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05/16/2022

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

FROM: S/GAC – Michelle Chevalier, S/GAC Chair
S/GAC – Elyssa Finkel, PEPFAR Program Manager

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

SUBJECT: PEPFAR Tanzania Country Operational Plan 2022 Approval

This memo represents the successful completion of the PEPFAR Tanzania Country Operational Plan (COP) 2022 planning, development and submission. PEPFAR Tanzania, 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 Tanzania Country Operational Plan (COP) 2022 with a total approved budget of \$450,500,000, 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	378,856,745	71,643,255	450,500,000
Bilateral	378,356,745	71,643,255	450,000,000
Central	500,000		500,000

The total FY 2023 outlay for COP 2022 implementation shall not exceed the total approved COP 2022 budget of \$450,500,000 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 Tanzania's Country Operational Plan (COP) 2022 will support PEPFAR Tanzania's vision in partnership with the Government of Tanzania (GOT) to work towards epidemic control by implementing targeted testing strategies to efficiently identify people living with HIV (PLHIV); immediately linking all newly diagnosed PLHIV to treatment; and ensuring all PLHIV are retained on treatment and remain virally suppressed. Despite slowed progress and COVID-19-related programmatic shifts, PEPFAR Tanzania has seen increased growth of the population on treatment and virally suppressed. In COP22, PEPFAR Tanzania will continue to build momentum towards the achievement of UNAIDS 95-95-95 goals, while ensuring the safety of clients, healthcare workers, and implementing partner staff. Accordingly, the program for COP 2022 will work toward the goal of maintaining 1,671,938 PLHIV across the country on life-saving treatment, enrolling 177,685 PLHIV newly on treatment, and ensuring viral load suppression in 1,320,927 patients by the end of FY 2023.

The PEPFAR Tanzania strategy for program implementation in FY 2023 will continue to be grounded in the commitment to use the right data to identify program gaps and work with stakeholders, including the GOT, civil society, development partners and implementing partners, to tailor effective strategies and advocate for policies to close those gaps. In COP22, the program will specifically focus on: (1) the scale-up of differentiated person-centered service delivery models to comprehensively meet population-specific health needs; (2) the implementation of population-based surveys (including the THIS 2.0) to better inform program targets and identify catchment areas and sub-populations for targeted interventions; (3) intensified efforts to ensure health equity for priority populations such as adolescents and young people (AYP), pregnant women and their children, and key populations; (4) accelerating progress towards the elimination of new HIV infections in children and enhancing treatment continuity and viral suppression among children living with HIV <15 yrs; (5) minimizing supply chain disruptions and optimizing laboratory networks and sample transportation systems essential for early infant diagnosis (EID) and viral load testing service delivery; and (6) strengthening HIV combination prevention strategies to reduce incident infections, with a specific focus in AYP. All efforts will employ an equity lens to ensure that marginalized populations are receiving quality services that

meet their needs by addressing structural barriers, enhancing behavioral surveillance and size estimation, and improving key population (KP) friendly services.

In COP22/FY 2023, PEPFAR funds for Tanzania will heavily invest in optimizing and scaling-up key strategies to reach populations that are falling short of the 95-95-95 goals including children, adolescents and young people (AYP), men, the newly initiated on treatment, and key populations. Specifically, PEPFAR Tanzania will prioritize HIV case finding with an emphasis on strengthening and expanding safe and ethical index testing, scaling-up social network testing and HIV self-testing, and improving screening for provider-initiated testing and counseling (PITC) to ensure a focus on those most at risk. In addition, PEPFAR Tanzania will ensure the achievement of adequate viral load testing coverage and 95% viral load suppression targets for all PLHIV through enhanced quarterly data reviews and surveillance. To close gaps along the PMTCT (Prevention of Mother to Child Transmission) and pediatric cascade, PEPFAR Tanzania will implement an intensified “surge” strategy in identified high-volume sites with performance gaps. A key focus will be ensuring that the target number of children living with HIV (CLHIV) currently on treatment is reached by the end of COP22/FY23, recognizing that targets for testing and linkage of new clients to treatment may need to increase to achieve this goal. As a part of this surge effort, sustained investments in the Orphans and Vulnerable Children (OVC) program will be leveraged to enhance pediatric case finding and treatment support efforts. To ensure equitable access to OVC services, PEPFAR Tanzania will continue to review program data to ensure that the program is geographically aligned with HIV burden and ensure that memorandum of understanding agreements are in place with all clinical partners by the end of COP21 to improve collaboration. PEPFAR Tanzania will also maintain focus on the Bukoba Combination Prevention Evaluation (BCPE) linkage case management model to improve retention, particularly among clients that have newly initiated ART, and will offer extended linkage case management (beyond the 60 days following HIV diagnosis) to key and vulnerable populations including children, OVC, youth and men. A renewed emphasis on treatment literacy approaches, including Undetectable equals Untransmittable (U=U) messaging, and person-centered interventions (i.e. 6MMD, community ART initiations and refills, after-hour and weekend services and youth-friendly clinics) will be leveraged to minimize patient loss and enhance care. Integration of HIV services with tuberculosis, non-communicable disease and COVID-19 vaccination services will be optimized throughout the PEPFAR platform. Combination prevention strategies will include: (1) continued scale-up of Pre-Exposure Prophylaxis (PrEP) among vulnerable population groups, including pregnant and breastfeeding women and adolescent and young people; (2) support for comprehensive condom programming; (3) efforts to attain geographic saturation for Voluntary Medical Male Circumcision (VMMC) services; (4) comprehensive integration of cervical cancer screening services for women living with HIV into ART visits and differentiated service delivery models; and (5) expanded coverage of the DREAMS (Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe) program among Vulnerable Adolescent Girls and Young Women (AGYW) in three new councils. PEPFAR Tanzania will continue to engage with the Key and Vulnerable Population (KVP) Forum to ensure that KVP activities are being implemented effectively at the community level and work closely with civil society on community-led monitoring efforts to improve pediatric, KP, and other sub-population specific services. All of the above priorities will be supported by continued investments in human resources for health strategies and the strengthening of laboratory, health

information, supply chain and surveillance systems—all of which will help advance steps toward sustainability.

Notable changes in COP22 will include targeted investments in tools, systems and structures that will help accelerate and sustain achievement of epidemic control. PEPFAR Tanzania will begin implementation of the second Tanzania HIV/AIDS Impact Survey (THIS) in COP21 and continue into COP22, with the goal of providing updated, accurate information on the HIV epidemic to inform future planning. PMTCT and Pediatric surge activities will include assessments of human resources for health needs to help build capacity in high-volume sites, improvements in digital technology for data visibility along the PMTCT/EID cascade, and extending technical assistance to PMTCT sites that do not receive PEPFAR or Global Fund support. In COP22, PEPFAR Tanzania will make a concerted effort to address a range of structural barriers hindering KP from seeking, accessing and staying on HIV prevention and care and treatment services. This will include addressing stigma and discrimination barriers, assessing and updating health care worker training curricula, collaborating within the interagency space to identify additional areas for policy change and advocacy, and establishing an emergency response committee to assist KPs in crisis situations. PEPFAR Tanzania will also look to expand socioeconomic support by linking KP programs to GOT-supported vocational trainings. Finally, PEPFAR Tanzania will seek to identify and build capacity among KP-led CSOs that show potential to become prime recipients for direct PEPFAR funding in the future. From a systems perspective, PEPFAR Tanzania will address key supply chain challenges that have been hindering progress toward epidemic control. These include working with the GOT, Medical Stores Department (MSD), and Global Fund to increase transparency of supply chain processes to minimize disruptions. PEPFAR Tanzania will also continue to promote full adoption of the Global Request for Proposals (RFP) for HIV molecular testing reagents, commodities, and servicing of testing systems, and advocate for updated GOT shelf-life requirements in line with WHO guidelines. Challenges related to viral load coverage, sample transportation and turnaround time, and optimization of laboratory platforms will be addressed through an ongoing diagnostic network optimization (DNO) exercise together with GOT. In addition, improvements in surveillance systems will include the roll out of unique identification through the implementation of the National Health Client Registry within patient-level record systems, as well as continued support to the GOT on activating scale-up of biometrics integration as a form of identification validation. Furthermore, as a key outcome of COP22 planning consultations, GOT committed to establishing a sustainability working group under the multisectoral coordination of the Prime Minister's Office that will help drive discussions and develop a roadmap for sustaining the HIV epidemic response, including opportunities for programmatic transitions and domestic resource mobilization.

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
		FY 2022		FY 2021		FY 2020		
		Total	GHP-State	GHP-USAID	GAP	GHP-State	GHP-State	
TOTAL	450,000,000	378,356,745	343,237,995	32,500,000	2,618,750	-	71,643,255	
DOD Total	48,697,146	47,767,596	47,767,596	-	-	-	929,550	
DOD	48,697,146	47,767,596	47,767,596	-	-	-	929,550	
HHS Total	175,505,150	165,925,851	163,307,101	2,618,750	-	-	9,579,299	
HHS/CDC	175,505,150	165,925,851	163,307,101	2,618,750	-	-	9,579,299	
PC Total	2,823,746	1,391,183	1,391,183	-	-	-	1,432,563	
PC	2,823,746	1,391,183	1,391,183	-	-	-	1,432,563	
STATE Total	1,146,780	848,729	848,729	-	-	-	298,051	
State	197,957	197,957	197,957	-	-	-	-	
State/AF	948,823	650,772	650,772	-	-	-	298,051	
USAID Total	221,827,178	162,423,386	129,923,386	32,500,000	-	-	59,403,792	
USAID, non-WCF	134,166,738	134,166,738	101,666,738	-	-	-	-	
USAID/WCF	87,660,440	28,256,648	28,256,648	-	-	-	59,403,792	

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

	Total	of which, Central New Funding						Applied Pipeline
		FY 2022		FY 2021		FY 2020		
		Total	GHP-State	GHP-USAID	GAP	GHP-State	GHP-State	
TOTAL	500,000	500,000	500,000	500,000	-	-	-	
DOD Total	-	-	-	-	-	-	-	
DOD	-	-	-	-	-	-	-	
HHS Total	-	-	-	-	-	-	-	
HHS/CDC	-	-	-	-	-	-	-	
PC Total	-	-	-	-	-	-	-	
PC	-	-	-	-	-	-	-	
STATE Total	-	-	-	-	-	-	-	
State	-	-	-	-	-	-	-	
State/AF	-	-	-	-	-	-	-	
USAID Total	500,000	500,000	500,000	500,000	-	-	-	
USAID, non-WCF	-	-	-	-	-	-	-	
USAID/WCF	500,000	500,000	500,000	500,000	-	-	-	

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

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Earmarks	COP22 Funding Level			
	TOTAL	FY 2022	FY 2021	FY 2020
Care & Treatment	210,122,540	210,122,540	-	-
Orphans and Vulnerable Children	38,501,095	38,501,095	-	-
Preventing and Responding to Gender-based Violence	7,239,234	7,239,234	-	-
Water	2,160,000	2,160,000	-	-

* 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	23,691,151	23,691,151	-	-	-
Of which, AB/Y	15,854,561	15,854,561	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	66.9%	66.9%	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

AB/Y Requirement Met.

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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	378,356,745	71,643,255	500,000	-	450,500,000
<i>of which, Cervical Cancer</i>	<i>3,915,632</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>3,915,632</i>
<i>of which, Community-Led Monitoring</i>	<i>602,780</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>602,780</i>
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	<i>-</i>	<i>-</i>	<i>500,000</i>	<i>-</i>	<i>500,000</i>
<i>of which, Core Program</i>	<i>308,283,480</i>	<i>69,198,108</i>	<i>-</i>	<i>-</i>	<i>377,481,588</i>
<i>of which, DREAMS</i>	<i>25,000,000</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>25,000,000</i>
<i>of which, One-time Conditional Funding</i>	<i>1,500,000</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>1,500,000</i>
<i>of which, OVC (Non-DREAMS)</i>	<i>21,000,000</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>21,000,000</i>
<i>of which, Surveillance and Public Health Response</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>
<i>of which, VMMC</i>	<i>18,054,853</i>	<i>2,445,147</i>	<i>-</i>	<i>-</i>	<i>20,500,000</i>
DOD Total	47,767,596	929,550	-	-	48,697,146
<i>of which, Cervical Cancer</i>	<i>549,615</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>549,615</i>
<i>of which, Community-Led Monitoring</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>
<i>of which, Core Program</i>	<i>36,981,694</i>	<i>929,550</i>	<i>-</i>	<i>-</i>	<i>37,911,244</i>
<i>of which, DREAMS</i>	<i>4,153,601</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>4,153,601</i>
<i>of which, One-time Conditional Funding</i>	<i>235,200</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>235,200</i>
<i>of which, OVC (Non-DREAMS)</i>	<i>175,000</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>175,000</i>
<i>of which, Surveillance and Public Health Response</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>
<i>of which, VMMC</i>	<i>5,672,486</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>5,672,486</i>
HHS Total	165,925,851	9,579,299	-	-	175,505,150
<i>of which, Cervical Cancer</i>	<i>1,871,785</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>1,871,785</i>
<i>of which, Community-Led Monitoring</i>	<i>49,134</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>49,134</i>
<i>of which, Core Program</i>	<i>149,182,937</i>	<i>9,579,299</i>	<i>-</i>	<i>-</i>	<i>158,762,236</i>
<i>of which, DREAMS</i>	<i>4,132,030</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>4,132,030</i>
<i>of which, One-time Conditional Funding</i>	<i>716,400</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>716,400</i>
<i>of which, Surveillance and Public Health Response</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>
<i>of which, VMMC</i>	<i>9,973,565</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>9,973,565</i>
PC Total	1,391,183	1,432,563	-	-	2,823,746
<i>of which, Core Program</i>	<i>1,391,183</i>	<i>1,432,563</i>	<i>-</i>	<i>-</i>	<i>2,823,746</i>
STATE Total	848,729	298,051	-	-	1,146,780
<i>of which, Community-Led Monitoring</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>
<i>of which, Core Program</i>	<i>848,729</i>	<i>298,051</i>	<i>-</i>	<i>-</i>	<i>1,146,780</i>
USAID Total	162,423,386	59,403,792	500,000	-	222,327,178
<i>of which, Cervical Cancer</i>	<i>1,494,232</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>1,494,232</i>
<i>of which, Community-Led Monitoring</i>	<i>553,646</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>553,646</i>
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	<i>-</i>	<i>-</i>	<i>500,000</i>	<i>-</i>	<i>500,000</i>
<i>of which, Core Program</i>	<i>119,878,937</i>	<i>56,958,645</i>	<i>-</i>	<i>-</i>	<i>176,837,582</i>
<i>of which, DREAMS</i>	<i>16,714,369</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>16,714,369</i>
<i>of which, One-time Conditional Funding</i>	<i>548,400</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>548,400</i>
<i>of which, OVC (Non-DREAMS)</i>	<i>20,825,000</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>20,825,000</i>
<i>of which, Surveillance and Public Health Response</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>
<i>of which, VMMC</i>	<i>2,408,802</i>	<i>2,445,147</i>	<i>-</i>	<i>-</i>	<i>4,853,949</i>

FY 2023 Target Summary

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

	Tanzania	SNU Prioritizations			Total
		Scale-up: Saturation	Sustained	Attained	
TX_NEW	<15	7,180	1,736	1,382	10,404
	15+	104,710	38,923	21,242	167,281
	Total	111,890	40,659	22,624	177,685
TX_CURR	<15	61,690	17,536	8,798	88,675
	15+	1,063,600	294,894	201,218	1,583,263
	Total	1,125,290	312,430	210,016	1,671,938
TX_PVLS	<15	42,950	11,485	6,541	61,568
	15+	855,360	223,049	159,630	1,259,359
	Total	898,310	234,534	166,171	1,320,927
HTS_SELF	<15	-	-	-	-
	15+	697,848	226,224	112,328	1,037,701
	Total	697,848	226,224	112,328	1,037,701
HTS_TST	<15	223,150	50,809	41,992	318,545
	15+	2,636,495	983,768	496,308	4,170,750
	Total	2,859,645	1,034,577	538,300	4,489,295
HTS_TST_POS	<15	7,041	1,709	1,388	10,239
	15+	110,110	40,855	22,354	175,852
	Total	117,151	42,564	23,742	186,091
HTS_RECENT	<15	57,214	21,888	11,454	91,842
	15+	11,098	3,177	2,382	16,882
	Total	420,759	161,597	83,549	675,703
HTS_INDEX	<15	431,857	164,774	85,931	692,585
	15+	-	-	-	-
	Total	890,529	316,150	155,093	1,375,350
PMTCT_STAT	<15	-	-	-	-
	15+	890,529	316,150	155,093	1,375,350
	Total	890,529	316,150	155,093	1,375,350
PMTCT_STAT_POS	<15	-	-	-	-
	15+	42,061	8,883	9,683	61,383
	Total	42,061	8,883	9,683	61,383
PMTCT_ART	<15	-	-	-	-
	15+	41,856	8,847	9,647	61,100
	Total	41,856	8,847	9,647	61,100
PMTCT_EID	<15	43,132	9,277	9,871	63,045
	15+	354	-	82	477
	Total	30,545	7,244	5,123	43,539
TB_STAT	<15	50	-	10	60
	15+	30,191	7,244	5,041	43,062
	Total	30,545	7,244	5,123	43,539
TB_ART	<15	6,646	1,410	1,238	9,366
	15+	7,636	2,182	1,353	11,330
	Total	6,696	1,410	1,248	9,426
TB_PREV	<15	7,636	2,182	1,353	11,330
	15+	116,042	46,873	29,037	195,907
	Total	123,678	49,055	30,390	207,237
TX_TB	<15	63,216	17,979	9,060	91,143
	15+	1,085,289	300,888	205,325	1,619,605
	Total	1,148,505	318,867	214,385	1,710,748
VMMC_CIRC	<15	294,320	73,634	28,346	401,505
	15+	136,512	25,425	18,612	180,549
	Total	5,380	232	363	5,975
KP_PREV	<15	71,830	16,694	14,550	103,525
	15+	43,101	10,033	8,725	62,129
	Total	228,442	61,620	44,414	340,013
KP_MAT	<15	5,380	232	363	5,975
	15+	1,758	172	-	1,930
	Total	426,951	17,863	78,355	527,771
PrEP_NEW	<18	428,709	18,035	78,355	529,701
	18+	418,924	38,702	134,479	593,152
	Total	533,723	56,304	155,257	746,331
PrEP_CT	<18	252,490	38,702	45,411	337,650
	18+	114,799	17,602	20,778	153,179
	Total	94,225	34,122	12,997	142,504
CXCA_SCRN	<18	122,666	-	73,927	196,593
	18+	-	-	-	-
	Total	122,666	-	73,927	196,593

* 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 Tanzania'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	CRT	CRT 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
DOD	52,401,900	11%	1,260,000	2%	22,944,000	4%	1,526,775	3%	30,610,000	20%	15,265,408	29%	775,564	1%	0%
HHS	169,667,782	36%	12,824,655	8%	82,158,416	48%	16,465,463	10%	26,812,993	16%	90,639,485	18%	-	0%	0%
PC	2,823,746	1%	-	0%	-	0%	-	0%	2,710,746	96%	113,000	4%	-	0%	0%
STATE	1,046,780	0%	300,000	29%	-	0%	-	0%	746,780	71%	-	0%	-	0%	0%
USAID	245,028,476	52%	13,246,500	5%	128,017,850	53%	18,046,839	7%	28,035,894	12%	90,152,035	12%	25,602,388	11%	0%

COP 22 Budget by Funding Agency and Program Area															
Funding Agency	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	CRT	CRT 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
DOD	48,697,148	11%	1,280,000	3%	18,889,564	39%	1,933,000	4%	11,331,000	23%	14,309,702	29%	913,880	2%	0%
HHS	175,505,150	39%	22,140,963	13%	83,578,572	48%	15,159,548	9%	23,076,500	13%	91,549,569	18%	-	0%	0%
PC	2,823,746	1%	-	0%	-	0%	-	0%	2,710,746	96%	113,000	4%	-	0%	0%
STATE	1,146,780	0%	300,000	26%	-	0%	-	0%	846,780	74%	-	0%	-	0%	0%
USAID	222,327,178	49%	33,417,000	6%	119,672,823	54%	17,974,266	8%	25,043,792	11%	22,364,118	10%	23,635,179	11%	0%

COP 21-22 Budget Shifts by Funding Agency and Program Area														
Funding Agency	Total Change	Change in ASP	% Change in ASP	Change in CRT	% Change in CRT	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
DOD	(3,704,754)	0%	(4,054,526)	-18%	-	-	720,937	7%	(955,709)	-6%	178,316	23%	-	-
HHS	3,877,888	9,316,506	75%	620,158	1%	(3,736,493)	-8%	946,114	3%	0%	0%	-	-	-
PC	-	-	-	-	-	-	-	-	-	-	-	-	-	-
STATE	100,000	-	0%	-	-	100,000	13%	-	0%	-	-	-	-	-
USAID	(20,771,899)	170,500	1%	(8,346,077)	-7%	(2,890,091)	-16%	(7,387,917)	-25%	(1,947,209)	-8%	-	-	-