Republic of South Sudan

Country Operational Plan (COP) 2018

Strategic Direction Summary

March 15, 2018

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Abbreviations

APR	Annual Progress Report
ART	Antiretroviral Therapy / Treatment
ARV	Antiretroviral (drugs)
BSS	Bio-Behavioural sero-survey
COP	Country Operational Plan
CSOs	Civil Society Organizations
DLT	Dolutegravir
ECHO	Extension for Community Healthcare Outcomes
EID	Early Infant Diagnosis
FSW	Female Sex Worker
FY	Fiscal year
GF	Global Fund
GoSS	Government of South Sudan
HIV/AIDS	Human Immunodeficiency Virus / Acquired immunodeficiency Syndrome
HPF	Health Pool Fund
HQ	Headquarter
KP	Key Population
LTFU	Lost to follow-up
MBC	Mother-Baby Care
MCH	Maternal and Child Health
MMS	Multi-Month Scripting
MOH	Ministry of Health
MSM	Men having sex with Men
NPHL	National Public Health Laboratory
OGAC	Office of Global AIDS Coordinator
OU	Operating Unit
PCR	Polymerase Chain Reaction
PEPFAR	President's Emergency Plan for AIDS Relief
PITC	Provider initiated testing and counseling
PLHIV	People living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PP	Priority Population
QA	Quality Assurance
QI	Quality Improvement
RoSS	Republic of South Sudan
SAPR	Semi-Annual Progress Report
SID	Sustainability Index Dashboard
SNU	Sub-National Unit
TA	Technical Assistance

TB	Tuberculosis
TBAs	Trained Birth Attendants
TLD	Tenofovir, Lamivudine and Dolutegravir (TLD) regimens
UNDP	United Nations Development Program
VL	Viral Load
VMMC	Voluntary male medical circumcision
TPT	Tuberculosis Preventive Therapy
WHO	World Health Organization

1.0 Goal Statement

The South Sudan PEPFAR program works in collaboration with the Ministry of Health[1] and the Global Fund to effectively and efficiently improve access to quality HIV prevention, care and treatment services for South Sudan. In fiscal year 2019 (FY 19) as part of the Country Operational Plan 2018 (COP18), this will be achieved through targeted approaches to high volume and high yield testing (e.g., index testing/partner notification, testing TB presumptives, and PITC), and to reaching underserved groups such as men and youth; prioritizing key populations; innovative and data-driven efforts to trace and retain patients on treatment, including through multi-month scripting; transitioning to the new antiretroviral, tenofovir disoproxil fumarate, lamivudine and dolutegravir (TLD); community engagement; strengthened coordination and collaboration with stakeholders; improved monitoring and supervision of the PEPFAR program; and improvements in programmatic efficiency through geographic rationalization and other ways of de-duplicating resources.

Through these efforts, PEPFAR will assist the Republic of South Sudan (RSS) to move toward epidemic control, with a goal of 17,539 new HIV patients on antiretroviral therapy (ART) and 41,841 total patients on ART by the end of FY 19 in PEPFAR-supported counties that are reported as sub-national units (SNUs). In COP18, PEPFAR will continue to focus on the five counties of Juba, Magwi, Yambio, Nzara, and Ezo where 25% of all people living with HIV (PLHIV) in South Sudan reside. Focusing resources on these Aggressive Scale-up SNUs where the PLHIV number is estimated at 45,794 will result in 28,537 PLHIV on ART including the military which translates to a cumulative 62% ART coverage by the end of FY 19 in these counties. Efforts to improve adherence and retention will be undertaken to ensure that 80% of those on treatment will be virally suppressed by the end of FY 19. This will represent significant progress in a country where only 12% of all PLHIV nationwide were on treatment in FY17.

These efforts will be reinforced by complimentary systems strengthening and oversight activities such as technical assistance in commodities quantification and forecasting, data visibility/logistics management information systems, warehouse system strengthening/inventory and stock management; TLD transitioning and supply chain planning processes necessary for the transition; lab strengthening for scale up of quality testing and suppression monitoring; increased collection and use of data for decision-making through targeted surveillance and use of routine program data; and a new county-based intensive field monitoring and supervision system designed to improve quality of services.

In order to enhance field level programmatic impact, build consensus and move towards sustainability, PEPFAR will further increase and support engagement with civil society and local communities. By working with and through Civil Society Organizations (CSOs), PEPFAR will gain better access to partners and children of index patients; improve linkage to treatment; will

[1] MOH facilities in all PEPFAR SNUs are supported by donors through the Health Pooled Fund.

better trace those on treatment or facilitate getting them back on treatment, including through counseling; and facilitate adherence to treatment regimes.

The South Sudan PEPFAR program has undertaken an extensive review of past programmatic expenditures, above site level expenses, and future resource requirements of the program in order to maximize efficiencies. This information was used to develop ways not only to de-duplicate resources but also increase efficiencies. For example, the Program went through a process of geographic rationalization wherein implementing partners were streamlined such that there is one partner per county, to the extent possible, in order to reduce costs associated with travel, monitoring, overhead, etc. In addition, sites that are either low volume/low yield, or better suited for management by other donors, will be transitioned, and resources re-programmed to higher volume and higher yield sites. The PEPFAR country team is reviewing above site and management costs, including overheads, with heightened scrutiny and an intent to concentrate more resources close to community/site level services and limit overheads and TA costs, given that PEPFAR implements a predominantly direct service delivery model. In order to accomplish this, PEPFAR South Sudan will engage with Agency Headquarters in order to look at possible ways of decreasing above site costs such as expensive Technical Assistance.

PEPFAR South Sudan also makes a commitment to be more objective and action driven in the areas of program monitoring and partner management. In COP18 the program will continue to use site, SNU and implementing mechanism level data, tease it to granularity to allow for site and IM level review, understanding of the program, and identification of issues which will allow for actionable decision making that will be followed-up for resolution and/or implementation. PEPFAR South Sudan will hold implementing mechanisms to rigorous accountability for achieving results against the targets set, and also ensure efficient fiduciary review and management practices. In summary, the South Sudan PEPFAR program is doing the utmost to achieve results at the lowest cost.

2.0 Epidemic, Response, and Program Context

2.1 Summary statistics, disease burden and country profile

The Republic of South Sudan (RSS) became an independent nation on July 9, 2011, after experiencing decades of civil war. However, it again descended into crisis in December 2013, adversely affecting the health system and access to health services. Unfortunately, conflict spiked again in July 2016 and has continued on and off until the present, despite ongoing efforts by major international partners. The ongoing conflict continues to make operating in South Sudan difficult for Implementing Partners.

Population projections (2018) for South Sudan are based on the pre-independence Sudan National Census of 2008, and they estimate the current total population of the Republic of South Sudan to be about 12,803,641. The December 2013 outbreak of war and the July 2016/ongoing crises have resulted in the displacement of about 4.26 m. people, of which 1.82 m. are internally displaced with some in Protection of Civilian (POC) camps, and 2.44 m. have been forced out of the country as refugees, of which about 1.04 m. are in Uganda. PEPFAR currently reaches displaced populations by programming HIV services in Juba POC, and by coordinating with PEPFAR Uganda to provide South Sudanese refugees in Northern Uganda with HIV services; Global Fund supports activities targeting IDPs in the other three POCs: Bentiu, Malakal and Wau.

The gross national income of RSS was $20.17 billion in 2015, and the country's gross domestic product (GDP) per capita was about $759. The national Human Development Index (HDI) value for 2016 was 0.418, putting the country in the low human development category at 181 out of 188 countries (Human Development Report 2016, UNDP). Outside the oil sector, livelihoods are concentrated in low productive, unpaid agriculture and pastoralists work, accounting for around 15% of GDP. In fact, 85% of the working population is engaged in non-wage work, chiefly in agriculture (78%).

Ongoing conflict has had a significant impact on South Sudan's economy; it has disrupted oil production – which accounts for 60% of its GDP – and lessened agriculture production, leading to a significant contraction of the economy. Extreme poverty has increased to 65%, and projections suggest that poverty will continue to rise through 2019 as economic growth is likely surpassed by population growth.

The GoSS has a National Strategic Plan (NSP) for HIV/AIDS which was recently updated. The "National Strategic Plan (NSP) for HIV and AIDS 2017-2021" was prepared to guide the multi-sectoral national response to the HIV epidemic for five years, and details outcomes, outputs, indicators and priority interventions. The NSP is aligned to national and international frameworks, including the Sustainable Development Goals (SDGs) and specifically SDG 3, which includes a specific HIV/AIDS-related target: "By 2030, end the epidemics of AIDS, tuberculosis,

malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases".

South Sudan has a generalized HIV epidemic with an adult prevalence of 2.6%. The epidemic is geographically concentrated in the southern states, with a prevalence of 6.8% in Western Equatoria, 3.1% in Central Equatoria, and 4.0% in Eastern Equatoria *(source: South Sudan Antenatal Care Clinics Sentinel Surveillance Report, MOH, 2012)*. Based on 2017 Spectrum estimates, there are 180,000 PLHIV in RSS; only about 23% (program data) of these know their status. The estimates for PLHIV distribution by counties and PEPFAR supported PLHIV on ART is illustrated in Map 2.4.1 below.

Initiated under COP17, Test and Start is being implemented in all PEPFAR intervention areas. In addition, high yield testing modalities – particularly those focusing on index patients, TB/HIV co-infection, PITC, and malnutrition – are an emphasis, although will be strengthened under COP18. Multi-month scripting has had a challenging start and is only being implemented partially, with 3-months prescription scripting being practiced in select circumstances, e.g., as part of community-based treatment through the SPLA. PEPFAR South Sudan is just now starting to investigate the initiation of PrEP, beginning with the need for policy change to support it.

Among the programmatic challenges preventing progress on epidemic control, improving yields and retaining patients on treatment (preventing loss to follow-up) continue to be among the most difficult to make progress on. Although improving, programs are still not maximizing differentiated treatment models in order to improve yields, and this will be an emphasis of COP18. In addition, the community engagement necessary to improve not only yield and loss to follow-up, but also sustainability, is not happening to the degree it should be. This too will be prioritized under COP18. Reaching specific groups such as men and youth has also been a challenge, as has reaching MSM, as a result of the extreme stigma and lack of legal protections present in South Sudan.

The disease burden across age and sex is provided in the standard table 2.1.1 below. Given that the South Sudan spectrum data only provides data by the age groups <15 years and ≥ 15 years, we are not able to provide 15-24 age group data in the standard COP18 table 2.1.2.

Standard Table 2.1.1 Key National Demographic and Epidemiological Data

Table 2.1.1 Key National Demographic and Epidemiological Data											
	Total		<15				15+				*Source, Year*
			Female		Male		Female		Male		
	N	%	N	%	N	%	N	%	N	%	
Total Population	11,878,208	100	3,048,023	22.6	3,260,167	24.4	3,128,112	25.5	3,367,339	27.5	2016 Projection, based on 2008 Sudan census
HIV Prevalence (%)		1.5%		0.2%		0.2%		3.3%		2.1%	MOH 2016 Spectrum estimates
AIDS Deaths (/ year)	10,051		361		374		4,933		4,384		
# PLHIV	180,000		4,819		4,971		100,535		69,672		MOH 2016 Spectrum preliminary estimates
Incidence Rate (Yr)		NA		NA		NA		NA		NA	
New Infections (Yr)	13,490										MOH 2016 Spectrum estimates
Annual births	475,128	4.0									2016 Projection, based on 2008 Sudan Census
% of Pregnant Women with at least one ANC visit	251,750	53.0	NA	NA			NA	NA			MOH 2014 HMIS Report
Pregnant women needing ARVs	8,390	1.8†									MOH 2016 HIV/AIDS Spectrum estimates
Orphans (maternal, paternal, double)	89,698		NA		NA		NA		NA		Spectrum 2016 Estimates
Notified TB cases (Yr)	8,730		NA		NA		NA		NA		MOH 2014 HMIS Report
% of TB cases that are HIV infected	1,108	12.7	NA	NA	NA	NA	NA	NA	NA	NA	MOH South Sudan TB Data 2014
% of Males Circumcised	NA	NA			NA	NA			NA	NA	
Estimated Population Size of MSM*	201	NA									Program data
MSM HIV Prevalence	NA	NA									
Estimated Population Size of FSW (Juba, Yambio, Yei, Nimule)	5,700	NA									Juba, Yei, Nimule and Yambio-2017 FSWs size estimate for microplanning
FSW HIV Prevalence	37.9%	NA									2016 FSW survey, Juba

Estimated Population Size of People Who Inject Drugs (PWID)	**NA**	**NA**									
PWID HIV Prevalence	**NA**	**NA**									
Estimated Size of Priority Populations (military)	**250,000**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**2012 SPLA BBS**
Estimated Size of Priority Populations Prevalence (military)	**NA**	**5.0**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**2012 SPLA BBS**

*If presenting size estimate data would compromise the safety of this population, please do not enter it in this table.

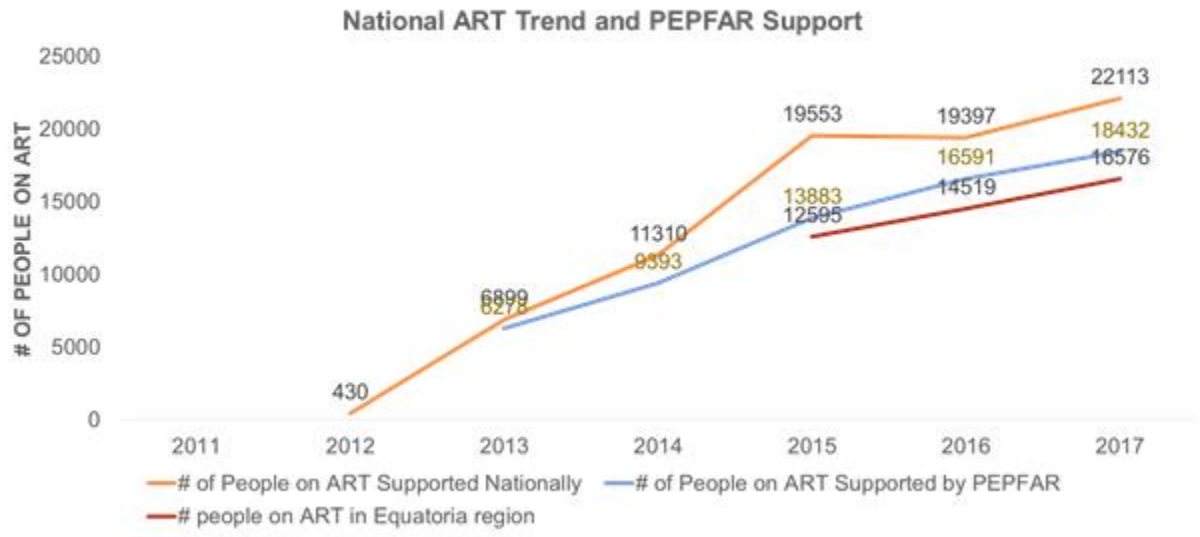
† Does not include diagnosed HIV+ patients already receiving treatment (ART)

Standard Table 2.1.2 90-90-90 cascade: HIV diagnosis, treatment and viral suppression

Table 2.1.2 90-90-90 cascade: HIV diagnosis, treatment and viral suppression*										
Epidemiologic Data					**HIV Treatment & Viral Suppression**			**HIV Testing & Linkage to ART Within Last Yr**		
	Total Population Size Estimate (#)	**HIV Prevalence (%)**	**Estimated Total PLHIV (#)**	**PLHIV diagnosed (#)**	**On ART (#)**	**ART Coverage (%)**	**Viral Suppression (%)**	**Tested for HIV (#)**	**Diagnosed HIV Positive (#)**	**initiated on ART (#)**
Total population	**12,803,641**	**1.5**	**180,000**	**45,144**	**22,113**	**12%**	**74%**	**43,469**	**7,245**	***7,528***
Population <15 yrs	**5,582,758**	**0.2**	**9,792**	**925**	**824**	**8%**	-	**13,900**	**453**	***411***
Men 15-24 yrs	**830,694**	**0.6**	**4984**	-	**194**	**4%**	-	**7,650**	**302**	**147**
Men 25+ yrs	-	-	-	-	-	-	-	-	-	-
Women 15-24 yrs	**766,904**	**1.1**	**8,436**	-	**899**	**11%**	-	**9,754**	**663**	**678**
Women 25+ yrs	-	-	-	-	-	-	-	-	-	-
MSM (Juba, Yei and Yambio)	201	na	na	6	5	-	-	-	-	-
FSW (Juba, Yei, Nimule and Yambio)	5,700	37.9%	-	1,230	886	-	-	**9,835**	-	-
PWID	-	-	-	-	-	-	-	-	-	-
Priority Population (Military) & (clients of FSWs)	250,000 28,500	10% (est. positivity)	**na**	-	-	-	-	-	-	-

The ART program in South Sudan began in 2006 under the Global Fund. PEPFAR involvement in treatment began in 2013 under treatment bridge funding and has since then become a major part of the PEPFAR program. PEPFAR support is focused in high disease burden counties mostly in the Equatoria region which is evident in the narrow difference between the national PLHIV on ART and those on ART with PEPFAR support as reflected in Figure 2.1.3 below.

Figure 2.1.3 National and PEPFAR Trend for Individuals currently on Treatment



2.2 Investment Profile

GoSS direct funding for health programs remains uncertain and minimal. The GoSS budgets only about 1.8% of its annual budget on health, but actual expenditures since the beginning of the conflict in December 2013 are not known. Previously, GoSS allocated a small budget to HIV annually, and these funds were primarily spent on staff salaries. The ongoing conflict and drop in oil prices have caused a severe fiscal crisis in South Sudan. Consequently, PEPFAR does not anticipate any new funding from the GoSS for HIV programs in the near future.

Currently, the MOH, through the Health Pooled Fund (HPF, funded by DFID, the government of Canada, European Union, Swedish International Development and Cooperation Agency and USAID), supports delivery of essential primary health care, secondary health care and referral health services, as well as health systems strengthening at national, state, county, facility and community levels in eight of the 10 former states. In the other two states (Jonglei and Upper Nile), the World Bank supports service delivery, although this support has been sporadic since violence broke out again in 2016. It is these facilities and communities that PEPFAR implements its activities in, and builds upon to achieve results. Although HPF implements a Basic Package of Health Services in these facilities, the HIV and AIDS components are not sufficiently robust to achieve the ambitious PEPFAR targets, or quantify its contributions (see Standard Table 2.2.1).

In October 2017, the Global Fund's most recent HIV/AIDS grant was approved for $32,681,295 over three years (January 2018 – December 2020), a drop from the previous grant valued at $40 m. over two years, three months (October 1, 2015 – December 31, 2017). These resources are about 33% of the HIV program budget for South Sudan. However the drop in funding has caused a worrying decline in HIV/AIDS resources to the country and has impacted staffing at the MOH.

PEPFAR will continue to coordinate closely with the Global Fund to ensure complementarity and coordination of support. Under COP17 and throughout COP18, this will be particularly critical as PEPFAR expands its technical assistance to the GoSS in order to strengthen supply chain systems, and to manage the complex transition from legacy ARVs to TLD, a PEPFAR mandate. Coordination will be crucial since Global Fund will procure all ARVs while PEPFAR will provide technical assistance in planning, procurement, storage, quantification, forecasting, and logistics management. Under COP18 and upon agreement with Global Fund, only limited commodities – including rapid test kits and opportunistic infection drugs – have been budgeted for, by PEPFAR.

The GoSS' HIV response is expected to continue to be heavily reliant on PEPFAR, which currently supports over 80% of HIV treatment services in the country. There are no other development partners supporting core HIV programs in South Sudan.

Standard Table 2.2.1 Annual Investment Profile by Program Area

Table 2.2.1 Annual Investment Profile by Program Area					
Program Area	**Total Expenditure**	**% PEPFAR (FY17)**	**% GF (Jan-Dec 2017)**	**% Host Country**	**% Other**
Clinical care, treatment and support	$18,731,902	36.2	63.8		
Community-based care, treatment, and support	$241,506	0	100		
PMTCT	$3,969,492	50.2	49.8		
HTS	$4,398,088	84.1	15.9		
VMMC	0	0	0		
Priority population prevention	$831,723	0	100		
AGYW Prevention	0	0	0		
Key population prevention	$2,120,819	46.1	53.9		
OVC	$859,435	100	0		
Laboratory	$2,707,974	53.3	46.7		
SI, Surveys and Surveillance	$3,054,355	26.1	73.9		
HSS	$11,036,906	13.7	86.3		
Total	$47,952,200	37.7	62.3		

Standard Table 2.2.2 Annual Procurement Profile for Key Commodities

Table 2.2.2 Annual Procurement Profile for Key Commodities					
Commodity Category	**Total Expenditure**	**% PEPFAR**	**% GF**	**% Host Country**	**% Other**
ARVs	$11,965719	0.1	99.9		
Rapid test kits	$1,366,711	49	51		
Other drugs	$963,880	60	40		
Lab reagents	$1,461,935	13	87		
Condoms	$0	0	0		
Viral Load commodities	$114,506	0	100		
VMMC kits	$0	0	0		
MAT	$0	0	0		
Other commodities	$454,790	0	100		
Total	**$16,327,540**	**9**	**91**		

Standard Table 2.2.3 Annual USG Non-PEPFAR Funded Investments and Integration - <u>Not applicable in FY 19</u>

Table 2.2.3 Annual USG Non-PEPFAR Funded Investments and Integration					
Funding Source	**Total USG Non-PEPFAR Resources**	**Non-PEPFAR Resources Co-Funding PEPFAR IMs**	**# Co-Funded IMs**	**PEPFAR COP Co-Funding Contribution**	**Objectives**
USAID MCH					
USAID TB					
USAID Malaria					
Family Planning					
NIH					
CDC (Global Health Security)					
Peace Corps					
DOD Ebola					
MCC					
Total					

Standard Table 2.2.4 Annual PEPFAR Non-COP Resources, Central Initiatives, PPP, HOP - <u>Not applicable (*PEPFAR South Sudan has no centrally funded initiatives)*</u>

Table 2.2.4 Annual PEPFAR Non-COP Resources, Central Initiatives, PPP, HOP						
Funding Source	**Total PEPFAR Non-COP Resources**	**Total Non-PEPFAR Resources**	**Total Non-COP Co-funding PEPFAR IMs**	**# Co-Funded IMs**	**PEPFAR COP Co-Funding Contribution**	**Objectives**
DREAMS Innovation						
VMMC – Central Funds						
Other PEPFAR Central Initiatives						
Other Public Private Partnership						
Total	**0**	**0**	**0**	**0**	**0**	

2.3 National Sustainability Profile Update

As the world's newest country and a fragile state, the RSS has nearly none of the critical elements in place to support a robust and transparent economy or government. The RSS HIV response remains almost entirely reliant on external donors such as PEPFAR and the Global Fund, which are, in fact, responsible for nearly all of the support for HIV/AIDS services nationwide. No areas of the HIV response in South Sudan are adequately covered in terms of finance, oversight, monitoring, or service delivery. The GoSS prioritizes security infrastructure over health, education, and other sectors.

Sustainability Index Dashboard (SID) development Process: The PEPFAR South Sudan team, in coordination with the UNAIDS country office, organized and convened a stakeholders meeting to discuss the SID on November 14, 2017. Participants representing government entities, the United Nations, local and international non-governmental organizations (NGOs), and civil society organizations (CSOs) were given a brief presentation on the SID by the PEPFAR team. The specific organizations represented included the Ministry of Health, Sudanese People's Liberation Army (SPLA) HIV Secretariat, Chemonics, International Center for AIDS Care and Treatment Programs (ICAP), Intrahealth International, Jhpiego, African Medical Research Foundation (AMREF), Catholic Relief Services, the South Sudan AIDS Commission (SSAC), FHI 360, the South Sudan National Network for People Living with HIV/AIDS (SSNEP+), UNDP, Ministry of Interior, and Catholic Medical Missions Board (CMMB).

After the presentation, participants (approximately 40) were divided into six subgroups to discuss and complete the SID questionnaire. After completing the questionnaire, the results were collated by the PEPFAR South Sudan team to generate the SID dashboard. Scores were generated for each of the elements in the tool, with a possible maximum of 10 points.

Sustainability Strengths and Vulnerabilities:

- **Planning and Coordination**: The planning and coordination element under the Governance, Leadership and Accountability domain was the only element approaching

sustainability in the 2015 SID with a score of 7.83. However in 2017, the score fell to 5.83. This could be the result – here and elsewhere -- of a number of issues including:

- **Insecurity:** The civil unrest that began in July 2016 and is still ongoing
- **SID Tool:** Changes to the SID tool and corresponding questions
- **Latitude in interpreting questions:** During the stakeholders' meeting, the group which answered the questions under elements 1-3 of the Governance, Leadership and Accountability domain may have been stricter in its interpretation of the questions and their intent than the 2015 group was.

- Other elements that demonstrated ***emerging*** **sustainability** were policies and governance, civil society engagement, private sector engagement, epidemiological and health data, and performance data.

- Fully consistent with the context – especially over the last year -- of South Sudan, <u>all the remaining elements were scored as **unsustainable** and require significant investment.</u> These include the domains of:

  - **Governance, Leadership, and Accountability**, the **Public Access to Information element**
  - **National Health System and Service Delivery**
  - **Strategic Investments, Efficiency, and Sustainable Financing**
  - **Strategic Information,** the **Financial/Expenditure Data element**
  - Specific elements scoring less than 1 include Commodity security and supply chain

Additional Observations: By and large, while there was some back-sliding since 2015, there were also some improvements, as demonstrated by higher scores for over half of the elements, and the fact that there is now only one element that scored less than 1 as compared to four elements from the 2015 SID. As mentioned under "Planning and Coordination" above, these changes could be due to a number of different factors.

As the world's youngest country, one of the world's fragile states, and a nation still mired in conflict and insecurity, South Sudan has years, if not decades, before it can reach any reasonable level of sustainability in its HIV/AIDS response.

Consequently, the PEPFAR program continues to be predominantly a direct service delivery model including in COP18, where the emphasis will remain on getting services to the people who need them (Service Delivery): finding PLHIVs (including from among pregnant women, adult men, key populations, and priority populations such as FSWs, military and clients of FSWs), getting them on treatment, and ensuring they stay on treatment. At the same time however, COP18 will continue to support select, targeted interventions which strengthen the health system by addressing planning and coordination, policies and governance, civil society engagement, human resources for health, quality management, laboratory, epidemiological and health data, performance data, and commodity security and supply chain. (See SID dashboard below)

Table 2.3.1 Sustainability Analysis for Epidemic Control: South Sudan

Sustainability Analysis for Epidemic Control: South Sudan			
	Epidemic Type:	Generalized	
	Income Level:	Low income	
	PEPFAR Categorization:	Targeted Assistance	
	PEPFAR COP 17 Planning Level:	$21,528,304	
		2015 (SID 2.0)	**2017 (SID 3.0)**
SUSTAINABILITY DOMAINS and ELEMENTS	**Governance, Leadership, and Accountability**		
	1. Planning and Coordination	7.83	5.83
	2. Policies and Governance	3.01	4.34
	3. Civil Society Engagement	5.00	5.92
	4. Private Sector Engagement	0.83	4.11
	5. Public Access to Information	6.00	4.00
	National Health System and Service Delivery		
	6. Service Delivery	1.16	2.08
	7. Human Resources for Health	2.58	2.18
	8. Commodity Security and Supply Chain	0.74	0.00
	9. Quality Management	0.00	2.90
	10. Laboratory	3.43	3.33
	Strategic Investments, Efficiency, and Sustainable Financing		
	11. Domestic Resource Mobilization	0.83	2.65
	12. Technical and Allocative Efficiencies	2.62	2.00
	Strategic Information		
	13. Epidemiological and Health Data	2.78	4.05
	14. Financial/Expenditure Data	3.75	3.33
	15. Performance Data	4.71	6.24

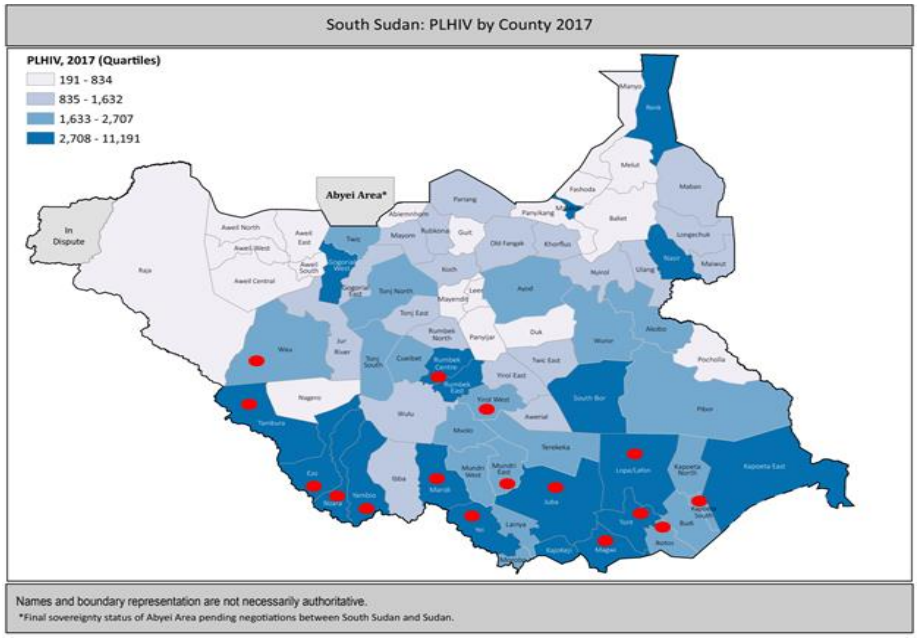
2.4 Alignment of PEPFAR investments geographically to disease burden

In COP18, PEPFAR investments will continue to be aligned geographically with the highest disease burden Counties (Map 2.4.1 & Map 2.4.2). All five selected Aggressive Scale Up Counties (Juba, Magwi, Yambio, Nzara and Ezo) are within the Equatoria region and contain about 25% of all PLHIV in South Sudan. PEPFAR will also work in an additional 11 sustained Counties, down from 14 in COP17. In total, PEPFAR will support HIV services in 16 high disease burden Counties where 45% of all PLHIV in South Sudan reside.

National ART coverage has been increasing over time; as of 2017 there are 22,113 on ART of which over 80% are in PEPFAR-supported facilities. Of all the PLHIVs currently on ART nationally about 75% are in the Equatoria regions. ART coverage is still low in the PEPFAR prioritized scale up aggressive counties at 31% in FY17, although up from 26% in FY16. This is expected to increase to 62% in FY 19, while in the sustained counties, ART coverage was 10% in FY17 and will increase to 38% in FY 19. PEPFAR investments in the 16 counties will result in improved ART coverage in higher disease burden counties.

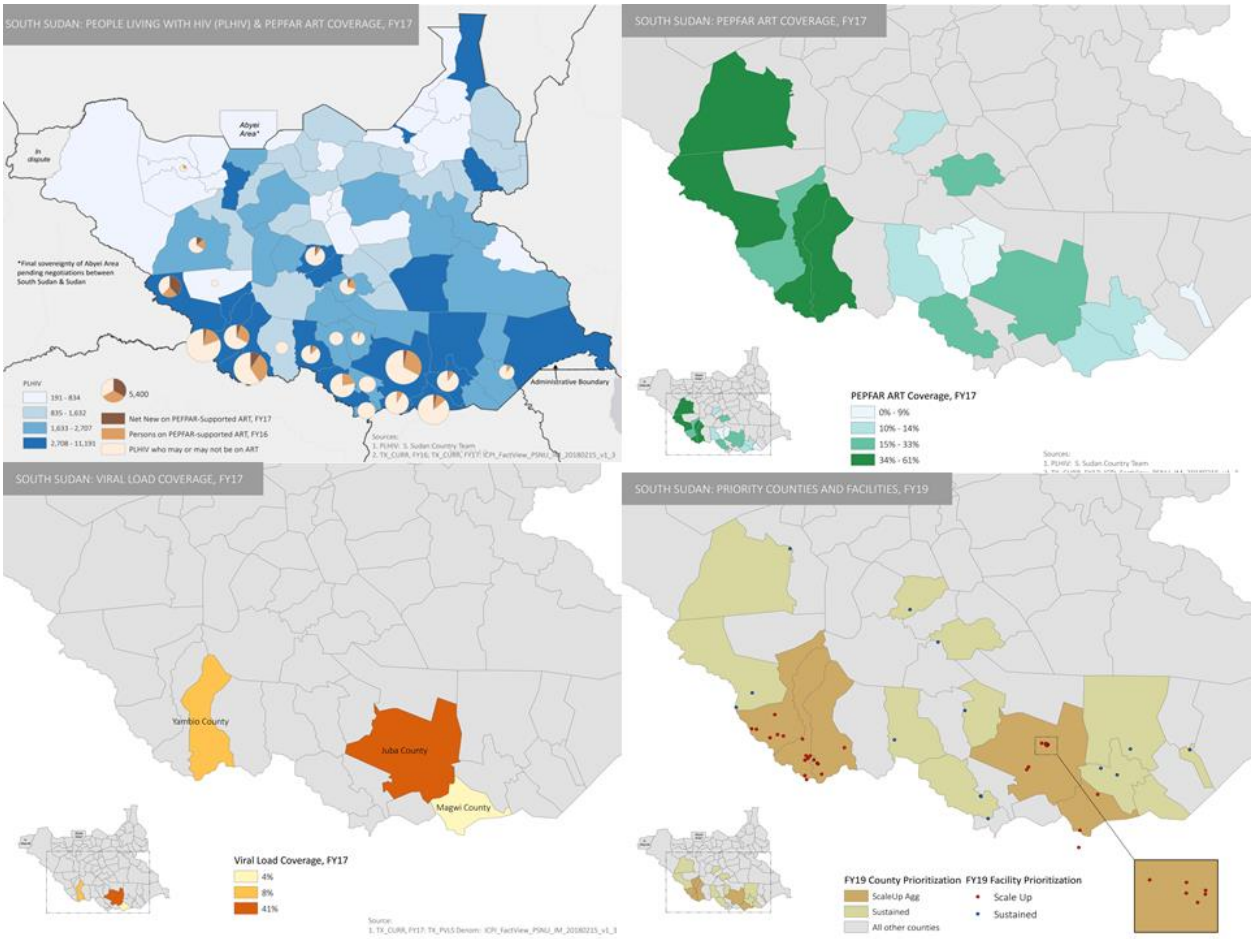
In 2015 PEPFAR rationalized its investments by focusing support in selected ART sites in high disease burden counties by leveraging Global Fund support for other national ART sites, primarily through investments in human resources, commodities (particularly ARVs), and technical assistance.

Map 2.4.1 PEPFAR Investments by Geographic Burden of Disease



Since then PEPFAR has continued to focus resources in the highest burden counties. Map 2.4.2 shows the ART coverage by SNU for FY17 shown as a pie chart as well as, the percent ART coverage against the PLHIV burden by SNU. This is reflective of PEPFAR's data driven geographic prioritization of SNUs for ART coverage, which is reflective of where the HIV/AIDS service delivery interventions are focused. The viral load monitoring for assessing suppression is a new initiative undertaken in FY17, with the testing being currently done outside the country. The limited resources were prioritized based on the burden of disease as evident in the map. Based on the data and the coverage gaps, in FY19, PEPFAR continues to prioritize interventions by supporting sites in five scale-up aggressive counties and 11 sustained SNUs, depicted in the last map showing priority counties and facilities for FY19 / COP18.

Map 2.4.2: Geographical alignment of PEPFAR investments, to the disease burden in South Sudan (total PLHIV by SNU and ART coverage - FY17; PEPFAR ART coverage - FY17; viral load coverage by SNU - FY17; PEPFAR facilities for FY19).



2.5 Stakeholder Engagement

Building on the productive relationship established with Global Fund, PEPFAR South Sudan conducted a weeklong stakeholders meeting in Nairobi, Kenya, in February 2017 with GF and PEPFAR implementing partners. Representatives from several civil society organizations (CSOs) also attended the meeting, which proved to be highly advantageous for COP planning that year. In preparation for COP18, PEPFAR continued this momentum with a variety of stakeholder engagements.

The SID exercise in November 2017 brought together 40 participants from a diverse group including the military, the MOH, implementing partners, multilaterals, and CSOs. This was followed by an official COP18 Stakeholders' Meeting in Entebbe, Uganda, in January 2018. Stakeholders were drawn from government/quasi-government entities (South Sudan AIDS Commission [SSAC] and MOH); UN Agencies (UNDP, WHO, IOM, UNAIDS), and local CSOs. UNDP is the principal recipient of HIV funds from the Global Fund and presents the views of the Global Fund since they do not have a presence in-country.

During the meeting, a number of presentations were made by the PEPFAR South Sudan team, including on APR17 and FY18 Q1 performance, COP18 technical and programmatic priorities, and the COP process. In addition, all implementing partners presented in-depth results from Q1, and there were also presentations by the MOH and CSOs on their program priorities. Finally, local Ugandan colleagues presented on successful youth interventions and on the new Refugees activity approved as part of COP17. All of these presentations were followed by question and answer sessions, during which stakeholders provided their comments, suggestions, and recommendations.

Stakeholders also participated in Quarter 4 POART (PEPFAR Oversight, Accountability and Review Team) reviews with implementing partners, and coordination with them has been ongoing throughout the year on discrete programmatic activities and issues (World AIDS Day, VMMC launch, detention of IP staff during a raid on key population activities, commodity security/supply chain technical assistance/TLD transition).

Finally, stakeholders were an important part of the COP18 Regional Planning Meeting held in Johannesburg in February 2018, where they gave significant input to the COP design. During the meeting they advocated for increased use of PLHIV networks and local CSOs for improved sustainability, and to strengthen community engagement as a way of improving index testing and adherence, and preventing loss to follow-up. They also urged the PEPFAR team to improve overall coordination – from planning to implementation, to monitoring performance; and to consider further consolidation in high volume/high yield facilities and further rationalize intervention sites geographically.

3.0 Geographic and Population Prioritization

SNU priority determinations were developed using 2012 ANC sentinel surveillance, 2016 Spectrum estimates, and PEPFAR ART, HTC and PMTCT program data. For counties that did not have a health facility participating in the 2012 ANC sentinel survey or PEPFAR service delivery (generally more rural counties), ANC estimates from neighboring health facilities were halved, with the assumption that prevalence is lower in rural areas. This approach has proven useful in SNU prioritization and target setting in the absence of population-based HIV prevalence data.

Map 2.4.1 shows PLHIV estimates by county. PEPFAR is present in the Equatoria regions that have the darkest shades, targeting the HIV epidemic where the public health problem is the greatest. As of 2017 there are 22,113 on ART nationally of which over 80% (18,432) are supported by PEPFAR. More than 75% of PLHIV on ART nationally are in the Equatoria regions, regions where PEPFAR is providing direct service delivery (graph in section 2.1.3).

In FY 19, PEPFAR South Sudan will continue to prioritize activities in the three highest HIV burden states of the Greater Equatoria region: Western Equatoria State (WES), Eastern Equatoria State (EES), and Central Equatoria State (CES); together, these three states represent 55% (99,077) of all PLHIV nationally. In COP17 PEPFAR is scaling up ART services to Wau, Mapourdit and Rumbek hospitals in Western Bahr el Ghazal, and Lakes states and in COP18 we will continue comprehensive HIV services at site level at all PEPFAR sites, by individual implementing partners (HTS, TST, PMTCT, ART, VL services).

In COP18, PEPFAR will be covering 16 (highest burden) SNUs out of 80 SNUs in the country. These 16 SNUs contribute approximately 45% of the PLHIV load (180,000) in the country. Among these 16 are five scale-up aggressive SNUs and 11 sustained. Among the PEPFAR supported 16 sites, 57% of PLHIV are in the five scale-up aggressive SNUs and remaining 43% in the sustained SNUs (Table 3.1).

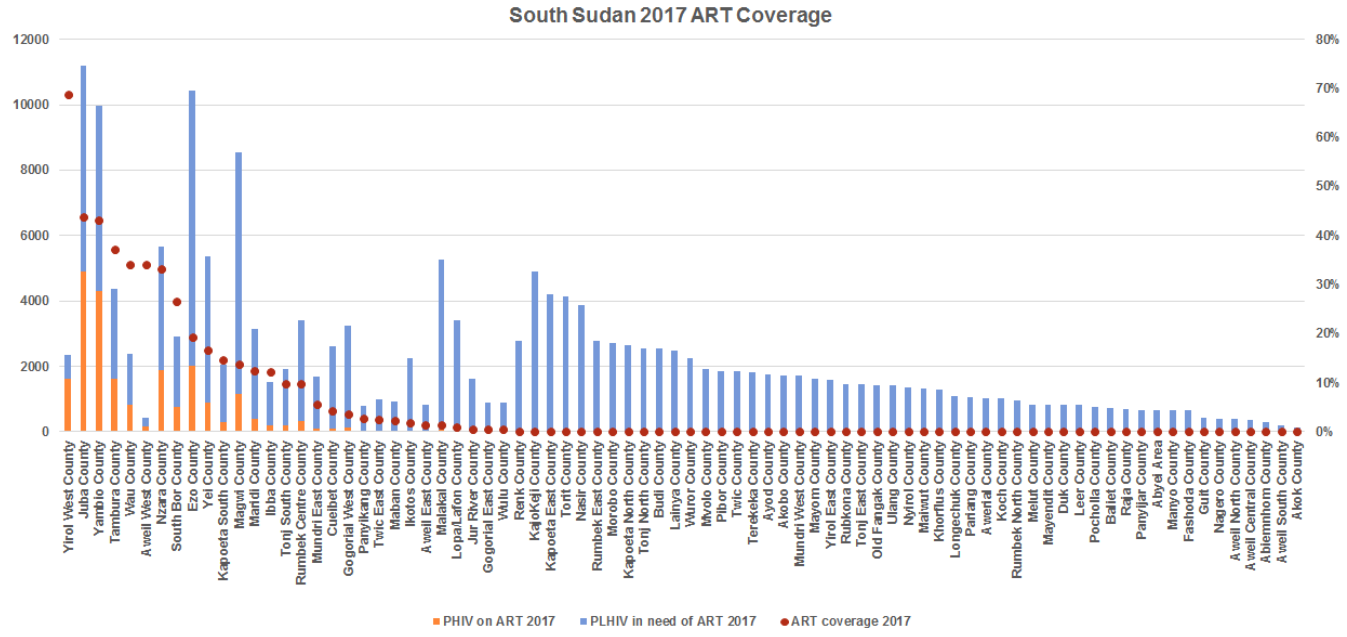
Among the highest burden SNUs, the FY17 ART coverage continues to be low in Ezo (19%) and Magwi (14%) as these counties were severely affected by conflict. For the five scale-up aggressive SNUs of Juba, Ezo, Yambio, Magwi and Nzara, there is rapidly increasing trend in the ART coverage with a cumulative expected coverage for FY18 reaching 41% in these SNUs.

Table 3.1 Current Status of ART saturation

Table 3.1 Current Status of ART saturation				
Prioritization Area	**Total PLHIV/% of all PLHIV for COP18**	**# Current on ART (FY17)**	**# of SNU COP17 (FY18)**	**# of SNU COP18 (FY 19)**
Scale-up Aggressive	45,794 (57%)	14,281	5	5
Sustained	34,555 (43%)	3,490	14	11

The Figure 3.2 below shows the current levels of program saturation by SNU as of 2017. PEPFAR continues to prioritize service delivery in the highest burden SNUs, and coverage scale-up in the same. The high burden counties that are not covered by PEPFAR currently are severely affected by conflict, insecurity and population displacements that limit program scale up and continuity.

Figure 3.2 Current Status of ART saturation by SNUs as of 2017



Based on FY18 Q1 results, the expected ART coverage for FY18 in Juba is 66%, Yambio 50% and Nzara 42%; increases to 77% in Juba, 77% in Yambio and 62% in Nzara are proposed by FY 19. FY17 ART coverage in sustained Counties ranges from 2% in Ikotos county to 61 % in Tambura. In FY 19, efforts will be undertaken to increase ART coverage in some of the sustained counties especially Tambura, Wau, Yei and Yirol West.

Given the large coverage gap, PEPFAR South Sudan intends to apply 52% of its COP18 budget on care and treatment in order to scale up ART coverage and provide ART to 41,841 people by the end of FY 19. PEPFAR South Sudan's ability to achieve these targets will depend on programmatic and contextual factors including:

- Reaching the right populations through targeted approaches
- Employing efficient modalities to increase yields
- Enhancing linkage to treatment
- Increasing retention rates and reducing loss to follow up
- Addressing security and access issues in the Equatoria states
- Leveraging Global Fund commodities

Based on the above prioritizations, proposed SNU targets, and budget earmarks, PEPFAR South Sudan proposes to increase overall ART coverage from 33% in COP17 to 50% in COP18, and

coverage in the five aggressive scale-up SNUs from 41% to 58%. Given the overall low coverage of treatment in South Sudan, PEPFAR activities will continue to focus on the general population, along with specific programs for pregnant and lactating women, key populations, and the military, described below.

Based on the program data so far, although coverage rates are low among men and women, the rates are particularly lower among adult men. The reach of services to adult men is low in high burden SNUs with low volume testing and low yield. In COP18 PEPFAR proposes to employ approaches that will have a targeted reach to adult men while also continuing to expand reach to women.

KEY POPULATIONS: Female Sex Workers (FSWs), their Clients, and Men who have Sex with Men (MSM)

The Key Population program will continue to apply community HIV service strategies to reach out, identify and test FSWs and MSM, and link them to treatment. Over the last two and a half years, a total of 1,230 FSWs and 6 MSMs were diagnosed HIV positive and linked to treatment. Among these, 886 are currently on treatment and 118 have had a Viral load test done, with 81% (68/84) returned results showing VL suppression. From FY16 to Q1 of FY18, 9,835 HIV tests were conducted among the KPs. The Key Population program will continue to prioritize urban centers and towns in transport corridors primarily in the Equatorias where female sex work continues to take place. These include Juba and Nimule which contain the highest number of female sex workers, as well as the highest influx and outflow of FSWs, including FSWs coming from other towns such as Yambio. In COP18, PEPFAR South Sudan will transition out of Yambio and Yei. In Yambio, PEPFAR will work with Global Fund partner IOM which is on the ground providing comprehensive HIV services for clients of female sex workers, to expand their scope of work to services for FSWs themselves. This will maximize limited resources and improve collaboration and partnership between Global Fund and PEPFAR-supported activities.

PRIORITY POPULATION: Military (as an example of clients of sex workers)

In August of 2017, the Sudan People's' Liberation Army (SPLA) underwent restructuring and renamed itself the South Sudan People's Defense Forces (SSPDF). Since its establishment in 2006, the HIV/AIDS Secretariat has played a significant role in efforts to reduce the impact of HIV, not only among the military, but also within the general population. RSS military personnel are at higher risk for HIV infection. They are a young, highly mobile population, with limited access to health and HIV preventive services, and low education and literacy levels. Studies have shown that among uniformed forces, the military makes up the biggest portion of clientele for sex workers, contributing 34% of new HIV infections (Modes of Transmission Study, 2013, MOH). A Bio-Behavioral Surveillance Study (BBSS) conducted in 2010/12 found the military HIV prevalence to be 5%, substantially higher than the adult population prevalence of 2.7% (ANC surveillance, 2012).

Of the estimated 12,500 PLHIV among the military, only 10% have been identified, and treatment coverage is at 8%. The VL coverage in FY17 is 6.2% and in Q1 FY18 it is 10.3%

Juba Military Hospital (JMH) is currently the only military health facility providing treatment services for military personnel and their families within the country. The military hospital in Wau is expected to be operational by Q3 of FY 18. There is a substantial unmet need for ART provision within the military, with an additional 8,510 PLHIV required to reach the important threshold of 80% ART coverage. In COP18, PEPFAR will support the SSPDF HIV/AIDS Secretariat to continue Test and START at JMH and finalize scale up of treatment services at Wau Military Hospital to improve military access to ART services. Through the strategic deployment of mobile ART teams, the program will also continue to increase ART coverage for military populations in other underserved regions with substantial military populations. To improve viral load suppression and retention among the military population, the SSPDF HIV Secretariat is working to find a solution for possible transfer of the current viral load platform at Juba Military Hospital. For the remainder of COP17 and beginning of COP18, the SSPDF will continue to use the current viral load testing mechanism through AMREF while working towards using the in-country mechanism at the National Public Health Institute for future viral load testing when operational.

The HTS strategy aims to enhance case identification through index patient testing and continued scale up of VCT and PITC. The strategy will also focus on targeting deploying units to reach men as program data demonstrate high yield within the reproductive age band, 25-49 years. Initial FY18 Q1 testing results provide more granular information and show both high volume and yield, particularly among the 25-29 and 30-34 age bands. Program data will continue to be monitored to refine the strategy among these populations.

Provision of a comprehensive prevention package to the military is critical in addressing the challenge of new infection. The SSPDF HIV program will continue limited VMMC services at Juba Military Hospital targeting men within the forces in addition to ensuring availability of targeted HIV prevention services for the military (HIV learning sessions, condom education and family planning services, STI screening and syndromic management) and linkage of identified PLHIV to available treatment services.

PEPFAR will support the SSPDF HIV/AIDS Secretariat with clinical training, commodities, and logistics support to ensure improved access to prevention (including providing VMMC within Juba), care and treatment services for the military population. Efforts will also focus on collaborating closely with the Key Populations program as it incorporates a new component on clients of Female Sex Workers.

4.0 Program Activities for Epidemic Control in Scale-Up Locations and Populations

4.1 Finding the missing, getting them on treatment, and retaining them

HIV Testing services (Targeted demand generation to reach the missing)

PEPFAR will continue to provide comprehensive services targeting all entry points in facilities that it supports. HIV services, including testing and treatment, will be scaled up in all hospital settings with high patient loads. This scale up will be based on data driven prioritization to high volume and high yield sites, across modalities, populations and geography.

In COP18, partner notification and index testing will be implemented across all sites in the country prioritizing reach to spouses or sexual partners and their children. Case identification will involve proactive referrals at facilities to increase provider initiated counseling and testing (PITC) in high-yield entry points and application of innovative interventions to identify and link discordant couples, KPs (Key Populations) and PPs (Priority Populations), men, contacts of index cases, adolescent girls and young women (AGYW), TB/HIV co-infected clients, and children to HIV care and treatment services. Emphasis will be placed on increasing PITC services in hospitals (in-patient and out-patient), TB clinics, outpatient departments, and medical wards (e.g. malnutrition and emergency wards). Testing of TB presumptives for HIV will be introduced from COP17 Q3, by including in the current implementation plan and the same will continue as a prioritized group of clinic attendees who will be included into PITC. Re-testing of HIV-positive individuals before ART initiation following the new national HIV treatment guideline will also be emphasized.

HTC services will also focus on generating community demand through targeted approaches, for HIV testing and on increasing the number of individuals tested in high burden areas. While prioritizing index and family testing, IPs will engage with CSOs and community networks to undertake targeted demand generation to both increase the volume of testing but at the same time test the most at-risk people to get the highest yields. Special focus will be made to expand access to early infant diagnosis (EID) of HIV; and testing for key and priority populations, including sex workers and children in OVC homes of PLHIV. PEPFAR will support targeted outreach and mobile HTC services to key and priority populations with direct linkages to care and treatment sites in specific locations of KP programming. With an eye on quality of HTS services, rapid test quality improvement activities will be expanded.

In FY 19, PEPFAR IPs will use targeted HTS strategies to improve identification of PLHIV in communities and health facilities in scale-up counties. Strategies will include:

- Use innovative approaches, including targeting men and KP/PP using mixed high-modality approaches (PITC, expanded family-centered approach to trace family/sexual partners of index clients, targeted community outreach).
- Ensure quality data collection, analysis, dissemination, and use to track site level HTS services, including quarterly reviews of testing volume and yield by modality, gender, age-group, site, SNU and implementing partners.
- Institute case finding strategies for children and adolescents with a high risk of HIV, including systematic PITC for children and adolescents in high burden areas/service delivery points.
- Establish a standardized, functional network of trained, supervised community- and facility-level structures to ensure high quality of services across the clinical continuum for PLHIV including KP and PP.
- Target HTS to men: Design specific HIV prevention interventions that target men including identification of more men living with HIV who may not know their HIV sero status; including through contact tracing of all sexual partners of HIV positive index clients using the family centered approach, and ensure that all these are linked to care and treatment.

All PEPFAR-supported HTC sites in the scale-up aggressive SNUs, will participate in Rapid HIV test proficiency testing program activities to ensure minimum standards of laboratory quality and accuracy of results. Program monitoring activities will be implemented including SIMS visits to sites, quarterly reporting and one-on-one partner meetings.

Linkage to and retention in care and treatment

Adult ART:

On the policy front, the Government of South Sudan adopted Dolutegravir-based regimens as a first line alternate; Test and start; differentiated service delivery models; and multi-month scripting in its July 2017 consolidated ART guidelines.

With PEPFAR South Sudan support in the Aggressive Scale-up SNUs, 17,539 new patients will be initiated on ART in FY 19 (16,674 at ART sites and 865 through the PMTCT program); there will be a total of 9,441 new patients on treatment in the Aggressive Scale-up SNUs in FY 19.

In FY 19, PEPFAR South Sudan will provide direct service delivery to 49 ART sites (including Juba Military Hospital (JMH)). Of these, 33 sites will be in aggressive scale-up counties, with 16 sites in sustained counties. PEPFAR South Sudan will also provide treatment services at two Protection of Civilian (POC) sites in Juba, included in the above sites.

PEPFAR South Sudan will work to improve health care providers' capacity -- including at national and state levels -- to deliver high quality family-centered HIV care and treatment services to adults and children living with HIV.

To accomplish targeted scale up, ensure quality delivery of services, and build host country institutional capacities, PEPFAR will make systems investments at both national and facility levels. These include:

1. Support supervision and mentorship at the site level through, "Field supervision Officers", designed to build and strengthen the national field supervision program
2. Scale up the ECHO project
3. Enhance national level capacities for program monitoring, data review and analysis, review of HIV/AIDS program at the national level, make policy decisions and develop technical guidelines, PEPFAR will make systems investments at the MOH level and strengthen the national level HIV Department by secondment of staff and technical support
4. Support and strengthen the national M&E Technical Working Group to increase use of quality site-level granular data for data-based decision making
5. Support the Annual National HIV Care and Treatment Review and Planning Meeting, which includes the MOH, the State Ministries of Health, hospital directors, and ART providers in charge at each treatment site
6. Support NPHL to establish and scale up a lab quality assurance (QA) system across the HIV services cascade

In COP18, PEPFAR South Sudan partners will strengthen linkage to high-impact ART and community services designed to improve treatment adherence and outcomes. This will be achieved through:

- Provide ART services to all eligible PLHIV as outlined in the latest national HIV treatment guidelines, i.e. strengthen implementation of the universal "Test and Start" HIV treatment strategy and adopt utilization of more efficient models of service delivery in line with WHO 2016 guidance and national treatment guidelines.

- Transition to Tenofovir, Lamivudine and Dolutegravir (TLD) regimens, that is more patient friendly with low side effects and better acceptance that will improve retention.

- Implement differentiated models of service delivery (MMS for stable patients and those that are likely to move, Fast track ART refills, Community ART refills, and family member refill models).

- Identify and implement effective strategies to link clients from and within communities to facilities ensuring a continuum of care.

- Improve retention in care for ART patients by strengthening facility-community structures and utilizing CSOs and community networks, particularly for immediate linkage to treatment and for follow-up of lost to treatment.

- Provide direct financial and capacity strengthening support to CSOs including local PLHIV organizations to operationalize innovative approaches to enrolling PLHIV in care

and treatment. This may include engagement of PLHIV groups in index testing and linkages to facilities, quality assurance, adherence support/treatment literacy, and community-based distribution models.

- Work with CSOs to institute a standardized, functional network of trained, supervised site and community-level health workers to support care and treatment.
- Use appointment registers (logbook, SMS) and tracking systems, e.g. ART card and transfer-out and transfer-in systems, for patients moving between sites.
- Link malnourished adults and children to nutritional services to keep patients in care and ensure they are started and retained on ART. Continue Nutritional assessment counseling and support (NACS); and management of moderate to severe malnutrition using ready to use therapeutic food, as per national guidelines.
- Utilize QI approaches to support linkage, adherence, and retention along the continuum of HIV care, as well as other approaches in both the communities and facilities.
- Ensure provision of cotrimoxazole prophylaxis; screening and management of common Opportunistic Infections (OIs).
- Scale up viral load monitoring across the country while incrementally scaling up in-country VL testing throughout COP18.
- Expand access to ART through decentralization of ART services to new sites, and provision of mobile outreach services for low-volume and remote areas. However, any outreach scale up will be driven by the data including volume and efficiency of such outreach. Additionally, while planning ART decentralization and outreach scale up, PEPFAR program will carefully review low volume and low yield sites to take decisions regarding closing down in order to reprogram resources to high-volume / high demand sites and make the program more efficient.
- Increase access to ART and ART coverage for patients with TB/HIV, FSWs, young women, men, and children to reach treatment targets.
- Provide additional on-site training and mentoring for clinical and laboratory staff, including support to nurture a multidisciplinary team approach to patient management.
- Support collaboration and partnership between various clinical services, and between government service providers and NGOs, by organizing partners' meetings during site visits to local facilities.
- Improve supply chain management of ARVs and drugs for opportunistic infection (OI) prophylaxis and treatment, as well as laboratory supplies. Support under COP18 will include technical assistance to support quantification and forecasting; financial analysis

and planning for TLD transition; Test and START; and development of an implementation plan for operationalizing multi-month dispensing.

- Develop and introduce evidence-based approaches to increase PLHIV access and adherence to HIV treatment and care services, such as community support groups and mobile text messaging.

- Provide integrated delivery of TB/HIV services.

The above approaches and specific activities will aim to improve linkage of 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 achieve this, PEPFAR South Sudan will make systems investments and provide support in the form of county level Field Officers who will provide site level supervision in the Equatorias region and conduct SIMS visits to select PEPFAR-supported ART sites.

PEPFAR-supported Field Officers will, in partnership with MOH staff, conduct working meetings with all staff at each ART/PMTCT site to review and discuss quality of treatment services using standards of care, and to discuss progress, existing challenges, and ways to improve service delivery. The Field Officers will provide site level on-the-job training and mentorship to facility staff. For clinically challenging patients, they will discuss existing challenges in ensuring patient retention in care and adherence to ART, and identify the most suitable solutions. The ECHO project will be used as a training and mentorship tool for facility based clinical staff through thematic/topic-based discussions on treatment, care, and laboratory services. The project will be scaled up in COP18 to eight new sites.

Pediatric and adolescents services including ART:

As mentioned above, the MOH has adopted the 2015 WHO guidelines and integrated the recommendations into its 2017 consolidated treatment guidelines.

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

In COP18, for pediatric and adolescent HIV services, PEPFAR South Sudan will focus on:

- Increasing pediatric ART coverage, retention rates, monitoring, and quality of services, in addition to provision of other pediatric care and support interventions in alignment with the "MOH integrated Health care services package for HIV prevention, Treatment and Care services for South Sudan".

- 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 in PMTCT settings

and PITC services will be provided in pediatric wards (e.g., in Al-Sabah Children's Hospital and the other treatment and PMTCT sites).

- The country has started HIV early infant diagnosis (EID) by sending samples to Nairobi in COP16 and in COP17 Q3 onwards it will be done in-country after Abbott instrument/assay is validated. In COP18, PEPFAR will continue to work closely with Global Fund to ensure the GF procured PCR machine is made functional for in-country scale up of services.
- Ensuring Cotrimoxazole prophylaxis to all HIV exposed and infected children.
- Enhancing linkage and retention of children on ART by reviewing the pediatric "cascade" from identification to retention and follow-up of HIV exposed infants and children on ART. PEPFAR will identify and address loss-to-follow-up along the cascade by strengthening community support systems.
- Facilitating provision of psychosocial support of children and adolescents.
- Supporting scale-up of adolescent HIV treatment by ensuring the provision of adolescent friendly services in both facilities and communities.
- Improving health workforce competencies in providing comprehensive child health services to HIV-infected children, including nutritional assessments and referrals, treatment of opportunistic infections, and integration or linkage to routine health services such as immunization.
- Improving linkages and referrals between facility and community services and ensuring adequate and bi-directional linkages between OVC and pediatric care and treatment services. PEPFAR will continue to work with civil society organizations (networks) to trace OVCs in homes of PLHIV and HIV positive children, and ensure bi-directional linkage.
- Improving pediatric service data quality (accuracy, completeness, and reliability).

PEPFAR and its IPs will continue to work with the national program to develop policies, on-site training, and ongoing mentoring for clinical staff to initiate and maintain children on ART, with periodic supervision by Field Officers and PEPFAR IP medical doctors.

Prevention of Mother to Child Transmission of HIV (PMTCT)

PEPFAR plans to provide PMTCT services in all 49 PEPFAR supported comprehensive HIV/AIDS service delivery sites. Of these sites 33 will be in the five aggressive scale-up counties, and 16 will be in the sustained SNUs.

In FY 19, PEPFAR South Sudan will continue to expand the reach of PMTCT sites using models of integration of PMTCT services to ensure at least 90% of ANC clients are tested for HIV and 90% of those diagnosed as HIV positive are registered in care and have access to ART. HIV testing; routine PITC to pregnant and lactating women, their infants and their partners; counseling on

repeat testing for those testing negative; primary prevention through HIV education; and voluntary family planning counseling and commodities provision. Testing during labor and delivery as well as the postnatal period will be increased to identify women who seroconvert or who did not receive ANC services. Infant nutritional assessment and referral for malnourished and feeding counseling will be emphasized along with exclusive breastfeeding for the first six months.

In COP18, PEPFAR South Sudan will strengthen Test and START services to reach more women, their babies and spouses. Some selected PMTCT sites in scale-up counties will be strengthened to provide EID/VL services. In addition, PEPFAR is ensuring engagement of county and state leadership in the management of the PMTCT program and all HIV services at primary health care centers. This engagement will allow utilization of existing MOH systems.

In FY 19, PEPFAR will continue to improve coverage and quality of integrated PMTCT and EID, and better track newly enrolled maternal and infant outcomes. PEPFAR IPs will:

- Accelerate PMTCT implementation, targeting pregnant and lactating women, HIV-exposed infants (HEI), male partners, and the community.
- Improve adherence, retention, quality, and linkages for PMTCT focusing on establishment of Mother-Baby Care (MBC) service delivery points in all PMTCT sites; implement birth cohort monitoring and maternal retention activities; integrate QI activities at service points; and improve EID monitoring.
- Enhance facility-community linkages and MBC client retention through use of appointment logs, phone reminders, active community follow-up and use of peer mothers as linkage facilitators, and family support groups.
- Utilize community support groups (Mentor mothers, traditional birth attendants (TBAs)) and other community level strategies such as linking malnourished adults and children to nutritional services to keep people in care and ensure they are retained on ART.
- Provide direct financial and capacity strengthening support to local PLHIV organizations to operationalize innovative approaches to enrolling HIV positive pregnant/lactating mothers, children and their spouses in care and treatment.
- Integrate HIV care and treatment for the mother-baby pair into maternal/child health (MCH) units until the baby attains 18 months of age (regardless of HIV status). HIV-positive infants will be initiated and monitored on ART at the MBC points and transferred to the ART clinic after 18 months of age.
- Establish monitoring and QI activities supportive of the continuum of care through pregnancy, labor/delivery, and post-partum periods to ensure effective services uptake across the PMTCT cascade and decreased maternal and infant mortality.

- Improve access to EID services for children less than 18 months by tracking mother baby pairs and ensuring mothers bring exposed infants back for testing. In addition, integrate EID activities into immunization outreach sessions to improve identification of HIV exposed babies and provide effective linkage to care.

- Conduct joint supportive supervision/mentorship with CHTs (County Health Teams), focusing on capacity building of midwives, nurses, and data managers on the current PMTCT tools/job aides to improve data quality, reporting, and performance monitoring. All PMTCT sites will submit monthly reports and will participate in the annual ART/PMTCT program review.

- Integrate gender activities into PMTCT including counseling and screening for Sexual and Gender-based Violence survivors, provision of post-exposure prophylaxis (PEP) and emergency contraception; and STI screening and treatment for male partners.

- Strengthen male partner services, including HTS, linkage to VMMC services, serodiscordant couple services and condom provision.

In COP18, PEPFAR South Sudan will scale-up early infant diagnosis (EID) to 95% of the facilities with PMTCT services. Currently, 23 PEPFAR facilities collect samples from infants and send them to the laboratory for EID. By the end of FY 18, there will be 30 facilities receiving EID results. Based on the estimated PMTCT_STAT_POS target for FY 19, PEPFAR South Sudan plans to test 2,251 exposed infants for HIV, with 60% of the infants being within the age group of 0-2 months.

PEPFAR South Sudan began implementation of viral load (VL) monitoring for all eligible clients on treatment in March 2017 (FY17 Q2). By the end of FY18 Q1, 16 facilities were already monitoring clients on ART using VL results. By the end of FY 18, at least 25 facilities will be using VL results for treatment monitoring. In order to reach the 90:90:90 targets, the country has set a VL target of 23,744 for COP18. It is estimated that about 5.7% (pediatric treatment current is 1,370) of the total VL tests done will be from those below 15 years of age. The program will prioritize collection of DBS samples from children less than 15 years and pregnant and breastfeeding mothers on ART for VL testing.

TB/HIV

Testing of TB presumptives will be a priority in COP18, and PEPFAR will continue to work with the national TB program, other donors, and implementing stakeholders to improve the integration of TB/HIV service delivery and collaboration between TB and HIV programs to ensure that all TB patients (Presumptive TB and notified TB cases) are tested for HIV and that all who test positive for HIV are appropriately linked to care and treatment services.

PEPFAR will work collaboratively with the National HIV and TB programs towards guidance on the diagnostic algorithm for TB diagnosis and TPT. PEPFAR will strengthen screening for active TB among PLHIV and will work towards implementing a TB Preventive therapy (TPT) strategy

nationally to include TPT as an integral part of the clinical care package for PLHIV on ART who screen negative for TB disease. Implementation of TPT will be in collaboration with the National TB program. The TB screening services and referrals will be provided in all PEPFAR supported ART sites.

PEPFAR will work to strengthen linkages and referrals between TB and PMTCT/ART sites as well as develop new collaborations with TB wards to test TB patients and TB presumptives for HIV.

All PEPFAR PMTCT and ART sites will be encouraged to continue provision of TB screening among PLHIV (using the TB screening questionnaire), to ensure diagnostic follow-up for PLHIV with presumptive TB, and conduct active referrals to TB treatment for PLHIV with TB disease.

PEPFAR South Sudan will continue to work with the national HIV and TB program 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, county and health facility levels. This will include active coordination with the national TB program.

To accomplish site level and above site level coordination between the two programs, PEPFAR will provide systems investment support by providing TA at the national MOH level for TB-HIV coordination.

Nutritional assessment and counseling services

The continued conflict in South Sudan has led to massive displacement and worsened food insecurity in the country with over 70% of the population food insecure.

In COP 17, PEPFAR South Sudan integrated nutritional assessment, counseling and support into the ART/ PMTCT programs. Most South Sudanese including PLHIV have been severely affected by hunger which in turn has a negative impact on retaining and keeping PLHIV on ART, as they are often too weak to continue taking ARVs, sometimes leading to discontinuation of ART.

In COP 18, PEPFAR South Sudan will continue to support treatment sites to provide integrated nutritional assessment, counseling and support services in all ART and PMTCT sites, linking all moderately and severely malnourished PLHIV on ART to appropriate nutrition services run by the World Food Program.

Project ECHO

The escalating civil conflict in South Sudan continues to have grave impact on the already fragile health system of the country. Lack of continuing medical and nursing professional development and limited on-site technical assistance, mentorship, and supportive supervision at the health facility level has limited the capacity of clinicians to provide quality services to PLHIV, including implementation of test and start guidelines. Furthermore, access to PEPFAR-supported sites by

both USG staff and implementing partners is increasingly restricted. In COP17, the South Sudan PEPFAR team proposed to address some of these barriers through initial implementation of Project ECHO (Extension for Community Healthcare Outcomes) to support clinical mentorship. The project leveraged simple video-conferencing technology with minimal hardware requirements via satellite internet connection to connect a team of subject matter experts at Juba Teaching Hospital, College of Physicians and Surgeons (CPS) who provide weekly clinical mentorship sessions with spoke sites at:

1. Al Sabah Children's Hospital (ICAP)
2. Juba Military Hospital (RTI)
3. Munuki PHCC (Jhpiego)
4. Yambio Hospital (ICAP)
5. Torit Hospital (IntraHealth)
6. Nzara Hospital (CMMB)

In COP 18, PEPFAR South Sudan will expand the ECHO spokes to include the following sites;

1. Rumbek Hospital (ICAP)
2. Wau Hospital (ICAP)
3. Yei Hospital (ICAP)
4. Tambura Hospital (Jhpiego)
5. Nyokuron PHCC (Jhpiego)
6. Ezo Hospital (CMMB)
7. Nimule Hospital (IntraHealth).
8. Kapoeta Mission/ State Hospital (IntraHealth).

As demonstrated in the site list above, all PEPFAR treatment partners will have spoke sites within the Project ECHO network, with the option to include additional sites as funding permits. ECHO project as a mentoring network will establish a critical "community of practice" among HIV service providers in South Sudan who are currently unreachable via traditional methods of mentorship that require site visits. The provider community of practice established through Project ECHO will continue to leverage in a cross-cutting manner, to address provider confidence and competency deficiencies in HIV management.

To summarize, in COP18, PEPFAR will continue to support a core package of services in the PEPFAR coverage counties. Given that South Sudan's HIV program is still in its early phases, the basic package of HIV services remains quite limited; therefore, PEPFAR will support the core package of services in both Sustained SNUs and Aggressive Scale-up SNUs.

The core package of services will focus on:

- Test and START (Treat all HIV+ patients)

- Introduction of multi-month scripting for stable patients
- Provider training and ongoing clinical mentorship
- HTS, with an emphasis on partner notification, index testing and testing of children of index cases, TB presumptives, malnutrition cases, and men of all ages
- Patient tracking, monitoring and adherence to improve retention
- Viral load monitoring (point of care CD4 in sites that cannot conduct VL testing)
- HIV rapid testing continuous quality improvement (RT-CQI)
- Targeted HR support
- Data verification and monitoring and evaluation support
- Early infant diagnosis with sample transport and result tracking
- Targeting quality improvement focused on retention, stock management and ART monitoring
- Service provision for MSM and FSWs in hot spots

4.2 Prevention, specifically detailing programs for priority populations

a. Orphans and Vulnerable Children (OVCs)

Orphans and Vulnerable Children program interventions target households with People Living with HIV (PLHIV) and other vulnerabilities. PLHIV families account for 75% of planned household enrollments which are identified through clinics, PLHIV networks and families of female sex workers from the KP program. The OVC program provides HIV and OVC services to caregivers and children below the age of 18 years that cover, among others, knowledge of HIV status, parenting skills, and basic education and economic support at the household level. In COP18, the OVC program will scale up coverage from the current 357 households to 800, and ensure program interventions in HIV care and treatment are consolidated. HIV and OVC interventions are summarized below.

HIV prevention and treatment support:

- Education and referrals of mothers to PMTCT, ART, and EID services for testing HIV exposed infants (HEI) and ongoing support for retention and adherence
- HIV risk assessment and support to access HTS for eligible children
- Treatment linkage, retention and adherence support for HIV+ children and adolescents (especially peer adherence support)
- Support to disclose HIV status to HIV+ adolescents
- Support for HIV+ adolescents to transition to adult ART doses
- Education and referrals for sexual risk reduction services, e.g. FP, condom distribution and VMMC

Non-HIV OVC services:

- Support to access and enroll in schools through education subsidies
- Support to families to improve school attendance and progression

- Age and context specific parent/caregiver training programs that include strategies for HIV risk reduction, violence prevention, and positive parenting
- Violence risk assessment (new)
- Community-based HIV and violence prevention
- Referrals to post violence care and services

b. Children

HIV service coverage among infants and children remains staggeringly low. PEPFAR will address pediatrics HIV in the following areas to boost coverage:

- Increase PMTCT testing for all pregnant women by testing all at ANC to determine the risk of mother to child transmission of HIV
- Ensure all HIV+ mothers are on ART
    i. Through test and start
    ii. Engage community CSOs for community sensitization and HIV education, and traditional birth attendants to trace and link HIV positive women to ART clinics
- Scale up early infant diagnosis for HEI with a plan to test infants from 0-2 months by:
    i. Optimizing sample collection at all entry points, e.g. EPI, labor wards, nutrition units, pediatric clinics
    ii. Collaborating with CSOs to notify clinics of all births in the community, and bring mother/child pairs in for referral if possible
- Ensure all infants testing positive are linked to ART through
    i. Monitoring all EID results at clinic level
    ii. Maintaining HIV positive infant register at the testing laboratory for easy follow-up and notification
    iii. Tracing and linking mother/child pairs by CSOs
- Improve mother/baby pair retention through the use of
    i. Support groups such as mother-to-mother mentoring and mother/baby pair monitoring
    ii. CSOs for tracking and identifying any mother/infant pair lost to follow up.

c. Key Populations

The legal environment and operational context for KP programming is characterized by violence, driving KPs, especially MSM, into hiding and denying them critical services and hindering the ability of HIV-positive persons engaged in sex work from accessing critical HIV testing and treatment services. The current dire economic situation continues to drive more young local girls and women into commercial sex work as evidenced by 2017 KP program data.

The Key Population program in South Sudan primarily targets female sex workers and a small number of MSM. Under COP18, the program will expand to encompass a new emphasis on clients of sex workers to avert further transmission of the epidemic from these high risk

population groups into the broader population through prevention and treatment interventions. Recent demographic shifts have seen the rise of a largely South Sudanese FSW population, the vast majority of which do not use condoms and are only newly sensitized to the risk of HIV. The epidemic dynamics as seen through testing data from the program demonstrate that this group is at high risk of new HIV infections from clients. In COP18 the program will thus not only continue to provide targeted interventions for key populations, but also expand to include clients of sex workers. Support will be focused on identifying new cases, and strengthening KP prevention activities with a new focus on interventions in the Juba area targeting non-military clients of FSWs [priority population (PP)] who are estimated to account for about 70-80% of FSW clientele.

COP18 will continue to deploy enhanced peer navigation and peer education strategies that have been successful in identifying new KP hotspots and efficiently delivering a comprehensive package of HIV prevention services to new FSWs in order to test for HIV and link them to treatment. The program will utilize best practices to implement a sex worker client program using carefully selected peer navigators and educators to reach out to clients, and encourage condom use, HIV testing, and linkage to treatment of those who test positive.

In COP18, the program will target 4,420 KPs (4,380 FSWs and 40 MSMs) and 5,200 clients of FSWs, for prevention activities which cover HIV education, STI screening and treatment, condom and lubricant distribution, and assessment and referrals of FSWs affected by Sexual and Gender Based Violence for care including Post Exposure Prophylaxis (PEP). At least 5,578 KP and clients will be tested for HIV during FY 19. Targets for HIV case finding among clients of FSWs and FSWs are based on Juba IBBS data and FY17 program data. New case finding rates are projected at 7% and 5% for clients of FSWs and KPs respectively, with a total of 341 (176 FSWs and 165 clients of FSWs) new cases identified. COP18 KP activities will focus on Juba and Nimule only, while the program shifts into a complementary technical assistance role with Global Fund partner IOM as they expand activities in Yambio where they have been supporting clients of FSWs, thus ensuring delivery of a comprehensive KP service package.

The following activities will be implemented in each hotspot across Juba and Nimule to improve the continuum of HIV prevention, care and treatment for FSWs, MSM and clients of FSWs:

- Targeted mobile HTC services for FSWs, MSMs and clients of FSWs
- Improvement in Test and Start strategies ensuring at least 90% of all KP testing positive are linked to treatment
- Ongoing improvements in retention and multi-month scripting working closely with treatment partners
- Community-based outreach to ensure prevention uptake
- Resolution of the closure of the Drop-In-Center (DIC) in Juba which provided safe and non-discriminatory access to services by FSWs and MSM before it was closed

d. VMMC

Although the National Strategic Plan (2013-2017) identifies VMMC as one of seven high impact interventions based on efficiency of approach in reducing mortality and new infection, South Sudan had not previously offered VMMC services prior to FY 18. With PEPFAR support, the SSPDF HIV Program worked closely with the national program in FY 17 to develop a VMMC strategy and implementation plan (2017-2020) for quality assurance, and other VMMC-related resources (SOPs and job aids) to guide SSPDF VMMC roll-out and potential future national VMMC roll-out. The military launched VMMC services in Q2 of FY 18 at JMH among military personnel (19-49 years) in Central Equatoria with plans to grow the program further under COP18.

The young men within the SSPDF are a captive population who provide a rare opportunity for scaling up a VMMC program as part of a comprehensive package of combined prevention services among the military population. The military environment offers unique opportunities to develop effective HIV and other public health programs, and SSPDF military personnel can serve as important "agents of change" for VMMC in the communities in which they live, especially in South Sudan.

Military leadership recognizes the importance of male circumcision as an intervention for HIV prevention. VMMC, as an important component of a comprehensive HIV prevention package, is prioritized in the inaugural SSPDF HIV Policy document and the SSPDF HIV/AIDS Strategic Plan (2018-2022). Awareness raising on VMMC will continue in a limited geographic scope within Juba and surrounding suburbs. VMMC is being integrated into the HIV prevention continuum including HIV counseling and testing, condom promotion, and screening and treatment of sexually transmitted infections, among other interventions. In FY18 the SSPDF HIV Secretariat launched the first VMMC clinic at Juba Military Hospital. COP18 VMMC targets are reflective of scaling up services in FY 19.

4.3 Additional country-specific priorities listed in the planning level letter

On the policy front, the National Ministry of Health, South Sudan is currently implementing the test-and-start policy by treating all with the goal of initiating treatment on the same day, across all sites and all implementing partners. TLD is incorporated in the 2017 ART guidelines as an alternate first line regimen. The draft national guidelines for services to Key Populations are under final stages of review. There is a need for continuing to scale interventions among the hard to reach FSW/MSM populations. Six-month, multi-month scripting has not been initiated in the country yet, however, three month prescription scripting is currently being practiced through a differentiated service delivery model.

Driven by data, national priorities, and stakeholder recommendations, the strategic direction of PEPFAR South Sudan's program for COP18 is to maximize efficiencies by focusing resources on where the program can get the highest yield and volume (across populations and geography), and at the same time prioritize a data driven scale-down of sites, interventions and modalities that are inefficient or duplicative with the overall goal of maximizing identification, linkage, and retention, and minimizing lost to treatment/follow-up. To accomplish this, in COP18, the PEPFAR South Sudan team will scale up HIV treatment services in high volume and high yield facilities, e.g. all hospital settings with high patient loads, and among the sickest newly identified PLHIV. The program will continue to focus on and use high-yield testing modalities, including index testing (focusing index testing on the children of HIV-positive clients and index case sexual partners), provider-initiated testing and counseling (PITC), e.g., at tuberculosis clinics.

Site closures are proposed for sites with consistently low volume and low yield, and targets will be accordingly reassigned. Although no new sites are proposed, recommendations from a geographic rationalization exercise will be implemented in COP18 by re-assigning existing sites among implementing partners. This will be done to ensure that within a county there is no overlap of implementing partners; targets and resources will be accordingly adjusted. This is expected to increase efficiencies and decrease costs by ensuring one implementing partner per SNU and limit any multi-partner overlaps at the SNU and State level.

Project ECHO (Extension for Community Healthcare Outcomes) is a platform for practice-based education and training, service delivery, and outcomes which aims to strengthen the capacity of providers in delivering high quality HIV/AIDS services for improved health outcomes. In COP18 ECHO project will increase supportive technical assistance in up to 14 additional sites to improve quality of services at sites, as described in section 4.1 (with details and scale-up sites).

In order to address high loss to follow up and poor retention, PEPFAR South Sudan will conduct site-level analysis on loss to follow-up (LTFU) and engage with CSOs and community networks and work with implementing partners to track patients and identify site-level LTFU issues to improve retention at site-level. To enhance treatment adherence, COP18 will continue differentiated service delivery models, and particularly initiate six-month multi-month scripting and dispensing. Systems level investments will be made by providing technical assistance for supply chain systems including TA in quantification and forecasting; closely monitoring commodity security, stock levels, and distribution to health facilities, in close collaboration with Global Fund and UNDP; and prioritizing Test and Start and multi-month dispensing.

The South Sudan program has all the key elements of HIV/AIDS interventions. However, the multi-donor and multi-partner driven model has no standardized national level field supervision and monitoring system. Within PEPFAR, the current format of field supervision is uncertain in scale and format, is duplicative, not neutral and has limited accountability. Of particular concern is that due to insecurity and access issues, site visits by PEPFAR are challenging and limited. Therefore, the program is in need of a neutral process of quality field supervision. In COP18, PEPFAR South Sudan proposes to introduce a structured field supervision model with mid-level

public health professionals based at the county level providing intense on-site, field level mentoring, monitoring and supervision; traveling in the field and undertaking site visits for 20 days per month.

The strategic direction of PEPFAR South Sudan for COP18 is to maximize efficiencies by focusing resources. This requires ensuring that the implementing partners are aligned with the PEPFAR program strategy and data driven partner management to enhance performance in an ongoing and timely manner. Towards strengthening partner management and monitoring and implementation of strategies across the cascade, PEPFAR will continue to use site-level granular data by volume, yield, testing modality, gender, and age-band to review partner performance on a real-time basis. This is in addition to quarterly one-on-one reviews based on the QPRs and ongoing financial management reviews with particular attention on quarterly expenditures to watch for possible over outlays.

4.4 Commodities

PEPFAR South Sudan has provided significant support for HIV commodities in South Sudan, from COP15 to COP17, particularly with HIV test kits, supplementary ARVs and other commodities (essential medicines and laboratory supplies) which have largely addressed stock outs and filled gaps. Global Fund is the lead agency in support for commodities and supplies including ARVs for the entire country. In COP17, PEPFAR programmed resources for providing TA for supply chain management in addition to providing for commodities to fill gaps.

In COP18 PEPFAR South Sudan's major intervention is to provide technical assistance to address gaps and inefficiencies in the commodity supply chain and management system, with a focus on quantification, forecasting and supply chain including planning, warehouse and inventory management, and logistics planning and management information systems. PEPFAR resources will be used to support the national supply chain system to enable it to effectively plan, distribute and monitor stocks across different levels, to ensure that there are no HIV commodity stock outs or wastage. The national warehouse inventory management and supply system currently relies on mSupply, an electronic supply chain management system. However this system is currently underutilized because it has limited options for data collection; as such there has been limited data visibility making it challenging to use HIV commodity data from health facilities across the country to improve commodity planning and forecasting, and decision making. PEPFAR South Sudan's TA will enhance national warehouse optimization to ensure a regular and adequate resupply of commodities to health facilities. The scope of work includes a) strengthening operational management of HIV commodities, b) reorganization of the physical facility of the central medical stores, and c) developing SOPs for management of commodities within the warehouse. The TA will also focus on optimizing data flow by linking to the mSupply software to ensure near real time update of the mSupply software which currently has limited data visibility.

PEPFAR will support South Sudan's transition to TLD starting in August of 2019. In this process PEPFAR will closely coordinate with Global Fund and its partner UNDP, the principal recipient, to ensure a smooth transition. PEPFAR South Sudan's role will be to provide technical assistance, and coordinate and enhance efficiencies of the different technical working groups in achieving this transition. As in past years, for COP18, Global Fund has the mandate for HIV commodity procurement and supply, and will provide all HIV commodities for national use. Global Fund has given assurances that all ARVs will be supplied when needed, without the threat of stockouts. PEPFAR South Sudan will take the lead in providing TA for quantification of ART, RTKs, viral load reagents and drugs for opportunistic infections. Supply chain related activities such as quantification and supply plans will be led by the supply chain partner while HIV technical, programmatic and policy implications of the TLD transition related to care and treatment such as absence of policy guidance on breast feeding and pregnant women and TB patients will be addressed by treatment partners working through the HIV TWG. A Road Map detailing transition activities, time schedules and responsibilities is in draft form and will be shared.

South Sudan currently has high volumes of legacy ARV drugs that will last until 2019. A TLD Transition Plan has been drafted to ensure that current stocks of ARVs are consumed, and the Global Fund's lead HIV partner, UNDP, is working closely with PEPFAR's implementing partner and the inter-agency team to ensure TLD transitioning happens as scheduled.

The following activities are ongoing during COP17 in preparation for the TLD transition:

- National quantification and forecasting for TLD using a regional roll-out strategy
- Drafting of a TLD Supply plan and budget
- Engagement with MOH and WHO to modify national ART treatment guidelines to conform to new WHO recommendations for TLD including product registration and issuance of a formal communication from the MOH
- Dissemination of information on TLD transitioning across the PLHIV networks to facilitate advocacy and preparation
- Training and preparation of clinical providers for roll-out in Health facilities

4.5 Collaboration, Integration and Monitoring

Key themes that stood out during the PEPFAR South Sudan stakeholders' meetings were: the need for enhanced coordination with stakeholders; de-duplication of resources and better collaboration; and enhanced field supervision and monitoring. These issues have an impact across the clinical cascade.

Coordination and Collaboration

PEPFAR South Sudan will continue to engage stakeholders at all levels in COP planning and implementation. Quarterly reviews of IP performance, jointly with stakeholders, will continue.

A site level rationalization exercise is being undertaken as part of the COP18 planning process. In consultation with Global Fund and MOH, site-by-site mapping of services and resources is being undertaken. This will include the HPF-supported MOH sites, and will inform program planning and implementation in COP18 (attached table). All HIV/AIDS service delivery sites are mapped by SNU, State, funding agency, and implementing partner, and all support services and resources are captured by funding source.

In order to increase efficiencies and decrease costs by ensuring one implementing partner per SNU and limit any multi-partner overlap at the SNU and State levels, PEPFAR South Sudan undertook a geographic rationalization exercise with the following objectives:

1. Increase efficiency and decrease costs; limit IP monitoring and supervision costs by de-duplicating multi-partner allocations to the same county/state
2. Improve accountability (have one IP take responsibility for the targets and results for the SNU)
3. Foster an IP to County/State MOH relationship and engagement by assigning dedicated IPs per County/State
4. Improve agency level partner management by adopting a more logical assignment of geographic areas by partners

This exercise has led to reallocation of sites amongst the implementing partners.

Enhanced field supervision and monitoring

The South Sudan program has most of the key elements of HIV/AIDS interventions. However, the multi-donor and multi-partner driven model lacks adequate field supervision, mentoring and monitoring system. The current format of field supervision is uncertain in scale and format, is duplicative, not neutral, and has limited accountability. Particularly challenging are the limitations the USG PEPFAR team has on travel to sites due to insecurity and poor access issues. The need for field supervision was also highlighted by the MOH and other stakeholders. The PEPFAR South Sudan team proposes a new field supervision system with six mid-level public health professionals as foot soldiers who will be based at the county level providing intense on-site, field level mentoring, monitoring and supervision, traveling in the field for 20 days per month at the rate of 2-3 days per site. This will establish an intensive, on-site supportive supervision and mentoring system for all PEPFAR sites.

Implementing Partner Monitoring and Management

Towards strengthening implementing partner management and monitoring, and implementation of strategies across the cascade, the USG PEPFAR interagency team has a structured calendar and frequency of activities. The strategic direction of the PEPFAR program for COP18 is to maximize efficiencies by focusing resources. Using site-level granular data, by volume, yield, testing modality, gender, age-band, PEPFAR proposes to scale up to high volume and high yield sites

(across population and geography) and at the same time prioritize a scale-down of sites, interventions and modalities that are inefficient or duplicative; maximizing retention and minimizing loss to treatment/follow-up with the goal of achieving the three 90s.

The partners will be reviewed periodically both by PEPFAR as well as through stakeholders' meetings as below:

1. At least, quarterly (one-on-one), and more frequent, IP review that is data driven, including site-level program performance review, fiscal data review, along with a follow up on prior review/s
2. Quarterly stakeholders' meeting that precede the interagency POART reviews and involve data-driven reviews of IPs along with external stakeholders
3. Quarterly program performance reports as a narrative of the program performance submitted by the IP
4. Field supervision and SIMS visits

As listed above quarterly administrative management visits (by Administrative Specialist) will be undertaken to the IPs to review fiscal data and compare the same with program performance which is results achieved against the targets set. Particular attention will be paid towards quarterly expenditure / spend-downs and forecasted annual spend-down to watch for possible over outlays in order to identify and alert the partner as well as the agency of such possibility.

As evident from the sustainability index dashboard, several structural and contextual factors impact the human resources in health, in South Sudan. Ranging from low salaries, to delayed payments, dearth of trained staff and frequent turnover impact program implementation at all levels. PEPFAR continues to implement a direct service delivery model through implementing partners and provides clinical staff, lab staff as well as community level workers to implement different aspects of the program. On the other hand, Global Fund implements an incentive based service delivery model wherein the existing staff from the MOH[2] are supported with incentives to perform HIV/AIDS services. PEPFAR is carefully coordinating with Global Fund to ensure there is no overlap or duplication of support. In addition, both donors build upon -- and deliver services through -- Health Pooled Fund (HPF) supported MOH facilities and thus, coordinate closely with HPF implementing NGOs.

In COP17 second quarter, South Sudan will have in-country viral load (VL) testing capacity. PEPFAR will continue to provide site level and above site level TA for a rapid scale up of quality VL services. PEPFAR proposes to improve integration of VL activities in the treatment cascade, as described below.

- Strengthening coordination among donors and implementing organizations across programmatic and laboratory needs. This will minimize duplication of efforts, save costs

[2] MOH facilities in all PEPFAR SNUs are supported by donors through the Health Pooled Fund.

and create efficiencies. The areas of collaboration will include establishing of hubs, payment of salaries or incentives to laboratory staff and data clerks, provision of supplies and training of staff.

- There is need to integrate specimen referral systems into one national system. This will minimize delay in the transportation of VL samples from locations that do not have PEPFAR partners. For instance, EID or TB or Outbreak samples will be transported along with VL samples.
- Triaging patients for VL test on arrival to optimize sample collection and minimize loss of patients before sample collection. Triaging will involve patient identification, escorting to the sample collection area or moving collection area to patients, and linking to clinical services.
- Maximizing TA and close monitoring of supply chain systems to ensure uninterrupted supply of commodities at the facilities and in the warehouse.
- Incorporate key VL messages into ART preparation counseling and general health education sessions. It is also important to educate healthcare workers as well as patients on the importance and interpretation of VL results.
- Setting monthly clinic targets for VL and monthly review of VL data is important for performance monitoring and improvement. It promotes ownership of the program and ensures active involvement of stakeholders.

In COP 18 PEPFAR proposes to engage community level networks and CSOs for innovative service delivery model at the site level and community level. Engaging community workers from PLHIV networks or supported by CSO, from within the community will provide a cadre of staff who will be engaged in targeted demand generation, enhancing linkage to treatment both at site level and community level and improve retention by community level follow up of patients lost to treatment.

COP18 proposes above site level support to the different Institutions by making systems level investments towards strengthening coordination, policies and governance, civil society engagement, human resources for health, quality management, laboratory, epidemiological and health data, performance data, and commodity security and supply chain. These systems investment interventions address the systemic barriers described in Table 6, with defined outcomes and annual benchmarks for each.

4.6 Targets for scale-up locations and populations

Standard Table 4.6.1 Entry Streams for Adults and Pediatrics Newly Initiating ART Patients in Scale-up Counties

Table 4.6.1 Entry Streams for Adults and Pediatrics Newly Initiating ART Patients in Scale-up Districts			
Entry Streams for ART Enrollment	**Tested for HIV (APR FY 19) *HTS_TST***	**Newly Identified Positive (APR FY 19) *HTS_TST_POS***	**Newly Initiated on ART (APR FY 19) *TX_NEW***

Total Men	**108,776**	**5,216**	**6,620**
Total Women	**163,164**	**7,824**	**9,930**
Total Children (<15)	**22,850**	**983**	**989**
Adults			
TB Patients	***6,659***	**976**	**910**
Pregnant Women	***41,256***	**865**	**865**
VMMC clients	***1,031***	-	-
Key populations	***3513***	**179**	**179**
Priority Populations	***2063***	**165**	**165**
Other Testing	***240,268***	**11,838**	**15,420**
Previously diagnosed and/or in care	***3,516***	**0**	**3,516**
Pediatrics (<15)			
HIV Exposed Infants	***2,750***	**105**	**105**
Other pediatric testing	***20,100***	**878**	**884**
Previously diagnosed and/or in care	-	-	-

Standard Table 4.6.2

Table 4.6.2 VMMC Coverage and Targets by Age Bracket in Scale-up Districts					
SNU	**Target Populations**	**Population Size Estimate (SNUs)**	**Current Coverage (date)**	***VMMC_CIRC* (in FY18)**	**Expected Coverage (in FY 19)**
Military SNU	Military with a focus on 19-29 age band	**250,000**	**NA**	**750**	**1,031**
	Total/Average			**750**	**1,031**

Standard Table 4.6.3 Target Populations for Prevention Interventions to Facilitate Epidemic Control

Table 4.6.3 Target Populations for Prevention Interventions to Facilitate Epidemic Control			
Target Populations	**Population Size Estimate** (scale-up **SNUs**)	**Coverage Goal (in FY18)**	**FY 19 Target**
	28500	**0**	**5200**

PP_PREV *KP_PREV*	**5700**	**5186**	**4420**
TOTAL	**34200**	**5186**	**9620**

Standard Table 4.6.4 Targets for OVC and Linkages to HIV Services

Table 4.6.4 Targets for OVC and Linkages to HIV Services			
SNU	**Estimated # of Orphans and Vulnerable Children**	**Target # of active OVC (FY 19Target) OVC_SERV**	**Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files (FY 19 Target) OVC***
Juba County	**2088**	**1885**	**2088**
TOTAL	**2088**	**1885**	**2088**

5.0 Program Activities for Epidemic Control in Attained and Sustained Locations and Populations

PEPFAR South Sudan in COP18 proposes to provide direct service delivery in 33 sites in Scale-up aggressive counties and 16 sites in sustained counties. The package of services and program activities proposed will remain the same in the two different types of counties. However, the investments will be higher in scale-up aggressive counties, proportionate to the need at each site e.g. volume, access issues etc.

6.0 Program Support Necessary to Achieve Sustained Epidemic Control

(Please see associated Excel file for complete Table 6 information, detailing COP18 activities)

COP18 proposes to identify and support systems investments that address (1) epidemic control priorities; (2) systems gaps as identified through SID 3.0 and SIMS; and (3) systems strengthening through leveraging from other donor-development and MOH investments.

At the facility level HIV/AIDS interventions have three key aspects as identified under the three 90s: Identification of PLHIVs, Linkage to treatment and follow up and adherence for good viral load suppression. Accomplishing this at the facility level will require systems level investments to build a current and sustainable capacity at an institutional level for the host country as well as TA in policy making, developing guidelines, support for program monitoring and overall program management. The critical systems investments focusing on the key priorities to achieve epidemic control during FY 19 are described in section 6.1 along with the recommended priority policies. Redressal of issues identified during the SID and SIMS is described in section 6.2. In section 6.3, the COP18 proposes to better coordinate with other donor-developmental partners and MOH to leverage from and de-duplicate resources to maximize efficiencies both within and outside of PEPFAR.

6.1 Critical Systems Investment addressing epidemic control priorities

The HIV/AIDS programs in South Sudan continue to suffer from (a) limited availability of skilled workers at all levels to facilitate community-based services; (b) inadequate treatment support for PLHIV for self-management; (c) poor integration of TB/HIV and other services; (d) limited ability of existing systems to track PLHIV as they move within the country; and (e) weak quantification and coordination of logistics between site-level pharmacies and warehouses. Specifically to address these, PEPFAR will support the optimization of existing and new health workers to support more efficient service delivery models. Community systems will also be strengthened to support PLHIV on treatment. Through supply chain TA, PEPFAR will build on previous years' support, including the development of a pharmaceutical dashboard, to improve quantification and forecasting, as well as site-level stock management, to ensure that adequate drugs are available for multi-month dispensing. These are further described.

Based on gaps identified in the treatment and prevention cascade and data made available through the SID, Data Pack, EA, and other data sources, PEPFAR South Sudan will focus on the below priorities towards epidemic control. Described below are the COP18 priorities and approaches for the epidemic control, aligning with the three "90s".

Priority 1: PLHIV Identification

As of FY17, there is a big gap between the total number of PLHIV expected in PEPFAR-targeted counties, and those that are identified by the program, as described in section 3.0. In the five Aggressive Scale-up counties planned for in COP18, a big gap exists with the first 90. Access to and utilization of health services in RSS is among the lowest worldwide, with just over 10% of deliveries being health facility based, and about 50% of women receiving four antenatal care visits (MOH, HMIS Report 2014). A variety of contextual and structural factors are responsible for this. And therefore, as of 2017, only about 23% of PLHIV nationwide have been diagnosed.

RSS does not have a reliable population-based data, and the program-based health data is limited as well as of uncertain quality, thus making it challenging to target the PEPFAR interventions accurately and appropriately. The reporting of HIV indicators from health facilities through the MOH District Health Management and Information System (DHIS) is improving but not complete enough to provide realistic subnational unit coverage figures.

Prioritizing to address this gap, PEPFAR South Sudan will make systems level and site level investments described briefly below and in Table 6 for COP18:

1) Increase the HIV services uptake and make it efficient by targeted demand generation in order to ensure not just an increase in the volume of testing but to sustain high levels of yield. PEPFAR RSS will continue to work with the MOH to advocate for and develop and finalize KP guideline for programming including the minimum basic standard package of service that can be provided for KP. Only by increasing the pool of potential clients (i.e., those accessing health services), and simultaneously ensuring high coverage of HTC among these clients, can RSS make meaningful progress towards the first 90.

2) Testing and documenting all sexual partners and children of positive clients is essential to gaining epidemic control. PEPFAR South Sudan provide national level prioritized TA for scale up implementation of partner notification and index testing (focusing index testing on the children of HIV-positive clients and sexual partners) at health facilities. PEPFAR will provide policy guidance at the national level in operationalizing partner notification and index testing in all entry points. PEPFAR will continue utilizing other high-yield testing modalities, including provider-initiated testing and counseling (PITC), tuberculosis clinics

3) Enhance data quality for the routine program data to support evidence-based targeting of HTC in high-prevalence areas as well as to track progress towards 90-90-90 and to guide program planning;

Priority 2: Linkage to treatment and technical strategies that will facilitate linkage and retention through scaling up of known treatment models.

South Sudan's care and treatment services are still in very early stages of evolution. Although there has been a rapid scale up in recent years, largely through PEPFAR, the services do not yet

saturate the country. Ongoing conflict, poor roads and access issues continue to challenge the health services availability and access to all, leading to a significant proportion of clients who test positive for HIV not returning for treatment initiation. Additionally, poor health worker capacities and lack of standardized systems to track patients make linkage to and retention on treatment extremely difficult.

Test and START: PEPFAR South Sudan will focus continued roll out and successful implementation of rapid linkage to treatment upon identification (a) The MOH adopted the Test and START policy in FY16. PEPFAR South Sudan is supporting its roll out and implementation through sites supported by PEPFAR in COP16 and COP17; (b) Enhance access to and coverage of ART services; (c) Technical assistance in supply chain management for better quantification and forecasting of commodities and advice on logistics and cost implications of Test and START; and (d) Improve ART retention rates. (e) TLD roll out and transition to DLT based regimen. Approaches described below.

In order to strengthen linkage to treatment and improve retention, PEPFAR South Sudan will

1) Prioritize tracking of patients by conducting site-level analysis on loss to follow-up (LTFU) to identify site-level LTFU issues and to improve retention at the site-level

2) Strengthen site and community level tracking mechanisms including M&E systems to track and follow up

3) Scale up coordinated and formal engagement of community networks and support structures including the PLHIV networks, to improve linkage to treatment, adherence and retention.

4) PEPFAR will provide technical assistance in areas of commodities procurement and supply chain, specifically ARV quantification and forecasting for the national procurements. The procurement and implementation is supported by Global Fund. This support closely monitor commodity security, stock levels, and distribution to health facilities, in close collaboration with Global Fund and UNDP, with particular focus on supporting Test and Start and multi-month dispensing.

5) Support the transition of national ART program to TLD during COP18. PEPFAR will work with MOH and Global Fund to prepare and implement transition to TLD in FY 19 both by providing TA as well as supporting the implementation of roll out plans.

Priority 3: Scaling up of quality VL monitoring and EID, to improve patient outcomes.

South Sudan implemented viral load monitoring in-country in COP17. In December 2017, a VL machine was installed at the National Public Health Laboratory, which will be operational in FY18Q3. Currently, the VL capacity is supported from outside the country. The VL and EID testing program now needs to be rapidly scaled up once in-country testing starts. Aligning with WHO guidelines/ South Sudan HIV management guidelines and facilitating monitoring of the ultimate

effectiveness of the RSS HIV treatment program, the recording and reporting of effective viral load suppression is a measure of good retention.

In order to address this third programmatic gap, PEPFAR South Sudan will focus on efficient and rapid scale up of regular viral load monitoring for HIV patients across the country by providing systems support both at the site level and above site level:

1) Support the National PHL to provide EID and VL services including strengthening of the organizational and management structure of the National laboratory network to support HIV services

2) Provide TA for standardized lab sample referral and transportation system

PEPFAR will continue to make systems investments in strengthening laboratory capacities both at the national level as well as site level to both scale up and improve HIV testing, EID, TB screening and viral load monitoring capacities. Detailed below are the activities to support laboratory services in COP18:

Strengthen the organizational and management structure of the National laboratory network to support HIV services: PEPFAR will the development of host country management and technical skills and capacities in the area of laboratory services. This includes development of strategic plans, policies, guidelines, job aids, quality manuals and Standard Operating Procedures; provision of leadership to the technical working group; establishment of a laboratory regulatory board; development of an in-service leadership, management and technical training curriculum.

Support the National PHL to provide EID and VL services: PEPFAR will support transportation of EID and VL samples from health facilities or hubs to the testing laboratory, and return of results to facilities. Activities include training of staff at the NPHL, hubs and facility laboratories on sample collection, receipt, packaging, storage, documentation and transportation; procurement of packaging materials, sample storage containers (refrigerators) and transportation materials (cold boxes); remuneration of laboratory staff and quarterly supervisory visits and inter-lab mentorship.

Establish a National Laboratory Quality Improvement program that supports quality HIV lab services: Laboratory quality improvement is critical in the provision of quality HIV testing. In COP18 PEPFAR will support this by providing TA in development of HIV rapid test proficiency program; training of staff on the preparation of panels, testing, interpretation of results and analysis of the data and implementation of corrective actions; procurement of supplies, consumables and reagents for preparation of the panels, distribution of panels and return of results. Under this objective, sites will be enrolled into various external quality assurance programs that includes EID and VL testing, TB and CD4. The program will also provide biosafety and waste management supplies, support laboratory mentorship visits, maintain/repair laboratory equipment, and provide trainings on quality management systems, biosafety and equipment

maintenance and repair. In addition, an electronic integrated laboratory information system for VL, EID and EQA will be established.

Strengthen the capacity of the national blood transfusion service to provide adequate and safe blood: Blood safety program will be strengthened through training of staff on collection, storage, screening of donated blood for TTIs and Blood Grouping Serology, component preparations, and appropriate use of blood and blood products. There will also be support for the development and dissemination standardized blood collection SOPs, quality manuals and protocols, the establishment of hospital blood transfusion committees to monitor appropriate use of blood and blood products, and safe blood transfusion, a data management system for the Blood safety program, and quarterly supportive supervision to blood transfusion sites. Whereas PEPFAR is the main technical assistance provider to the blood safety program, Global Fund procures commodities such as the blood donation and blood giving sets, grouping reagents, blood screening test kits and equipment.

6.2 Systems Investments to address the gaps identified through SID 3.0 and SIMS

In COP18 will continue to focus on service delivery: identification of PLHIVs (including pregnant women, key populations, and priority populations such as men, military, TB infected, etc.); initiating those tested positive, on treatment, by rapid linkage and ensuring that they stay on treatment. In order to accomplish these, COP18 will continue to support select, targeted areas at above site level which will strengthen the health system through the below listed approaches:

1. Assessments, evaluations, operations research
2. Host country institutional development
3. Information systems
4. Laboratory quality improvement and accreditation
5. Laboratory sample referral and transportation
6. Supply chain systems and
7. Surveillance and surveys

The above listed approaches are intended to provide strategic support in areas of planning and coordination, policies and governance, civil society engagement, human resources for health, quality management, laboratory, epidemiological and health data, performance data, and commodity security and supply chain. The selected areas of support are based on the SID assessment undertaken in preparation of COP18 and address select identified SID elements (section 2.3).

6.3 Systems strengthening through leveraging from donor partners' and MOH investments

Based on the information described in Section 2.2: Investment Profile, PEPFAR will working in collaboration with the Global Fund, and support the systems investments to leverage from, de-duplicate investments and maximize efficiencies. While the ultimate eventual goal is for the GoSS to take ownership (including financial) of the HIV program, the country is many years from that goal. PEPFAR will provide Institutional level technical assistance in implementing the VL and EID scale up across the country by supporting the NPHL. PEPFAR will build host country institutional capacities by supporting national level MOH with quality technical staff and training. In a big shift from the COP16 and COP17, PEPFAR is moving away from support for commodities in order to deduplicate resources that Global Fund is already providing, and PEPFAR will provide the much needed, and requested, TA for supply chain system.

PEPFAR will continue to actively and routinely coordinate and communicate with all partners, including local, regional and international civil society and community stakeholders, multilateral partners and the host country government at all planning, implementation and review levels. The meaningful engagement will continue not just during the planning process but during the program implementation as well.

6.4 Benchmarks and outcomes for progress monitoring

(Refer to Table 6, column for benchmarks)

COP18 proposes a list of objectives to be accomplished through above site level support to the different Institutions in the country. These include systems level investments towards strengthening coordination, policies and governance, civil society engagement, human resources for health, quality management, laboratory, epidemiological and health data, performance data, and commodity security and supply chain. Support will be provided directly to the Department of HIV/AIDS in the Ministry of Health; South Sudan AIDS Commission; National Public Health Laboratory; Gender and Social Welfare Directorate and TA to other donor development partners.

Specific barriers that are proposed to be addressed through systems investments include:

1. Limited population-based data is available at county level to support evidence-based targeting of HTC in high-prevalence areas.
2. The State Directorate is under-resourced, with leadership unable to identify adequate human resources who are able to respond to the needs of vulnerable children and their caregivers.
3. Coordinate with MOH and SSAC to conduct advocacy among the National Security and Police Forces to raise awareness and foster support for provision of KP services in communities.

4. Inadequate data for forecasting and planning for supply chain leading to overstock and understock in some areas

5. Infrequent, irregular and not up-to-date task supervision by the State Ministry of Health and County Health Department affects the quality of service delivery at health facility level.

6. Delay in generation of reports to share with partners for timely implementation of corrective action – enhanced adherence counseling and patient tracking.

7. Limited reliable program data to track progress towards 90-90-90 and to guide program planning

8. No robust system of sample and results transportation country-wide.

9. Weak management structure to provide leadership to the lab network to support broader lab services and especially HIV services, and limited number of policies, guidelines and SOPs to guide diagnostic services

10. Limited QMS programs, limited ability to implement a quality assurance program, inadequate skilled lab personnel, limited capacity to maintain lab equipment, poor and unsafe infrastructure

11. Lack of a Quality Management System in all aspects of the blood transfusion chain; non-standardized clinical transfusion processes; inadequate numbers of trained and skilled staff; inadequate equipment and a poor maintenance system.

The described systems investment interventions address the above barriers and Table 6, lists the outcomes and annual benchmarks for each.

6.5 Surveys, evaluations and research

BBS in Juba: In COP18, PEPFAR proposes to support one Bio-behavioural survey in Juba. A BBS in Juba was first done in 2016. COP18 proposes to reassess the demographic profile of, and access to services by, FSWs, giving the repeated cycles of population displacements following conflict and insecurity in 2016 that is ongoing. The results will provide better information on estimated numbers of FSWs and prevalence, access to treatment, and behaviors that affect HIV prevention among FSWs, and are expected to improve decisions on Key Population programming during COP19 planning as well as advocacy for promoting a more enabling environment.

Evaluation of DTG implementation: measurement of process and outcome indicators in patients transitioned to or initiated on a Dolutegravir (DTG)-based ART regimen in Country. The anticipated scale of DTG-based regimen transition/utilization through a public health approach is unprecedented. Adoption of TLD as the first and second line ART for adults and adolescents (≥10 years old and ≥ 30 kg) is part of ART optimization and plays an important role in the goal of

virologic suppression (2nd and 3rd 90s). DTG implementation provides an opportunity to monitor and evaluate key clinical and programmatic outcomes that will inform future policies and practices relevant to South Sudan and will have more broadly applicable considerations for other countries.

Viral Load evaluation: As access to ART coverage progresses, countries continue to make programmatic strides toward achieving viral suppression in patients on ART. The scale-up of routine VL monitoring is critical to achieving these goals. Country efforts to ensure program (clinical and laboratory) quality require an understanding and situational analysis of the systems and processes required for effective and efficient VL scale-up. This evaluation will address gaps and identify strengths within the viral load testing spectrum to improve efficiency. Identified best practices will be replicated at other facilities and laboratories both within South Sudan and potentially other countries.

7.0 Staffing Plan

PEPFAR South Sudan Program is implemented by three USG agencies: CDC, USAID, and DOD. The program goal for COP18 is to strengthen HIV Care and Treatment services to improve testing yields, linkage to treatment and treatment retention. To achieve these, it is crucial to analyze and align PEPFAR South Sudan's staffing footprint to provide quality oversight to implementing partners as well as technical assistance to the MOH and other stakeholders. Currently, PEPFAR South Sudan has seven staff that include two USG Direct Hires (CDC Country Director and USAID Health and WASH Deputy Office Director) who provide overall leadership for technical, programmatic and management oversight of the program; and five locally employed staff (one from USAID, and four from CDC). The five locally employed staff include a budget and finance, administrative and logistics, and the four support Care and Treatment, Prevention, Health System Strengthening (laboratory and strategic information), Orphans and Vulnerable Children (OVC) program areas and commodities management. DOD has been participating and providing remote support to the program through COP17.

For COP18, the team critically looked at current staffing and the level of effort needed for partners' performance management and strengthening HIV Care and Treatment services through direct engagement with the MOH, Global Fund and other stakeholders. Given the staffing size and the scale of program with 10 implementing mechanisms, it is clear that the level of effort of the PEPFAR South Sudan team is spread thin. On the partners' management front, USAID has one program management specialist who is the activity manager for four implementing partners for 1) Key Populations, 2) OVCs, 3) Commodities, and 4) Prevention, Care and treatment. CDC has one administrative management staff and three technical locally employed staff. The administrative management staff, who is a public health administrative management specialist, assists with the oversight of cooperative agreements administration, logistics, budget and finance; and the three public health specialists are activity managers for five implementing partners: 1) Strategic information, 2) Laboratory, and 3) Three Prevention, Care and Treatment partners. The staff and levels of effort are spread across all these program areas.

To maximize effectiveness and efficiency of the USG staffing footprint and interagency organizational structure, PEPFAR South Sudan has repurposed some existing positions and committed to fill previously approved but vacant positions. The positions of Laboratory Advisor, Strategic Information Advisor, and Clinical Advisor, all under CDC, have been upgraded to Laboratory, Strategic information, and Clinical team leads respectively; and recruitments for three additional technical staff in areas of laboratory, strategic information and clinical services are ongoing. USAID and DOD are also working on recruiting a Program Management Specialist and Program Manager respectively to support the HIV program. DOD will be providing support to the program through multiple, short-term TDYs from HQ and long term TDYs from DOD Uganda, until the in-country position is filled, ensuring in-country mentoring and monitoring support during that time.

Given the small size of the team, and to ensure balance between interagency business processes, partners' management, and technical roles, the team has decided to conduct joint partners' performance management, SIMS, and monitoring of all PEPFAR South Sudan partners' financial outlays. The laboratory and strategic information positions will provide technical support across all PEPFAR South Sudan implementing partners and the three USG implementing agencies. The clinical staff will provide support across all PEPFAR South Sudan care and treatment implementing partners; and the administrative management staff will provide oversight by monitoring all implementing partners' financial outlays to avoid over-outlays.

PEPFAR Staffing-CDC, SI Advisor, Clinical Services Specialist, and Lab Advisor

These positions will be co-located at the National Public Health Laboratory. The security upgrades recommended at NPHL by the Regional Security Officer (RSO) are completed, and the space is available for these positions. A candidate for the Strategic Information position is finalized and going through Embassy hiring procedures. The Laboratory Advisor and Clinical Services Advisor positions are scheduled for final interviews on March 16, 2018.

PEPFAR Staffing-USAID Program Management Specialist

USAID has re-examined the position description, and it is being reCAGEd to ensure that it is well aligned to PEPFAR South Sudan program priorities. The hiring process for this position is expected to be completed by August 2018.

PEPFAR Staffing-DOD Program management position

The Program Management position description has been completed, CAGEd and submitted to the Embassy Management Office for further processing.

There are no proposed new positions in COP18.

Cost of Doing Business

The overall Cost of Doing Business (CODB) for PEPFAR South Sudan has dropped by 4% compared to COP17. The main reason for this drop is the reprogramming of funds from CODB to program implementing mechanisms, by USAID and DOD.

APPENDIX A -- PRIORITIZATION

Table A.1 SNU Prioritization

SNU	COP	Prioritization	Results reported	Attained: 90-90-90 (81%) by Each Age and Sex Band to Reach 95-95-95 (90%) Overall																				Overall TX Coverage
				Treatment Coverage at APR by Age and Sex																				
				<1		1-9		10-14		15-19		20-24		25-29		30-34		35-39		40-49		50+		
				F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	
SNU 1	COP 15	Scale-Up: Saturation	APR 16	45%	49%	55%	57%	63%	64%	77%	74%	80%	65%	62%	49%	60%	58%	77%	60%	81%	73%	77%	75%	65%
	COP 16	Scale-Up: Saturation	APR 17	66%	69%	71%	72%	81%	78%	83%	80%	91%	75%	77%	67%	78%	75%	91%	72%	93%	76%	94%	79%	81%
	COP 17	Scale-Up: Saturation	APR 18	81%	81%	83%	82%	85%	81%	87%	83%	95%	82%	90%	81%	89%	86%	95%	82%	96%	84%	95%	86%	86%
	COP 18	Attained	APR 19	83%	82%	85%	84%	87%	85%	92%	87%	95%	85%	92%	85%	90%	84%	95%	87%	97%	91%	96%	90%	92%
SNU 2	COP 15	Scale-Up: Aggressive	APR 16	27%	33%	47%	46%	35%	48%	58%	43%	55%	40%	68%	44%	67%	43%	70%	61%	66%	73%	57%	71%	47%
	COP 16	Scale-Up: Aggressive	APR 17	51%	60%	53%	59%	60%	48%	66%	51%	64%	42%	77%	50%	73%	45%	83%	66%	78%	75%	76%	89%	63%
	COP 17	Scale-Up: Saturation	APR 18	72%	71%	81%	77%	81%	63%	82%	79%	89%	65%	88%	77%	87%	81%	92%	77%	89%	89%	91%	93%	84%
	COP 18	Attained	APR 19	81%	82%	84%	82%	90%	83%	87%	85%	94%	82%	91%	83%	92%	85%	94%	82%	94%	95%	93%	95%	90%
SNU 3	COP 15	Sustained	APR 16	22%	26%	20%	21%	35%	37%	53%	25%	50%	39%	59%	36%	71%	49%	77%	55%	71%	60%	72%	68%	39%
	COP 16	Scale-Up: Aggressive	APR 17	30%	33%	25%	34%	40%	44%	51%	37%	54%	48%	61%	43%	81%	53%	83%	66%	73%	59%	74%	74%	50%
	COP 17	Scale-Up: Saturation	APR 18	45%	44%	38%	42%	46%	55%	56%	45%	70%	56%	66%	71%	84%	72%	88%	75%	91%	70%	81%	76%	63%
	COP 18	Scale-Up: Saturation	APR 19	61%	70%	66%	59%	71%	67%	79%	71%	84%	79%	80%	84%	91%	89%	94%	77%	92%	76%	83%	80%	82%
SNU 4	COP 15	Sustained	APR 16	39%	41%	60%	44%	56%	37%	60%	40%	65%	32%	82%	26%	50%	35%	57%	50%	74%	63%	70%	55%	45%
	COP 16	Sustained	APR 17	40%	44%	61%	47%	59%	40%	64%	44%	70%	41%	84%	31%	63%	37%	61%	55%	74%	66%	72%	47%	50%
	COP 17	Scale-Up: Aggressive	APR 18	49%	53%	70%	55%	62%	50%	71%	60%	81%	49%	86%	45%	66%	44%	70%	63%	77%	72%	75%	66%	62%
	COP 18	Scale-Up: Saturation	APR 19	67%	60%	75%	61%	83%	59%	83%	70%	93%	72%	93%	62%	72%	59%	83%	71%	86%	79%	90%	73%	81%
SNU 5	COP 15	Central Support	APR 16	N/A: no target required																				55%
	COP 16	Central Support	APR 17	N/A: no target required																				58%
	COP 17	Central Support	APR 18	N/A: no target required																				59%
	COP 18	Central Support	APR 19	N/A: no target required																				61%

Table A.2 ART Targets by Prioritization for Epidemic Control

Table A.2 ART Targets by Prioritization for Epidemic Control						
Prioritization Area	**Total PLHIV**	**Expected current on ART (APR FY 18)**	**Additional patients required for 80% ART coverage**	**Target current on ART (APR FY 19) *TX_CURR***	**Newly initiated (APR FY 19) *TX_NEW***	**ART Coverage (APR 19)**
Scale-Up Aggressive	**45,794**	**18,944**	**17,692**	**28,537**	**10,718**	**62%**
Sustained	**34,555**	**7,440**	**20,204**	**13,303**	**6,821**	**38%**
Total	**80,349**	**26,384**	**37,896**	**41,840**	**17,539**	**52%**

Table A.3 ART Targets by SNU Prioritization for Epidemic Control

Table A.3 ART Targets by SNU Prioritization for Epidemic Control

County	Classification	PLHIV Load	Expected current (APR FY 18)	Additional required for 80% coverage	Target current on ART (APR FY19) TX_CURR	Newly Initiated (APR FY19) TX_NEW	ART Coverage (APR 19)
Juba County	Scale Up Agg	11191	7334	1619	8617	1906	77
Ezo County	Scale Up Agg	10436	2432	5917	3966	1809	38
Yambio County	Scale Up Agg	9958	4937	3030	7668	3251	77
Magwi County	Scale Up Agg	8545	1884	4952	2734	1030	32
Nzara County	Scale Up Agg	5664	2357	2174	3512	1445	62
Yei County	Sustained	5376	1751	2550	2473	519	46
Tambura County	Sustained	4367	1664	1830	2664	252	61
Torit County	Sustained	4129	584	2719	1197	414	29
Rumbek Centre County	Sustained	3423	378	2360	1061	393	31
Lopa/Lafon County	Sustained	3418	0	2734	376	315	11
Maridi County	Sustained	3147	648	1870	976	770	31
Wau County	Sustained	2380	971	933	1333	1183	56
Yirol West County	Sustained	2340	842	1030	1661	704	71
Ikotos County	Sustained	2246	0	1797	472	447	21
Kapoeta South County	Sustained	2048	532	1106	737	882	36
Mundri East County	Sustained	1681	70	1275	353	943	21
Military	Scale Up Agg				2041	1277	

APPENDIX B – Budget Profile and Resource Projections

B1. COP 18 Planned Spending

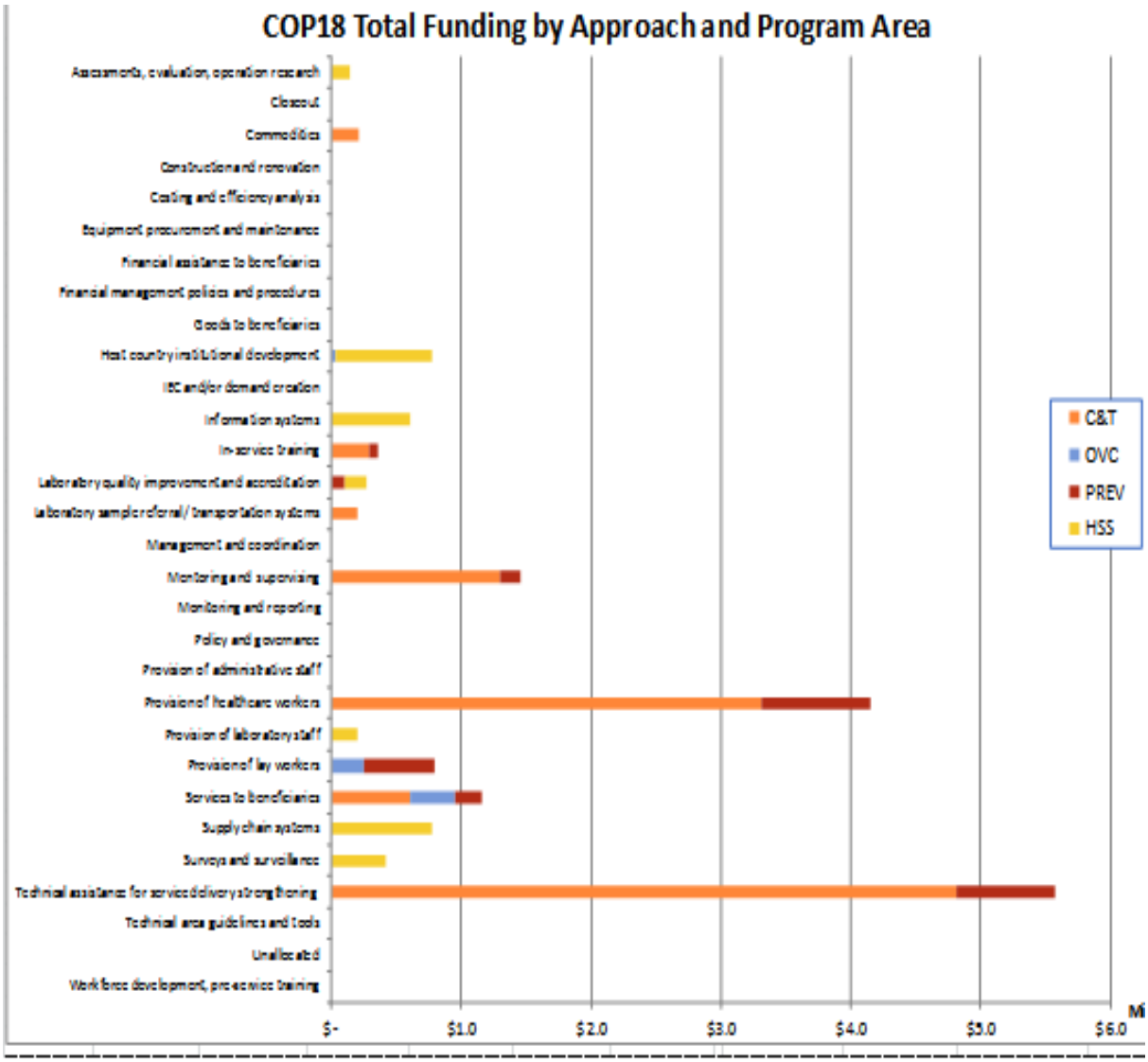


Table B.1.1 COP18 Budget by Approach and Program Area

Table B.1.2 COP18 Total Planning Level

Table B.1.2 COP 18 Total Planning Level

Applied Pipeline	New Funding	Total Spend
$ 2,454,684	$ 17,745,316	$ 20,200,000

Table B.1.3 Resource Allocation by PEPFAR Budget Code (new funds only)

Table B.1.3 Resource Allocation by PEPFAR Budget Code (new funds only)		
PEPFAR Budget Code	**Budget Code Description**	**Amount Allocated**
MTCT	Mother to Child Transmission	$ 1208142
HVAB/Y	Abstinence/Be Faithful Prevention/Youth	0
HVOP	Other Sexual Prevention	$ 852,361
IDUP	Injecting and Non-Injecting Drug Use	0
HMBL	Blood Safety	$ 410,269
HMIN	Injection Safety	0
CIRC	Male Circumcision	205,905
HVCT	Counseling and Testing	$ 2,976,333
HBHC	Adult Care and Support	$ 409,300
PDCS	Pediatric Care and Support	$ 499,006
HKID	Orphans and Vulnerable Children	$ 495,867
HTXS	Adult Treatment	$ 6,103,433
HTXD	ARV Drugs	$ 314,638
PDTX	Pediatric Treatment	$ 465,420
HVTB	TB/HIV Care	$ 249,545
HLAB	Lab	$ 812,500
HVSI	Strategic Information	$ 1,663,114
OHSS	Health Systems Strengthening	$ 79,485
HVMS	Management and Operations	$ 1,000,000
TOTAL		**$ 17,745,318**

B.2 Resource Projections

PEPFAR South Sudan used incremental budgeting method to allocate resources for the COP18. This was done by taking COP17 budget as the starting point; and factoring in partners performance; geographic rationalization and COP18 targets assigned to the partners. This then formed the basis of adjusting resources either upward or downward.

APPENDIX C – Tables and Systems Investments for Section 6.0

The Table 6 Excel workbook saved as a PDF and attached here. The final Excel workbook is a part of the SDS and submitted at the same time.

Table 6 Attachment

Row	Funding Agency	Implementing Mechanism Name	Prime Partner	MechanismID	Program Area	COP17 Strategic Objective	COP18 Strategic Objective	Approach
1	HHS/CDC	AMREF	African Medical and Research Foundation	17700	C&T	Strengthening Laboratory and Blood Transfusion Services in South Sudan needed to support high quality HIV prevention and clinical services that can contribute to HIV epidemic control	Support the National PHL to provide EID and VL services	Laboratory sample referral/ transportation systems
2	HHS/CDC	AMREF	African Medical and Research Foundation	17700	HSS	Strengthening Laboratory and Blood Transfusion Services in South Sudan needed to support high quality HIV prevention and clinical services that can contribute to HIV epidemic control	Strengthen the organizational and management structure of the National laboratory network to support HIV services	Host country institutional development
3	USAID	Linkages	FHI 360	17713	HSS	Strengthened Systems for Planning, Monitoring, Evaluating, and Assuring the Quality of Programs for Key Populations	Increased Availability of Comprehensive Prevention, Care, and Treatment Services, Including Reliable Coverage Across the Continuum of Care for Key Populations	Host country institutional development
4	USAID	4 Children	Catholic Relief Services	18133	OVC	State Directorate of Gender, Child and Social Development workforce are better able to respond to needs of vulnerable childrenand their caregivers	To strengthen the State Directorate of gender, child and social development work force to better respond to needs of vulnerable children and caregivers	Host country institutional development
5	USAID	Global Health Supply Chain Program	Global Health Supply Chain Program	18236	HSS	Systems Strengthening Technical Assistance	Systems Strengthening technical assistance	Supply chain systems

Row	Site/Above-Site	COP18 Activity (above-site, above-service delivery)	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)
1	Above Site	Procure items/materials to establish functional hubs and labs (refrigerators, freezers, stationery, phones and airtime/internet modems), Internet subscription costs and maintenance for data management and result transmission, Transport samples from hubs to Testing laboratory (contract for air or road transport). Provide Power back-up (solar system) to molecular laboratory.	No robust system of sample and results transportation country wide	Laboratory	3.33	An integrated national specimen referral system and efficient system for result transmission from testing laboratory to facilities.	3 years
2	Above Site	Monthly planning and review meetings with PHL senior management staff to monitor project implementation and oversite of TWGs, Technical support towards establishment of Public Health Institute and EOC, Support the establishment of a laboratory regulatory board (Allied health professionals council), Develop in-service leadership, management and technical training curriculum and implement Continuous professional development including e-learning training course, Development and Support participation regional trainings, meetings and workshops review national lab policy, strategic plans, guidelines and implementation plans, SOPs (e.g. POCT, Quality manuals, IEC materials e.g. for waste management, equipment policy and standardization guide).	Weak management structure to provide leadership to the lab netwok to support broader lab services and especially HIV services, and limited number of policies, guidelines and SOPs to guide diagnostic services	Laboratory	3.33	Ministry led, data driven technical work groups, and more program over-sight and more involvement in supervisory visits	3
3	Above Site	Coordinate with MOH and SACC to conduct advocacy among the National Security and Police Forces to raise awareness and foster support for provision of KP services in the communities.	Coordinate with MOH and SACC to conduct advocacy among the National Security and Police Forces to raise awareness and foster support for provision of KP services in the communities.	Policy & Governance	4.34	National Security and Police Forces supports the provision of KP services in the community.	3 years
4	Above Site	State Soial workers participate in training in technical areas such as Positive Parenting, SILC, Adolescent Health and HIV and AIDS and case management., attend in monthly case conferencing, visit to community and monitoring of project activities to transfer project monitoring skill and tools. Participate in SDGSL Child Protection TWG and UN Child Protection sub-cluster to develop career advacncement of social workers among other things	The State Directorate is under-resourced, with leadership unable to identify adequate human resource who are able to respond to needs of vulnerable children and their caregivers.	Planning & Coordination	5.83	State social workers have improved knowledge and skills to address the needs of HIV affeted vulnerable children and their caregivers	2 years
5	Above Site	Support for quantification and ongoing monitoring of stock at all levels	Inadeqaute data for forecasting and planning for supply chain leading overstock and understock in some areas	8. Commodity Security and Supply Chain	0	HIV commodities correctly quantified, and stockout addressed	2 years

Row	Relevant Indicator or Measurement Tool	COP18 Baseline Data	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Two (COP/ ROP19) Annual Benchmark	Note: FY20 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP/ ROP20) Annual Benchmark	Note: FY21 Q2 and Q4 results will be recorded here for monitoring.
1	EID/VL score card	Parallel specimen transportation system	25% of HIV and TB samples are transported using one network		50% of HIV and TB samples are transported using one network and 50% of facilities receive results direct from the testing lab		75% of HIV and TB samples are transported by one system, and 75% of facilities receive results direct from the testing lab.	
2	Site visit reports and facility service improvement	Ad hoc TWG meetings	In-service training established and all TWG are data driven (results reviewed by IP)		Lab policy and strategic plan reviewed and approved and Laboratory regulatory body established		Laboratory regulatory body starts licensing of lab practice	
3	The proportion of FSW reporting harassment and extortion by low enforcement agencies	70% of FSW reports Harassment by law enforcement agencies	15 KPs reported arrests or harrasment by the National Security Forces		FSW reporting harassment by law enforcement agencies reduced by 50%.		FSW reporting harassment by law enforcement agencies reduced by 75%.	
4	The number of State Social Workers who is able to conduct supervision in the community in each technical area trained.	8 out of 16 State Social Workers trained in OVC technical areas (Positive Parenting, SILC, Adolescent Health and HIV and AIDS and case management)	10/16 State Social Workers trained		16/16 State Social Workers trained			
5	# of supply chain meetings conducted to review quantifications and forecasting	warehouse inventory and consunption data records	one national level quantification conducted in FY 19. At least one refresher training for all ART sites on Multi-months scripting to enhance quantification. 25% ART sites doing three months dispensing		no drug stock -out at PEPFAR supported sites			

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6	HHS/CDC	IntraHealth SI-OHSS	IntraHealth International, Inc	18397	HSS	Strengthen the capacity in disease monitory/evaluation, monitoring HIV/AIDS cascade from diagnosis, linkage to care/treatment and viral load suppression	Strengthen the capacity for Surveillance, Monitoring and Evaluation for HIV/AIDS cascade from diagnosis, linkage to care/treatment and viral load suppression	Surveys and surveillance
7	USAID	SPPHC	JHPIEGO	17714	HSS	0	Strenghten the State Ministry of Health and County capacity to effectively plan, manage, implement and coordinate HIV programs, including HTC, PMTCT, and ART services	Host country institutional development
8	HHS/CDC	AMREF	African Medical and Research Foundation	17700	HSS	0	Provide quality, integrated, comprehensive HIV services that will reduce new infections and keep HIV-positive patients healthy	Host country institutional development
9	HHS/CDC	AMREF	African Medical and Research Foundation	17700	HSS	0	Establish a National Laboratory Quality Improvement program that supports quality HIV lab services	Laboratory quality improvement and accreditation

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6	Above Site	Conduct a repeat FSW BBS and PSE in Juba OR in Yambio town Strengthen Routine ANC sentinel surveillance system Conduct Bi-Annual HTS client intake analysis.	Limited population-based data is available at county level to support evidence-based targeting of HTC in high-prevalence areas.	. Epidemiological and Health Data	4.05	Improved routine data available for use in spectrum HIV estimates FSW HIV prevalence and bio-behavioral data available for at least 4 towns	2
7	Above Site	Provide trainings on performance and quality improvement to State MOH of Central and Western Equatoria and County Health Department to support integrated planning, management and coordination and supervision of HTC, PMTCT and pediatric care and treatment programs.	Infrequent, irregualr and not up-to-date task supervision by the State Ministry of Health and County Health Department affects the quality of service delivery at the health facility.	Quality Management	2.9	State MOH in Central and Western Equatoria and County Health Dep. provides regular supervison to Health facility and address key issues for service delivery.	2
8	Above Site	Salary support to lab staff recruited and seconded to the PHL, Training and retraining of staff at the PHL, hubs and facility labs (sample collection, receipt, packaging, storage documentation and transportation,	Shortage of skilled human resources at both PHL and facilities to allow optimum implementation of EID and VL, including sample testing and power fluctuation at PHL that limits laboratory operations to 8 hours or less and is a risk to integrity of stored specimen.	Laboratory	3.33	Adequate number of well-trained and competent laboratory staff to conduct testing and preventive maintenance of the PCR machines. Increased number of clients who have received VL test. Facility healthcare workers trained on sample collection, storage, and transportation	1
9	Above Site	Implement QA to monitor quality of HIV testing, Train staff on the preparation of PT materials, Distribution of HIV QA proficiency testing panels and return of results, Support testing sites to participate in external quality assurance programs for HIV rapid testing, EID, viral load, TB and CD4. Lab mentorship support on SLMTA (travel, stationery), Participation in trainings and seminars to strengthen quality improvement activities (SLMTA, Audit, ISO15189, etc), Conduct biosafety trainings, Validation and verification for POC equipment, Training on equipment repairs and maintenance (biomedical engineers training)	Limited QMS programs, limited ability to implement a quality assurance program, inadequate skilled lab personnel, limited capacity to maintain lab equipment, poor and unsafe infrastructure	Quality Management	2.9	Improved quality of HIV rapid tests, EID, VL and CD4 tests, increased number of facilities participating in Quality assurance programs, reduced equipment down time and safe work procedures	3 years

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6	Number of FSW BBS completed% of sites providing timely and complete PMTCT monthly data; # of sits at which DQA assessments were completed	2 BBS completed No PMTCT DQA conducted	Complete 0ne FSW BBS survey in 2019 100% of selected routine ANC sentinel survey sites provide quality data for spectrum modelling		IBBS findings disseminatedRound two IBBS completed in Juba town Spectrum estimates made available on time for COP19 planning with quality ANC programatic data used for estimation			
7	State MOH and CHD monthly facility supervision report	Joint supportive supervison report with SMOH & CHD	Sate MOH and CHD quarterly facility supervision report with support from SPPHC at the planning stage in Juba		independent Sate MOH and CHD quarterly facility supervision report in Juba			
8	EID/VL score card	4 technical staff at PHL recruitedand trained	50% of personnel from hubs and facility labs are trained; PHL staff provide oversight		75% of hub and facility staff trained, improved quality of samples collected and 3% sample rejection rates		100% of hub and facility staff trained, all samples received are processed and results provided to clients	
9	SPI-RT checklist	13 facilities enrolled in HIV PT, 10 facilities enrolled in CD4 PT	45 HIV RT and 22 CD4 sites, 3 point-of-care TB, VL and EID lab enrolled in CQI activities including proficiency testing		75% of HIV testing points are enrolled in proficiency testing program with 100% pass rate, 50% of TB GeneXperts sites and 75% of CD4 sites participate in proficiency testing program		100% of HIV testing points are enrolled in Tester-based proficiency program, with 100% pass rate, 75% of TB GeneXperts sites and 100% of CD4 sites participate in proficiency testing program	

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10	HHS/CDC	AMREF	African Medical and Research Foundation	17700	HSS	0	Establish a National Laboratory Quality Improvement program that supports quality HIV lab services	Information systems
11	HHS/CDC	AMREF	African Medical and Research Foundation	17700	PREV	0	Strengthen the capacity of the national blood transfusion service to provide adequate and safe blood	Laboratory quality improvement and accreditation
12	HHS/CDC	IntraHealth SI-OHSS	IntraHealth International, Inc	18397	HSS	0	Strengthen the capacity for Surveillance, Monitoring and Evaluation for HIV/AIDS cascade from diagnosis, linkage to care/treatment and viral load suppression	Information systems
13	HHS/CDC	IntraHealth SI-OHSS	IntraHealth International, Inc	18397	HSS	0	Strengthen the capacity for Surveillance, Monitoring and Evaluation for HIV/AIDS cascade from diagnosis, linkage to care/treatment and viral load suppression	Host country institutional development

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10	Above Site	Support an electronic integrated laboratory information management system (LIMS) including EQA at PHL.	Delay in generation of reports to share with partners for timely implementation of corrective action – enhanced adherence counseling and patient tracking.	Laboratory	3.33	LIMs at PHL that generates real time data on EID, VL, EQA or Blood safety.	3 years
11	Above Site	Training for staff on collection, storage and appropriate use of blood and blood products, testing of donated blood for TTIs and Blood Grouping Serology, component preparations, etc. Develop and disseminate standardized blood collection SOPs , quality manuals and protocols, Implement the quality management system in the NBTS based on the quality manual, Repair and maintenance of equipment at blood transfusion laboratory.	Lack of a Quality Management System in all aspects of the blood transfusion chain; non-standardised clinical transfusion processes; inadequate numbers of trained and skilled staff; inadequate equipment and a poor maintenance system.	Quality Management	2.9	Improved quality of laboratory testing procedures in the blood center, Established standards for safe collection, storage, testing and transfusion of blood, Proper documentation blood bank data	3 years
12	Above Site	Expansion and mentorship for DHIS-2 to County Health departments and targeted facility level support Ensure availability of correct reporting HIV tools in the facilities in the country	Limited reliable program data to track progress towards 90-90-90 and to guide program planning	Performance Data	6.24	100% of all facilities in Equatoria providing HIV services reporting through DHIS-2	2
13	Above Site	Support the MOH in development of global HIV reports and Spectrum modelling Support development of National HIV surveillance strategic plan, other M&E guidelines and work plans including printing and distribution . Facilitate PEPFAR and Stakeholders program review and planning meetings Strengthen MOH Ethical Review Board functions to facilitate survey and surveillance activities through timely protocols and publications approval	Limited reliable program data to track progress towards 90-90-90 and to guide program planning	Performance Data	6.24	Improved timely availability of data at national level for decision making	1

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10	EID/VL score card	VL sample management system installed	Electronic sample management system captures all lab requistion form data for both viral load and EID		Electronic LIMs captures HIV EID and VL testing data and individual results and line lists are printed		Electronic LIMs captures HIV EID, VL, CD4, TB, blood safety and EQA data.	
11	Performance rate	not enrolled in CQI	Blood Transfusion Center enrolled in CQI activites		A national testing, screening and processing and distribution strategy developed, Appropriate prescription for blood and blood products ensured, Develop a quality manual for the blood transfusion services and Standard laboratory practice for blood transfusion adopted		Component preparation program established, Establish National External Quality Assessment Schemes (NEQAS) for Transfusion Transmitted Infections and Blood Group Serology developed and National database and system of monitoring and evaluation on NBTS developed	
12	% of all health facilities in the country providing HIV/TB services reporting timely	60%	80%		50% all health facilities in the country providing HIV services report to the national level through DHIS-2		70% all health facilities in the country providing HIV services report to the national level through DHIS-2	
13	Number of National HIV surveillance specific plan developed	0	1		HIV case based reporting conducted in selected 10 high volume counties		HIV case base reporting expanded to 20 high disease burden counties in the country	

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14	HHS/CDC	IntraHealth SI-OHSS	IntraHealth International, Inc	18397	HSS	0	Strengthen the capacity for Surveillance, Monitoring and Evaluation for HIV/AIDS cascade from diagnosis, linkage to care/treatment and viral load suppression	Assessments, evaluation, operation research
15	USAID	Global Health Supply Chain Program	Global Health Supply Chain Program	18236	HSS	Systems Strengthening Technical Assistance	Systems Strengthening technical assistance	Supply chain systems
16	USAID	Global Health Supply Chain Program	Global Health Supply Chain Program	18236	HSS	Systems Strengthening Technical Assistance	Systems Strengthening technical assistance	Supply chain systems

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14	Above Site	Evaluation of Integrated HIV reporting using DHIS-2 Support the SIMS exercise in PEPFAR supported facilities Participate in other cross cutting National Surveillance and Surveys (Facility assesments)	Limited reliable program data to track progress towards 90-90-90 and to guide program planning	Performance Data	6.24	Improved timely availability of data at national level for decision making	1
15	Above Site	Technical assistance to the Central Medical Stores and Logistics Management Unit	Inadeqaute data for forecasting and planning for supply chain leading overstock and understock in some areas	8. Commodity Security and Supply Chain	0	HIV commodities correctly quantified, and stockout addressed	2 years
16	Above Site	Support use of data to effectively manage supply chain	Inadeqaute data for forecasting and planning for supply chain leading overstock and understock in some areas	8. Commodity Security and Supply Chain	0	HIV commodities correctly quantified, and stockout addressed	2 years

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14	Number of assesment reports produced	0	1		Support integrated SIMS visits in 75% of prioritized PEPFAR supported sites			
15	ART sites submitting timely monthly consumption and stock status data	warehouse inventory and consunption data records	80% of PEPFAR supported ART sites able to provide ARV for 3 or more months.		100% of PEPFAR supported ART sites able to provide ART for 3 or more months.			
16	ART sites submitting timely monthly consumption and stock status data	warehouse inventory and consunption data records	80% of PEPFAR supported ART sites able to provide ARV for 3 or more months.		100% of PEPFAR supported ART sites able to provide ART for 3 or more months.			