United States Department of State

Washington, D.C. 20520

UNCLASSIFIED

April 27, 2022

MEMO FOR PETER VROOMAN, U.S. AMBASSADOR TO MOZAMBIQUE

FROM: S/GAC – Jason Bowman, S/GAC Chair
S/GAC – Michelle Zavila, PEPFAR Program Manager

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

SUBJECT: PEPFAR Mozambique Country Operational Plan 2022 Approval

This memo represents the successful completion of the PEPFAR Mozambique Country Operational Plan (COP) 2022 planning, development and submission. PEPFAR Mozambique, 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 Mozambique Country Operational Plan (COP) 2022 with a total approved budget of $404,675,000, 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	384,992,011	19,682,989	404,675,000
Bilateral	384,092,011	19,682,989	403,775,000
Central	900,000		900,000

The total FY 2023 outlay for COP 2022 implementation shall not exceed the total approved COP 2022 budget of $404,675,000 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 7-10], 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 PEPFAR Mozambique's COP 2022 are approved to support PEPFAR Mozambique's vision in partnership with the Government and people of Mozambique to drive progress towards epidemic control. This will be accomplished through targeted case-finding to identify people living with HIV (PLHIV), linkage of all newly diagnosed PLHIV immediately to treatment, and ensuring treatment continuity and viral load suppression. COP 2022 targets align with GRM's national strategy, with a substantial increase in the number of Mozambicans on life-saving treatment, enrolling 224,050 new PLHIV, and bringing the treatment cohort to 1,915,458, or 92% treatment coverage, by the end of FY 2023. While PLHIV across all ages and sexes need to be identified, linked, and retained on treatment, COP 2022 will especially focus on linking and bringing back to care the age groups with the greatest need – children and young men and women. Finally, PEPFAR Mozambique will continue to implement effective prevention programs targeting pregnant and breastfeeding women, adolescent girls and young women, young men, and key populations, to ensure they remain HIV negative.

In FY 2021, Mozambique saw unprecedented growth of the treatment cohort due to improvements in initiation and continuity of treatment. The PEPFAR Mozambique strategy for FY 2023 will build on successful efforts from COP 2020 and COP 2021, focusing on populations with the greatest gaps and increasing investments in high performing approaches. Program activities will include: (1) Accelerated efforts to find and treat children, adolescent girls and young women (AGYW), pregnant and lactating women, young men, Key Populations (KP), and vulnerable populations such as internally displaced people (IDPs); (2) Expansion of client centered service delivery modalities; (3) Enhanced focus on quality of implementation and patient experience; (4) Increased access to Advanced HIV Disease (AHD) services across all provinces; (5) Continued scale-up of pre-exposure prophylaxis (PrEP), particularly among AGYW and KP; (6) Additional KP friendly health facilities and mobile outreach services; and (7) further enhanced collaboration with the Government of the Republic of Mozambique (GRM) across all levels – national, provincial, district and site, as well as with other stakeholders.

PEPFAR's efforts will focus on effective case finding, treatment continuity, and viral suppression. PEPFAR Mozambique will continue to expand access to differentiated service delivery models, including multi-month drug dispensation, one-stop shops for new ART initiates, extended clinic hours, promotion of integrated family-based consultations, and convenient methods of ART delivery through community health workers and groups, and mobile brigades. PEPFAR Mozambique will continue to support children and adolescents living with HIV with orphans and vulnerable children (OVC) and youth case management programs and will enhance the use of HIV screening tools for pediatrics. In collaboration with GRM, civil society, and multilateral organizations, PEPFAR Mozambique will continue to focus on treatment literacy and stigma reduction through GRM's male engagement strategy, a strategic marketing campaign, and engagement with faith-based organizations to promote positive messages of hope. To help overcome any mental health barriers to treatment continuity, PEPFAR will maintain a successful model of psycho-social support nationwide. To ensure better monitoring of suppression, PEPFAR Mozambique will continue to optimize the laboratory network to identify the most efficient use of laboratory and diagnostic capabilities, coupled with interoperable and integrated electronic data systems for improved patient data management. PEPFAR Mozambique will continue to focus on reaching KP through comprehensive prevention activities and improving the identification of HIV-positive KP and their linkage and adherence to treatment. Additionally, community-led monitoring (CLM) by community-based organizations will hold facilities and clinical partners accountable for the highest, most client-centered quality of care. All interventions will be aligned with the UNAIDS 95-95-95 goals, WHO guidelines and global best practices, and in close collaboration with GRM, civil society, and other stakeholders.

During COP 2022, PEPFAR Mozambique will build on its successful strategies from COP 2021 and continue to invest resources in AJUDA sites which account for 86% of PLHIV on ART in Mozambique, while also supporting sustainability sites operated by the GRM. Notable changes from COP 2021 to COP 2022 include expanding AJUDA support to five high volume (TX_CURR > 1,000) sustainability sites within new catchment areas in Nampula, Zambezia, and Sofala. To accelerate progress in the elimination of mother-to-child transmission and pediatric HIV/AIDS, PEPFAR Mozambique will expand mentor mothers to all children living with HIV under ten years old at AJUDA sites and initiate surge programming at 187 high volume sites; with the goal of reaching 86% treatment coverage among pediatric patients. To help mitigate impact of ongoing conflict in Northern Provinces, specialized maternal child health, DREAMS and OVC services will be deployed for internally displaced AGYW and vulnerable mothers of HIV exposed infants and children living with HIV. To ensure high-quality, client-centered HIV/AIDS services and strengthen structural interventions to address stigma and discrimination, PEPFAR Mozambique will be shifting additional CLM funds to PLHIV networks. Additional resources will also go to the Provincial Health Directorates and Provincial Health Services to strengthen sustainability sites not served directly by PEPFAR clinical implementing partners. In COP 2022, PEPFAR Mozambique will also increase their funding commitment to ensure adequate commodities coverage for HIV testing, treatment and prevention programming. PEPFAR Mozambique continues to be fully committed to active partner management and accountability, engagement at all spheres of government, and mobilization of 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.

	of which, Bilateral								
	Total	New Funding							Applied Pipeline
		Total	FY 2022				FY 2021	FY 2020	
			Total	GHP-State	GHP-USAID	GAP	GHP-State	GHP-State	
TOTAL	403,775,000	384,092,011	384,092,011	381,017,011	-	3,075,000	-	-	19,682,989
DOD Total	8,132,128	8,132,128	8,132,128	8,132,128	-	-	-	-	-
DOD	8,132,128	8,132,128	8,132,128	8,132,128	-	-	-	-	-
HHS Total	184,685,907	180,729,534	180,729,534	177,654,534	-	3,075,000	-	-	3,956,373
HHS/CDC	181,961,797	179,279,626	179,279,626	176,204,626	-	3,075,000	-	-	2,682,171
HHS/HRSA	2,724,110	1,449,908	1,449,908	1,449,908	-	-	-	-	1,274,202
PC Total	2,819,697	-	-	-	-	-	-	-	2,819,697
PC	2,819,697	-	-	-	-	-	-	-	2,819,697
STATE Total	3,292,087	3,292,087	3,292,087	3,292,087	-	-	-	-	-
State	576,267	576,267	576,267	576,267	-	-	-	-	-
State/AF	2,715,820	2,715,820	2,715,820	2,715,820	-	-	-	-	-
USAID Total	204,845,181	191,938,262	191,938,262	191,938,262	-	-	-	-	12,906,919
USAID, non-WCF	108,908,398	96,001,479	96,001,479	96,001,479	-	-	-	-	12,906,919
USAID/WCF	95,936,783	95,936,783	95,936,783	95,936,783	-	-	-	-	-

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

	of which, Central								
	Total	New Funding							Applied Pipeline
		Total	FY 2022				FY 2021	FY 2020	
			Total	GHP-State	GHP-USAID	GAP	GHP-State	GHP-State	
TOTAL	900,000	900,000	900,000	-	900,000	-	-	-	-
DOD Total	-	-	-	-	-	-	-	-	-
DOD	-	-	-	-	-	-	-	-	-
HHS Total	-	-	-	-	-	-	-	-	-
HHS/CDC	-	-	-	-	-	-	-	-	-
HHS/HRSA	-	-	-	-	-	-	-	-	-
PC Total	-	-	-	-	-	-	-	-	-
PC	-	-	-	-	-	-	-	-	-
STATE Total	-	-	-	-	-	-	-	-	-
State	-	-	-	-	-	-	-	-	-
State/AF	-	-	-	-	-	-	-	-	-
USAID Total	900,000	900,000	900,000	-	900,000	-	-	-	-
USAID, non-WCF	-	-	-	-	-	-	-	-	-
USAID/WCF	900,000	900,000	900,000	-	900,000	-	-	-	-

**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: Mozambique 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 Mozambique. Upon approval of this memo, the amounts below will become the new earmark controls for Mozambique. 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	276,710,879	276,710,879	-	-
Orphans and Vulnerable Children	37,160,483	37,160,483	-	-
Preventing and Responding to Gender-based Violence	5,663,539	5,663,539	-	-
Water	866,000	866,000	-	-

** 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	22,844,754	22,844,754	-	-	-
Of which, AB/Y	11,853,212	11,853,212	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	51.9%	51.9%	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 Earmark 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	384,092,011	19,682,989	900,000	-	404,675,000
of which, Cervical Cancer	*5,500,000*	-	-	-	*5,500,000*
of which, Community-Led Monitoring	*3,425,000*	-	-	-	*3,425,000*
of which, Condoms (GHP-USAID Central Funding) (Central)	-	-	*900,000*	-	*900,000*
of which, Core Program	*310,291,533*	*17,184,566*	-	-	*327,476,099*
of which, DREAMS	*33,351,577*	*1,648,423*	-	-	*35,000,000*
of which, One-time Conditional Funding	*2,000,000*	-	-	-	*2,000,000*
of which, OVC (Non-DREAMS)	*7,693,900*	-	-	-	*7,693,900*
of which, Surveillance and Public Health Response	-	-	-	-	-
of which, VMMC	*21,830,001*	*850,000*	-	-	*22,680,001*
DOD Total	8,132,128	-	-	-	8,132,128
of which, Cervical Cancer	*82,612*	-	-	-	*82,612*
of which, Core Program	*4,624,157*	-	-	-	*4,624,157*
of which, One-time Conditional Funding	*68,867*	-	-	-	*68,867*
of which, Surveillance and Public Health Response	-	-	-	-	-
of which, VMMC	*3,356,492*	-	-	-	*3,356,492*
HHS Total	180,729,534	3,956,373	-	-	184,685,907
of which, Cervical Cancer	*4,484,808*	-	-	-	*4,484,808*
of which, Community-Led Monitoring	*1,540,000*	-	-	-	*1,540,000*
of which, Core Program	*150,484,159*	*3,106,373*	-	-	*153,590,532*
of which, DREAMS	*13,433,711*	-	-	-	*13,433,711*
of which, One-time Conditional Funding	*1,208,084*	-	-	-	*1,208,084*
of which, VMMC	*9,578,772*	*850,000*	-	-	*10,428,772*
PC Total	-	2,819,697	-	-	2,819,697
of which, Core Program	-	*2,819,697*	-	-	*2,819,697*
STATE Total	3,292,087	-	-	-	3,292,087
of which, Community-Led Monitoring	*625,000*	-	-	-	*625,000*
of which, Core Program	*1,886,919*	-	-	-	*1,886,919*
of which, DREAMS	*780,168*	-	-	-	*780,168*
USAID Total	191,938,262	12,906,919	900,000	-	205,745,181
of which, Cervical Cancer	*932,580*	-	-	-	*932,580*
of which, Community-Led Monitoring	*1,260,000*	-	-	-	*1,260,000*
of which, Condoms (GHP-USAID Central Funding) (Central)	-	-	*900,000*	-	*900,000*
of which, Core Program	*153,296,298*	*11,258,496*	-	-	*164,554,794*
of which, DREAMS	*19,137,698*	*1,648,423*	-	-	*20,786,121*
of which, One-time Conditional Funding	*723,049*	-	-	-	*723,049*
of which, OVC (Non-DREAMS)	*7,693,900*	-	-	-	*7,693,900*
of which, VMMC	*8,894,737*	-	-	-	*8,894,737*

FY 2023 Target Summary

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

Mozambique		SNU Prioritizations			
		Scale-up: Aggressive	Centrally Supported	Attained	Total
TX_NEW	<15	13,296	458	107	14,051
	15+	193,619	6,940	3,023	209,999
	Total	**206,915**	**7,398**	**3,130**	**224,050**
TX_CURR	<15	97,055	3,081	1,362	102,537
	15+	1,687,989	49,515	41,752	1,812,921
	Total	**1,785,044**	**52,596**	**43,114**	**1,915,458**
TX_PVLS	<15	91,665	2,933	1,286	96,728
	15+	1,603,654	47,062	39,664	1,717,886
	Total	**1,695,319**	**49,995**	**40,950**	**1,814,614**
HTS_TST	<15	912,490	37,256	11,048	963,193
	15+	6,075,302	453,283	61,273	6,646,252
	Total	**6,987,792**	**490,539**	**72,321**	**7,609,445**
HTS_TST_POS	<15	11,887	458	94	12,604
	15+	206,247	7,284	3,297	223,415
	Total	**218,134**	**7,742**	**3,391**	**236,019**
HTS_INDEX	<15	275,527	11,920	2,677	291,071
	15+	206,985	7,951	3,387	222,452
	Total	**482,512**	**19,871**	**6,064**	**513,523**
PMTCT_STAT	<15	-	-	-	288
	15+	1,567,878	173,119	5,678	1,752,450
	Total	**1,567,878**	**173,119**	**5,678**	**1,752,738**
PMTCT_STAT_POS	<15	-	-	-	40
	15+	104,131	6,430	784	112,363
	Total	**104,131**	**6,430**	**784**	**112,403**
PMTCT_ART	<15	-	-	-	40
	15+	102,417	6,366	773	110,569
	Total	**102,417**	**6,366**	**773**	**110,609**
PMTCT_EID	**Total**	**84,252**	**-**	**781**	**86,165**
TB_STAT	<15	10,083	-	85	10,300
	15+	67,470	-	564	68,741
	Total	**77,553**	**-**	**649**	**79,041**
TB_ART	<15	2,914	-	23	2,979
	15+	19,712	-	167	20,191
	Total	**22,626**	**-**	**190**	**23,170**
TB_PREV	<15	17,527	-	214	17,925
	15+	270,671	-	7,749	285,866
	Total	**288,198**	**-**	**7,963**	**303,791**
TX_TB	<15	92,936	-	1,183	95,178
	15+	1,563,650	-	37,722	1,634,004
	Total	**1,656,586**	**-**	**38,905**	**1,729,182**
VMMC_CIRC	**Total**	**152,050**	**15,450**	**-**	**202,993**
KP_PREV	**Total**	**63,128**	**-**	**3,665**	**66,793**
KP_MAT	**Total**	**300**	**-**	**250**	**550**
PrEP_NEW	**Total**	**82,392**	**-**	**1,621**	**90,015**
PrEP_CT	**Total**	**22,110**	**-**	**302**	**24,278**
CXCA_SCRN	**Total**	**341,934**	**-**	**8,188**	**357,680**
PP_PREV	<15	-	-	-	-
	15+	25,785	-	-	85,861
	Total	**25,785**	**-**	**-**	**85,861**
OVC_SERV	<18	327,623	-	-	327,623
	18+	55,101	-	-	55,101
	Total	**382,724**	**-**	**-**	**382,724**
OVC_HIVSTAT	**Total**	**87,045**	**-**	**-**	**87,045**
GEND_GBV	**Total**	**58,453**	**-**	**413**	**58,866**
AGYW_PREV	**Total**	**154,849**	**-**	**-**	**154,849**

* 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 Mozambique'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	Not Specified	Not Specified as % of Total
Total	422,227,809	100%	25,782,799	6%	244,129,064	58%	14,339,265	3%	49,664,187	19%	60,986,775	14%	13,738,721	3%	-	0%
DOD	8,168,641	2%	519,925	6%	4,150,134	51%	255,119	3%	1,251,405	15%	1,992,058	24%	-	0%	-	0%
HHS	201,307,737	48%	14,379,596	7%	125,731,187	62%	5,171,031	3%	27,203,214	14%	28,822,709	14%	-	0%	-	0%
PC	2,833,408	1%	-	0%	-	0%	-	0%	2,573,408	91%	230,000	8%	30,000	1%	-	0%
STATE	3,144,930	1%	50,000	2%	1,269,842	40%	-	0%	1,447,388	46%	377,700	12%	-	0%	-	0%
USAID	206,773,093	49%	10,833,278	5%	112,977,901	55%	9,113,115	4%	31,188,772	15%	28,931,306	14%	13,728,721	7%	-	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	Not Specified	Not Specified as % of Total
Total	404,075,000	100%	18,408,776	5%	237,997,061	59%	17,494,527	4%	30,923,817	15%	56,727,578	14%	13,611,241	3%	-	0%
DOD	8,132,128	2%	-	0%	3,690,637	45%	275,621	3%	1,347,500	17%	2,818,370	35%	-	0%	-	0%
HHS	184,685,907	46%	10,673,596	6%	111,005,458	60%	7,340,863	4%	32,191,211	17%	23,474,779	13%	-	0%	-	0%
PC	2,819,697	1%	-	0%	-	0%	-	0%	2,559,697	91%	230,000	8%	30,000	1%	-	0%
STATE	3,292,087	1%	25,000	1%	1,082,157	33%	-	0%	1,700,205	52%	484,725	15%	-	0%	-	0%
USAID	205,745,181	51%	7,710,180	4%	122,158,809	59%	10,020,043	5%	22,525,204	11%	29,719,704	14%	13,611,241	7%	-	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	(17,552,809)	(7,374,023)	-29%	(6,192,003)	-3%	3,097,262	21%	(3,340,370)	-5%	(4,629,195)	-6%	(117,480)	-1%	-	[illegible]
DOD	(36,513)	(519,925)	-100%	(459,497)	-11%	20,502	8%	96,095	8%	826,312	41%	-		-	
HHS	(16,621,830)	(3,706,000)	-26%	(14,725,729)	-12%	2,169,832	42%	4,987,997	18%	(5,347,930)	-19%	-		-	
PC	(13,711)	-		-		-		(13,711)	-1%	-	0%	-	0%	-	
STATE	147,157	(25,000)	-50%	(187,685)	-15%	-		252,817	17%	107,025	28%	-		-	
USAID	(1,027,912)	(3,123,098)	-29%	9,180,908	8%	906,928	10%	(8,663,568)	-28%	788,398	3%	(117,480)	-1%	-	