>

The total FY 2023 outlay for COP 2022 implementation shall not exceed the total approved COP 2022 budget of \$112,725,000 without additional written approval. Any prior year funds that are not included within this COP 2022 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 2023 without additional written approval. The new FY 2022 funding and prior year funds approved within this memo as a part of the total COP 2022 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 2023– must be submitted to and approved by S/GAC, and documented in FACTSInfo NextGen via the Operational Plan Update process.

Approved funding will be made available to agencies for allocation to country platform to implement COP 2022 programming and priorities as outlined below and in the appendix.

### **ARPA/ESF Funds**

All ARPA ESF funds from COP21 must be obligated by September 30, 2022. ARPA funds obligated by this date can continue to be outlayed for their approved purposes in COP22/FY2023 on top of the approved COP22 envelope.

### **Background**

This approval is based upon the discussions that occurred between the country team, agency headquarters, S/GAC, partner government, local and global stakeholders and partners during the March 15-17, 2022 virtual planning meetings and participants in the virtual approval meeting; the final COP 2022 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

### **Program Summary**

Funding and targets for DRC's COP 2022 are approved to support PEPFAR DRC's vision to continue to scale up its HIV/AIDS program by enhancing several initiatives through increased collaboration with civil society, implementing partners, and the DRC Ministry of Health (MOH). COP 2022 will work to progress towards epidemic control by targeting testing to efficiently identify people living with HIV (PLHIV), ensuring all newly diagnosed PLHIV are immediately linked to treatment, and all PLHIV are retained on treatment and remain virally suppressed. DRC will continue to implement the programmatic priorities implemented in COP 2021, such as strategically expanding and strengthening people-centered activities to attain epidemic control, while addressing new challenges and implementing innovative programmatic solutions working toward the goal across the country that 322,850 are on life-saving treatment by the end of FY 2023. The program for COP 2022 will focus intensely on the 3 highest burdened geographic areas enrolling an additional 78,872 PLHIV on treatment in FY 2023 and ensuring viral load suppression in 260,191 clients in FY 2023.

The PEPFAR DRC strategy for programming to be implemented in FY 2023 will build on programmatic success to date and is based on a thorough review of available epidemic data, programmatic data, discussions with civil society and community organizations, DRC's MOH, stakeholders, and implementing partners. PEPFAR DRC has made impressive progress in FY 2021. The COP 2022 priorities for PEPFAR DRC in addition to core programs are: (1) Intensify case finding, particularly among children and adolescent girls and young women (AGYW); (2) Improve 2-month early infant diagnosis (EID) coverage, EID testing, and Viral Load (VL) testing coverage (VLC); (3) Address VL suppression gaps, especially in young children; (4) Strengthen the integration of HIV and TB services, including improving TB screening coverage and maintaining high TB preventative treatment (TPT) completion rates; (5) Avert morbidity and

mortality among PLHIV (6) Maximize OVC contribution to the clinical cascade; (7) PrEP expansion, with a focus on KPs, AGYW and pregnant and breastfeeding women (PBFW); (8) Strengthen the clinical cascade for KPs, including improving linkage to care and VLC; (9) Engage with civil society to enhance participation and community led monitoring (CLM); (10) Build sustainable capacity, especially through strengthening of the supply chain system and laboratory services with high visibility of stock and improved data use and commodity utilization management; and (11) Build capacity and consensus on PLHIV estimates with the GDRC and other stakeholders.

As the program moves towards the goal of epidemic control, PEPFAR DRC will work with civil society, implementing partners, and MOH to address programmatic gaps in case finding of children, AGYW, and men. Key strategies will include continuing to scale safe and ethical index testing with fidelity for partners, biological children and siblings; optimizing provider-initiated testing and counseling (PITC) in outpatient departments through screen-in risk screening tools; and offering routine HIV testing at sick-entry points (malnutrition, TB, inpatient, STI clinics) and ANC clinics. PEPFAR DRC will also scale-up community-based HIV testing services (mobile and index modalities) and expand self-testing strategies to find hard-to-reach men, AGYW, and key populations. DRC will assess data to understand gaps in ART coverage, treatment continuity, and VLS by subpopulation. COP 2022 will support efforts to reduce stigma and discrimination against key populations to increase access to essential prevention and treatment services with the support of civil society organizations particularly for demand creation and CLM. Prevention activities in COP 22 will include the expansion of PrEP for key populations, serodiscordant couples and AGYW. PEPFAR DRC investments in HIV-related commodities will continue to increase annually in alignment with the increasing numbers of PLHIV on treatment in PEPFAR-supported health zones. Partner management by the U.S. Government team will be conducted to maintain continuous quality improvement and best practices at both facility; and community levels to address and improve services to ensure patients' needs are met.

During COP 2022, PEPFAR DRC will continue to invest in DRC's 3 highest HIV burden provinces of Kinshasa, Haut Katanga and Lualaba —accounting for approximately 50% of PLHIV, strengthening the treatment cascade and ensuring high-quality, person-centered HIV services. The program will also focus on and implement several new priorities for accelerating toward epidemic control. A few notable changes from COP21 to COP22 include integrating supervised self-testing into existing modalities to increase reach of first-time testers, people with undiagnosed HIV, and those at ongoing risk—especially KPs—who are in need of frequent retesting, children, adolescent girls and young at-risk women. Differentiated service delivery (DSD) models using multi-month dispensing will be expanded to a goal of 70% of patients receiving six-month ARV supplies to maintain the high retention rates that DRC has achieved. There will also be a greater focus on the prevention, identification, and management of Advanced HIV disease (AHD). Recency testing will be scaled up in Haut-Katanga and expanded to Lualaba to identify hot-spots and facilitate contact tracing through index testing. Another significant change from COP 2021 is renewed focus on closing the treatment gap for children living with HIV (CLHIV), and improving prevention efforts targeting PBFW. PEPFAR DRC will expand case finding strategies to identify women living with HIV (WLHIV) through other modalities, before they become pregnant to ensure that the mother is healthy before conception

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and to mitigate vertical transmission. For PBFW living with HIV, PEPFAR DRC will work with the MOH to ensure effective implementation of an updated VL testing algorithm for PBFW to improve VLC in this population. COP 2022 will support the effort to achieve epidemic control for all populations, including children by identifying an optimal mix of strategies to maximize case finding of CLHIV, linking and ensuring treatment continuity for all positive children to achieve a pediatric (<15 years old) treatment cohort of 28,096 CLHIV by the end of FY 2023. PEPFAR DRC will use optimized ARV regimens including pediatric DTG 10mg to achieve VLS rates >90% for all age bands.

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**Funding Summary**

All COP 2022 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 PEPFAR systems.

Total	of which, Bilateral New Funding										Applied Pipeline
	Total	FY 2022			GAP	FY 2021 GHP-State	FY 2020 GHP-State	of which, Central New Funding			
		Total	GHP-State	GHP-USAID				Total	GHP-State	GHP-USAID	
<b>TOTAL</b>	112,200,000	111,400,036	110,575,036	825,000	-	-	799,964				
DOD Total	4,536,159	3,992,689	3,992,689	-	-	-	543,470				
DOD	4,536,159	3,992,689	3,992,689	-	-	-	543,470				
HHS Total	31,759,967	31,759,967	30,934,967	825,000	-	-	-				
HHS/CDC	31,759,967	31,759,967	30,934,967	825,000	-	-	-				
STATE Total	1,584,589	1,328,095	1,328,095	-	-	-	256,494				
State	450,081	450,081	450,081	-	-	-	-				
State/AF	1,134,508	878,014	878,014	-	-	-	256,494				
USAID Total	74,319,285	74,319,285	74,319,285	-	-	-	-				
USAID, non-WCF	27,548,339	27,548,339	27,548,339	-	-	-	-				
USAID/WCF	46,770,946	46,770,946	46,770,946	-	-	-	-				

\* Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

Total	of which, Central New Funding										Applied Pipeline
	Total	FY 2022			GAP	FY 2021 GHP-State	FY 2020 GHP-State	of which, Central New Funding			
		Total	GHP-State	GHP-USAID				Total	GHP-State	GHP-USAID	
<b>TOTAL</b>	525,000	525,000	525,000	-	-	-	-				
DOD Total	-	-	-	-	-	-	-				
DOD	-	-	-	-	-	-	-				
HHS Total	-	-	-	-	-	-	-				
HHS/CDC	-	-	-	-	-	-	-				
STATE Total	-	-	-	-	-	-	-				
State	-	-	-	-	-	-	-				
State/AF	-	-	-	-	-	-	-				
USAID Total	525,000	525,000	525,000	-	-	-	-				
USAID, non-WCF	-	-	-	-	-	-	-				
USAID/WCF	525,000	525,000	525,000	-	-	-	-				

\* Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

**GHP-State Funds:** Upon the clearance of a FY 2022 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 2023 at approved COP 2022 partner budget levels to achieve FY 2023 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 2023 at approved COP 2022 partner budget levels to achieve FY 2023 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 2023 at approved COP 2022 partner budget levels to achieve FY 2023 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.

**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 2023 at approved COP 2022 partner budget levels to achieve FY 2023 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 2022 total budget level and documented within COP 2022 partner budgets are not to be executed or outlayed without written approval from S/GAC.

**Earmarks:** DRC has planned for programming for FY 2022, FY 2021, and/or FY 2020 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 DRC. Upon approval of this memo, the amounts below will become the new earmark controls for DRC. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmarks	COP22 Funding Level			
	TOTAL	FY 2022	FY 2021	FY 2020
Care & Treatment	77,725,576	77,725,576	-	-
Orphans and Vulnerable Children	9,190,787	9,190,787	-	-
Preventing and Responding to Gender-based Violence	450,000	450,000	-	-
Water	100,000	100,000	-	-

\* 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	COP22 Funding Level				
	TOTAL	FY 2022	FY 2021	FY 2020	Applied Pipeline
TOTAL Sexual Prevention Programming	1,577,231	1,577,231	-	-	-
Of which, AB/Y	314,907	314,907	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	20.0%	20.0%	N/A	N/A	N/A

\*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

### AB/Y Earmark Budget Justification

The HIV epidemic in the DRC is generalized, with a prevalence of 1.20 percent based on the 2013/2014 DHS, with 624,856 people living with HIV out of an estimated population of 117 million (calculated based on UNAIDS estimates [version 6.16]). Prevalence is higher in urban areas (1.6 percent) versus rural areas (0.9 percent) and the burden of HIV is higher among women than men 25 years and older (308,468 female PLHIV v. 183,011 male PLHIV). According to UNAIDS, a majority of HIV transmission in DRC is through heterosexual contact, exacerbated by high-risk sexual practices (such as having multiple concurrent partners) and low or inconsistent condom use. Although there is insufficient data on the location, typology, and dynamics of key populations and high-risk groups, prevalence among female sex workers (FSWs) is estimated at 5.4 percent in Kinshasa, 7.4 percent in Lualaba and 4.6 percent in Katanga (IBBS 2018-2019). TB incidence in the DRC is 320 per 100,000 and nationwide only 50 percent of TB patients know their HIV status, making TB the primary cause of death among HIV-positive patients. Of the 11 percent of TB patients co-infected with HIV, approximately 67 percent are on ART (World Health Organization (WHO), Global Tuberculosis Report, 2020).

Of the estimated 624,856 people living with HIV, approximately 20 percent do not know their HIV status, albeit there is excellent linkage to treatment for those diagnosed. Of those on treatment, two thirds could not access viral load testing in a timely manner.

Relentlessly compelled by the epidemiological needs, PEPFAR DRC focuses -in order of priority- on people-centered direct service delivery and substantial technical assistance to the DRC government for HIV care and treatment; priority and key population prevention; socioeconomic interventions for orphans and vulnerable children (OVC); supply chain, laboratory and strategic information system strengthening, including recency testing; and community-led monitoring activities. Driven by the UNAIDS' fast-track combination prevention global goals, PEPFAR/DRC remains committed to all activities contributing to prevention of new infections, including treatment as prevention. With this strategic vision, PEPFAR/DRC will continue to roll out prevention through condoms and lubricants, pre-exposure prophylaxis (PrEP) for key and priority populations and adolescents. Community outreach and enhanced peer outreach for key and priority population are effective, yet not commensurate to needs. If PEPFAR/DRC were to commit 50% of prevention interventions to AB/Y, the completion of this

combined prevention would be challenged and the hope of attainment of epidemic control further rolled back. Yet, AB/Y is not neglected and is highly integrated through socioeconomic primary prevention interventions for OVC, adolescent girls and young women. Different models aiming at the same goal of reducing vulnerability of youth are effectively implemented through PEPFAR agencies. Case management and family support reinforce the competence acquired by youth during primary prevention sessions. In 2020, 84% of the condom and lubricant program and 43% of prevention- not disaggregated investments in DRC, were spent by PEPFAR/DRC while the remaining was spent by the Global Fund. Endeavors will be sustained to maintain prevention interventions for all ages and at-risk populations including youth.

### Initiatives by Agency

	Total Bilateral - New Funding	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Central Applied Pipeline	Total COP22 Budget
<b>TOTAL</b>	<b>111,400,036</b>	<b>799,964</b>	<b>525,000</b>	<b>-</b>	<b>112,725,000</b>
<i>of which, Community-Led Monitoring</i>	<i>500,000</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>500,000</i>
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	<i>-</i>	<i>-</i>	<i>525,000</i>	<i>-</i>	<i>525,000</i>
<i>of which, Core Program</i>	<i>102,486,696</i>	<i>799,964</i>	<i>-</i>	<i>-</i>	<i>103,286,660</i>
<i>of which, One-time Conditional Funding</i>	<i>1,000,000</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>1,000,000</i>
<i>of which, OVC (Non-DREAMS)</i>	<i>7,413,340</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>7,413,340</i>
<b>DOD Total</b>	<b>3,992,689</b>	<b>543,470</b>	<b>-</b>	<b>-</b>	<b>4,536,159</b>
<i>of which, Core Program</i>	<i>3,550,709</i>	<i>543,470</i>	<i>-</i>	<i>-</i>	<i>4,094,179</i>
<i>of which, One-time Conditional Funding</i>	<i>36,600</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>36,600</i>
<i>of which, OVC (Non-DREAMS)</i>	<i>405,380</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>405,380</i>
<b>HHS Total</b>	<b>31,759,967</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>31,759,967</b>
<i>of which, Core Program</i>	<i>27,549,625</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>27,549,625</i>
<i>of which, One-time Conditional Funding</i>	<i>322,900</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>322,900</i>
<i>of which, OVC (Non-DREAMS)</i>	<i>3,887,442</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>3,887,442</i>
<b>STATE Total</b>	<b>1,328,095</b>	<b>256,494</b>	<b>-</b>	<b>-</b>	<b>1,584,589</b>
<i>of which, Community-Led Monitoring</i>	<i>500,000</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>500,000</i>
<i>of which, Core Program</i>	<i>828,095</i>	<i>256,494</i>	<i>-</i>	<i>-</i>	<i>1,084,589</i>
<b>USAID Total</b>	<b>74,319,285</b>	<b>-</b>	<b>525,000</b>	<b>-</b>	<b>74,844,285</b>
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	<i>-</i>	<i>-</i>	<i>525,000</i>	<i>-</i>	<i>525,000</i>
<i>of which, Core Program</i>	<i>70,558,267</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>70,558,267</i>
<i>of which, One-time Conditional Funding</i>	<i>640,500</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>640,500</i>
<i>of which, OVC (Non-DREAMS)</i>	<i>3,120,518</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>3,120,518</i>



## FY 2023 Target Summary

COP 2022 funds are approved to achieve the following results in FY 2023.

Democratic Republic of the Congo		SNU Prioritizations	
		Scale-up: Saturation	Total
TX_NEW	<15	4,627	5,556
	15+	68,700	73,316
	<b>Total</b>	<b>73,327</b>	<b>78,872</b>
TX_CURR	<15	25,486	28,096
	15+	279,279	294,754
	<b>Total</b>	<b>304,765</b>	<b>322,850</b>
TX_PVLS	<15	20,355	22,720
	15+	223,429	237,471
	<b>Total</b>	<b>243,784</b>	<b>260,191</b>
HTS_SELF	<15	4	4
	15+	44,869	44,869
	<b>Total</b>	<b>44,873</b>	<b>44,873</b>
HTS_TST	<15	125,160	153,536
	15+	1,005,402	1,068,735
	<b>Total</b>	<b>1,130,562</b>	<b>1,222,271</b>
HTS_TST_POS	<15	4,530	5,455
	15+	69,658	74,359
	<b>Total</b>	<b>74,188</b>	<b>79,814</b>
HTS_RECENT	<15	23,185	29,076
	15+	82,493	87,202
	<b>Total</b>	<b>105,678</b>	<b>116,278</b>
PMTCT_STAT	<15	464	464
	15+	239,224	250,755
	<b>Total</b>	<b>239,688</b>	<b>251,219</b>
PMTCT_STAT_POS	<15	-	-
	15+	4,131	4,336
	<b>Total</b>	<b>4,131</b>	<b>4,336</b>
PMTCT_ART	<15	-	-
	15+	4,118	4,320
	<b>Total</b>	<b>4,118</b>	<b>4,320</b>
PMTCT_EID	<15	4,556	4,789
	15+	1,713	1,906
	<b>Total</b>	<b>30,100</b>	<b>31,029</b>
TB_STAT	<15	94	119
	15+	2,404	2,501
	<b>Total</b>	<b>2,498</b>	<b>2,620</b>
TB_ART	<15	4,681	5,713
	15+	66,821	71,423
	<b>Total</b>	<b>71,502</b>	<b>77,136</b>
TB_PREV	<15	25,966	28,626
	15+	284,173	299,920
	<b>Total</b>	<b>310,139</b>	<b>328,546</b>
KP_PREV	<15	44,854	44,854
	15+	24,449	25,097
	<b>Total</b>	<b>22,504</b>	<b>23,097</b>
PrEP_NEW	<15	255	255
	15+	4,651	65,654
	<b>Total</b>	<b>4,906</b>	<b>65,909</b>
PrEP_CT	<18	56,459	59,519
	18+	8,036	8,423
	<b>Total</b>	<b>64,495</b>	<b>67,942</b>
OVC_SERV	<18	56,459	59,519
	18+	8,036	8,423
	<b>Total</b>	<b>64,495</b>	<b>67,942</b>
OVC_HIVSTAT	<18	56,459	59,519
	18+	8,036	8,423
	<b>Total</b>	<b>64,495</b>	<b>67,942</b>
GEND_GBV	<18	56,459	59,519
	18+	8,036	8,423
	<b>Total</b>	<b>64,495</b>	<b>67,942</b>
GEND_GB	<18	56,459	59,519
	18+	8,036	8,423
	<b>Total</b>	<b>64,495</b>	<b>67,942</b>

\* 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 2022 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 outlays to date, 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 initiated. 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 2022 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 DRC's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

COP21-COP22 Budget Shifts by Funding Agency and Program Area

Funding Agency	COP 21 Budget by Funding Agency and Program Area															
	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	C&T	C&T as % of Total	HTS	HTS as % of Total	PM	PM as % of Total	PREV	PREV as % of Total	SE	SE as % of Total	Not Specified as % of Total	
Total	10,539,950	100%	5,351,609	5%	2,379,051	23%	8,416,551	8%	17,490,257	17%	4,406,705	4%	7,282,217	7%	-	0%
DOD	4,537,453	4%	-	0%	2,519,161	56%	304,924	7%	1,120,294	25%	226,645	5%	866,429	8%	-	0%
HHS	31,657,463	30%	4,534,459	14%	11,125,423	35%	2,301,666	7%	8,919,398	28%	1,160,000	4%	3,616,517	11%	-	0%
STATE	1,584,589	2%	417,210	26%	929,729	59%	-	0%	237,650	15%	-	0%	-	0%	-	0%
USAID	67,560,045	64%	400,000	1%	47,799,738	71%	5,819,961	9%	7,221,015	11%	3,020,060	4%	3,299,271	5%	-	0%

Funding Agency	COP 22 Budget by Funding Agency and Program Area															
	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	C&T	C&T as % of Total	HTS	HTS as % of Total	PM	PM as % of Total	PREV	PREV as % of Total	SE	SE as % of Total	Not Specified as % of Total	
Total	112,725,000	100%	4,115,624	4%	62,074,210	55%	12,797,900	11%	21,078,882	19%	5,345,744	5%	7,313,340	6%	-	0%
DOD	4,536,159	4%	-	0%	2,495,818	55%	327,216	7%	1,012,039	22%	295,706	7%	405,380	9%	-	0%
HHS	31,597,967	28%	3,739,150	12%	8,840,373	28%	3,001,000	9%	11,117,002	35%	1,275,000	4%	3,787,442	12%	-	0%
STATE	1,584,589	1%	-	0%	500,000	37%	-	0%	1,084,589	68%	-	0%	-	0%	-	0%
USAID	74,844,285	66%	376,474	1%	50,238,019	67%	9,468,984	13%	7,865,252	11%	3,775,038	5%	3,120,518	4%	-	0%

Funding Agency	COP 21-22 Budget Shifts by Funding Agency and Program Area														
	Total Change	Change in ASP	% Change in ASP	Change in C&T	% Change in C&T	Change in HTS	% Change in HTS	Change in PM	% Change in PM	Change in PREV	% Change in PREV	Change in SE	% Change in SE	Change in Not Specified	% Change in Not Specified
Total	7,385,450	(1,236,055)	-23%	129,801	0%	4,380,349	52%	2,380,515	20%	939,038	21%	31,131	0%	-	-
DOD	(1,294)	-	-	(23,343)	-1%	22,292	7%	(108,255)	-10%	69,061	30%	38,951	11%	-	-
HHS	102,504	(795,309)	-18%	(2,285,050)	-21%	699,334	30%	2,197,604	25%	115,000	10%	170,925	5%	-	-
STATE	-	(417,210)	-100%	(429,729)	-46%	-	-	846,939	356%	-	-	-	-	-	-
USAID	7,284,240	(23,526)	-6%	2,438,281	5%	3,649,023	63%	644,237	9%	754,978	25%	(178,753)	-5%	-	-