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April 25th, 2022

MEMO FOR MARTIN DALE, U.S. CHARGE D'AFFAIRES TO ZAMBIA

FROM: S/GAC – Mamadi Yilla, PhD., S/GAC Chair
S/GAC – Neha Safaya, M.S., PEPFAR Program Manager

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

SUBJECT: PEPFAR Zambia Country Operational Plan 2022 Approval

This memo represents the successful completion of the PEPFAR Zambia Country Operational Plan (COP) 2022 planning, development and submission. PEPFAR Zambia, together with the Zambian 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.

We therefore approve the PEPFAR Zambia COP 2022 with a total allowed budget of \$402,600,000, 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	352,201,617	50,398,383	402,600,000
Bilateral	350,761,617	50,398,383	401,160,000
Central	1,440,000		1,440,000

The total FY 2023 outlay for COP 2022 implementation shall not exceed the total approved COP 2022 budget of \$402,600,000 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 following: 1) The discussions that occurred between the country team, the Zambian government, all local and global stakeholders and partners, agency headquarters, participants and S/GAC during the March 1st – 3rd, 2022 virtual planning meetings and subsequent dialogue ahead of the final submission of the COP; 2) The final COP 2022 submission, including all data submitted through PEPFAR systems or within supplemental documents and feedback offered by stakeholders.

Program Summary

Funding and targets for Zambia's COP 2022 are approved to sustain Zambia's national response in partnership with the Government and people of Zambia. PEPFAR will support Zambia to work towards epidemic control by maintaining HIV prevention activities among individuals at greatest risk of HIV acquisition, targeting testing to effectively identify people living with HIV (PLHIV), ensuring all newly diagnosed PLHIV are immediately linked to treatment, and that all PLHIV are retained on treatment and remain virally suppressed.

The PEPFAR Zambia strategy for programming and funding to be implemented during FY2023 in addition to core programs, will focus on: (1) Continuing to work with the Government of Zambia to ensure alignment in the vision to jointly sustain impact on the HIV epidemic and support Zambia's public health approach and platform to strengthen primary care; (2) Implementing a focused strategy to increase case finding, treatment retention and viral load suppression among pediatrics and adolescent and young people (AYP), by setting ambitious case finding targets to close the treatment gap and ensuring the HIV case identification strategies for children and adolescents are appropriately aligned with such targets, i.e., addressing pediatric undertesting in outpatients setting, target interventions to address interruptions in treatment for CLHIV, especially children 1-9 years, and targeted interventions to improve low VLC rates in children <5 yo.; (3) Continue to work closely with the Global Fund and the Zambia CCM to address commodity challenges and ensure alignment on key priorities, including mitigating COVID-19 impact on supply of COVID-19 and HIV commodities, and key population and AGYW programming; (4) Prevention of new infections also remains central to attaining epidemic control, therefore an expansion of access to and uptake of pre-exposure prophylaxis (PrEP), particularly for PBFW, AYP, and KPs will be prioritized.

In COP 2022, 1,336,056 Zambians are estimated to be living with HIV and PEPFAR will continue to support Zambia to achieve the national goal of sustaining 95% of clients across the country on life-saving treatment by the end of FY 2023. To achieve this, they will initiate 101,780 new clients on treatment to reach a TX_CURR target of 1,274,049. This represents 803,415 PLHIV on treatment in attained districts and 394,915 in scale-up districts. Given the gaps for children and AYP, PEPFAR Zambia through Ministry of Health (MoH) direction will intensify effective case-finding strategies to identify, initiate, and maintain 27,833 children and AYPs on treatment.

The PEPFAR Zambia strategy for programming to be implemented in FY 2023; in alignment with the national response, will emphasize equity in service delivery and person-centered HIV prevention, care and treatment programs that reduce persistent inequities experienced by children, AYP, particularly adolescent girls and young women (AGYW), and key populations (KP). Effective case-finding strategies, testing modalities, including facility- and community-based safe and ethical index testing, testing of biological children, and social network strategy (SNS) testing will optimize case finding among populations who have eluded reach. Recency surveillance will map transmission hotspots, identify missed opportunities for case finding and inform targeted case finding approaches. A focus on treatment retention and VL suppression for all eligible clients, including children, will continue.

PEPFAR Zambia will also focus on increasing VL coverage of pregnant and breastfeeding women (PBFW), children and AYP, leveraging MoH-led pediatric and adolescent surge efforts to provide family-centered and adolescent-friendly packages of care. Support for continued training of Zambian government healthcare providers and civil society organizations (CSOs) to spread key messages on HIV treatment literacy, including promulgating the message that an undetectable VL equals un-transmittable HIV risk through sexual contact (U=U) to encourage PLHIV to stay on treatment. PEPFAR Zambia will also employ diagnostic network optimization approaches (DNO) for viral load and early infant diagnosis (EID) tests to increase access to these tests, maximize lab networking, and generate efficiencies to move towards near-universal access to these two tests. PEPFAR Zambia aims to support Zambia's ambition to achieve 96% VL suppression by the end of COP22.

Funding Summary

All COP 2022 funding summarized in the charts below are 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			FY 2021 GHP-State	FY 2020 GHP-State	
			GHP-State	GHP-USAID	GAP			
TOTAL	403,160,000	350,761,617	325,049,086	23,300,000	2,412,531	-	-	
DOD Total	11,404,787	8,355,502	8,355,502	-	-	-	50,398,383	
DOD	11,404,787	8,355,502	8,355,502	-	-	-	3,049,285	
HHS Total	141,280,017	124,599,998	124,183,437	-	2,412,531	-	17,686,019	
HHS/CDC	133,177,831	115,491,812	113,079,281	-	2,412,531	-	17,686,019	
HHS/HRSA	8,102,186	8,102,186	8,102,186	-	-	-	-	
PC Total	4,756,383	14,110	14,110	-	-	-	4,742,273	
PC	4,756,383	14,110	14,110	-	-	-	4,742,273	
STATE Total	2,565,910	2,565,910	2,565,910	-	-	-	-	
State	252,971	252,971	252,971	-	-	-	-	
State/AF	2,312,939	2,312,939	2,312,939	-	-	-	-	
USAID Total	241,152,983	216,232,097	162,934,097	23,300,000	-	-	24,920,806	
USAID, non-WCF	120,120,500	97,773,027	74,473,027	23,300,000	-	-	22,947,473	
USAID/WCF	121,032,403	118,459,070	118,459,070	-	-	-	2,573,333	

*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			FY 2021 GHP-State	FY 2020 GHP-State	
			GHP-State	GHP-USAID	GAP			
TOTAL	1,440,000	1,440,000	1,440,000	1,440,000	-	-	-	
DOD Total	-	-	-	-	-	-	-	
DOD	-	-	-	-	-	-	-	
HHS Total	-	-	-	-	-	-	-	
HHS/CDC	-	-	-	-	-	-	-	
HHS/HRSA	-	-	-	-	-	-	-	
PC Total	-	-	-	-	-	-	-	
PC	-	-	-	-	-	-	-	
STATE Total	-	-	-	-	-	-	-	
State	-	-	-	-	-	-	-	
State/AF	-	-	-	-	-	-	-	
USAID Total	1,440,000	1,440,000	1,440,000	1,440,000	-	-	-	
USAID, non-WCF	-	-	-	-	-	-	-	
USAID/WCF	1,440,000	1,440,000	1,440,000	1,440,000	-	-	-	

*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: Zambia 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 Zambia. 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	250,697,679	250,697,679	-	-
Orphans and Vulnerable Children	36,532,157	36,532,157	-	-
Preventing and Responding to Gender-based Violence	5,650,000	5,650,000	-	-
Water	614,000	614,000	-	-

* 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	13,957,079	13,957,079	-	-	-
Of which, AB/Y	9,068,500	9,068,500	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	65.0%	65.0%	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

AB/Y Earmark Budget Met.

Initiatives by Agency

	Total Bilateral - New Funding	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Central Applied Pipeline	Total COP22 Budget
TOTAL	350,751,617	50,398,383	1,440,000	-	402,600,000
<i>of which, Cervical Cancer</i>	5,383,709	-	-	-	5,383,709
<i>of which, Community-Led Monitoring</i>	1,255,641	-	-	-	1,255,641
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	1,440,000	-	1,440,000
<i>of which, Core Program</i>	296,712,838	36,767,589	-	-	333,480,427
<i>of which, DREAMS</i>	28,437,629	2,283,094	-	-	30,720,723
<i>of which, HBCU Tx</i>	6,000,000	-	-	-	6,000,000
<i>of which, One-time Conditional Funding</i>	1,000,000	-	-	-	1,000,000
<i>of which, OVC (Non-DREAMS)</i>	10,830,500	-	-	-	10,830,500
<i>of which, VMMC</i>	1,141,300	11,347,700	-	-	12,489,000
DDO Total	8,355,502	3,049,285	-	-	11,404,787
<i>of which, Cervical Cancer</i>	213,709	-	-	-	213,709
<i>of which, Core Program</i>	6,288,493	2,692,585	-	-	8,981,078
<i>of which, OVC (Non-DREAMS)</i>	1,000,000	-	-	-	1,000,000
<i>of which, VMMC</i>	853,300	356,700	-	-	1,210,000
HHS Total	123,983,998	17,586,019	-	-	141,580,017
<i>of which, Cervical Cancer</i>	2,480,000	-	-	-	2,480,000
<i>of which, Core Program</i>	104,470,679	12,295,019	-	-	116,765,698
<i>of which, DREAMS</i>	7,643,319	-	-	-	7,643,319
<i>of which, HBCU Tx</i>	6,000,000	-	-	-	6,000,000
<i>of which, One-time Conditional Funding</i>	1,000,000	-	-	-	1,000,000
<i>of which, OVC (Non-DREAMS)</i>	2,000,000	-	-	-	2,000,000
<i>of which, VMMC</i>	-	5,391,000	-	-	5,391,000
PC Total	14,110	4,742,273	-	-	4,756,383
<i>of which, Core Program</i>	14,110	3,859,179	-	-	3,873,289
<i>of which, DREAMS</i>	-	883,094	-	-	883,094
STATE Total	2,565,910	-	-	-	2,565,910
<i>of which, Community-Led Monitoring</i>	1,255,641	-	-	-	1,255,641
<i>of which, Core Program</i>	1,310,269	-	-	-	1,310,269
USAID Total	218,232,097	24,930,806	1,440,000	-	242,592,903
<i>of which, Cervical Cancer</i>	2,690,000	-	-	-	2,690,000
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	1,440,000	-	1,440,000
<i>of which, Core Program</i>	184,629,287	17,920,806	-	-	202,550,093
<i>of which, DREAMS</i>	20,794,310	1,400,000	-	-	22,194,310
<i>of which, OVC (Non-DREAMS)</i>	7,830,500	-	-	-	7,830,500
<i>of which, VMMC</i>	288,000	5,600,000	-	-	5,888,000

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FY 2023 Target Summary

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

Zambia		SNU Prioritizations						Centrally Supported	Total
		No Prioritization	Scale-up: Saturation	Scale-up: Aggressive	Sustained	Attained			
TX_NEW	<15	277	1,096	341	87	3,627	-	5,428	
	15+	9,263	23,515	8,097	1,700	53,865	-	96,440	
	Total	9,540	24,611	8,438	1,787	57,492	-	101,868	
TX_CURR	<15	1,708	15,735	2,162	1,340	31,236	-	52,181	
	15+	49,420	334,748	42,270	23,338	772,179	-	1,221,955	
	Total	51,128	350,483	44,432	24,678	803,415	-	1,274,136	
TX_PVLS	<15	1,557	12,180	1,594	955	25,629	-	41,915	
	15+	46,186	274,598	33,924	18,030	665,235	-	1,037,973	
	Total	47,743	286,778	35,518	18,985	690,864	-	1,079,888	
HTS_SELF	<15	84	4,338	1,005	147	5,397	-	10,971	
	15+	1,986	74,097	8,266	4,758	99,931	-	189,038	
	Total	2,070	78,435	9,271	4,905	105,328	-	200,009	
HTS_TST	<15	4,804	17,481	6,359	1,265	70,399	-	100,308	
	15+	125,007	881,719	147,543	69,499	1,438,510	-	2,662,278	
	Total	129,811	899,200	153,902	70,764	1,508,909	-	2,762,586	
HTS_TST_POS	<15	272	911	350	65	3,534	-	5,132	
	15+	9,740	23,738	8,445	1,723	54,972	-	98,618	
	Total	10,012	24,649	8,795	1,788	58,506	-	103,750	
HTS_RECENT	<15	2,470	8,840	3,300	726	32,507	-	47,843	
	15+	12,193	31,161	14,959	2,656	69,669	-	130,638	
	Total	14,663	40,001	18,259	3,382	102,176	-	178,481	
PMTCT_STAT	<15	-	-	-	-	-	-	-	
	15+	11,080	190,442	17,084	15,567	259,966	-	494,139	
	Total	11,080	190,442	17,084	15,567	259,966	-	494,139	
PMTCT_STAT_POS	<15	-	-	-	-	-	-	-	
	15+	996	10,911	767	927	23,733	-	37,334	
	Total	996	10,911	767	927	23,733	-	37,334	
PMTCT_ART	<15	-	-	-	-	-	-	-	
	15+	996	10,911	767	927	23,732	-	37,333	
	Total	996	10,911	767	927	23,732	-	37,333	
PMTCT_EID	<15	94	312	18	9	906	-	1,339	
	15+	1,366	6,249	466	197	26,566	-	34,844	
	Total	1,460	6,561	484	206	27,472	-	36,183	
TB_STAT	<15	43	118	13	2	267	-	443	
	15+	598	2,375	188	63	10,000	-	13,224	
	Total	641	2,493	201	65	10,267	-	13,667	
TB_ART	<15	727	3,175	552	171	4,242	-	8,867	
	15+	22,010	40,924	7,742	1,927	64,556	-	137,159	
	Total	22,737	44,099	8,294	2,098	68,798	-	146,026	
TB_PREV	<15	1,705	18,555	2,248	1,385	38,640	-	62,533	
	15+	49,397	323,335	31,686	19,682	779,731	-	1,203,831	
	Total	51,102	341,890	33,934	21,067	818,371	-	1,266,364	
VMMC_CIRC	<15	-	11,548	-	-	82,525	-	94,073	
	15+	6,000	40,752	4,578	1,793	86,885	-	140,008	
	Total	6,000	40,752	4,578	1,793	86,885	-	140,008	
KP_PREV	<15	-	-	-	-	-	-	-	
	15+	2,160	15,039	1,727	709	34,309	-	53,944	
	Total	2,160	15,039	1,727	709	34,309	-	53,944	
PrEP_NEW	<15	-	-	-	-	-	-	-	
	15+	11,906	69,947	8,702	5,067	171,061	-	266,683	
	Total	11,906	69,947	8,702	5,067	171,061	-	266,683	
PrEP_CT	<15	-	8,091	1,883	-	67,524	-	77,498	
	15+	3,898	37,317	5,561	5,845	320,946	480	374,047	
	Total	3,898	45,408	7,444	5,845	388,470	480	451,545	
CXCA_SCRN	<18	9,977	69,527	3,361	-	415,677	-	498,542	
	18+	2,737	18,422	799	-	53,757	-	75,715	
	Total	12,714	87,949	4,160	-	469,434	-	574,257	
OVC_SERV	<18	9,977	69,527	3,361	-	415,677	-	498,542	
	18+	2,737	18,422	799	-	53,757	-	75,715	
	Total	12,714	87,949	4,160	-	469,434	-	574,257	
OVC_HIVSTAT	<18	9,977	69,527	3,361	-	415,677	-	498,542	
	18+	2,737	18,422	799	-	53,757	-	75,715	
	Total	12,714	87,949	4,160	-	469,434	-	574,257	
GEND_GBV	<18	9,977	69,527	3,361	-	415,677	-	498,542	
	18+	2,737	18,422	799	-	53,757	-	75,715	
	Total	12,714	87,949	4,160	-	469,434	-	574,257	
AGYW_PREV	<18	9,977	69,527	3,361	-	415,677	-	498,542	
	18+	2,737	18,422	799	-	53,757	-	75,715	
	Total	12,714	87,949	4,160	-	469,434	-	574,257	

* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

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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 the 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 Zambia'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	M&O	M&O as % of Total	PM		PM as % of Total	PREV	PREV as % of Total	SE
DOD	12,184,287	3%	2,007,335	16%	3,772,599	31%	442,000	4%	3,080,821	25%	1,576,800	13%	1,333,791	11%	1,333,791	11%
HHS	148,930,017	31%	21,975,940	15%	79,924,930	54%	5,050,000	4%	19,014,455	13%	17,444,702	15%	5,500,000	5%	5,500,000	5%
PC	4,756,383	1%	-	0%	-	0%	-	0%	3,940,524	0%	815,859	7%	-	0%	-	0%
STATE	2,565,930	1%	644,697	25%	95,500	4%	-	0%	1,625,715	6%	93,804	0%	106,194	1%	106,194	1%
USAID	251,662,303	60%	12,172,400	5%	147,553,417	59%	9,874,813	4%	29,052,752	12%	30,609,060	13%	22,390,461	9%	22,390,461	9%
GRAND TOTAL	222,020,000	100%	25,653,272	12%	115,253,846	52%	14,327,813	6%	67,117,974	30%	57,117,974	26%	27,770,000	12%	27,770,000	12%

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	M&O	M&O as % of Total	PM		PM as % of Total	PREV	PREV as % of Total	SE
DOD	11,404,287	1%	1,113,835	10%	3,833,059	34%	414,000	4%	3,089,323	27%	1,576,800	14%	1,333,791	12%	1,333,791	12%
HHS	141,260,017	35%	19,012,186	14%	74,930,000	53%	5,000,000	4%	19,507,831	14%	17,621,000	13%	5,600,000	4%	5,600,000	4%
PC	4,756,383	1%	-	0%	-	0%	-	0%	3,934,659	8%	821,750	1%	-	0%	-	0%
STATE	2,555,930	1%	558,250	22%	95,000	4%	-	0%	1,702,662	6%	93,804	4%	106,194	4%	106,194	4%
USAID	242,352,303	60%	11,560,000	5%	135,077,574	56%	11,279,233	5%	38,648,100	16%	27,729,386	11%	17,988,010	7%	17,988,010	7%
GRAND TOTAL	222,020,000	100%	11,674,271	5%	111,814,648	50%	14,673,233	7%	67,117,974	30%	67,117,974	30%	27,770,000	12%	27,770,000	12%

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 M&O	% Change in M&O	Change in PM	% Change in PM		Change in PREV	% Change in PREV	Change in SE
DOD	(780,000)	(845,500)	-47%	60,500	2%	-	0%	3,000	0%	-	0%	0%	0%	-	0%
HHS	(7,650,000)	(2,383,754)	-11%	(4,985,970)	-5%	(50,000)	-1%	(506,624)	-3%	176,288	1%	100,000	1%	100,000	1%
PC	-	-	-	-	-	-	-	(5,857)	0%	5,855	0%	-	-	-	-
STATE	-	(76,447)	-12%	(500)	-1%	-	-	76,947	0%	5%	5%	-	-	-	-
USAID	(9,070,000)	(172,400)	-2%	(12,545,843)	-9%	1,404,400	1%	1,395,248	33%	(2,889,574)	-9%	(4,351,851)	-20%	(4,351,851)	-20%
Total	(17,500,000)	(11,734,101)	-67%	(10,470,343)	-48%	(1,044,600)	-7%	(1,334,499)	-5%	1,334,499	7%	(4,351,851)	-16%	(4,351,851)	-16%