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May 9, 2022

MEMO FOR TRACEY JACOBSON, U.S. AMBASSADOR TO ETHIOPIA

FROM: S/GAC – Catherine Godfrey, S/GAC Chair
S/GAC – Elizabeth Sharp, PEPFAR Program Manager

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

SUBJECT: PEPFAR Ethiopia Operational Plan 2022 Approval

This memo represents the successful completion of the PEPFAR Ethiopia Country Operational Plan (COP) 2022 planning, development and submission. PEPFAR Ethiopia, 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 Ethiopia Country Operational Plan (COP) 2022 with a total approved budget of \$106,050,000 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
TOTAL	99,211,670	6,838,330	106,050,000
Bilateral	98,811,670	6,838,330	105,650,000
Central	400,000		400,000

The total FY 2023 outlay for COP 2022 implementation shall not exceed the total approved COP 2022 budget of \$106,050,000 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 2023 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 Ethiopia's COP 2022 are approved to support PEPFAR Ethiopia's vision in partnership with the Government of Ethiopia (GoE) to work toward epidemic control by targeting testing to efficiently identify people living with HIV (PLHIV), ensuring all newly diagnosed PLHIV are quickly and durably linked to treatment, and are virally suppressed. In COP 2022, PEPFAR Ethiopia will achieve and sustain epidemic control across all ages and both sexes, working toward the ultimate goal that 545,034 PLHIV across the country are on life-saving antiretroviral treatment (ART) by the end of FY 2023. The program for COP 2022 will continue to focus on prioritized direct service delivery (DSD) in several high burden regions – Addis Ababa, Amhara, Oromia, SNNPR, and Gambella – while providing technical assistance (TA) to the GoE and other implementing partners to achieve COP 2022 goals. To reach its total number of PLHIV on treatment, PEPFAR Ethiopia will enroll an additional 57,051 PLHIV on treatment and ensure viral load suppression among all clients on ART.

The PEPFAR Ethiopia strategy for programming to be implemented in FY 2023 is to reach and sustain epidemic control by preserving the enormous gains of the past decade, both reaching the remaining PLHIV who do not yet know their HIV status, and emphasizing the second and third 95s, maintaining continuity of treatment across the whole of Ethiopia and closing VL testing gaps. FY23 will investigate viral load testing gaps with a view to reaching >90% cover for all SNU and PSNU, including among pregnant and breast-feeding women. Restoring and strengthening the ART cohort in the regions most affected by the major conflict across the country over the past two years is a critical priority in FY23. These goals support the priorities set out in the HIV/AIDS National Strategic Plan (NSP) for Ethiopia 2021–2025, including (1) geographic prioritization in woredas with the highest HIV incidence, (2) prioritization of key and priority populations, and (3) prioritization of high-impact, cost-effective interventions especially those aimed at reducing mortality in the highest risk age groups and in those with advanced disease.

To implement these strategies, PEPFAR Ethiopia will support the following strategic objectives in COP22:

(1) Build from the current emergency response activities to recover HIV and TB treatment services in regions most affected by conflict (Tigray, Amfar, Amhara regions) by assuring commodities, supply chain, and information systems; strengthening community-facility collaborations to track, trace, and reconnect clients with treatment interruption; coordinating networked services and outreach to ensure health services are provided to internally displaced people (IDP); strengthening differentiated service delivery models (DSDM) (including multi-month ART dispensation) for treatment continuity; addressing gaps in viral load services and results use; reducing the highest risks for mortality – advanced HIV disease, TB screening and prevention; mental health and psychosocial support (MHPSS) for PLHIV and health workers; continuing technical assistance to the National Emergency Response and Recovery Task Force to ensure HIV and HIV/TB programs are emphasized; monitoring and oversight of recovery and rehabilitation activities; addressing the needs of survivors of violence (GBV and OVC services) by: increasing the capacity of health care workers to appropriately support survivors of violence, linking HIV testing, PEP, PrEP, and mental health services; and supporting referral networks and one stop shops.

(2) Ensure advancement towards sustainable epidemic control in regions less affected by conflict by building from COP21 priorities by (a) working to maintain the gains and institutionalizing program innovations introduced in response to COVID-19, such as strengthening Differentiated Service Delivery (DSD) models by expanding models for advanced HIV disease, older adults, and family-centered services; closing sub-population gaps in VL coverage and high VL cascade (especially the <5 age group); increasing treatment coverage through targeted testing, durable linkage, prevention of treatment interruption, and ensuring excellence in person-centered service delivery; strengthening the KP cascade through better data, coordinated community and facility services, and enhanced KP-led program monitoring; supporting structural interventions (and advocacy) to encourage enabling environments for KP program scale-up/KP-led programming; adopting and scaling up recent advances in TB screening and prevention, cervical cancer screening, infection prevention and control; reinvigorating community-facility collaborations to improve the uptake of partner services and the tracking, tracing, and reconnection of clients with treatment interruption, (b) Overcoming the most significant barriers to HIV epidemic control and 95-95-95 by identifying and overcoming gaps in the treatment cascade for children and adolescents living with HIV, with an emphasis on aligning OVC and pediatric treatment programs; supporting national elimination goals for mother to child transmission of HIV through better quality of services, data, and program support; optimizing the scale up of pre-exposure prophylaxis (PrEP) to further reduce HIV incidence, (c) reducing mortality in the priority groups: those with advanced HIV disease and at the extremes of age and (d) Assuring HIV systems for sustainable, maintained epidemic control by expanding HIV case surveillance to all testing sites using a phase-by-phase approach. The following activities will be implemented besides the expansion: adoption of VL testing (RITA protocol), introduction of longitudinal surveillance, strengthened community collaboration, and improved monitoring of cluster-based public health response; fortifying HIV information systems through scale up and improved interoperability of information systems that link clinical, pharmacy, laboratory, and supply chain data at the individual level; assuring commodities and supply chain systems to meet the complex needs of successful programs in the context of an

unpredictable implementation environment; improving the health-span along with the lifespan through addressing the needs of the growing cohort of PLHIV over the age of 50 years.

(3) Building a self-reinforcing and sustainable HIV program by strengthening Community Led Monitoring (CLM) and Continuous Quality Improvement (CQI) by (a) building off current programs that promote Community Led Monitoring (CLM) by supporting the current 12 independent local CSOs to continue activities in 7 regions and enhance PLHIV- and KP-focused CLM activities, and (b) Integrating Continuous Quality Improvement into all HIV service delivery activities by enhancing people -centered program design and monitoring; expanding the successful Quality Score Card (QSC) initiative beyond KP programs to more facility and community sites providing services to PLHIV; and strengthening QI standards and capacity for all implementing partners

The COP22 strategy builds on the results of COP20 and COP21 emphasizing a two pronged strategy. In conflict affected zones restoring services is the critical activity. In non-conflict zones the focus is on the highest quality services, with a strong emphasis on the second and third 95s with an emphasis on the remaining gaps in viral load (VL) coverage and suppression. The COP22 strategy emphasizes programs and initiatives that will help reach and maintain epidemic control while ensuring the accessibility, acceptability, uptake, equitable coverage, quality, effectiveness and efficiency of HIV services and systems. PEPFAR Ethiopia is fully committed to active partner management and accountability, continued collaboration between community and facility partners, engagement at all spheres of government, and mobilizing all stakeholders to achieve these goals.

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										Applied Pipeline	
	New Funding											
	Total	Total	GHP-State	GHP-USAID	GAP	FY 2021 GHP-State	FY 2020 GHP-State					
TOTAL	105,650,000	98,811,670	38,914,370	56,024,170	2,787,500	-	-	-	-	2,787,500	-	6,838,330
DOD Total	-	-	-	-	-	-	-	-	-	-	-	-
HHS Total	54,933,652	60,994,279	50,994,279	58,206,779	2,787,500	-	-	-	-	2,787,500	-	989,373
HHS/CDC	61,778,626	60,789,253	60,789,253	58,001,753	2,787,500	-	-	-	-	2,787,500	-	989,373
HHS/HRSA	205,026	205,026	205,026	205,026	-	-	-	-	-	-	-	-
STATE Total	3,031,423	768,901	768,901	768,901	-	-	-	-	-	-	-	2,312,522
State	118,901	118,901	118,901	118,901	-	-	-	-	-	-	-	-
State/AF	2,962,522	650,000	650,000	650,000	-	-	-	-	-	-	-	2,312,522
USAID Total	40,584,925	37,048,490	37,048,490	37,048,490	-	-	-	-	-	-	-	3,536,435
USAID, non-WCF	28,241,591	27,447,593	27,447,593	27,447,593	-	-	-	-	-	-	-	793,998
USAID/WCF	12,343,334	9,600,897	9,600,897	9,600,897	-	-	-	-	-	-	-	2,742,437

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

Total	of which, Central										Applied Pipeline	
	New Funding											
	Total	Total	GHP-State	GHP-USAID	GAP	FY 2021 GHP-State	FY 2020 GHP-State					
TOTAL	400,000	400,000	400,000	400,000	-	-	-	-	-	-	-	-
DOD Total	-	-	-	-	-	-	-	-	-	-	-	-
DOD	-	-	-	-	-	-	-	-	-	-	-	-
HHS Total	-	-	-	-	-	-	-	-	-	-	-	-
HHS/CDC	-	-	-	-	-	-	-	-	-	-	-	-
HHS/HRSA	-	-	-	-	-	-	-	-	-	-	-	-
STATE Total	-	-	-	-	-	-	-	-	-	-	-	-
State	-	-	-	-	-	-	-	-	-	-	-	-
State/AF	-	-	-	-	-	-	-	-	-	-	-	-
USAID Total	400,000	400,000	400,000	400,000	-	-	-	-	-	-	-	-
USAID, non-WCF	-	-	-	-	-	-	-	-	-	-	-	-
USAID/WCF	400,000	400,000	400,000	400,000	-	-	-	-	-	-	-	-

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

GHP-State Funds: Upon the clearance of a FY 2023 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: Ethiopia 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 Ethiopia. Upon approval of this memo, the amounts below will become the new earmark controls for Ethiopia. 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	58,559,873	58,559,873	-	-
Orphans and Vulnerable Children	12,601,290	12,601,290	-	-
Preventing and Responding to Gender-based Violence	5,102,680	5,102,680	-	-
Water	341,000	341,000	-	-

* 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	2,753,403	2,753,403	-	-	-
Of which, AB/Y	1,448,503	1,448,503	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	52.6%	52.6%	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

We are requesting COP22/FY2023 AB/Funding: \$1,448,503 for Abstinence and Be Faithful / AB represents 52.6% of HIV Sexual Prevention budget.

According to the 2016 EDHS, National HIV prevalence is 0.90%. But there are wide disparities between urban prevalence at 2.9% and rural prevalence at 0.4%. The foundation of the prevention portfolio is evidence-based combination prevention activities.

In line with the complex epidemiology of the HIV/AIDS epidemic in Ethiopia, sexual prevention activities have an increasing focus on combination sexual prevention addressing urban centers, transport corridors and hot spots, with emphasis on KPs and some regional prioritization. The AB funding goes towards selected prevention efforts addressing general population. These include focused prevention for population groups practicing high risk behaviors by leveraging resources and developing strategic partnerships with other USG offices and support for the GOE in the production of behavior change communication materials.

Other donors contributing include UNFPA and Global Fund.

The cost to the program to reach the 50% AB reporting requirement is not relevant bearing in mind the epidemiology of the Ethiopia epidemic.

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Initiatives by Agency

	Total Bilateral - New Funding	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Central Applied Pipeline	Total COP22 Budget
TOTAL	98,811,670	6,838,330	400,000	-	106,050,000
<i>of which, Cervical Cancer</i>	4,127,443	-	-	-	4,127,443
<i>of which, Community-Led Monitoring</i>	300,000	-	-	-	300,000
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	400,000	-	400,000
<i>of which, Core Program</i>	83,369,227	6,838,330	-	-	90,207,557
<i>of which, One-time Conditional Funding</i>	-	-	-	-	-
<i>of which, OVC (Non-DREAMS)</i>	10,315,000	-	-	-	10,315,000
<i>of which, VMMC</i>	700,000	-	-	-	700,000
DOD Total	-	-	-	-	-
<i>of which, Core Program</i>	-	-	-	-	-
<i>of which, VMMC</i>	-	-	-	-	-
HHS Total	60,994,279	989,373	-	-	61,983,652
<i>of which, Cervical Cancer</i>	3,209,238	-	-	-	3,209,238
<i>of which, Core Program</i>	57,085,041	989,373	-	-	58,074,414
<i>of which, One-time Conditional Funding</i>	-	-	-	-	-
<i>of which, VMMC</i>	700,000	-	-	-	700,000
STATE Total	768,901	2,312,522	-	-	3,081,423
<i>of which, Community-Led Monitoring</i>	300,000	-	-	-	300,000
<i>of which, Core Program</i>	468,901	2,312,522	-	-	2,781,423
USAID Total	37,048,490	3,536,435	400,000	-	40,984,925
<i>of which, Cervical Cancer</i>	918,205	-	-	-	918,205
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	400,000	-	400,000
<i>of which, Core Program</i>	25,815,285	3,536,435	-	-	29,351,720
<i>of which, One-time Conditional Funding</i>	-	-	-	-	-
<i>of which, OVC (Non-DREAMS)</i>	10,315,000	-	-	-	10,315,000

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FY 2023 Target Summary

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

Ethiopia		SNU Prioritizations				Total
		No Prioritization	Sustained	Attained	Not PEPFAR Supported	
TX_NEW	<15	2	736	8,750	-	9,488
	15+	293	4,268	43,002	-	47,563
	Total	295	5,004	51,752	-	57,051
TX_CURR	<15	360	1,535	31,673	-	33,568
	15+	7,836	24,975	478,655	-	511,466
	Total	8,196	26,510	510,328	-	545,034
TX_PVLS,N	<15	234	1,106	22,454	-	23,794
	15+	6,834	20,986	379,139	-	406,959
	Total	7,068	22,092	401,593	-	430,753
HTS_SELF	<15	200	601	10,540	-	11,341
	15+	3,800	9,787	173,212	-	186,799
	Total	4,000	10,388	183,752	-	198,140
HTS_TST	<15	44	58,884	619,571	-	678,499
	15+	10,052	138,246	1,100,947	439	1,249,684
	Total	10,096	197,130	1,720,518	439	1,928,183
HTS_TST_POS	<15	-	660	7,323	-	7,983
	15+	278	3,941	35,675	-	39,894
	Total	278	4,601	42,998	-	47,877
HTS_RECENT	<15	-	4,032	38,112	-	42,431
	15+	-	20,446	238,897	-	259,343
	Total	716	13,876	128,577	-	143,169
HTS_INDEX	<15	-	34,322	367,474	-	402,512
	15+	716	13,876	128,577	-	143,169
	Total	716	34,322	367,474	-	402,512
PMTCT_ART	<15	-	-	-	-	-
	15+	42	417	10,591	-	11,050
	Total	42	417	10,591	-	11,050
PMTCT_EID	<15	-	417	10,603	-	11,062
	15+	48	198	3,916	-	4,162
	Total	42	417	10,603	-	11,062
TB_STATN	<15	48	198	3,916	-	4,162
	15+	313	1,340	26,712	-	28,365
	Total	361	1,538	30,628	-	32,527
TB_ART	<15	4	13	182	-	199
	15+	32	191	2,925	-	3,148
	Total	36	204	3,107	-	3,347
TB_PREV,N	<15	33	590	8,347	-	8,970
	15+	851	4,576	65,965	-	71,392
	Total	884	5,166	74,312	-	80,362
TX_TB,D	<15	348	1,521	31,019	-	32,888
	15+	7,610	24,369	464,919	-	496,898
	Total	7,958	25,890	495,938	-	529,786
VMMC_CIRC	<15	-	-	23,985	972	24,957
	15+	-	-	96,047	-	96,047
	Total	-	-	22,021	-	22,021
PrEP_NEW	<15	-	-	8,026	-	8,026
	15+	-	-	-	-	-
	Total	1,078	5,948	116,748	-	123,774
CXCA_SCRN	<15	-	-	-	-	-
	15+	-	-	77,146	-	77,146
	Total	-	-	77,146	-	77,146
PP_PREV	<18	-	-	333,727	-	333,727
	18+	-	-	51,180	-	51,180
	Total	-	-	384,907	-	384,907
OVC_SERV	<18	-	-	241,504	-	241,504
	18+	-	-	25,308	-	25,308
	Total	286	335	25,308	-	25,929

* 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 Ethiopia'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

COP 21 Budget by Funding Agency and Program Area																
Funding Agency	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	Net Specified	Net Specified as % of Total
Total	12,537,021	100%	17,344,460	14%	54,881,456	44%	33,272,028	26%	19,919,978	16%	11,572,307	9%	9,015,836	7%	-	0%
DOD	460,417	0%	-	0%	-	0%	-	0%	156,466	34%	303,951	66%	-	0%	-	0%
HHS	72,086,784	57%	12,562,820	17%	32,454,513	45%	8,215,320	11%	12,342,460	17%	6,511,671	9%	-	0%	-	0%
STATE	2,882,750	2%	-	0%	2,550,309	88%	-	0%	332,441	12%	-	0%	-	0%	-	0%
USAID	50,227,070	40%	4,782,160	10%	19,877,047	40%	5,055,708	10%	6,788,611	14%	4,706,708	9%	9,015,836	18%	-	0%

COP 22 Budget by Funding Agency and Program Area																
Funding Agency	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	Net Specified	Net Specified as % of Total
Total	106,650,000	100%	12,377,136	12%	49,933,176	47%	9,433,741	9%	10,451,128	10%	3,359,781	3%	10,115,098	10%	-	0%
DOD	61,983,652	58%	8,217,337	13%	31,423,137	51%	7,044,077	11%	12,562,321	20%	2,736,780	4%	-	0%	-	0%
STATE	3,081,423	3%	-	0%	2,627,522	85%	-	0%	458,901	15%	-	0%	-	0%	-	0%
USAID	40,984,925	39%	4,160,099	10%	15,905,517	39%	2,805,704	7%	5,430,066	13%	2,559,001	6%	10,115,998	25%	-	0%

COP 21-22 Budget Shifts by Funding Agency and Program Area															
Funding Agency	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	(17,607,021)	(6,007,324)	-34%	(9,599,697)	-18%	(3,838,287)	-39%	(1,468,150)	-14%	(5,736,549)	-34%	(1,100,102)	-12%	-	-
DOD	(460,417)	-	-	-	-	-	-	(156,466)	-100%	(303,951)	-100%	-	-	-	-
HHS	(10,103,132)	(4,345,483)	-43%	(1,031,376)	-3%	(1,171,243)	-14%	219,861	2%	(3,774,891)	-58%	-	-	-	-
STATE	198,673	-	-	72,213	3%	-	-	126,460	38%	-	-	-	-	-	-
USAID	(9,242,145)	(622,061)	-7%	(9,867,530)	-20%	(2,247,004)	-44%	(1,358,005)	-20%	(2,147,707)	-46%	1,100,162	12%	-	-