



UNCLASSIFIED

May 2nd, 2022

MEMO FOR NATALIE BROWN, U.S. AMBASSADOR TO UGANDA

FROM: S/GAC – Dr. Jason Bowman, S/GAC Chair
S/GAC – Neha Safaya, PEPFAR Program Manager

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

SUBJECT: PEPFAR Uganda Country Operational Plan 2022 Approval

This memo represents the successful completion of the PEPFAR Uganda Country Operational Plan (COP) 2022 planning, development and submission. PEPFAR Uganda, 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 Uganda Country Operational Plan (COP) 2022 with a total approved budget of \$400,200,000, 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	367,060,048	33,139,952	400,200,000
Bilateral	364,810,048	33,139,952	397,950,000
Central	2,250,000		2,250,000

The total FY 2023 outlay for COP 2022 implementation shall not exceed the total approved COP 2022 budget of \$400,200,000 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 14th-17th, 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 Uganda's COP 2022 will support PEPFAR Uganda's vision in partnership with the Government and people of Uganda to achieve and sustain epidemic control by (1) increasing the cohort of people on treatment to 1,361,643 through a focus on active HIV case finding, using targeted modalities such as index testing, and guided by Uganda Population-Based HIV Impact Assessment (UPHIA) 2020 findings and recency data; (2) providing life-long person-centered HIV services to ensure people remain on continuous antiretroviral therapy (ART). This includes antiretroviral (ARV) regimen optimization and removing all barriers to continuous HIV care, including stigma and discrimination, and maximizing convenience and responsiveness to individual needs and preferences; (3) strengthening overall programming to close the clinical cascade gaps in testing, linkage, treatment continuity, and viral load suppression (VLS) with a focus on children and adolescents living with HIV; (4) strengthening and expanding effective prevention programs and improving linkages between prevention and treatment services to serve those most at risk for HIV; and (5) making targeted investments within government and community systems to ensure resilience of HIV clinical services.

The PEPFAR Uganda strategy for programming to be implemented in FY 2023 will build on the successes from FY 2021 and FY 2022 and leverage the results from UPHIA 2020 to guide programming to close gaps in sub-populations and geographic areas with highest undiagnosed positives. PEPFAR Uganda will expand person-centered approaches to prevention through community led, integrated and equitable prevention services to prevent new infections in vulnerable populations. PEPFAR Uganda will address high Interruption In Treatment (IIT) in young adults ages 20-30 by engaging in PLHIV led treatment literacy and implementing community interventions to maintain service delivery as they scale up Multi-Month Dispensing (MMD). ARV regimens will be optimized for children under 5, with 3+ MMD for all Children and Adolescents living with HIV (CALHIV) supported through provider training and

telementoring through the pediatric extension for community healthcare outcomes (ECHO) platform. Young people and adolescent peer support (YAPS) will expand to an additional 46 districts to reach all 136 districts, and orphans and vulnerable children (OVC) services will be provided for all CALHIV within OVC districts. As part of the “Accelerating Progress in Pediatrics/PMTCT” (AP3) initiative, they will implement a Peds/PMTCT Surge in 579 priority sites that contribute 80% of the pediatric treatment volume to implement high impact interventions for case finding and linkage to treatment, address IIT, and improve viral load suppression. These interventions will be stratified by age and refined based on lessons learned from the FASTER initiative and the national pediatric quality improvement (QI) collaborative.

During COP 2022, PEPFAR Uganda will put in place a performance monitoring framework that measures site level implementation of testing quality and capacity to deliver a public health response, including deployment of recency, follow-on public health interventions, and linkages to prevention services. Through case-finding, the team will implement comprehensive risk assessments to optimize efficiency and link individuals at risk to the appropriate prevention platforms and invest in the monitoring of these linkages to prevention. They will integrate the adolescent girls and young women (AGYW) program with other prevention services and leverage service delivery platforms to meet the needs of the youth bulge, male characterization and risk screening for referral to voluntary medical male circumcision (VMMC), pre-exposure prophylaxis (PrEP) and case finding. They will target VMMC for partners of AGYW, partners of pregnant and breastfeeding women (PBFW), and track VMMC among the fishing communities and truck drivers. They will also offer routine HIV testing to individuals receiving PrEP, DREAMS, and VMMC as it is critical for monitoring the impact of interventions for preventing new infections and maintaining epidemic control.

Critical to reaching and maintaining epidemic control, PEPFAR Uganda plans to partner with and provide technical assistance to Uganda’s Ministry of Health (MOH), local partners, and community stakeholders to ensure resiliency and sustainability of Uganda’s healthcare system for the delivery of person-centered services towards sustainable control of HIV, TB, and other public health threats. This includes, developing a multi-sectoral 10-year HIV sustainability roadmap, aligning PEPFAR contributions and national priorities and investments, taking a regional approach to linking facilities and districts to Regional Referral Hospitals, and strategic investments in data, laboratory systems, leadership and governance of the HIV response, as well as equity and protection of key and priority populations.

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		GAP	FY 2021 GHP-State	FY 2020 GHP-State	Applied Pipeline	
		Total	GHP-State					
TOTAL	397,950,000	364,810,048	324,597,548	37,000,000	3,212,1500	-	13,139,952	
DOD Total	16,765,195	16,092,894	16,092,894	-	-	-	672,301	
DOD	16,765,195	16,092,894	16,092,894	-	-	-	672,301	
HHS Total	146,580,754	131,545,024	128,332,524	-	3,212,500	-	15,035,730	
HHS/CDC	146,261,378	131,225,648	128,013,148	-	3,212,500	-	15,035,730	
HHS/HRSA	319,376	319,376	319,376	-	-	-	-	
PC Total	2,186,068	602,246	602,246	-	-	-	1,583,822	
PC	2,186,068	602,246	602,246	-	-	-	1,583,822	
STATE Total	2,619,439	1,999,313	1,999,313	-	-	-	620,126	
State	526,435	526,435	526,435	-	-	-	-	
State/AF	1,277,801	657,675	657,675	-	-	-	620,126	
State/PRM	815,203	815,203	815,203	-	-	-	-	
USAID Total	229,798,544	214,570,571	177,570,571	37,000,000	-	-	15,227,973	
USAID, non-WCF	112,890,385	97,662,412	60,662,412	37,000,000	-	-	15,227,973	
USAID/WCF	116,908,159	116,908,159	116,908,159	-	-	-	-	

*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		GAP	FY 2021 GHP-State	FY 2020 GHP-State	Applied Pipeline	
		Total	GHP-State					
TOTAL	2,250,000	2,250,000	2,250,000	-	-	-	-	
DOD Total	-	-	-	-	-	-	-	
DOD	-	-	-	-	-	-	-	
HHS Total	-	-	-	-	-	-	-	
HHS/CDC	-	-	-	-	-	-	-	
HHS/HRSA	-	-	-	-	-	-	-	
PC Total	-	-	-	-	-	-	-	
PC	-	-	-	-	-	-	-	
STATE Total	-	-	-	-	-	-	-	
State	-	-	-	-	-	-	-	
State/AF	-	-	-	-	-	-	-	
State/PRM	-	-	-	-	-	-	-	
USAID Total	2,250,000	2,250,000	2,250,000	-	-	-	-	
USAID, non-WCF	-	-	-	-	-	-	-	
USAID/WCF	2,250,000	2,250,000	2,250,000	-	-	-	-	

*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 outlaid without written approval from S/GAC.

Earmarks: PEPFAR Uganda 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 Uganda. 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	COP22 Funding Level			
	TOTAL	FY 2022	FY 2021	FY 2020
Care & Treatment	240,516,018	240,516,018	-	-
Orphans and Vulnerable Children	41,393,055	41,393,055	-	-
Preventing and Responding to Gender-based Violence	12,999,019	12,999,019	-	-
Water	4,036,513	4,036,513	-	-

* 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	25,373,262	25,373,262	-	-	-
Of which, AB/Y	18,134,755	18,134,755	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	71.5%	71.5%	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.

Initiatives by Agency

	Total Bilateral - New Funding	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Central Applied Pipeline	Total COP22 Budget
TOTAL	364,810,048	33,139,952	2,250,000	-	400,200,000
<i>of which, Cervical Cancer</i>	3,000,000	-	-	-	3,000,000
<i>of which, Community-Led Monitoring</i>	1,148,324	-	-	-	1,148,324
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	2,250,000	-	2,250,000
<i>of which, Core Program</i>	285,009,657	30,939,682	-	-	315,949,339
<i>of which, DREAMS</i>	23,000,000	-	-	-	23,000,000
<i>of which, One-time Conditional Funding</i>	1,700,000	-	-	-	1,700,000
<i>of which, OVC (Non-DREAMS)</i>	18,836,100	-	-	-	18,836,100
<i>of which, Surveillance and Public Health Response</i>	1,316,237	-	-	-	1,316,237
<i>of which, VMMC</i>	30,799,730	2,200,270	-	-	33,000,000
DOD Total	16,092,894	672,301	-	-	16,765,195
<i>of which, Cervical Cancer</i>	83,534	-	-	-	83,534
<i>of which, Core Program</i>	9,458,098	672,301	-	-	10,130,399
<i>of which, DREAMS</i>	2,791,890	-	-	-	2,791,890
<i>of which, One-time Conditional Funding</i>	70,733	-	-	-	70,733
<i>of which, OVC (Non-DREAMS)</i>	1,141,543	-	-	-	1,141,543
<i>of which, VMMC</i>	2,547,096	-	-	-	2,547,096
HHS Total	131,545,024	15,035,730	-	-	146,580,754
<i>of which, Cervical Cancer</i>	1,008,078	-	-	-	1,008,078
<i>of which, Community-Led Monitoring</i>	1,148,324	-	-	-	1,148,324
<i>of which, Core Program</i>	97,944,515	15,035,730	-	-	112,980,245
<i>of which, DREAMS</i>	16,169,835	-	-	-	16,169,835
<i>of which, One-time Conditional Funding</i>	995,437	-	-	-	995,437
<i>of which, OVC (Non-DREAMS)</i>	1,452,546	-	-	-	1,452,546
<i>of which, Surveillance and Public Health Response</i>	250,000	-	-	-	250,000
<i>of which, VMMC</i>	12,576,289	-	-	-	12,576,289
PC Total	602,246	1,583,822	-	-	2,186,068
<i>of which, Core Program</i>	602,246	1,583,822	-	-	2,186,068
STATE Total	1,999,313	620,126	-	-	2,619,439
<i>of which, Cervical Cancer</i>	6,096	-	-	-	6,096
<i>of which, Core Program</i>	1,659,749	620,126	-	-	2,279,875
<i>of which, One-time Conditional Funding</i>	3,370	-	-	-	3,370
<i>of which, OVC (Non-DREAMS)</i>	119,048	-	-	-	119,048
<i>of which, VMMC</i>	211,050	-	-	-	211,050
USAID Total	214,570,571	15,227,973	2,250,000	-	232,048,544
<i>of which, Cervical Cancer</i>	1,902,292	-	-	-	1,902,292
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	2,250,000	-	2,250,000
<i>of which, Core Program</i>	175,345,049	13,027,703	-	-	188,372,752
<i>of which, DREAMS</i>	4,038,275	-	-	-	4,038,275
<i>of which, One-time Conditional Funding</i>	630,460	-	-	-	630,460
<i>of which, OVC (Non-DREAMS)</i>	16,122,963	-	-	-	16,122,963
<i>of which, Surveillance and Public Health Response</i>	1,066,237	-	-	-	1,066,237
<i>of which, VMMC</i>	15,465,295	2,200,270	-	-	17,665,565

FY 2023 Target Summary

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

Uganda		SNU Prioritizations			Total	
		Scale-up: Saturation	Scale-up: Aggressive	Attained		
TX_NEW	<15	7,651	4,665	2,356	14,674	
	15+	64,524	60,318	31,699	157,163	
	Total	72,175	64,983	34,055	171,837	
TX_CURR	<15	29,938	21,989	17,370	69,876	
	15+	507,193	422,363	340,274	1,291,767	
	Total	537,131	444,352	357,644	1,361,643	
TX_PVLS	<15	27,523	20,172	15,895	64,026	
	15+	471,868	390,040	311,612	1,191,178	
	Total	499,391	410,212	327,507	1,255,204	
HTS_SELF	<15	4,269	4,666	972	9,907	
	15+	138,071	125,363	66,342	333,163	
	Total	142,340	130,029	67,314	343,070	
HTS_TST	<15	153,078	95,054	41,238	289,411	
	15+	2,245,323	1,610,362	1,220,053	5,107,008	
	Total	2,398,401	1,705,416	1,261,291	5,396,419	
HTS_TST_POS	<15	7,359	4,307	2,072	13,738	
	15+	67,569	63,108	33,206	164,537	
	Total	74,928	67,415	35,278	178,275	
HTS_RECENT	<15	37,081	25,778	10,501	73,360	
	15+	117,843	90,787	69,198	278,684	
	Total	154,924	116,565	79,699	352,044	
PMTCT_STAT	<15	743	430	387	1,560	
	15+	751,621	410,542	434,159	1,605,271	
	Total	752,364	410,972	434,546	1,606,831	
PMTCT_STAT_POS	<15	473	272	113	858	
	15+	33,836	24,781	19,960	79,404	
	Total	34,309	25,053	20,073	80,262	
PMTCT_ART	<15	460	261	112	833	
	15+	33,484	24,500	19,761	78,571	
	Total	33,944	24,761	19,873	79,404	
PMTCT_EID	<15	35,750	25,961	20,724	83,262	
	15+	2,888	1,916	2,081	6,959	
	Total	23,923	16,512	16,226	57,275	
TB_STAT	<15	814	520	528	1,895	
	15+	7,464	5,957	5,228	18,884	
	Total	8,278	6,477	5,756	20,779	
TB_ART	<15	6,883	4,182	2,123	13,191	
	15+	58,522	54,234	28,490	141,800	
	Total	65,405	58,416	30,613	154,991	
TB_PREV	<15	29,929	21,975	17,367	69,850	
	15+	507,187	422,379	340,276	1,291,779	
	Total	537,116	444,354	357,643	1,361,629	
VMMC_CIRC	Total	211,764	138,376	148,721	523,827	
	KP_PREV	Total	113,073	95,309	97,706	306,088
	KP_MAT	Total	-	-	400	400
PrEP_NEW	Total	62,616	63,289	54,112	180,017	
	PrEP_CT	Total	30,619	31,005	26,377	88,001
	CXCA_SCRN	Total	72,540	58,445	52,126	185,420
PP_PREV	<15	-	-	-	-	
	15+	36,973	37,187	28,723	112,878	
	Total	36,973	37,187	28,723	112,878	
OVC_SERV	<18	178,232	171,594	92,625	447,923	
	18+	43,207	33,261	24,699	102,347	
	Total	221,439	204,855	117,324	550,270	
OVC_HIVSTAT	Total	126,487	104,715	69,162	304,488	
	GEND_GBV	Total	65,137	40,073	36,823	143,026
	AGYW_PREV	Total	73,322	55,456	31,171	159,949

* 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 Uganda'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											Not Specified as % of Total			
	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
Total	411,425,000	100%	263,299,119	64%	129,863,403	31%	13,646,174	3%	95,388,266	23%	63,406,063	15%	1,611,693	0%	0%
DOD	16,860,535	4%	939,939	6%	5,400,923	13%	237,992	1%	5,037,943	30%	4,060,818	24%	1,883,650	7%	0%
HHS	175,286,497	42%	17,505,920	10%	76,000,898	43%	4,917,515	3%	45,561,849	26%	29,847,927	17%	1,452,088	1%	0%
PC	2,866,068	1%	-	0%	-	0%	-	0%	2,097,452	88%	205,636	9%	85,000	4%	0%
STATE	2,892,715	1%	52,906	2%	476,616	17%	9,219	0%	1,942,618	69%	246,733	8%	124,623	4%	0%
USAID	211,093,145	53%	8,390,464	4%	117,485,028	57%	8,481,048	4%	41,309,124	19%	29,466,969	13%	15,486,532	7%	0%

Funding Agency	COP 22 Budget by Funding Agency and Program Area											Not Specified as % of Total			
	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
Total	463,555,000	100%	1,824,111	0%	199,574,499	43%	20,926,540	5%	85,503,407	18%	61,959,016	13%	10,721,000	2%	0%
DOD	16,765,195	4%	929,132	6%	5,627,178	34%	291,076	2%	4,213,093	25%	4,568,233	27%	1,141,543	7%	0%
HHS	146,880,754	31%	7,793,106	5%	63,323,226	43%	2,173,933	1%	42,885,864	29%	28,957,079	20%	1,452,546	1%	0%
PC	2,186,068	1%	-	0%	-	0%	-	0%	1,897,432	87%	205,636	6%	85,000	4%	0%
STATE	2,819,439	1%	-	0%	1,218,334	47%	18,449	1%	1,069,327	40%	205,081	8%	119,048	5%	0%
USAID	232,046,544	50%	5,549,828	2%	118,739,980	56%	17,397,105	8%	34,993,631	15%	28,025,007	12%	15,922,963	7%	0%

Funding Agency	COP 21-22 Budget Shifts by Funding Agency and Program Area											Change in Not Specified	
	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
Total	52,129,975	(9,212,714)	-2%	(12,677,672)	-17%	(2,743,982)	-56%	(1,615,983)	-10%	(895,946)	-9%	(42,107)	-4%
DOD	(95,360)	(15,797)	-2%	226,255	4%	53,984	22%	(824,210)	-16%	507,415	23%	(42,107)	-4%
HHS	(28,705,745)	(9,212,714)	-55%	(12,677,672)	-17%	(2,743,982)	-56%	(1,615,983)	-10%	(895,946)	-9%	458	0%
PC	(300,000)	-	-	-	-	-	-	(100,000)	-10%	-	0%	-	0%
STATE	(211,276)	(52,906)	-100%	741,918	156%	9,219	100%	(882,291)	-65%	(23,652)	-10%	(5,575)	-4%
USAID	10,889,179	(2,780,586)	-33%	11,774,932	10%	9,316,057	110%	(6,315,493)	-15%	(1,441,962)	-5%	436,931	3%