United States Department of State

Washington, D.C. 20520

FY 2015 South Sudan Country Operational Plan (COP)

The following elements included in this document, in addition to "Budget and Target Reports" posted separately on www.PEPFAR.gov, reflect the approved FY 2015 COP for South Sudan.

1) *FY 2015 COP Strategic Development Summary (SDS)* narrative communicates the epidemiologic and country/regional context; methods used for programmatic design; findings of integrated data analysis; and strategic direction for the investments and programs.

   Note that PEPFAR summary targets discussed within the SDS were accurate as of COP approval and may have been adjusted as site-specific targets were finalized. See the "COP 15 Targets by Subnational Unit" sheets that follow for final approved targets.

2) *COP 15 Targets by Subnational Unit* includes approved COP 15 targets (targets to be achieved by September 30, 2016). As noted, these may differ from targets embedded within the SDS narrative document and reflect final approved targets.

Approved FY 2015 COP budgets by mechanism and program area, and summary targets are posted as a separate document on www.PEPFAR.gov in the "FY 2015 Country Operational Plan Budget and Target Report."

South Sudan

Country/Regional Operational Plan

(COP/ROP) 2015

Strategic Direction Summary

August 27, 2015

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Goal Statement

PEPFAR is currently the largest donor in HIV programming in South Sudan. The Global Fund for AIDS, TB and Malaria (GFATM) historically provided a large proportion of HIV funds but has been operating under a Continuity of Services and Transitional Funding for the past three years. PEPFAR has worked closely with the Government of South Sudan (GoSS) and stakeholders to develop a five year National Strategic Plan for HIV/AIDS (NSP) and the new Global Fund concept note which was recently approved and is in grant making. Complementary to these processes and in consultation with partners, PEPFAR developed a country-level strategy that capitalizes on its strengths and addresses the critical gaps required to achieve epidemic control.

Goal: By targeting geographically high HIV prevalence areas, PEPFAR will assist South Sudan to move toward epidemic control with 19,000 net new HIV patients on treatment and 42,500 current on ART by 2017.

Objective 1: Using a public health approach, improve the availability and quality of HIV services for families and other high-impact populations

Objective 2: Reduce the number of new HIV infections by implementing a balanced, evidence-based package of clinical services and focused interventions for higher risk populations

Objective 3: Provide an evidence-base to guide the national response to the epidemic by strengthening surveillance, monitoring and evaluation, and health information systems

Objective 4: Support the diagnosis, treatment and surveillance of HIV through high-quality laboratory services.

PEPFAR will focus implementation on the highest burden counties within the three highest prevalence states of the country (Western Equatoria, Central Equatoria, and Eastern Equatoria) and among the highest risk populations. PEPFAR will continue providing technical assistance, quality assurance and supportive supervision to ART, PMTCT and HCT programs. PEPFAR provision of antiretroviral therapy (ART) will complement that from the Global Fund and other donors.

With the increased PEPFAR funding available to the South Sudan program for the 2015 COP and the significant gaps in HIV diagnosis and ART coverage, PEPFAR South Sudan will target to put 70% of PLHIV on ART by the end of FY17 in the four highest HIV-prevalance counties, Juba, Magwi, Yambio and Nzara as an important step towards achieving epidemic control. PEPFAR will also support treatment scale up in the five of the counties with the highest number of PLHIV in the Equatorias.

To achieve treatment saturation (80% of PLHIV on ART) in the three states an additional 58,040 people would need to receive HIV treatment. By targeting resources to the highest prevalence counties in the three highest prevalence states, it is estimated that PEFPAR can increase treatment coverage to 38% in these states by FY17.

To maximize program efficiency, PEPFAR South Sudan will maintain the overall objectives of its five year strategy but conduct more localized shifts in prioritization for service delivery. CDC is directing more resources and technical support to the highest volume sites in the Equatorias where services are currently limited or of poor quality. USAID is also phasing out PEPFAR support to lower yield Primary Health Care

Units in its focal states. Key populations programs which were under-performing will be implemented in a more targeted manner with an emphasis on the full continuum of prevention, testing, care and treatment for sex workers. Orphans and vulnerable children (OVC) activities will be implemented targeting children from the care and treatment programs as well as PMTCT programs, adolescents from the IDP camps, orphans from the PLHIV communities in Juba County and children living among the female sex worker community.

1.0Epidemic, Response, and Program Context

1.1 Summary statistics, disease burden and country or regional profile

The Republic of South Sudan (RSS) became an independent nation on July 9, 2011 after experiencing decades of civil war that resulted in the death of 20% of its population and the displacement of an additional 40%. Projections based on the pre-independence Sudan National Census of 2008 estimate the total population of South Sudan to be 11,878,208. The on-going civil war, however, makes it difficult to account for the impact of both growth rates and displacement on the projected total population of the country. Lower level geographic attributions are even less precise.

South Sudan has a generalized HIV epidemic with an antenatal prevalence of 2.6% but with hyperendemic geographic areas in the southern Equatoria States documenting antenatal HIV prevalence as high as 15.7%[1] and is one of the countries furthest behind globally in turning back the HIV epidemic. Current programmatic coverage in South Sudan is similar to where other countries in the region were in 2003-2005. Care and treatment scale-up remains significantly hampered by the limited number of ART sites and limited infrastructure to allow patients to travel to sites outside their immediate area. South Sudan currently has only 22 ART sites, four of which are rendered non-functional due to the ongoing civil war. In the past year 4,588 people were newly initiated on ART, but by the end of 2014, of the 83,000 South Sudanese in need of ART (based on 350 CD4 count cut off), only 11% (9,373) were currently on treatment. South Sudan has since adopted a CD4 count cut off of 500, effectively increasing the number of people in need of treatment. Pediatric HIV treatment coverage remains one of the lowest in the world with only 2% (437) of the estimated 19,000 eligible children currently on treatment.

PEPFAR has made significant inroads in improving the national HIV delivery system and has more than doubled the number of people on HIV treatment in the past two years. The program has been successful through a combination of targeted service delivery, substantial technical assistance, quality assurance systems and increased transparency and oversight of Global Fund investments. Of note, while approximately 5,000 patients were actively receiving ART through December 2012 (six years after the initiation of GFATM support), the number of patients active on ART doubled in two years since the initiation of targeted ART commodity and service delivery support (the PEPFAR "Treatment Bridge"), even withstanding renewal of hostilities in December 2013.

In 2014, a total of 90,799 HIV tests were conducted with 5,992 HIV positives identified. Among pregnant women, 9% of the 44,154 tested were HIV positive and 890 of them received ARVs, representing an approximate 11.4% coverage for pregnant women in need of ARVs. The recent adoption and roll-out of PMTCT B+ as well as strengthened supply chain management should result in increased PMTCT coverage.

[1] Southern Sudan Antenatal Care Clinics Sentinel Surveillance Report, MOH, 2012

However, less than 42% of women have at least one ANC visit during pregnancy. Without considerable strengthening of maternal and child health services in the country, limited access to PMTCT services will persist.

Table 1.1.1 Key National Demographic and Epidemiological Data for South Sudan

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	Total		**<15**				**15+**				***Source, Year***
			Female		**Male**		**Female**		**Male**		
	N	%	N	%	N	%	N	%	N	%	
Total Population	11,878,208	100	2,685,307	22.6	2,897,451	24.4	3,028,112	25.5	3,267,339	27.5	Projected 2008 Sudan DHS
Prevalence (%)		2.6		NA		NA		NA		NA	UNAIDS
AIDS Deaths (per year)	13,000		1,000		1,000		6,000		5,000		Spectrum 2012
PLHIV	150,000		10,000		9,000		78,000		53,000		Spectrum, National Strategic Plan (NSP) 2013-2017
Incidence Rate (Yr)		NA		NA		NA		NA		NA	
New HIV Infections (Yr)	16,000										Spectrum 2012, NSP
Annual births	507,153	4.8									Sudan DHHS 2008
% >= 1 ANC visit	228,735	48	NA	NA			NA	NA			MOH DHIS 2013
Pregnant women needing ARVs	7,500	1.6									Spectrum 2012
Orphans (maternal, paternal, double)	110,000		NA		NA		NA		NA		Spectrum, 2013

TB cases (Yr)	8,924		NA		NA		NA		NA		National TB Strategic Plan 2015-2019
TB/HIV Co-infection	1,026	11.5	NA	NA	NA	NA	NA	NA	NA	NA	National TB Strategic Plan 2015-2019
Males Circumcised	NA	NA			NA	NA			NA	NA	
Key Populations	5,642	NA	NA	NA	NA	NA	NA	NA	NA	NA	FSW, Mapping Juba and Yambio, SSAC 2012
Total MSM*	NA	NA									
MSM HIV Prevalence		NA									
Total FSW	5,642	NA									FSW, Mapping Juba and Yambio, SSAC 2012
FSW HIV Prevalence		NA									
Total PWID	NA	NA									
PWID HIV Prevalence		NA									
**If presenting size estimate data would compromise the safety of this population, please do not enter it in this table.*											

Table 1.1.2 Cascade of HIV diagnosis, care and treatment (12 months)

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				HIV Care and Treatment				HIV Testing and Linkage to ART		
	Total Population Size Estimate (#)	HIV Prevalence (%)	Total PLHIV (#)	In Care (#)	On ART (#)	Retained on ART 12 Months (#)	Viral Suppression 12 Months	Tested for HIV (#)	Diagnosed HIV Positive (#)	Initiated on ART (#)
Total population	11,878,208	2.6%	150,000	15,399	9,373	6,748	NA	90,799*	5,992	4,588
Population less than 15 years	5,582,758	NA	19,000	753	437	314	NA	NA	NA	NA
Pregnant Women	475,128	2.6%	12,351	NA	303	NA	NA	NA	NA	NA
MSM	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
FSW**	5,642	25%	1,410	NA	NA	NA	NA	NA	NA	NA
PWID	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

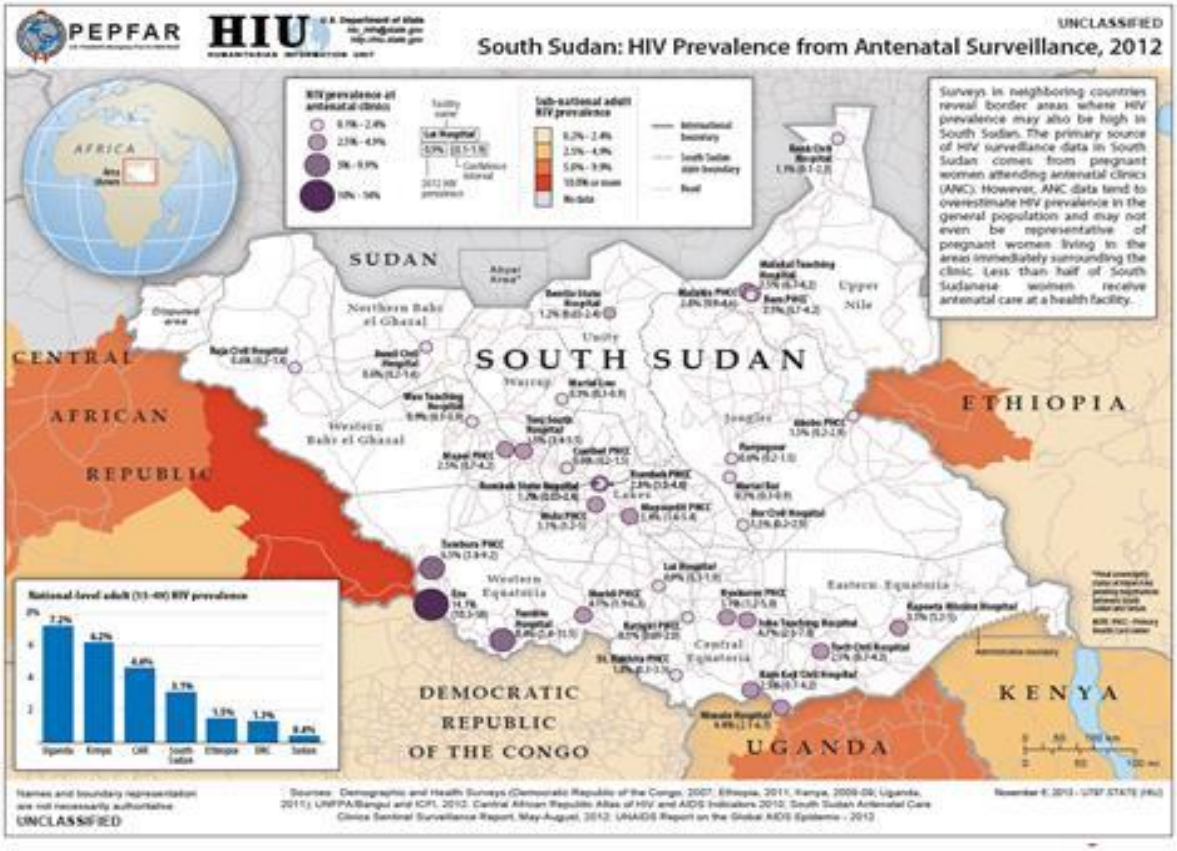
* The 2013 HTC national figure reported is an underestimate due to incomplete submission of HTC data to the national level.
** FSW estimates are for Juba and Yambio towns only.

Based on 2012 Spectrum, an estimated 150,000 South Sudanese were infected with HIV, among whom approximately 13% were children, and 16,000 new infections occur annually.[2] The highest prevalence states are in the southern area of the country along the borders of Central African Republic (CAR), the Democratic Republic of Congo (DRC), Uganda and Kenya. HIV prevalence in these states is 6.8% in Western Equatoria, 3.4% in Eastern Equatoria, and 2.6% in Central Equatoria State where the capital, Juba, is located. Hot spot counties with high HIV prevalence include: Ezo (14%), Yambio (8.4%), Tambura (6.5%), Juba (4.7%), Magwi (4.4%) and Maridi (4.1%). In contrast, HIV prevalence is 0.3% in the north-western state of Northern Bahr El-Ghazal, followed by Jonglei, Warap and Unity States (1.3%) and Western Bahr El-Ghazal (1.4%).

Female sex workers (FSW) can be found throughout the country, with the highest number concentrated in the main towns of Juba, Yambio, Nimule, Yei, Bor and Torit. Population size estimates and formative assessments have been conducted among this population and an HIV bio-behavioral survey will be implemented in the coming year.

[2] Spectrum estimates for 2014 have been updated but not officially released by the MOH at the time of this writing

South Sudan: HIV Prevalence from Antenatal Surveillance, 2012



1.2 Investment Profile

The Government of South Sudan (GoSS) funds for health programs remain unreliable and are not expected to provide a significant contribution to HIV or other health funding in the near future. The GoSS budgets approximately 4% of its annual budget to health, but the actual expenditures are significantly less and there is no transparent accounting for spend rates. GoSS allocates a small budget to HIV annually, and these funds - if released - are primarily spent on staff salaries. The country continues to operate under an austerity budget and the ongoing humanitarian crisis from an armed conflict which began in December 2013, and frequent closures of the oil pipelines —the foundation for South Sudan's economy — have caused a severe fiscal crisis. To this end, PEPFAR does not anticipate any new GoSS funding in the near future.

The new Global Fund (GF) concept note was submitted for USD 60 million over three years. In June 2015, the HIV concept note was approved for about USD 40 million covering a period of two years and three months (i.e. October 1, 2015 to December 31, 2017). The grant making process was started in June 2015, and grant signing is projected for September 2015. These resources are estimated to cover at least 25% of the population in need of ART and PMTCT over the next two years and three months. PEPFAR's technical support is critical for achievement of the targets proposed in the Global Fund New funding model. As such, it is expected that the national response will continue to be heavily reliant on PEPFAR for both technical assistance and resources, which currently support approximately 60% of services in the country.

There are no other significant development partners supporting core HIV programs in South Sudan.

Table 1.2.1 Investment Profile by Program Area[3] (NASA 2012)

Program Area	Total Expenditure	% PEPFAR	% GF	% GoSS	% Bilateral	% UN Agencies	% Other International	% MDTF[4]
Clinical care, treatment and support	$3,855,000	10%	90%	0	0	0	0	0
Community-based care	0	0	0	0	0	0	0	0
PMTCT	$8,170,750	59%	9%	0	2%	1%	1%	29%
HTC	$8,170,750	59%	9%	0	2%	1%	1%	29%
VMMC	0	0	0	0	0	0	0	0
Priority population prevention	$9,409,500	44%	6%	0	1%	26%	0%	21%
Key population prevention	0	0	0	0	0	0	0	0
OVC	$2,080,000	0	0	100%	0	0	0	0
Laboratory	0	0	0	0	0	0	0	0
SI, Surveys and Surveillance	0	0	0	0	0	0	0	0
HSS	$860,000	31%	57%	1%	2%	3%	1%	5%
Total	**$32,546,000**	**45%**	**18%**	**6%**	**1%**	**8%**	**1%**	**21%**

Table 1.2.2 Procurement Profile for Key Commodities (NASA 2012)

Commodity Category	Total Expenditure	% PEPFAR	% GF	% GRP	% Other
ARVs	$1,458,819	0	33.5%	0	66.5%
Rapid test kits	$239,289	100%	0	0	0
Other drugs	$337,436	0	100%	0	0
Lab reagents	$219,887	0	100%	0	0
Condoms	0	0	0	0	0
VMMC kits	0	0	0	0	0
Other commodities	$299,764	100%	0	0	0
Total	$2,555,195	21%	41%	0	38%

Table 1.2.3 Non-PEPFAR Funded Investments and Integration and PEPFAR Central Initiatives (NASA 2012)

Funding Source	Total Non-COP Resources	Non-COP Resources Co-Funding PEPFAR IMs	# Co-Funded IMs	PEPFAR COP Co-Funding Contribution	Objectives
USAID MCH	$24,700,000	$0	1	$700,000	Although funding was allocated to different health elements, these funds were all allocated to ISDP with the purpose of expanding access to, increasing demand of, and increasing the quality of health services through an integrated, standardized package of services.
USAID TB	$2,000,000	$0	0	$0	
USAID Malaria	$6,300,000	$1,650,000	1	$0	
USAID FP	$8,000,000	$5,060,000	1	$0	
USAID HIV	$2,010,000	$0	0	$0	
USAID WASH	$9,000,000	$0	0	$0	
Total	**$52,010,000**	**$7,810,000**	**1**	**$700,000**	

[3] (GRP, National AIDS Spending Assessment , 2012), all amounts in 2012 USD
[4] MDTF funding through the World Bank funding concluded in 2013 and there will be no new funds for HIV

1.3 National Sustainability Profile

South Sudan experienced decades of civil war, culminating in its recognition as an independent nation in July 2011. In December 2013, war broke out again which led to long term evacuations of the local and international staff supporting the HIV response and further destabilization of the fragile economy and health sector. As the world's newest country, South Sudan has few of the critical elements in place to support a robust and transparent economy or government. The government has publically described maintaining a strong security infrastructure as a priority and of lesser importance, the development and support of health, education and agricultural sectors. The South Sudan HIV response remains almost entirely reliant on external donors.

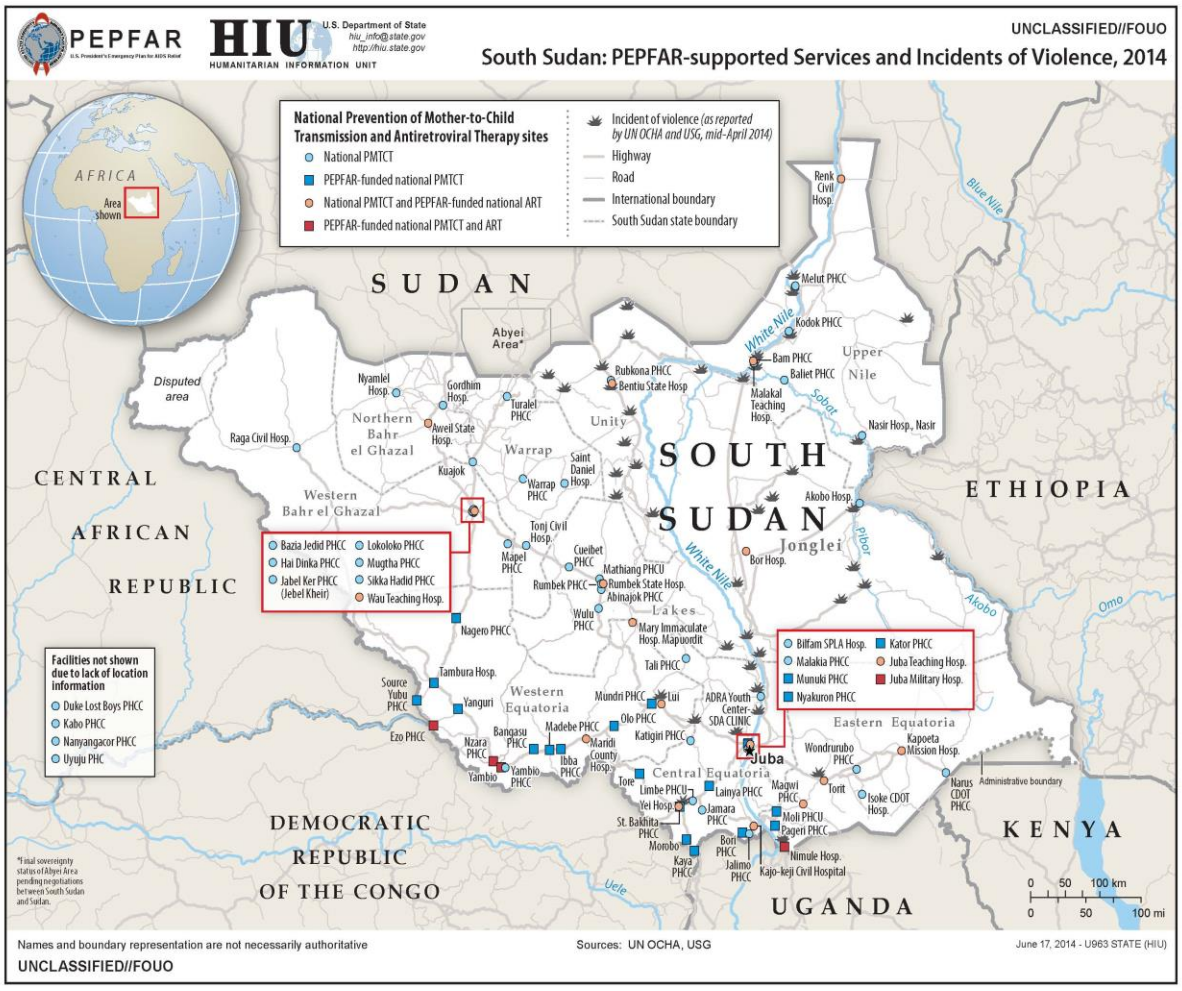
No areas of the HIV response in South Sudan are adequately covered in terms of finance, oversight, monitoring or service delivery. All sustainability elements are important, however increasing access to high quality essential services are a top priority along with the availability and use of programmatic and financial data for more effective planning and resource allocation. PEPFAR targets its investments to improve service delivery access and quality, strengthen data quality and use, and improve transparency, accountability and reporting. The NFM complements these same areas in addition to investing in enhanced civil society engagement and creating an enabling environment. UNAIDS also provides coordination and support, particularly to the South Sudan AIDS Commission. However, none of these activities are institutionalized, and the country is still in need of the level of external funding and technical assistance to improve management and oversight that has benefitted many other countries in the region.

1.4 Alignment of PEPFAR investments geographically to disease burden

PEPFAR focuses its service delivery program in three states - Central, Eastern and Western Equatoria - where 56% of PLHIV in need of ART in South Sudan are found. In these states, PEPFAR provides HTC, PMTCT Option B+, treatment services and targeted community HIV prevention activities. ART coverage for Western and Central Equatoria States is 15% and 12%, respectively (Figure 1.4.2). This is significantly higher than the national coverage of 6% for all PLHIV but still far from the coverage needed for population-level epidemic control.[5] Eastern Equatoria State has had fewer resources directed to it. Given the limited funding, PEPFAR South Sudan will consolidate service delivery programs in the highest burden counties and health facilities in this state but does not have plans for expansion. Through coordination with Global Fund, PEPFAR will continue to provide technical assistance to the other GF sites in the three states not falling under the direct service delivery mechanism (Lakes, Northern Baher El Ghazal, and Western Baher El Ghazal).

[5] This proportion of coverage is based on all PLHIV being eligible for ART and not only had those who meet the clinical qualification which is the assumption used in national Spectrum estimates.

Figure: 2014 PEPFAR and national programs by geographic distribution



Western and Eastern Bahr el Gazal States have two of the 18 ART clinics that are currently functioning, but there is very low prevalence in these states, few people on treatment and they are expensive to travel to. This translates to a disproportionate expenditure per % PLHIV (Figure 1.4.1). However, the actual PEPFAR expenditure in these states in absolute dollars is far lower than other higher burden states (Figure 1.4.1.2). PEPFAR South Sudan chose to continue providing technical assistance to the entire national HIV program as shifting the support away from lower prevalence, hard-to-reach areas would yield little additional funding for other program areas and would have a negative impact on the national technical assistance program and the quality of services delivered in those states.

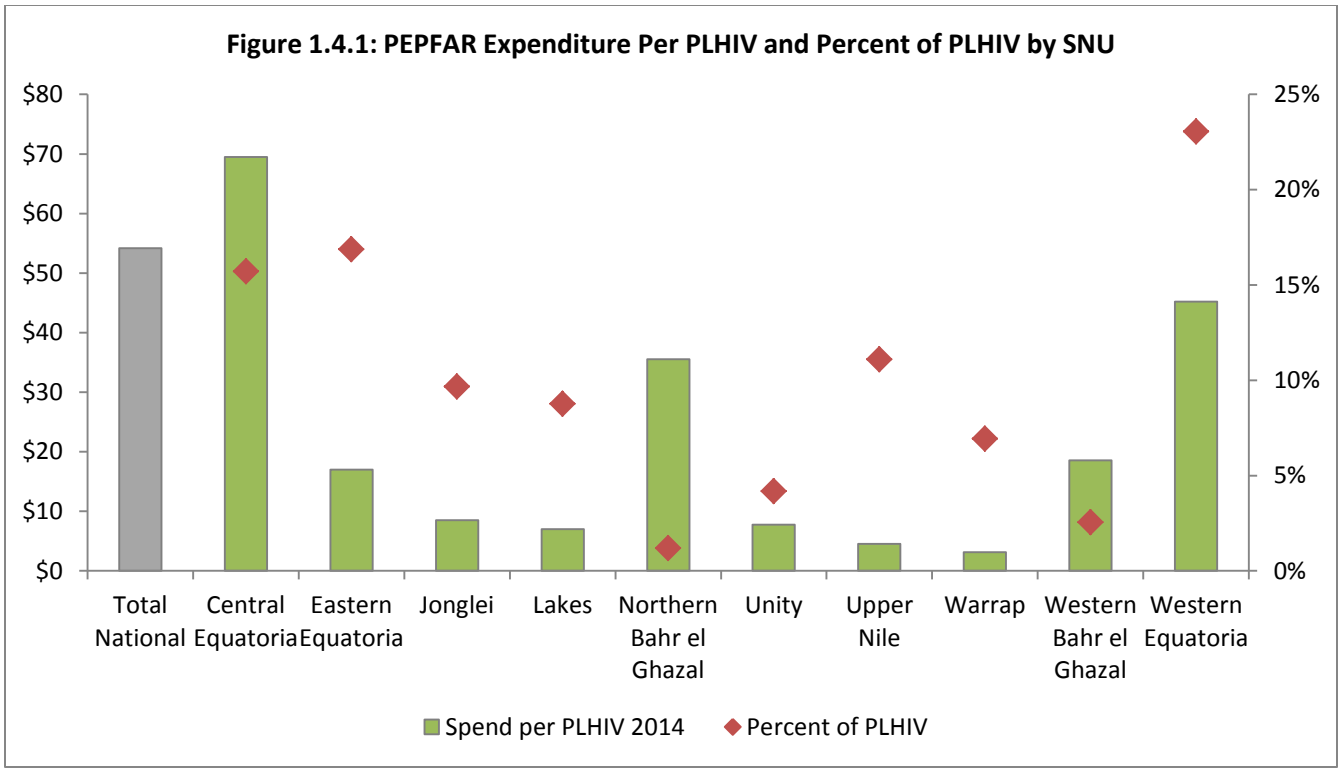


Figure 1.4.1: PEPFAR Expenditure Per PLHIV and Percent of PLHIV by SNU
$80
$70
$60
$50
$40
$30
$20
$10
$0
25%
20%
15%
10%
5%
0%
Total National
Central Equatoria
Eastern Equatoria
Jonglei
Lakes
Northern Bahr el Ghazal
Unity
Upper Nile
Warrap
Western Bahr el Ghazal
Western Equatoria
Spend per PLHIV 2014
Percent of PLHIV

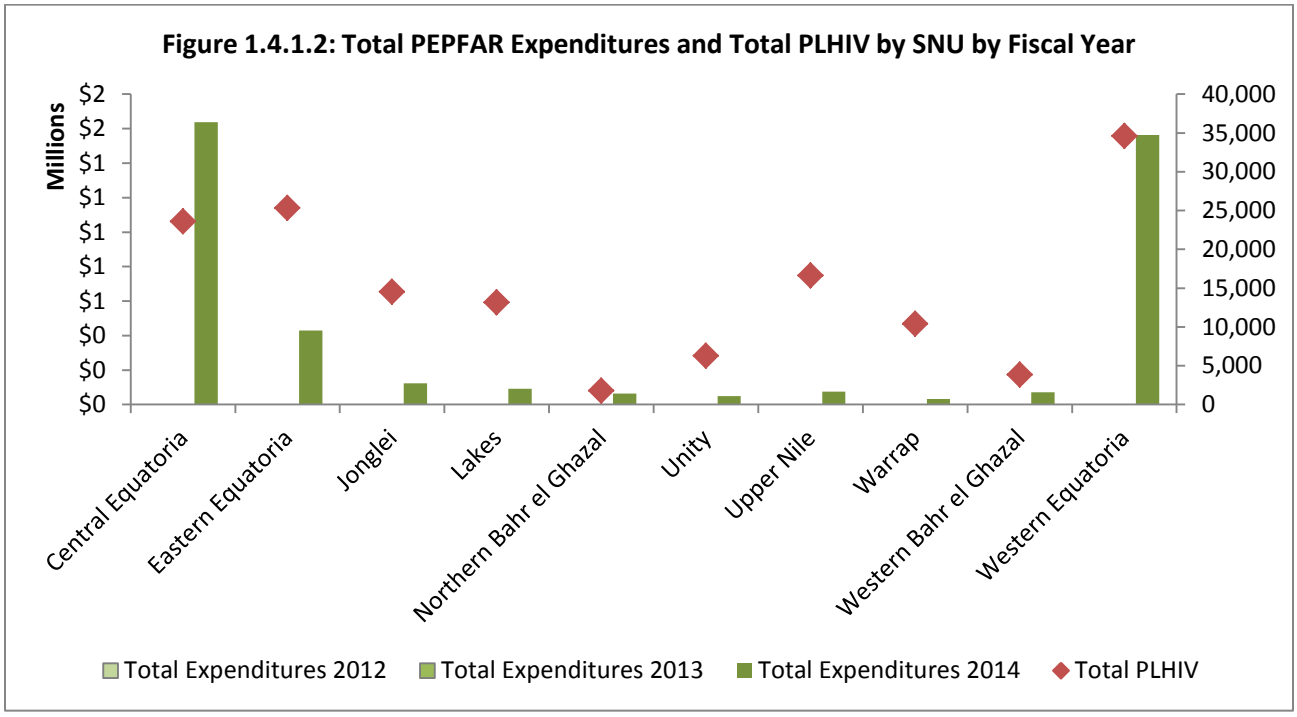


Figure 1.4.1.2: Total PEPFAR Expenditures and Total PLHIV by SNU by Fiscal Year
Millions
$2
$2
$1
$1
$1
$1
$1
$0
$0
$0
40,000
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
Central Equatoria
Eastern Equatoria
Jonglei
Lakes
Northern Bahr el Ghazal
Unity
Upper Nile
Warrap
Western Bahr el Ghazal
Western Equatoria
Total Expenditures 2012
Total Expenditures 2013
Total Expenditures 2014
Total PLHIV

Chart 1.4.2: Total and percent PLHIV, total ART and percent ART coverage by State (Spectrum 2012 and PEPFAR ART annual program results 2014)

	Total PLHIV by SNU	Percent PLHIV	Total PLHIV on ART	ART Coverage for Total PLHIV
Central Equatoria State	23,570	16%	2,749	12%
Eastern Equatoria State	25,306	17%	931	4%
Jonglei State	14,508	10%	-	0%
Lakes State	13,144	9%	322	2%
Northern Bahr el Ghazal State	1,776	1%	35	2%
Unity State	6,256	4%	-	0%
Upper Nile State	16,636	11%	-	0%
Western Bahr el Ghazal State	3,836	3%	293	8%
Western Equatoria State	34,578	23%	5,043	15%
Warap State	10,389	7%	-	0%
NATIONAL	150,000	100%	9,373	6%

1.5 Stakeholder Engagement

In an effort to create a sustainable PEPFAR portfolio, the PEPFAR Strategic Plan, which was finalized in December 2013, was developed with substantial input from stakeholders and was designed to both reflect and support the South Sudan HIV National Strategic Plan. This collaboration has created strong technical footing for the PEPFAR strategy and has not only endured the ongoing conflict, but has helped control the HIV epidemic. Since the development of the PEPFAR Strategic Plan, the PEPFAR team has continued to work closely with the Ministry of Health (MOH), the South Sudan AIDS Commission (SSAC) and the Global Fund HIV/AIDS Concept Note team at each level of planning and design to ensure the strategic focus of PEPFAR investments continues to be in line with host country goals and priorities, to minimize duplication of efforts and to maximize impact for HIV/AIDS service delivery in the country. As a member of the Global Fund Country Coordination Mechanism, the PEPFAR team is well poised among the MOH, SSAC, civil society groups and key stakeholders to advocate for using data for decision-making; increasing public transparency of information; and establishing meaningful engagement of the community and local government in the delivery of HIV services. In turn, stakeholders have been an integral part of: 1) APR data and accomplishments over the first year of the strategic plan, 2) the planning process for COP15, including prioritization of services in key locations and populations with the highest burden of HIV, 3) the HIV/AIDS commodity security overview, and 4) determining PEPFAR vs. Global Fund's role in ensuring proper quantification, forecasting, and procurement to prevent further stock outs.

2.0 Core, Near-Core and Non-Core Activities

PEPFAR South Sudan determined core, near-core and non-core activities through a series of steps that started with stakeholder and headquarters engagement and culminated in a five year PEPFAR strategic plan. The plan prioritizes activities that will both contribute directly to epidemic control and capitalize on PEPFAR core strengths. Site-level core activities were determined for HTC, care and treatment, prevention and laboratory services. At the sub-national and national levels, core activities focus on technical assistance to support the roll-out of systems to scale-up service delivery, improve service quality, support efficient supply chain management, and strengthen monitoring and reporting. Near-core activities center on laboratory systems strengthening, community-based prevention, and capacity building for civil society, organizational management and components of strategic information. (See Appendix A)

3.0 Geographic and Population Prioritization

PEPFAR South Sudan will aggressively scale-up activities in the three states with the largest HIV burden: Western Equatoria State (WES), Eastern Equatoria State (EES) and Central Equatoria State (CES), representing 56% of all PLHIV nationally. The overall ART coverage remains extremely low in all three states (WES-15%, CES 12% and EES-4%). In order to reach 80% ART coverage in these states, an additional 58,040 PLHIV would need to start treatment. Given the current very low level of ART coverage for all PLHIV, PEPFAR will work with the MOH and Global Fund to reach about 56% treatment coverage by 2017 in PEPFAR aggressive scale-up counties and 38% treatment coverage in the three equatoria states as a whole (see table 2.1.1 below). Technical assistance to improve the impact of the care and treatment program will be provided in the counties that fall within three states that are primarily served by Global Fund, Lakes, Northern Baher El Ghazal and Western Baher El Ghazal. These states have lower HIV burden, but adequate security to continue service provision. The other four states (Jonglei, Unity, Upper Nile and Warrap) will be supported by Global fund and the national government without PEPFAR assistance.

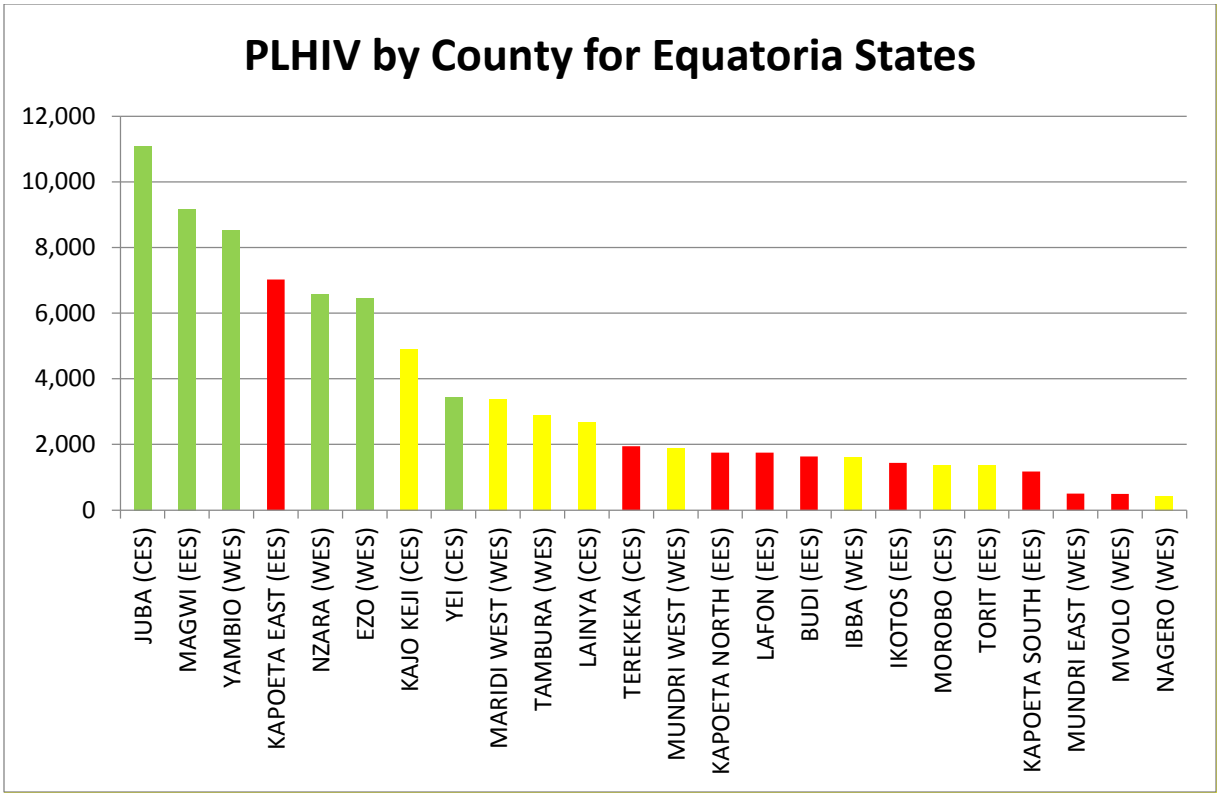
Table 2.1.1: Disease Burden by States; Separated into States with Aggressive Scale-up and States with Sustained ART Coverage Counties

State	State PLHIV	APR 2014 Results	% PLHIV Coverage	FY16 TX_CURR Target	% PLHIV Coverage	FY17 TX_CURR Target	% PLHIV Coverage
States with Aggressive Scale Up Counties							
Central Equatoria (CES)	23,570	2,749	11.7%	6,174	26.2%	10,463	44.4%
Eastern Equatoria (EES)	25,306	931	3.7%	1,838	7.3%	6,419	25.4%
Western Equatoria (WES)	34,578	5,043	14.6%	9,729	28.1%	14,868	43.0%
Sub-total	**83,454**	**8,723**	**10.5%**	**17,741**	**21.3%**	**31,750**	**38%**
States with Sustained Counties							
Lakes	13,144	322	2.4%	618	4.7%	1,261	9.6%
Northern Baher El Ghazal (NBG)	1,776	35	2.0%	75	4.2%	171	9.6%
Western Baher El Ghazal (WBG)	3,836	293	7.6%	505	13.2%	910	23.7%
Sub-total	**18,756**	**650**	**3.5%**	**1198**	**6.4%**	**2,342**	**12.5%**

South Sudan does not have population-based HIV prevalence data for estimation of PLHIV by county or payam, which represent subnational units 2 and 3, respectively. In order to determine relative disease burden PEPFAR used the 2012 ANC sentinel surveillance and positivity results from PEPFAR HTC and PMTCT programs to estimate county-level PLHIV. For counties that did not have a health facility participating in the 2012 ANC sentinel survey or have PEPFAR service delivery (generally more rural counties) ANC estimates from neighboring counties were halved with the assumption prevalence is lower in rural areas.

The figure below represents PLHIV in the three Equatoria States by county level and indicates the level of current PEPFAR investments. Of the 10 highest prevalence counties, PEPFAR currently implements programs in 9 of the counties, six of which currently have five or more service delivery points.

Eastern Equatoria has the lowest program coverage of the three high prevalence states. PEPFAR is currently working in only two counties, Magwi and Torit, which are on the busiest trade route in the country linking Juba to Uganda and Kenya respectively. Kapoeta East, which lies in Eastern Equatoria,is the fourth highest HIV burden county in the three Equatoria States, yet no services are being provided in this county, which lies on a disputed border with Kenya and is inaccessible and expensive to reach. Due to budget constraints, it was agreed that shifting resources to Kapoeta East would dilute the program's ability to have an impact in other priority geographic areas of the country and thus PEPFAR will continue services in Eastern Equatoria only in Magwi and Torit Counties.



Green bars indicates counties with five or more PEPFAR-supported PMTCT or HTC sites, yellow for counties with one to four PMTCT or HTC sites, and red are counties with no such sites.

In total, PEPFAR South Sudan prioritized 9 counties in the Equatorias (Juba, Magwi, Yambio, Nzara, Ezo, Kajo Keji, Yei, Madri West, and Tambura) for aggressive scale-up of treatment services. Three lower-burden counties in the equatorias will receive PEPFAR support, but at a sustained level (Torit, Kapoeta South, and Mundri East). In addition, five counties within the three states (Lainya, Morobo, Ibba, Mundri West, Nagero), where PEPFAR is currently providing support for HTC, will continue to receive PITC/PMTCT service provision. As Option B+ is rolled out these sites may have the potential to become treatment sites in future years.

KEY POPULATIONS

Given the high prevalence of HIV among FSWs (estimated at 25%) and MSM, PEPFAR South Sudan will support full continuum of prevention, care and treatment services targeting FSWs and, in the future, will begin to target MSM. Using available mapping data, in COP 15 PEPFAR will target hotspots in Juba, Nimule, Yei and Yambio that are known to have large populations of FSWs. Programmatic data, size estimations, and bio-behavioral surveillance, and other information gathered from FSWs will inform service delivery and expansion into additional areas.

4.0 Program Activities for Aggressive Scale-Up in Priority Locations and Populations

4.1 Scale-up Targets

PEPFAR South Sudan will initiate 9,629 new PLHIV on treatment in FY 2016 (8,007 at treatment sites and an additional 1,622 through Option B+) and provide HIV testing for 143,846 individuals through HTC, provider-initiated testing and counseling (PITC), and PMTCT services, as well as FSW drop-in centers. PEPFAR South Sudan will provide intensive support to the 14 HIV treatment sites in the Equatoria states and targeted technical assistance to the other six existing treatment sites in the country. Intensive technical support will be provided to the MOH to establish pediatric ART and PITC services at Al-Shaba children's hospital. PEPFAR South Sudan will expand HIV testing through evidence-based practices including PITC in TB wards and targeted mobile testing and counseling for key populations. Efforts will be made to support ongoing access to ART for PLHIV attending Juba Military Hospital. Additionally, should the political and security situation evolve in such a way as to make it feasible, the PEPFAR team will be prepared to scale up treatment for military members, including the potential addition of two ART sites, expansion of HTC, and initiation of VMMC.

With the focus on both testing and linkages, and concentrated support for ART services in the three Equatoria states, PEPFAR estimates an increase in the number of current PLHIV on ART from 8,723 in FY14 to 17,741 in FY 16 (Table 2.1.1). This represents an increase in coverage from 11% to 21% and is a substantial accomplishment given South Sudan's severe infrastructure constraints and extremely limited human resources supply. An additional 1,000 sex workers *[REDACTED]* will also be put on treatment in counties that have PMTCT facilities that will transition to treatment facilities in FY16.

In order to make significant strides towards epidemic control, in addition to targeting the general population in high prevalence counties within the three states with aggressive scale-up counties, PEPFAR South Sudan has also prioritized several important program streams including PMTCT, key populations (female sex workers), and priority populations (clients of sex workers) with the goal of efficiently identifying HIV positive clients in these populations and effectively linking them to care and treatment services (Table 4.1.2). PEPFAR South Sudan will also begin laying the groundwork to pilot the provision of voluntary medical male circumcision (VMMC) in eligible populations.

The ability to achieve these targets will be limited by the availability of and access to ARVs through PEPFAR and Global Fund. PEPFAR will continue to work closely with the MOH; WHO and UNDP/Global Fund to conduct joint quantification and communicate the required timelines and budgets to ensure a steady supply of commodities.

Table 4.1.1 ART Targets in Scale-Up_Sub-national Units					
County (State)	**Total PLHIV**	**Expected current on ART (FY15)**	**Additional patients required for 80% ART coverage**	**Target current on ART (in FY16) TX_CURR**	**Newly initiated in FY 16 TX_NEW**
Juba (CES)	11090	3007	5865	3758	1927
Magwi (EES)	9171	784	6553	938	390
Yambio (WES)	8526	2247	4574	3424	1135
Nzara (WES)	6571	1670	3587	1934	598
Ezo (WES)	6453	1439	3723	1811	419
Kajo Keji (CES)	4911	456	3473	543	134
Tambura (WES)	3599	997	1882	1528	523
Yei (CES)	3425	548	2192	867	477
Maridi (WES)	3381	339	2366	401	135
Sub Total	**57,127**	**11,487**	**34,215**	**15,204**	**5,738***

It is estimated that Option B+ sites in these counties will add an additional 1,569 persons bring the total **Tx_Curr target to **16,773** and the **Tx_New** target to **7,307** for the aggressive scale-up counties.*

Table 4.1.2 Entry Streams for Newly Initiating ART Patients in Aggressive Scale-Up and Sustained Counties (FY 16)			
Entry Streams for ART Enrollment	**Tested for HIV (in FY16)**	**Identified Positive (in FY16)**	**Enrolled on ART (in FY16)**
Clinical care patients not on ART		na	2678
Facility Based HTC	107,250	6267	3,625
TB-HIV Patients not on ART*	4,600	782	704
HIV-positive Pregnant Women*	31,990	1,791	1,622
Other priority and key populations*	4,300 (FSW)	1,100 (FSW)	1,000 (FSW)
Total	**148,140**	**9,940**	**9,629**

KEY POPULATIONS

With the goal of increasing ART coverage among populations with a high likelihood of transmitting HIV, PEPFAR South Sudan will target female sex workers in four hotspots within the Equatoria states and provide a full spectrum of services including HIV testing, active linkage to care and treatment for those who test positive, and prevention services for those who test negative. Additionally, key populations programming will emphasize supportive services to ensure continued retention and adherence of HIV positive FSWs on ART. PEPFAR South Sudan will also consider FSWs as a priority group for PMTCT, and include referrals between FSW and PMTCT interventions. PEPFAR intends to test 4300 FSW for HIV (and ensure that ~90% of those positive are linked to care and treatment.

PMTCT

In order to achieve epidemic control, PEPFAR South Sudan has prioritized PMTCT services as a means to efficiently identify HIV positive pregnant women and link them to care and treatment services (Table 4.1.2). In FY 16, PEPFAR South Sudan will concentrate PMTCT services to 14 counties with a high burden of HIV. This will involve moving out of four low yield PMTCT sites and 11 HTC sites in order to scale-up support in three additional sites that are located in higher burden counties.

Using a cascade approach and the number of ANC clients that attend PEPFAR supported sites annually, PEPFAR South Sudan has calculated the required number of additional HIV positive pregnant women required to reach 80% ART coverage by FY17, within these counties. PEPFAR South Sudan will test 90% of the pregnant women in these counties and enroll 90% of those testing HIV positive into ART programs. This is expected to yield a total of 1,622 pregnant women newly initiated on lifelong ART by end of FY 16.

PRIORITY POPULATIONS (Clients of sex workers)
Clients of FSWs will be targeted with a focus on support for combination prevention activities. However, PEPFAR South Sudan does not currently have population size estimates of clients of FSWs and therefore targets were not calculated for this priority population.

Table 4.1.4 Target Populations for Prevention Interventions to Facilitate Epidemic Control

Target Populations	Population Size Estimate (priority SNUs)	Coverage Goal (in FY16)	FY16 Target
KP_PREV	**FSW: N/A**	**N/A**	**5,200**
PP_PREV	**N/A**	**N/A**	**N/A**
Total	**N/A**	**N/A**	**5,200**

4.2 Priority and Key Populations

Article 19 of the South Sudan interim constitution expressly criminalizes commercial sex work (prostitution). Under Section 252 of the penal code, the following acts are deemed as punishable offence by law: soliciting, living off or facilitating prostitution, keeping a brothel, procuring and coercing or inducing persons for the purpose of engaging in sexual conduct.

This legal environment has continued to drive sex workers into hiding, denying them critical services and hindering the ability of HIV positive persons engaged in sex work from accessing or adhering to ART. In FY 16 PEPFAR will continue to actively look for and reach these key populations with critical services to mitigate their risk of HIV. The strategy will deploy the human rights approach of "health for all" which is stipulated in the national constitution and articulated in the South Sudan health sector development plan.

Using existing mapping data, key population program activities will target FSWs in identified hotspots within four major towns (Juba, Nimule, Yei and Yambio) with the aim of creating stigma free zones characterized by three essential components:

a) High quality services
b) Trained and sensitive staff
c) "Savvy" consumers: to help ensure FSWs are knowledgeable about their own health and at reduced risk of HIV

The program will first identify gaps in the HIV prevention, care, and treatment cascade among FSW in each hotspot area. Once gaps are identified, targeted services and technical assistance to service providers at service delivery sites along the HIV cascade will be provided, including the utilization of a drop-in-center/safe space in Juba, Yambio, Nimule, and Yei.

The following major activities will be implemented in each hotspot to improve the continuum of HIV prevention, care and treatment for FSWs:

- Targeted mobile HTC services for FSW
- Community-based outreach, including FSW Peer Education and Peer Navigators program, Information, Communication and Technology (ICT) and community mobilization
- Orientation and training of health care workers to provide services to FSW
- Capacity development of local organizations to build local FSW capacity to develop and implement their own programs
- High quality monitoring through supportive supervision for outreach and peer education/peer navigators and the ongoing usage of intervention standards

In addition to creating high quality services, demand for comprehensive prevention, care and treatment services will be fostered through a variety of activities aimed at education and self-empowerment of FSWs, such as community mobilization, community-based service provision through edutainment activities, and by training select peer educators living with HIV to serve as peer navigators for their FSW peers living with HIV.

Drop in centers

At the drop in centers peer educators will assemble and plan weekly activities. ARV refills will be provided by a nurse and clinical officer at the center. There will be provision of family planning options that are currently not available for outreach such as injectables and long term reversible implants. In addition, STI screening and treatment using a presumptive treatment approach will be introduced. Staff will also conduct HTC for FSW.

4.3 Voluntary Medical Male Circumcision (VMMC)

There is interest in piloting a VMMC program to determine acceptability and feasibility. PEPFAR will continue to consult on the best options and sites to implement such a pilot.

4.4 Preventing Mother-to-Child Transmission (PMTCT)

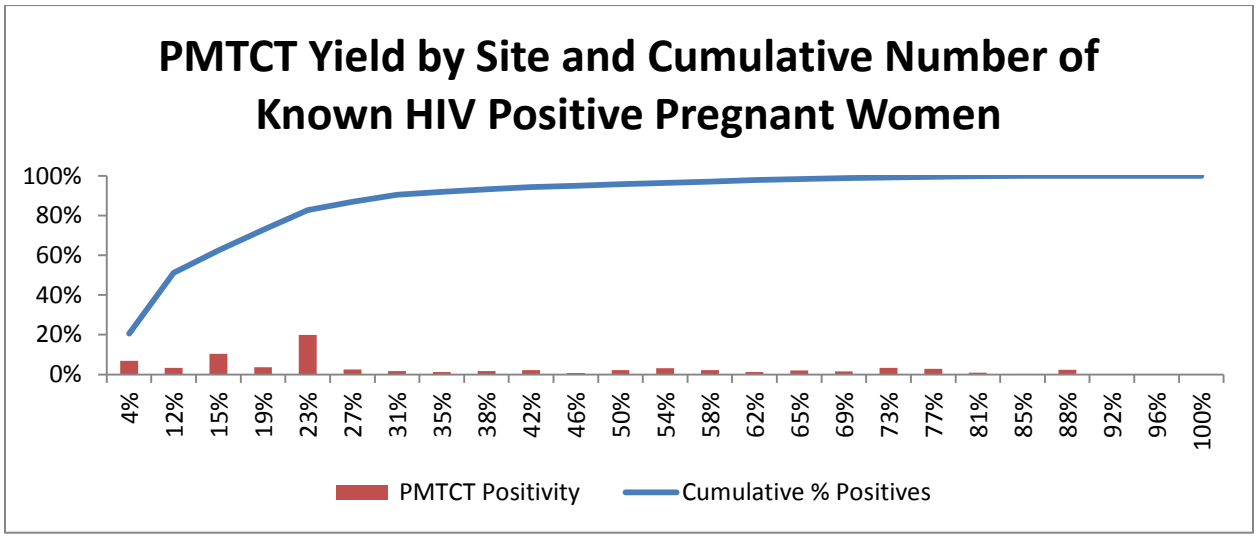
Given the success of PEPFAR's technical assistance to both treatment and PMTCT sites, the South Sudan MOH requested that PEPFAR take the lead in piloting Option B+. In FY 2015, PEPFAR South Sudan plans to expand its technical assistance to support PMTCT sites and will prioritize efforts to scale-up Option B+ at *all* PEPFAR supported PMTCT facilities in the 9 aggressive scale-up counties and additional five sustained counties with HTC/PMTCT activities by assessing models of integration of PMTCT services to ensure that at least 90% of ANC clients are tested for HIV and that 90% of those diagnosed as HIV positive are registered in care and have access to ART. This capacitation will build off HTC and PMTCT services already being provided within the maternal, neonatal and child health (MNCH) platform at these facilities with the intention of having them provide lifelong ART for mothers and pediatric ART clients.

These counties will also be targeted for increased uptake of ANC services, HIV testing, routine, provider-initiated, rapid HTC to pregnant women and their partners, counseling on repeat testing for those testing negative, primary prevention through HIV education, and prevention of unintended/unwanted pregnancies through family planning counseling and commodities provision. Testing at delivery and during breastfeeding will be increased to identify women who seroconvert or who did not receive ANC, and infant feeding counseling will be emphasized as well as exclusive breastfeeding for the first 6 months. The USAID health program is also providing support for MCH activities, as well as family planning, at the primary health care centers in Central and Western Equatoria States, and these programs will be leveraged where overlap exists. Additionally PEPFAR is exploring options to integrate family planning services in the 18 functioning ART facilities leveraging the commodities being brought in by both USG and UNFPA as a way to support prong 2 of PMTCT.

Efficiency Analysis

PEPFAR South Sudan supported PMTCT services at 26 sites in 2014, of which a total of seven sites were low yield (2 sites reported zero PLHIV, while 5 reported less than four PLHIV in the past year). The average positivity rate (weighted by volume) for these sites is 0.2% (range 0.1%-0.3%). As shown in Figure 4.4.1, 6 (26%) PEPFAR PMTCT sites identified 80% of positives. Of the sites identifying less than four PLHIV, five are located in scale-up counties and require further investigation. Two out of the seven sites (Source Yubu and Nagero) had 88 and 6 HIV positive patients, respectively, for HTC and will therefore be maintained. These two sites are also located in high burden geographic regions and in FY14 only tested 48% and 44% of all pregnant women who presented for a PMTCT visit. PEPFAR South Sudan will therefore focus our efforts on ensuring that more pregnant women are tested and that more accurate data collection occurs at these sites in order to identify more HIV positive cases.

Figure 4.4.1



Sites in other counties (Kangapo 2, Mambe, Pageri, and Moli) will be transitioned to MOH/Global Fund support during FY 16 (Section 5.0). It is estimated that PEPFAR will need to continue support for care and treatment to a diminishing cohort of pregnant women currently enrolled on ART in these sites through FY 16 as patients are referred/integrated into existing ART sites and the GoSS through Global Fund assumes management of pregnant women newly-initiating ART.

4.5 HIV Testing and Counseling (HTC)

In FY12, PEPFAR introduced provider-initiated testing and counselling (PITC) in the three states (WES, EES and CES) and in FY 13 the MOH adopted PITC as a national program. PEPFAR will continue to strengthen and expand PITC through its partners as well as work with the MOH to roll-out a nation-wide PITC program with a focus on linkages to care and treatment services. As pediatric treatment coverage is estimated at 3%, special emphasis will be placed on increasing PITC services in hospital children's wards. Another priority location for PITC will be TB wards.

HTC activities will also focus on generating community demand for HIV testing and on increasing the numbers of individuals tested in high burden areas who present at sites for other health services. PEPFAR partners will continue to support campaigns to encourage couples testing and expand services that offer hours convenient for couples and HTC programs will adopt innovative approaches, such as telephone tracking, to strengthen the referral system of newly identified HIV positives to care and treatment. Clients (particularly those who are HIV positive) will be screened for TB using a standard checklist and those identified as suspects linked to diagnosis and if positive referred for TB treatment.

Special focus will be made to expand access to testing for key and priority populations, including sex workers, females 15-24 years of age in peri-urban areas, migrant workers, and men ages 25-45 years in the transport sector. PEPFAR will support targeted outreach and mobile HTC services to key and priority populations with direct linkages to care and treatment sites.

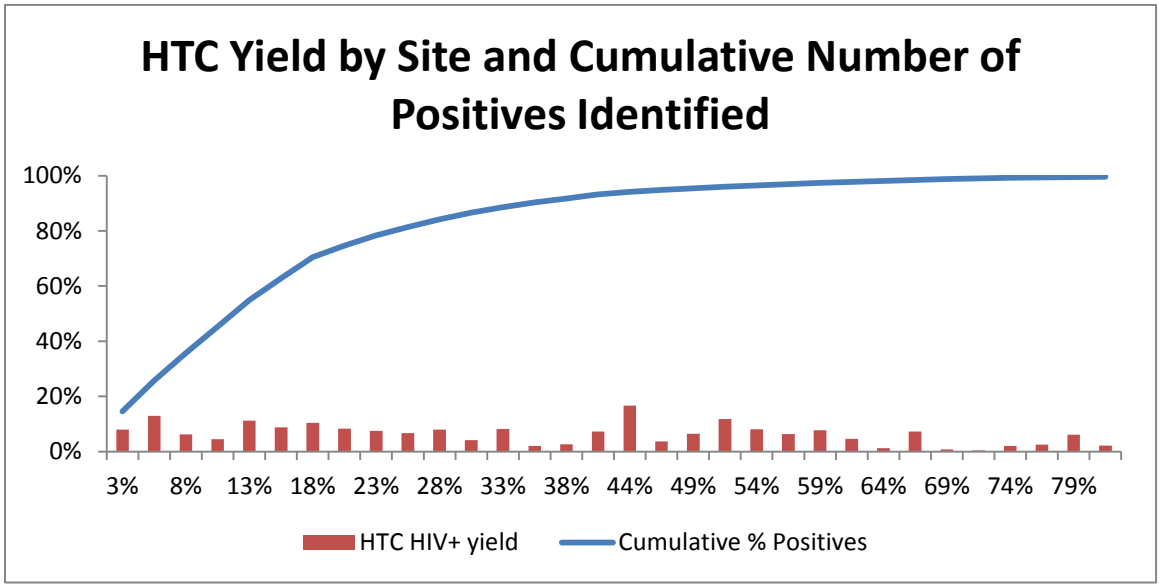
PEPFAR will continue to ensure the quality of its HTC services. All PEPFAR supported HTC sites will participate in quality assurance (QA) activities to ensure minimum standards of quality and accuracy of

results. Program monitoring activities will be implemented including technical assistance, field visits to partner sites, quarterly reporting, monthly PEPFAR TWG meetings, regular counselors' supportive supervision meetings, client exit interviews, and HIV testing validation using dry blood spots (DBS).

Efficiency Analysis

PEPFAR supported HTC at 39 sites in 2014, of which only one reported zero positives and six sites reported less than four positives in the last 12 months. As shown in Figure 4.5.1, 26% of sites (10) identified 80% of positives. PEPFAR will transition from a total of ten low yield sites: four sites in Western Equatoria state (Bagidi, and Olo) and six sites in Eastern Equatoria State (Moli, Nyong, Hiyala, and Kudo).

Figure 4.5.1



4.6. Facility and Community-Based Care and Support

PEPFAR partners will continue to support a standard package of care and support services at PMTCT and ART sites (as explained below). PEPFAR support will concentrate primarily in the three highest burden states (Central, Western and Eastern Equatoria), with more limited TA support to existing and new Global Fund ART sites outside the Equatorias.

PEPFAR South Sudan plans to focus the care and support portfolio to realize the following goals:

1. Improving linkages to care services from HTC/PITC, PMTCT, and TB wards. Efforts are in place to improve linkages to care from HTC/PITC and from care to community-based services. Partners will be encouraged to continue the use of community-based groups, such as mother-to-mother support groups to strengthen linkages between facility and community-based services. In FY 2016, PEPFAR will continue to provide technical assistance to HIV care and treatment sites and work with the site staff, MOH, and key stakeholders to address the chronic challenges in linking HIV

positive patients identified at HTC, TB and PMTCT sites. Partners will ensure strong bi-directional linkages between OVC programs and HTC, PMTCT services, and pediatric care and treatment.

2. Increasing coverage of cotrimoxazole for all PLHIV, particularly those in pre-ART care. Cotrimoxazole will be procured for use at ART, PMTCT, and TB sites.
3. Ensuring all pre-ART PLHIV at ART sites have access to CD4 testing. Given South Sudan's recent adoption of CD4 ≤ 500 eligibility criteria, it is anticipated that a large proportion of patients currently in care will be eligible for ART. PEPFAR supported procurement of 22 point of care (Pima) CD4 machines in 2013 distributed to high volume care and treatment sites. These machines helped to facilitate testing for a backlog of pre-ART patients who had not yet been assessed for eligibility using CD4 criteria. PEPFAR will continue to provide TA support for forecasting, procurement and distribution of reagents for the machines and support quality assurance of the testing. PEPFAR will work to transition the responsibility of procuring test reagents and point of care CD4 machines to the Global Fund when the New Funding Mechanism for Global Fund is approved in 2015.
4. Improving retention in care for both ART and pre-ART patients also remains a high priority, and PEPFAR South Sudan will continue to utilize community support groups and other evidence-based strategies to retain people in care and ensure they are started on ART when eligible.
5. Improving health workforce competencies in providing comprehensive child health services to HIV-infected children during the pre-ART assessment, including nutritional assessments, OI treatment, and integration or linkage to routine health services such as immunization.

PEPFAR will support care and support programming in COP15 through collaborations with other USG funded health programs as well as through partnerships with the MOH and other stakeholders. In Central and Western Equatoria, primary health care centers providing PMTCT services through PEPFAR support are also receiving USG funding (through USAID health programs such as the Integrated Service Delivery Project and the Family Planning programs) to support essential primary health care service delivery, including elements of a more comprehensive family planning. It is expected that PEPFAR will leverage those programs to help meet the needs of HIV+ clients in need of care and support services while simultaneously helping those programs expand their reach.

4.7 TB/HIV

Currently, the USG, through the USAID TB program (non-PEPFAR), supports most TB clinics in the two Equatoria States where HIV prevalence is highest, WES and CES. PEPFAR will work closely with the national TB program and other stakeholders to improve collaboration between TB and HIV programs and to ensure that all TB patients are tested for HIV and that all who test positive for HIV are appropriately linked to care and treatment services. To this end, PEPFAR will work to strengthen linkages and referrals between TB and ART sites.

PEPFAR HTC/PITC partners will develop new collaborations with TB wards to test TB patients for HIV. In FY 16, PEPFAR plans to test 4,600 TB patients for HIV and enroll 704 of these TB patients on ART (Table 4.1.2).

All PEPFAR PMTCT and ART sites will implement, track, and report on TB screening among PLHIV (using the TB screening questionnaire), ensure diagnostic follow-up for PLHIV with presumptive TB and conduct

active referrals to TB treatment for PLHIV with TB disease. Where possible, appropriate use of Xpert MTB/RIF for TB diagnosis among PLHIV will be strengthened.

PEPFAR South Sudan will continue to work with the national HIV and TB programs to develop policies, on-site training, and ongoing mentoring for clinical staff to strengthen TB/HIV program monitoring and evaluation (M&E), ensuring that TB/HIV indicators are captured by both monitoring systems. The team will also support activities to improve integration of TB and HIV programs at national, state and county levels.

4.8 Adult Treatment

The South Sudan MOH adopted the 2013 WHO guidelines and rolled-out their national ART guidelines in July 2014. This has expanded treatment eligibility to CD4 ≤ 500 cells/mm3, lifelong ART for all pregnant and breastfeeding women, all HIV patients with TB infection and all children < 5 years. The 12-month retention rate is 61%, with plans to improve retention to 75% in COP 15. With PEPFAR South Sudan support, the MOH aims to initiate approximately 9,629 new patients on ART in FY 16 (8,007 at treatment centers and an additional 1,622 through Option B+) and support a total of 20,839 patients on treatment at PEPFAR-supported sites in FY 16.

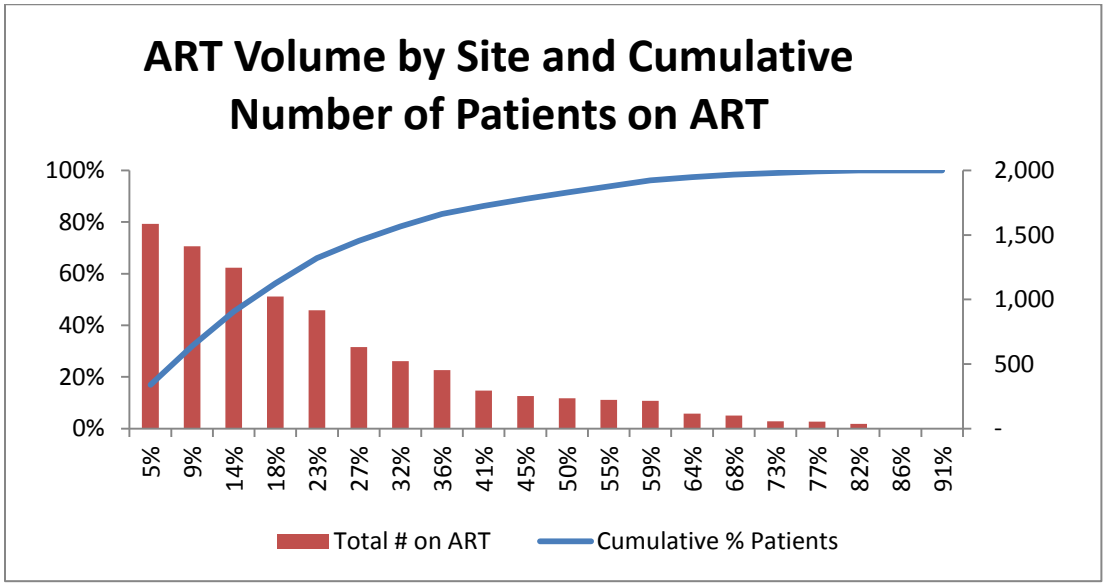
In FY16, PEPFAR South Sudan will provide direct service delivery to 14 ART sites in the Equatoria and continue to provide technical assistance (TA) to the remaining six. TA will also be provided to any new Global Fund ART/PMTCT co-located sites and PEPFAR PMTCT sites. PEPFAR will also ensure patients accessing care at Juba Military hospital continue to get ART through standardized, routine mentorship and supportive site supervision. PEPFAR South Sudan will work to improve health care providers' capacity, including capacity building at the national and state levels, to deliver high quality family-centered HIV care and treatment services to adults and children living with HIV.

The PEPFAR program will focus on;

- Increasing access to ART and ART coverage for patients with TB/HIV, FSW, young women and children to reach treatment targets
- Providing additional on-site training and mentoring for clinical and laboratory staff, including support to nurture a multidisciplinary team approach to patient management
- Supporting collaboration and partnership between various clinical services, and between government service providers and NGOs, by organizing partners' meetings during site visits to local facilities
- Improving supply chain management of ARVs and drugs for OI prophylaxis and treatment, including formulary rationalization, as well as laboratory supplies
- Developing and introducing evidence-based approaches to increase PLHIV access and adherence to HIV treatment and care services, such as community support groups, short-mobile text messaging appointment reminders to improve clinic attendance, integrated TB/HIV and other services
- Improving retention in care for both ART and pre-ART patients by utilizing community support groups and other innovative strategies to keep people in care and ensure they are started on ART when eligible

The above activities aim to improve linkage of eligible PLHIV to ART services, adherence to ART and retention in programs, and support clinicians from ART sites in improving the quality of medical services for PLHIV. To help ensure the quality of these services, PEPFAR USG staff will conduct Site Improvement and Monitoring Systems (SIMS) visits to all PEPFAR-supported ART sites, as feasible based on the local security context. During the routine mentorship visits, PEPFAR-supported IPs in partnership with MOH staff will conduct working meetings with all staff at each ART/PMTCT site to review and discuss quality of treatment services using the standard of care practice above and to discuss progress, existing challenges, and ways to improve service delivery. Mentors will provide clinical mentorship to ART site staff for clinically challenging patients, discuss existing challenges in ensuring patient retention in care and adherence to ART, and identify the most suitable solutions. As required, phone calls to ART staff on topics such as treatment, care, and laboratory services will be provided. As part of the technical assistance support package, PEPFAR will assist the country in developing a formal quality assurance and improvement program and provide support to MOH and partners to sustain HIV clinical programming.

The majority of ARVs in South Sudan are procured through Global Fund with PEPFAR supplementing ARV costs for all new people on treatment since FY13, and the current funding through the TFM (Transitional Funding Mechanism) will end by June 2015 but commodities are projected to last until April 2016. The New Funding model money will be received by September 2015 and implementation will begin Oct, 1st 2015. The NFM will run until the end of December 2017.



Efficiency Analysis

PEPFAR supported ART in 18 of 22 sites in 2014. Four ART sites lying in greater Upper Nile were closed due to the current conflict and reported zero patients. Resources meant for TA in these sites will be diverted to the remaining 18 ART sites, any new GF ART site and the PEPFAR PMTCT B+ sites.

In 2014, 80% of ART patients were seen in 38% (7) of functioning ART sites, all of which are PEPFAR supported. Patient volume in the remaining 61% of sites (11) ranged between 35 and 454, with only one site (Aweil state hospital) reporting less than 50 patients. PEPFAR will continue to focus on all 18 existing ART

sites. The 14of these ART sites that lie within the scale-up counties in the equatorial states will be supported to deliver direct services while the remaining sites will continue to receive TA.

4.9. Pediatric Treatment

As noted above, South Sudan MOH has adopted the 2013 WHO guidelines requiring all HIV positive children < 5 years to be initiated on ART for life.

PEPFAR South Sudan will prioritize pediatric HIV testing, care and treatment within a family centered approach. This is aimed at increasing the ability to find and treat HIV positive children through the PITC, PMTCT and ART services.

PEPFAR South Sudan will emphasize:

- Improving pediatric HIV case finding by prioritizing routine, systematic HIV testing of all children in high-priority settings: Active tracing of infants will be done at the PMTCT setting as well as providing PITC services at the pediatric wards (e.g. in Al Shabah Children's Hospital). Currently, the country lacks DNA PCR testing for early infant diagnosis (EID), though a DNA PCR machine was procured by Global Fund last year and a modest budget has been included in the TFM and NFM for commodities. The machine is not yet functional due to upgrades that are in process. PEPFAR will support training and service provision of EID as part of the package of PMTCT services, utilizing the commodities procured through the Global Fund New Funding Model. Until these commodities become available, PEPFAR plans to emphasize presumptive diagnosis and to establish systems for mother-infant pair follow-up.
- Increasing early initiation and overall coverage of ART for HIV-infected infants, children, and adolescents: PEPFAR South Sudan hopes to expand and improve HIV care and treatment services through the technical assistance provided by ICAP-Columbia University. Early initiation will be done at PMTCT B+ sites as well as the ART sites. South Sudan has an estimated 9,969 children living with HIV, but currently there are only about 300 children on treatment, representing about 3% coverage. With the implementation of the new WHO guidelines, PEPFAR estimates that approximately 1,000 new children will be put on treatment in FY 16.
- Enhance linkage and retention of children on ART: PEPFAR South Sudan will ensure routine follow-up visits and laboratory monitoring by reviewing the pediatric "cascade" from identification to retention and follow-up on ART to identify and address loss-to-follow-up along the cascade. Improving retention remains a high priority, and PEPFAR South Sudan will continue to utilize community support groups and other innovative strategies to keep children on ART.

PEPFAR South Sudan will continue to work with the national programs to develop policies, on-site training, and ongoing mentoring for clinical staff to initiate and maintain children on ART, with periodic supervision by ICAP medical doctors. Periodic SIMS visits by the USG staff will be conducted in select/high-volume sites.

Table 4.1.5 Targets for OVC and Pediatric HIV Testing, Care and Treatment

	Estimated # of	Target # of	Target # of active	Target #	Target # of

	Children PLHIV (<15)	active OVC (FY16 Target) OVC_SERV	beneficiaries receiving support from PEPFAR OVC programs to access HIV services (FY16 Target) OVC_ACC	of children tested (FY16 Target)	children on ART
Central Equatoria	**1,683**	**400**	**420**	**10,543**	**476**
Eastern Equatoria	**1,807**	**140**	**140**	**2,900**	**125**
Lakes	**938**				
Northern Bahr el Ghazal	**127**				
Western Bahr el Ghazal	**274**				
Western Equatoria	**2,469**	**563**	**666**	**7,940**	**361**
TOTAL	**16,602**	**1,103**	**1,226**	**21,383**	**962**

4.10 OVC

The current crisis has worsened the situation of orphans and vulnerable children in the country that was just beginning to heal from decades of civil unrest. Social networks that exist in the form of families taking care of orphans are stretched to the limit by recurrent fighting and subsequent displacements. The economic situation is pushing more families to the edge forcing young girls especially in the IDP camps to engage in risky activities for money.

In FY 15 PEPFAR South Sudan will prioritize the provision of high quality HTC and linkage to care and treatment for OVCs as well as provision of psychosocial support, educational assistance and saving schemes for care giver families of OVCs targeting the following groups;

- OVC children living among the PLHIV in Juba County;
- Vulnerable children living among the female sex worker community in Juba County;
- Children from families of HIV positive mothers from the PMTCT and care/treatment programs;
- At risk adolescents living in the protection of civilian camps in Juba

5.0 Program Activities to Sustain Support for Other Locations and Populations

5.1 Sustained package of services in other locations and populations

In counties where PEPFAR is not directly supporting ART service delivery, a sustained package of services will be delivered. In the low-burden counties within the high-prevalence states, PEPFAR will continue to provide support for HTC, PITC, and PMTCT. As Option B+ is now being implemented this will contribute nominally to overall treatment targets, as a greater number of women initiate lifelong ART.
In counties outside of the high-prevalence states (i.e. in Lakes, NBG, or WBG) PEPFAR will provide technical assistance to ART-sites that are primarily supported by the Global Fund. This is to ensure an on-going quality of care for those currently on treatment at these sites.

5.2 Transition plans for redirecting PEPFAR support to priority locations and populations

PMTCT
As a result of the PMTCT yield analysis, PEPFAR South Sudan support for two USAID sites (Bori PHCC and Olo PHCC) will be shifted toward a high yield site within the same county. These two sites have zero/low yield and are located in low burden geographic areas. Discussions with the GoSS have indicated that services at these sites will not be impacted and thus PEPFAR will not need to continue to provide services. Two CDC sites in Magwi Country, Eastern Equatoria are satellite sites of the larger Nimule Hospital and will no longer be funded for on-site service delivery. Instead, outreach services from the central hospital will be strengthened. Four PHCCs in Eastern Equatoria State (Nyong, Hiyala, Hilliue and Kudo) with less than four HIV positive pregnant women a year will also no longer be supported.

HTC
As a result of HTC yield analysis, USAID will no longer support one site (Olo PHCC) given that it had zero yield. CDC will no longer fund the above-mentioned facilities in Eastern Equatoria State as well as Bagidi, Bariguna and Basukangbu PHCUs in Western Equatoria State. Instead, PITC training and oversight will be strengthened for facilities not receiving direct support.

6.0 Program Support Necessary to Achieve Sustained Epidemic Control

6.1 Laboratory strengthening

In order for laboratory services to support efforts towards HIV epidemic control, PEPFAR South Sudan in FY 16 will support the establishment of early infant diagnosis (EID) of HIV and initiate viral load (VL) monitoring in one facility in Juba. PEPFAR will also continue to support Quality Assurance (QA) for HIV testing, CD4 and HIV-related clinical tests; implementation of quality improvement activities through laboratory quality management systems at National, regional and state hospital laboratories; supporting in-service training and capacity building efforts at the National Public Health Laboratory with an aim of

improving its management and coordination role and supporting development of a functional National blood transfusion service (BTS) based on voluntary non-remunerated blood transfusion.

PEPFAR South Sudan has to date enrolled the National Public Health Laboratory (NPHL) into an International HIV Serology EQA program, conducted retesting of HIV samples collected on dried blood spot from PEPFAR testing sites as part of HIV rapid test quality assurance, supported participation of two laboratories in the Strengthening Laboratory Management towards Accreditation (SLMTA), provided 22 point of care Pima CD4 machines to ART sites in high HIV prevalence locations, supported the development of a National Blood Transfusion service (NBTS) and reviewed pre-service curriculum for medical laboratory sciences. In collaboration with Global Fund, CDC has provided technical assistance that has led to the current renovation of the NPHL that will allow installation of EID and VL machines.
Further support in FY16 will be focused on providing staff to directly assist with the quality of services provided at the NPHL, helping the NPHL obtain SLMTA certification, initiating EID and VL services in S. Sudan and further strengthening the burgeoning blood safety program.

1. Brief Activity Description	Deliverables		Budget codes and allocation ($)		6. Implementing Mechanism(s) ID	7. Relevant Sustainability Element and Score	Impact on epidemic control				
	2. 2015	3. 2016	4. 2015	5. 2016			8. HIV Testing	9. Linkage to Care (LTC)	10. ART uptake	11.*Other Combination prevention	12. Viral suppression
EARLY INFANT DIAGNOSIS & VIRAL LOAD MONITORING											
Support development of an EID and Viral load monitoring program	Feasible, realistic and sustainable EID and VL plan; EID & VL training curriculum/ materials developed; EID & VL data collection tools verified and disseminated to sites.	EID & VL training conducted; specimen referral and result transmission system for EID developed; EID & VL data collection tools verified and disseminated to 10 sites; EID of HIV performed for 572 infants and VL monitoring performed at 1 facility	*[REDACTED]*	*[REDACTED]*	*[REDACTED]*	Access and demand (4.6)	X Early HIV diagnosis in infants	X More infants LTC	X More infants on ART		X Monitor viral load
HIV QUALITY ASSURANCE											
Develop a functional QA program for HIV testing, CD4 and VL monitoring.	Improved quality of HIV test and CD4 results through initiation of proficiency testing at 5 pilot sites.	Improved quality of HIV and CD4 test results through proficiency testing for HIV and CD4 implementation at 19 sites.	*[REDACTED]*	*[REDACTED]*	*[REDACTED]*	Quality management (4)	X Accurate test results	X	X Correct results to right person		X Timely ART initiation
QUALITY MANAGEMENT SYSTEMS											

Develop and implement a national quality improvement program.	Increased number of labs (4) with capacity to perform clinical tests, and 2 labs recognized in the process towards accreditation; reduced equipment down-time and functional biosafety and biosecurity program in 3 labs.	Increased number of labs (6) with capacity to perform clinical tests, and increased number of labs in the process of achieving accreditation; reduced equipment down-time and functional biosafety and biosecurity program in 6 labs.	*[REDACTED]*	*[REDACTED]*	*[REDACTED]*	Quality management (4)	X Quality improvement	X Timely enrollment to care	X ART monitoring		X
TRAINING AND CAPACITY BUILDING											
Strengthen the capacity of Ministry of Health for efficient management of the National laboratory network; build and retain quality laboratory workforce through pre-service and in-service capacity building efforts.	Improved management and leadership skills; in-service training curriculum developed; standardized pre-service training and operational plan developed.	Improved management and leadership skills; increased staff retention; in-service training curriculum implemented; supportive supervision of training schools and state hospital labs conducted; and operational plan developed.	*[REDACTED]*	*[REDACTED]*	*[REDACTED]*	Human Resource for Health (2.0) Planning and coordination (12.0)	X Access to improved services	X More people linked to care	X More people on ART	X	X Access to VL services
BLOOD SAFETY											
Support the MOH to establish the NBTS based voluntary non-remunerated	Increased number and improved quality of blood units; reduced number of TTI in	Increased number and improved quality of blood units; reduced number of TTI in	*[REDACTED]*	*[REDACTED]*	*[REDACTED]*	Access and demand (4.6)	X Increases number tested	X Supports linkage to care	X Links HIV positive to treatment		X

blood donation (VNRBD)	blood units; enhanced data quality from NBTS.	blood units; enhanced data quality from NBTS and cost-recovery strategy for NBTS developed.									

6.2 Strategic information (SI)

One of the four objectives of PEPFAR South Sudan strategy is to provide an evidence-base to guide the HIV national response by strengthening surveillance, monitoring and evaluation (M&E) and the health information system. This is anchored in the principle of strengthening quality data for decision-making. There is inadequate population and facility-based information on the HIV epidemic in South Sudan and PEPFAR has therefore placed considerable importance on supporting the MOH to develop an evidence-base on which to build its response. The key strategic information activities include the following:

- Real-time monitoring of program performance through SIMS visits and joint support supervision visits with MOH and Global Fund, along with the provision of feedback, to enhance program quality and coverage.
- Collect and disseminate findings of the FSW Bio-Behavioral Survey. A protocol for this survey has been approved by MOH IRB and is pending CDC IRB approval for implementation to start.
- Support to the MOH to conduct national ANC sentinel surveillance through technical assistance to the MOH on protocol development and mobilization of additional funds from Global Fund, UNICEF and UNFPA for survey implementation.
- Spearhead protocol development for the Aids Indicator Survey and advocate for resources from Global Fund and other partners.
- Undertake retrospective HTC client intake data analysis to target prevention programs and improve linkage to care.
- Support bi-annual cohort analysis at all HIV treatment sites as part of routine treatment supervision, mentoring and monitoring plans.
- Provide critical technical assistance and skills transfer to the MOH through strategic placement of long-term advisors to strengthen the national capacity in M&E. The CDC seconded SI advisor coordinates M&E activities at the MOH as well as the M&E TWG and supports the Health Management Information System roll-out to states and counties. The advisor will continue to work with the State M&E advisors (funded through Global Fund).

1. Brief Activity Description	Deliverables		Budget codes and allocation ($)		6. Implementing Mechanism(s) ID	7. Relevant Sustainability Element and Score	Impact on epidemic control				
	2. 2015	3. 2016	4. 2015	5. 2016			8. HIV Testing	9. Linkage to Care (LTC)	10. ART uptake	11.*Other Combination prevention	12. Viral suppression
ANC Sentinel Surveillance	Protocol developed and approved by ADS and MOH IRB Mobilize additional funds from Global fund and other partners including UN agencies (UNAIDS, UNFPA and UNICEF)	ANC Sentinel Surveillance data collected, report written and results disseminated	*[REDACTED]*		*[REDACTED]*	Activity incorporated in National HIV Strategic plan; Advocacy for MOH and other partners (Global fund, UNFPA and UNICEF) funding contribution Score 6	Improved targeting of high prevalence areas and identification of more HIV positives		Focusing Option B+ in areas /facilities with high prevalence of HIV to increase ART uptake		
AIDs Indicator Survey	Mobilization of additional funding from other partners including Global fund Protocol development. Protocol developed for Aids Indicator Survey in three high prevalence states.	Protocol Approved Data collection, analysis and dissemination	*[REDACTED]*		*[REDACTED]*	Activity incorporated in National HIV Strategic plan Advocacy for MOH and other partners (Global fund, UNAIDS, UNFPA and UNICEF) funding contribution Score 6	Improved targeting of high prevalence areas and identification of more HIV positives	Support Planning of HTC, ART and PMTCT services and guide scale up locations. Measure linkage to care.	Measure ART uptake.		Measure viral suppression.
FSW Bio-Behavioral Survey and Cohort study	Protocol approved and BBS data collected in Juba and Yambio	Data from BBS phase analyzed results disseminated. Data collection for cohort phase continues. At least one manuscript submitted for review by publishers	*[REDACTED]*		*[REDACTED]*		Improved targeting of FSW with HTC and other prevention activities	Improved linkages of FSW to care and treatment.	Measure uptake and retention of FSW in ART		Measure viral suppression and incidence.
Support MOH on routine HIV reporting through DHIS	Completeness of HIV indicators reporting through DHIS increased from current 50% to 80%	80% completeness reporting of HIV through DHIS	*[REDACTED]*	*[REDACTED]*	*[REDACTED]*	Mentoring of State HIV and M&E directors to independently undertake	Determination of high HIV yield sites are prioritization of these	Early identification of HIV positives and linkage to C&T			

						supportive supervision Score 2	sites for intensive HTC				
Retrospective HTC Client Intake Data analysis	Write protocol and obtain protocol approval. HTC Client intake data analysis and dissemination	HTC Client intake data analysis and dissemination	*[REDACTED]*	*[REDACTED]*	*[REDACTED]*	HTC Client data routinely collected at VCT Data analysis at MOH M&E directorate with involvement of MOH staff Score 2	Improved targeting of HTC and prevention messaging				
Strategic Information Capacity strengthening	Strategic placement of long term advisors		*[REDACTED]*			Mentoring of MOH Staff at the HIV Division at National and State Levels	Improved reporting and data use				

6.3 Health System Strengthening (HSS)

PEPFAR South Sudan recognizes the importance of ensuring commodity security (through a functional supply chain) for the success of the national HIV and PEPFAR programs. Unfortunately a myriad of challenges in South Sudan exist, namely difficult terrain, poor infrastructure, high freight cost, and remote locations coupled with deficient human capacity that prevent ensuring commodity security from ensuing. As the program continues to grow over the next few years, PEPFAR South Sudan will continue to rely on this fragile supply chain system.

In FY15 PEPFAR, in collaboration with the Global Fund, will support the MOH in forecasting, quantification and verification of health commodities. Additionally, PEPFAR will provide technical assistance to the MOH to strengthen pharmaceutical sector governance and enhance capacity for pharmaceutical supply management and service. These activities will ultimately help to ensure that accurate supply-chain information is collected, shared and used and that the provision of quality, affordable health care products supplied by PEPFAR are procured in a timely manner.

Brief Activity Description	Deliverables		Budget codes and allocation ($)		Implementing Mechanism(s) ID	Relevant Sustainability Element and Score	Impact on epidemic control				
	2015	2016	2015	2016			HIV Testing	Linkage to Care (LTC)	ART uptake	*Other Combination prevention	Viral suppression
A. SUPPLY CHAIN MANAGEMENT											
Support the MOH to strengthen supply chain services to support the national HIV program	Streamline and joint HIV commodity selection, forecasting and quantification. Reduced incidence of overstock and stock out. Minimize wastage through drug expiry	Reduced incidence of overstock and stock out. Streamline and pharmaceutical information system and reporting Electronic pharmaceutical information system developed	*[REDACTED]*	*[REDACTED]*	*[REDACTED]*	Commodity security and supply chain (1.0)	HIV RTKs will be available at PHCs and hospitals	Pharmaceuticals for OIs will be available for PLHIVs	PLHIV will enroll in treatment and find ARVs available at subsequent appointments	HIV	

7.0 Staffing Plan

PEPFAR South Sudan has limited staff due to security and space restrictions. The staffing pattern remains the same as the previous year with the exception that USAID plans to recruit one additional HIV Program Management Specialist. When COP 14 funds have been received in-country, CDC will move forward with the NPHL satellite office and the hiring of three additional technical positions (Clinical Advisor, M&E Advisor, and Laboratory Advisor) approved in COP 14 and critical to the successful implementation of programs. Current technical staff will continue to implement SIMS.

APPENDIX A

Table A.1 Program Core, Near-core, and Non-core Activities for COP 15			
Level of Implementation	**Core Activities**	**Near-core Activities**	**Non-core Activities**
Site level	**HTC:** • HTC in facility, community, and PMTCT sites with a focus on key and other vulnerable populations, high-prevalence populations, and scale-up SNUs • Expansion of HTC, especially PITC and index case testing, at existing treatment sites • Prioritized pediatric HIV testing • Procurement of limited HTC commodities (RTKs) **Care and Treatment:** • TA to ART sites in three focus states • Targeted TA to ART sites in seven non-focus states TA including standardized, routine mentorship and supportive site supervision • Targeted capacitation of ART service delivery at high-yield PMTCT/HTC sites to improve access to ART services for pregnant and breastfeeding mothers, their partners, and children **Prevention:** • Support for linkages/referrals to facility-based comprehensive HIV care and treatment services (including adherence support) • Option B+ implementation at all PEPFAR sites • STI screening, prevention, and treatment **OVC** • HTC and linkage to care and treatment for OVCs • Psychosocial support • Economic strengthening • Educational and nutritional support **TB/HIV:** • TA to ART sites in three focus states in TB/HIV integration • Targeted TA to ART sites in seven non-focus states TA including standardized, routine mentorship and supportive site supervision in TB/HIV integration **Laboratory:** • Direct service delivery, including CD_4 testing, viral load testing, and EID **Strategic Information** • Quarterly supportive supervision and data quality		

	assurance at service delivery sites		
Level of Implementation	**Core Activities**	**Near-core Activities**	**Non-core Activities**
Sub-national level	**HTC:** • HRH for HTC, including training **Care and Treatment:** • Prioritized pediatric HIV care and treatment • Targeted care and treatment for key populations **Prevention:** • Scale-up of targeted, high-impact prevention interventions (behavioral, structural, biomedical) for key and other high-risk/vulnerable populations • Condom and lubricant promotion and distribution • PMTCT Option B+ roll out **OVC** • Training and mentorship to health care workers and social welfare support providers • Linkage to care and treatment to the existing treatment centers at the sub national units **Laboratory:** • Support for supply chain management, including standardizing required supplies/reagents and developing tools for quantification and distribution **Strategic Information:** • Quarterly monitoring and data quality assurance of facility-based programs	**Prevention:** • Targeted BCC • Risk reduction counseling and skills training • Community mobilization and empowerment **Laboratory**: • Support for lab-related HRH, including pre- and in-service training and mentorship • Infrastructure support, including standardization, management, and maintenance of lab equipment **Strategic Information:** • Capacity building for strategic information, including training and mentoring of MOH staff	
Level of Implementation	**Core Activities**	**Near-core Activities**	**Non-core Activities**
National level	**HTC:** • Support for HTC systems, including development of standardized HTC tools, SOPs for linkage/referral **Care and Treatment:** • TA and support for rollout of revised WHO care and treatment guidelines nationwide (facility preparation, HRH, M&E) **OVC** • TA and support to roll out OVC program in Juba County through the coordination with the county health department and department of social welfare. • Advocacy with stakeholders **Prevention:** • TA and support for rollout of Option B+ nationwide (facility preparation, HRH, M&E) **Laboratory:** • Support for establishment of a comprehensive quality	**Prevention:** • Capacity building of civil society organizations to create awareness and increase service uptake among key and other vulnerable populations • Continued exploration of prevention interventions targeting MSM **Laboratory:** • TA to MOH for org/management structure • Support to laboratory accreditation and implementing lab standards and guidelines • Support for Laboratory Information Management Systems (LIMS), including establishment of a paper-based LIMS and a feasibility assessment for an electronic LIMS • Support for lab M&E, including development of lab indicators and tools	

	management system (QMS), including implementing QA labs and systems
	Strategic Information:
	• Surveillance and programmatic data collection, including:
	  o Bio-behavioral surveys of key and other vulnerable populations
	  o HIA in three high-prevalence focus states
	  o Support to the MOH to conduct national ANC surveillance
	  o PMTCT data quality assessment
	  o Implementation of a data tool among IPs to collect real-time bio-behavioral data from patients accessing HTC services
	  o Support for MOH development of HIV estimates and projections with UNAIDS
	• Support national surveillance, health information, and data management systems
	Health Systems Strengthening:
	• TA to strengthen of the national M&E system
	• Strengthening of M&E and supportive supervision throughout the health system
	• TA to the supply chain system, especially coordination and distribution of HIV commodities		

Table A.2 Program Area Specific Core, Near-core, and Non-core Activities for COP 15			
HTC	**Core Activities**	**Near-core Activities**	**Non-core Activities**
	• HTC in facility, community, and PMTCT sites with a focus on key and other vulnerable populations, high-prevalence populations, and scale-up SNUs • Expansion of HTC, especially PITC and index case testing, at existing treatment sites • Prioritized pediatric HIV testing • Procurement of limited HTC commodities (RTKs) • HRH for HTC, including training • Support for HTC systems, including development of standardized HTC tools, SOPs for linkage/referral	• HTC in facility, community, and PMTCT sites in non-focus SNUs	
Care and Treatment	**Core Activities**	**Near-core Activities**	**Non-core Activities**
	• TA to ART sites in three focus states • Targeted TA to ART sites in seven non-focus states TA including standardized, routine mentorship and supportive site supervision • Targeted capacitation of ART service delivery at high-yield PMTCT/HTC sites to improve access to ART services for pregnant and breastfeeding mothers, their partners, and children • Prioritized pediatric HIV care and treatment • Targeted care and treatment for key populations		
Prevention	**Core Activities**	**Near-core Activities**	**Non-core Activities**
	• TA and support for rollout of Option B+ nationwide (facility preparation, HRH, M&E) • Scale-up of targeted, high-impact prevention interventions (behavioral, structural, biomedical) for key and other high-risk/vulnerable populations • Condom and lubricant promotion and distribution • STI screening, prevention, and treatment • Support for linkages/referrals to facility-based comprehensive HIV care and treatment services (including adherence support)	• Targeted BCC • Risk reduction counseling and skills training • Community mobilization and empowerment • Capacity building of civil society organizations to create awareness and increase service uptake among key and other vulnerable populations • Continued exploration of prevention interventions targeting MSM	
TB/HIV	**Core Activities**	**Near-core Activities**	**Non-core Activities**
	• TA to ART sites in three focus states in TB/HIV integration • Targeted TA to ART sites in seven non-focus states TA including standardized, routine mentorship and supportive site supervision in TB/HIV integration		

Cross-cutting	Core Activities	Near-core Activities	Non-core Activities
Laboratory	• Direct service delivery, including CD_4 testing, viral load testing, and EID • Support for establishment of a comprehensive quality management system (QMS), including implementing QA labs and systems, expanding SLMTA, and implementing lab standards/guidelines • Support for supply chain management, including standardizing required supplies/reagents and developing tools for quantification and distribution	• TA to MOH for org/management structure • Support for lab-related HRH, including pre- and in-service training and mentorship • Support for Laboratory Information Management Systems (LIMS), including establishment of a paper-based LIMS and a feasibility assessment for an electronic LIMS • Support for lab M&E, including development of lab indicators and tools • Infrastructure support, including standardization, management, and maintenance of lab equipment • Support to laboratory accreditation and implementing lab standards and guidelines	
Strategic Information	**Core Activities**	**Near-core Activities**	**Non-core Activities**
	• Surveillance and programmatic data collection, including: o Bio-behavioral surveys of key and other vulnerable populations o HIA in three high-prevalence focus states o Support to the MOH to conduct national ANC surveillance o PMTCT data quality assessment o Implementation of a data tool among IPs to collect real-time bio-behavioral data from patients accessing HTC services o Support for MOH development of HIV estimates and projections with UNAIDS. • Quarterly supportive supervision and data quality assurance at service delivery sites • Support national surveillance, health information, and data management systems	• Capacity building for strategic information, including training and mentoring of MOH staff	
Health System Strengthening	**Core Activities**	**Near-core Activities**	**Non-core Activities**
	• TA to the supply chain system, especially coordination and distribution of HIV commodities	• TA to strengthen of the national M&E system • Strengthening of M&E and supportive supervision throughout the health system	

Table A.3 Transition Plans for Non-core Activities						
Transitioning Activities	**Type of Transition**	**Funding in COP 15**	**Estimated Funding in COP 16**	**# of IMs**	**Transition End date**	**Notes**

APPENDIX B

B.1 Planned Spending in 2016

Table B.1.1 Total Funding Level

	Applied Pipeline	New Funding	Total Spend
	$US	$US	$US
USAID	*[REDACTED]*	*[REDACTED]*	*[REDACTED]*
CDC	*[REDACTED]*	*[REDACTED]*	*[REDACTED]*
DOD*	*[REDACTED]*	*[REDACTED]*	*[REDACTED]*
Total		*[REDACTED]*	*[REDACTED]*

Table B.1.2 Resource Allocation by PEPFAR Budget Code

PEPFAR Budget Code	Budget Code Description	Amount Allocated
[REDACTED]	*[REDACTED]*	*[REDACTED]*
[REDACTED]	*[REDACTED]*	*[REDACTED]*
[REDACTED]	*[REDACTED]*	*[REDACTED]*
[REDACTED]	*[REDACTED]*	*[REDACTED]*
[REDACTED]	*[REDACTED]*	*[REDACTED]*
[REDACTED]	*[REDACTED]*	*[REDACTED]*
[REDACTED]	*[REDACTED]*	*[REDACTED]*
[REDACTED]	*[REDACTED]*	*[REDACTED]*
[REDACTED]	*[REDACTED]*	*[REDACTED]*
[REDACTED]	*[REDACTED]*	*[REDACTED]*
[REDACTED]	*[REDACTED]*	*[REDACTED]*
[REDACTED]	*[REDACTED]*	*[REDACTED]*
[REDACTED]	*[REDACTED]*	*[REDACTED]*
[REDACTED]	*[REDACTED]*	*[REDACTED]*
[REDACTED]	*[REDACTED]*	*[REDACTED]*
[REDACTED]	*[REDACTED]*	*[REDACTED]*
[REDACTED]	*[REDACTED]*	*[REDACTED]*
[REDACTED]	*[REDACTED]*	*[REDACTED]*
[REDACTED]	*[REDACTED]*	*[REDACTED]*
TOTAL		*[REDACTED]*

B.2 Resource Projections

Resources projections were made based on epidemiological, programmatic and expenditures data in the three target states and four aggressive scale-up counties. Targets were set using a single agreed upon unit cost for all agencies.

Expenditures analysis was conducted for the first time in South Sudan in 2014 using the 2013 implementation time period when the country faced a civil war, long term evacuation and disruption of services. Security, travel and temporary lodging costs increased significantly during this time period and supply chains were severely compromised. Despite the disruption, South Sudan reached a majority of its target during this time, but unit costs derived from the EA may overestimate the cost of doing business during a more normalized operational period.

Adjustments were made to unit costs for HCT which over-estimated the cost of HTC provision, particularly as the program transitions to more cost-effective PITC. For the EA derived unit cost, PEPFAR South Sudan removed the costs for rapid test kits, condoms, ARVs and non-ARV drugs and reduced the cost per person tested by $4.54/test. Unit costs for other program areas remained the same.

APPENDIX C

Sustainability Index and Dashboard

[REDACTED]

South Sudan COP15 Targets by County: Clinical Cascade

	Number of individuals who received HIV Testing and Counseling services for HIV and received their test results	Number of HIV-positive adults and children newly enrolled in clinical care who received at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count OR viral load	Number of HIV positive adults and children who received at least one of the following: clinical assessment (WHO staging) OR CD4 count OR viral load	Number of adults and children newly enrolled on antiretroviral therapy (ART)	Number of adults and children currently receiving antiretroviral therapy (ART)
Aweil West County	-	67	98	33	75
Bor County	-	-	-	-	-
Ezo County	13,107	512	1,812	419	1,811
Gogorial East County	-	-	-	-	-
Ibba County	1,543	10	-	10	-
Juba County	38,057	3,024	4,106	2,714	3,005
KajoKeji County	8,290	222	585	213	584
Kapoeta South County	-	133	224	123	299
Lainya County	893	16	-	16	-
Lopa/Lafon County	-	-	-	-	-
Magwi County	14,990	665	1,246	611	1,121
Malakal County	-	-	-	-	-
Maridi County	-	208	370	135	401
Morobo County	1,823	40	-	40	-
Mundri East County	-	80	117	61	133
Mundri West	2,887	9	-	9	-
Nagero	546	8	-	8	-
Nzara County	7,384	684	2,157	636	1,934
Renk County	-	-	-	-	-
Rubkona County	-	-	-	-	-
Rumbek County	-	170	241	76	219
Tambura County	5,265	394	1,457	598	1,528
Terekeka County	-	-	-	-	-
Tonj East County	-	-	-	-	-
Tonj North County	-	-	-	-	-
Tonj South County	-	-	-	-	-
Torit County	3,919	386	624	215	502
Twic County	-	-	-	-	-
Wau County	-	321	603	164	505
Yambio County	25,787	1,925	3,501	1,728	3,929
Yei County	16,006	1,095	1,825	734	1,071
Yirol West County	-	216	399	160	399
Other_ South Sudan	7,500	200	2,550	525	2,400
Total	**147,997**	**10,385**	**21,915**	**9,228**	**19,916**

South Sudan COP15 Targets by County: Key, Priority, Orphan and Vulnerable Children Indicators

	Number of the target population who completed a standardized HIV prevention intervention including the minimum components	Number of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS
Aweil West County	-	-	-
Bor County	-	-	-
Ezo County	-	-	-
Gogorial East County	-	-	-
Ibba County	-	-	-
Juba County	-	4,300	1,103
KajoKeji County	-	-	-
Kapoeta South County	-	-	-
Lainya County	-	-	-
Lopa/Lafon County	-	-	-
Magwi County	-	600	-
Malakal County	-	-	-
Maridi County	-	-	-
Morobo County	-	-	-
Mundri East County	-	-	-
Mundri West	-	-	-
Nagero	-	-	-
Nzara County	-	-	-
Renk County	-	-	-
Rubkona County	-	-	-
Rumbek County	-	-	-
Tambura County	-	-	-
Terekeka County	-	-	-
Tonj East County	-	-	-
Tonj North County	-	-	-
Tonj South County	-	-	-
Torit County	-	-	-
Twic County	-	-	-
Wau County	-	-	-
Yambio County	-	717	-
Yei County	-	600	-
Yirol West County	-	-	-
Other_ South Sudan	-	10,797	-
Total	**-**	**17,014**	**1,103**

South Sudan COP15 Targets by County: Breastfeeding and Pregnant Women

	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery
Aweil West County	-	-
Bor County	-	-
Ezo County	1,627	224
Gogorial East County	-	-
Ibba County	275	10
Juba County	11,621	475
KajoKeji County	798	41
Kapoeta South County	-	-
Lainya County	432	16
Lopa/Lafon County	-	-
Magwi County	3,600	183
Malakal County	-	-
Maridi County	-	-
Morobo County	1,062	40
Mundri East County	-	-
Mundri West	236	9
Nagero	200	8
Nzara County	1,022	130
Renk County	-	-
Rubkona County	-	-
Rumbek County	-	-
Tambura County	1,000	37
Terekeka County	-	-
Tonj East County	-	-
Tonj North County	-	-
Tonj South County	-	-
Torit County	500	25
Twic County	-	-
Wau County	-	-
Yambio County	4,464	362
Yei County	4,850	236
Yirol West County	-	-
Other_ South Sudan	1,601	25
Total	**33,288**	**1,821**

South Sudan COP15 Targets by County: Tuberculosis (TB)

	Number of registered new and relapsed TB cases with documented HIV status	The number of registered TB cases with documented HIV-positive status who start or continue ART
Aweil West County	-	18
Bor County	-	-
Ezo County	-	-
Gogorial East County	-	-
Ibba County	-	-
Juba County	2,820	256
KajoKeji County	80	28
Kapoeta South County	-	10
Lainya County	50	-
Lopa/Lafon County	-	-
Magwi County	200	83
Malakal County	-	-
Maridi County	-	2
Morobo County	140	-
Mundri East County	-	15
Mundri West	100	-
Nagero	10	-
Nzara County	-	77
Renk County	-	-
Rubkona County	-	-
Rumbek County	-	8
Tambura County	-	19
Terekeka County	-	-
Tonj East County	-	-
Tonj North County	-	-
Tonj South County	-	-
Torit County	170	70
Twic County	-	-
Wau County	-	33
Yambio County	585	24
Yei County	450	151
Yirol West County	-	10
Other_ South Sudan	50	50
Total	**4,655**	**854**