

Republic of South Sudan
Country Operational Plan (COP) 2021
Strategic Direction Summary

May 27, 2021



UNCLASSIFIED

Abbreviations

AGYW	Adolescent Girls and Young Women
ANC	Antenatal Clinic
APR	Annual Program Results
ART	Antiretroviral Therapy/Treatment
ARV	Antiretroviral
CALHIV	Children and Adolescents Living with HIV
CHW	Community Health Worker
COP	Country Operational Plan
CSOs	Civil Society Organizations
DHIS	District Health Management and Information System
DREAMS	Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe partnership
DTG	Dolutegravir
EAC	Enhanced Adherence Counseling
ECHO	Extension for Community Healthcare Outcomes
EID	Early Infant Diagnosis
FSN	Foreign Service National
FSW	Female Sex Worker
FY	Fiscal Year
GBV	Gender-Based Violence
GF	Global Fund
GoSS	Government of South Sudan
HEI	HIV-Exposed Infant
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HMIS	Health Management Information System
HPF	Health Pool Fund
HQ	Headquarters
HSS	Health Systems Strengthening
HTS	HIV Testing Services
IDP	Internally Displaced Person
IPV	Intimate Partner Violence
KP	Key Population
IIT	Interruption in Treatment
MBC	Mother-Baby Care
MCH	Maternal and Child Health
MMD	Multi-Month Dispensing
MOH	Ministry of Health
MSM	Men who have sex with Men

NAE	Notifiable Adverse Event
NPHL	National Public Health Laboratory
OGAC	Office of Global AIDS Coordinator
OPD	Outpatient Department
OU	Operating Unit
OVC	Orphans and Vulnerable Children
PCR	Polymerase Chain Reaction
PEPFAR	President's Emergency Plan for AIDS Relief
PITC	Provider-Initiated Testing and Counseling
PLHIV	People living with HIV/AIDS
PLL	Planning Level Letter
PMTCT	Prevention of Mother-to-Child Transmission
PP	Priority Population
PrEP	Pre-Exposure Prophylaxis
QA	Quality Assurance
QI	Quality Improvement
RSS	Republic of South Sudan
SAPR	Semi-Annual Program Results
SI	Strategic Information
SID	Sustainability Index Dashboard
SNU	Sub-National Unit
TA	Technical Assistance
TB	Tuberculosis
TBAs	Trained Birth Attendants
TLD	Tenofovir Disoproxil Fumarate, Lamivudine and Dolutegravir
TWG	Technical Working Group
UNDP	United Nations Development Program
VL	Viral Load
VMMC	Voluntary Male Medical Circumcision
TPT	Tuberculosis Preventive Therapy
UNHCR	United Nations High Commissioner for Refugees
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

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1.0 Goal Statement

The South Sudan PEPFAR program works in collaboration with the Ministry of Health, the Global Fund (GF), and other stakeholders including Civil Society Organizations (CSOs), to effectively and efficiently improve access to quality HIV prevention, care and treatment services in South Sudan. The Country Operational Plan 2021 (COP21) goal is to contribute to increased national ART coverage through improving the quality of HIV care and treatment services and retaining clients on life-long antiretroviral treatment (ART) for durable viral load (VL) suppression.

In fiscal year 2022 (FY 22) as part of COP21, this will be achieved through: aggressively scaling-up targeted approaches towards high volume and high yield testing, especially index testing and testing TB/TB presumptive cases; reaching underreached groups such as men and youth; prioritizing and scaling-up work with key populations; innovative and data-driven efforts to monitor site level performance and track and retain patients on ART, including maintaining high coverage of six-month multi-month dispensing (MMD) achieved in COP-19 and COP-20; completion of transition of clients to the optimized antiretroviral (ARV) regimens, including tenofovir disoproxil fumarate, lamivudine and dolutegravir (TLD); continued scale-up of VL coverage and improvement in VL suppression rates across populations; identification of children and adolescents living with HIV (CALHIV) for linkage to the orphan and vulnerable children (OVC) program to support ART adherence, retention and VL suppression, assessment of HIV exposed infants (HEI) for OVC program eligibility and support, and identifying and assessing adolescent girls for Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe (DREAMS) services; strengthened community engagement to improve patient literacy, retention, VL suppression and community monitoring as well as strengthened coordination and collaboration with stakeholders. Improvements in programmatic efficiency will continue to be made this year through the consolidation of select implementing mechanisms.

Achieving sustained treatment Growth with clients on uninterrupted lifelong ART will be one of the biggest priorities for PEPFAR South Sudan in COP-21. Specific targeted approaches are proposed to achieve this and other priorities.

Through these efforts, PEPFAR will assist the Republic of South Sudan (RSS) to move towards epidemic control, with the goal of 18,688 new HIV patients on ART and 60,808 total patients on ART by the end of FY 22 in twenty-three PEPFAR-supported counties and the military.

In COP21, PEPFAR will maintain support in the ten scale-up aggressive counties supported in COP20. These counties include Juba, Magwi, Yambio, Nzara, Ezo, Tambura, Rumbek Center, Yirol West, Yei and Wau. Based on 2020 Spectrum estimates, 38% of all estimated people living with HIV (PLHIV) in South Sudan reside in these counties. Focusing resources on these scale-up aggressive SNUs with an estimated 69,670 PLHIV will result in 50,918 PLHIV on ART in these counties, translating to an average of 73% ART coverage by the end of FY22 in these counties.

PEPFAR will support an additional 6,377 people on ART in thirteen sustained counties to reach the COP21 target of 60,808 PLHIV on treatment. This will represent significant progress in a country where only 23% of all PLHIV nationwide were on treatment in FY20. Efforts to improve adherence and retention will be undertaken with the goal of 95% of those on treatment virally suppressed by the end of FY 22.

South Sudan started using VL for treatment monitoring in FY17, with a continued increase in the number of facilities collecting samples for VL monitoring since then. By the end of FY20, 42 out of 66 PEPFAR-supported facilities providing ART in FY20 produced VL results for 14,934 PLHIV on ART out of a target of 30,755. In COP21, South Sudan will aggressively focus efforts to improve both VL coverage and VL suppression. The proposed strategies to improve VL suppression include: finalizing the transition to TLD; providing clients with six months of drugs; completing pediatric ARV optimization; fast tracking children for VL sample collection and non-suppression management; tracking patients for enhanced adherence counseling (EAC) and repeat VL testing; mentorship of clinic staff on EAC and non-suppressed client management; monitoring of appointment registers for patients due for VL or repeat VL testing; and data utilization for site level quality improvement (QI) activities.

PEPFAR will continue to support Key and Priority Populations in six counties. The primary partner will collaborate and train local actors to consolidate and strengthen these services. Support for OVCs in Juba County will continue to prioritize children living with HIV (CLHIV), and at least 90% of CLHIV on ART in Juba County will be provided an opportunity to enroll. The DREAMS program will focus on adolescent girls and young women in Juba County.

These efforts will be reinforced by complementary systems strengthening and oversight activities such as scaling up HIV/TB field supervisors from six to fifteen; a full re-alignment of human resources for health in accordance with site level needs; providing mentorship, site monitoring and management, and dissemination of best practices through Extension for Community Healthcare Outcomes (ECHO); strengthening the quality of HIV, VL and early infant diagnosis (EID) testing; enhancing collection and use of data for decision-making; and community-led monitoring.

In order to enhance programmatic impact, build consensus and move towards sustainability, PEPFAR will increase its engagement with and support for civil society and local communities. By working with and through CSOs/community-based organizations (CBOs), PEPFAR will gain better access to partners and children, including OVC of index patients; improve linkage to treatment; better trace those on treatment or facilitate getting them back on treatment; and facilitate adherence to treatment regimes, including through the promotion of treatment literacy. PEPFAR will continue to explore ways of engaging civil society and communities as the program matures to maximize its impact.

In order to maximize efficiencies and results, the South Sudan PEPFAR program continues to scrutinize and monitor programmatic expenditures, above-site level expenses and resource requirements of the program.

PEPFAR South Sudan in COP21 will continue to monitor, review and utilize site level performance data from weekly and monthly dashboards introduced in FY20 for site quality improvement (QI) and partner management, with a strong focus on accurate and quality data reporting from where the services are provided. The PEPFAR team will undertake Site Improvement through Monitoring Systems (SIMS), and work with stakeholders on joint field supervision and quarterly MOH-led review meetings. The actions above will help the program to understand its performance and issues for data-driven decision making.

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 and again in July 2016, adversely affecting the health system and access to health services. A peace agreement was signed in 2018 and a transitional government has now been formed.

Population projections (2020) for the Republic of South Sudan are based on the pre-independence Sudan National Census of 2008, which are estimated to be about 13,103,333 adults and children. The December 2013 outbreak of war and the July 2016 crisis resulted in the displacement of about 4.26 million people, of which 1.87 million were internally displaced with some in Protection of Civilian (POC) camps and 2.27 million were forced out of the country as refugees¹. Some of the displaced populations have returned to their villages while more returnees are expected once the Transitional Government is in place.

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, United Nations Development Program). 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 as economic growth is likely surpassed by population growth.

The Government of South Sudan (GoSS)' *National Strategic Plan (NSP) for HIV and AIDS 2017-2021* was developed 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, specifically Sustainable Development Goal (SDG) 3 which includes a 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 2.3% (draft spectrum 2020). The epidemic is geographically concentrated in the former Equatoria States which comprise an estimated 46% (83,257 PLHIV) of the national estimate for 2020. The HIV prevalence based on 2017 ANC routine ANC survey in these states is 6.4% in Western Equatoria,

¹ OCHA, January 2019

2.3% in Central Equatoria, and 2.2% in Eastern Equatoria². Based on 2020 Spectrum estimates, there are 182,550 PLHIV in RSS; only about 30% of these know their status (UNAIDS 2020, Global AIDS Monitoring Report). The 2020 Spectrum estimates indicated 80% of PLHIV are in 37 counties of which 16 are PEPFAR supported. The 2020 estimates for PLHIV distribution by county and PEPFAR-supported sites are illustrated in Figure 2.5.1 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, Provider Initiated Testing and Counselling (PITC), and malnutrition – are emphasized. Multi-month scripting as part of community-based treatment started under COP17 and through the SPLA with three-month prescription scripting. However, in COP19, this practice has been successfully expanded to cover six-month dispensing for stable patients and when circumstances permit. PEPFAR South Sudan plans to implement pre-exposure prophylaxis (PrEP) provision in COP21 focusing working with Global Fund to secure commodities for the same.

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 to improve yields; this will be an emphasis of COP21. 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 although the program made significant strides in COP20. This too will be prioritized. Reaching specific groups such as men and youth has also been a challenge, as has reaching men who have sex with men (MSM), because 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 COP21 Table 2.1.2](#).

Standard Table 2.1.1 Key National Demographic and Epidemiological Data

Table 2.1.1 Host Country Government Results											
	Total		<15				15+				Source, Year
			Female		Male		Female		Male		
	N	%	N	%	N	%	N	%	N	%	
Total Population	13,103,344	100	2,673,377		2,740,714		3,869,092		3,820,162		2020 Projection, based on 2008 Sudan census
HIV Prevalence (%)		2.3%		0.3%		0.3%		2.9%		1.7%	

² South Sudan Antenatal Care Clinics Sentinel Surveillance Report, MOH, 2017

AIDS Deaths (per year)	8,900		990		1,010		3,900		3,000		MOH 2020 HIV/AIDS Spectrum estimates
# PLHIV	182,559		8,517		8,798		102,444		62,800		MOH 2020 HIV/AIDS Spectrum estimates
Incidence Rate (Yr)		1.4%		NA		NA		NA		NA	MOH 2020 HIV/AIDS Spectrum estimates
New Infections (Yr)	17,000										MOH 2020 HIV/AIDS Spectrum estimates
Annual births	448,022	4.58									MOH 2020 HIV/AIDS Spectrum estimates, 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	5,538	56									MOH 2020 HIV/AIDS Spectrum estimates
Orphans (maternal, paternal, double)	115,850		NA		NA		NA		NA		MOH 2020 HIV/AIDS Spectrum Estimates
Notified TB cases (Yr)	8,730		NA		NA		NA		NA		MOH 2014 HMIS Report
% of TB cases that are HIV infected	(1,579) 11%	12.7	NA	NA	NA	NA	NA	NA	NA	NA	MOH South Sudan TB Data 2018
% of Males Circumcised	NA	NA			NA	NA			NA	NA	
Estimated Population Size of MSM*	201	NA									MOH 2016 SSAC MSM population size estimates
MSM HIV Prevalence	NA	NA									
Estimated Population Size of FSW	30,104	NA									Juba, Magwi, Rumbek, South Bor, Wau and Yambio-2020 FSWs size estimate and program data
FSW HIV Prevalence	16%	NA									2019 FSW survey, Wau and Yambio
Estimated Population Size of PWID	NA	NA									
PWID HIV Prevalence	NA	NA									
Estimated Size of Priority Populations (specify)	250,000	NA	NA	NA	NA	NA	NA	NA	NA	NA	2012 SPLA BBS

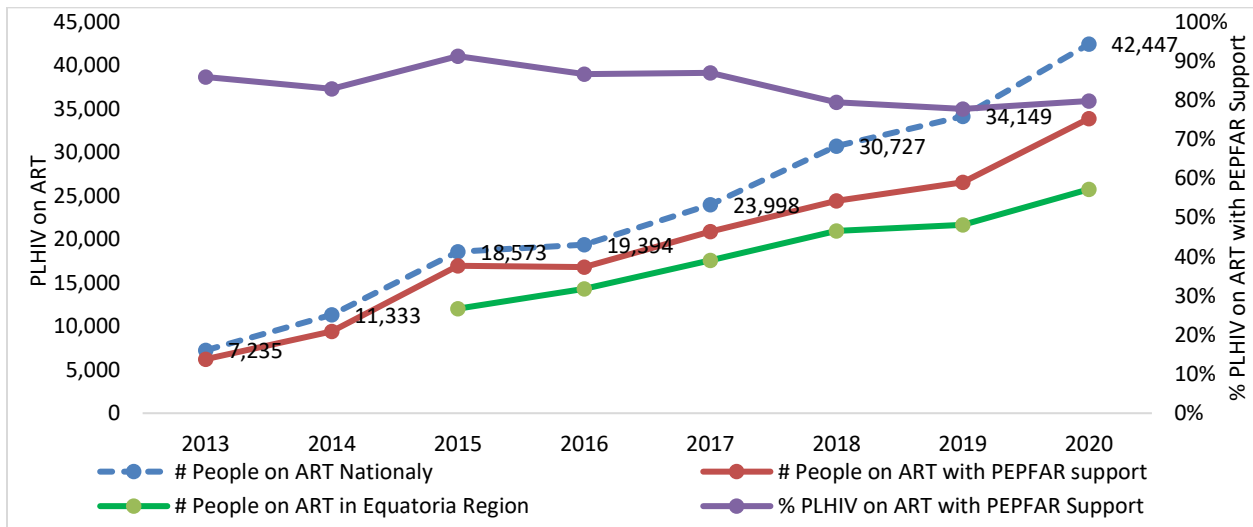
Estimated Size of Priority Populations Prevalence (specify)	NA	5.0	NA	NA	NA	NA	NA	NA	NA	NA	2012 SPLA BBS
*If presenting size estimate data would compromise the safety of this population, please do not enter it in this table. Cite sources											

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

Table 2.1.2 95-95-95 cascade: HIV diagnosis, treatment and viral suppression*										
Epidemiologic Data					HIV Treatment and Viral Suppression			HIV Testing and Linkage to ART Within the Last Year		
	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	13,103,344	2.5%	182,559	52,581	42,447	23.5%	86.3	377,616	16,244	14,277
Population <15 years	5,414,091	0.3%	17,315	2,195	2,195	13.9%	62.5	33,186	812	754
Men 15-24 years	1,330,599	1.0%	8,006	1,215	1,002	12.7%	69.1	31,363	845	489
Men 25+ years	2,489,563	-	54,868	19,683	13,113	23.9%	80.1%	83,574	4,707	4,189
Women 15-24 years	1,309,854	1.2%	16,806	3,849	5,529	33.6%	83.1%	90,648	2,957	2,154
Women 25+ years	2,559,238	-	85,977	26,632	20,608	24.0%	87.4%	138,845	6,923	6,660
MSM	-	-	-	-	-	-	-	-	-	-
FSW	15,010	16%	-	-	-	-	-	10,863	723	513
PWID	-	-	-	-	-	-	-	-	-	-
Priority Pop (specify)	250,000	-	-	-	-	-	-	4,462	191	171

The ART program in South Sudan began in 2006 under the GF. PEPFAR involvement in treatment began in 2013 under treatment bridge funding and has since then become a major part of its major activities in this country. 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 2.1.1](#) below.

Figure 2.1.1 Updated National and PEPFAR Trend for Individuals currently on Treatment



Client loss from ART is a major problem for the South Sudan program. Although 94% of all HIV-positive cases identified in FY20 were linked on ART, the treatment Net_New between FY19Q4 and FY20Q4 is only 7,396 (Figure 2.1.2). Unless retention is addressed, it will be impossible to reach the FY21 treatment target of 60,808. Females are mostly lost between ages 15-29 years while men are lost at later age of 20-39 years. (Figure 2.1.3).

Figure 2.1.2 Progress Retaining Individuals in Lifelong ART in FY20

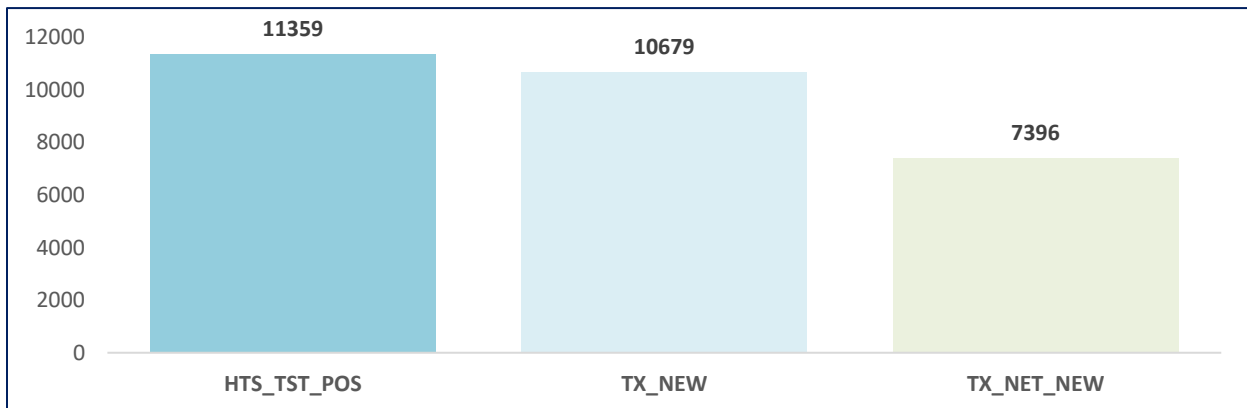
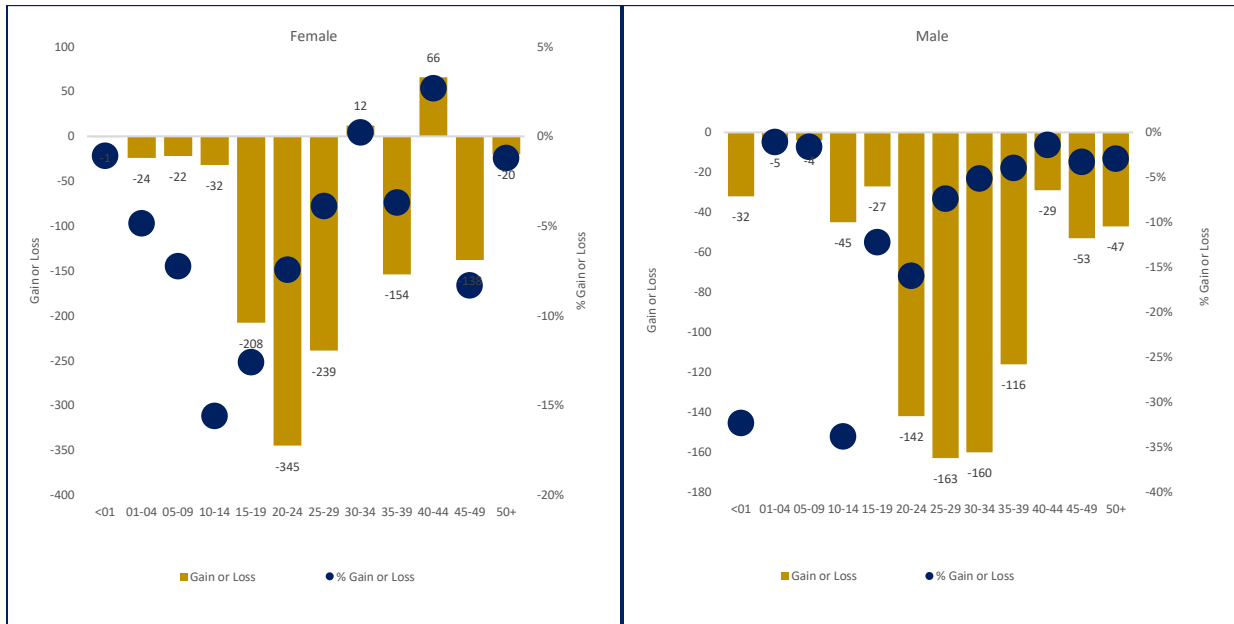
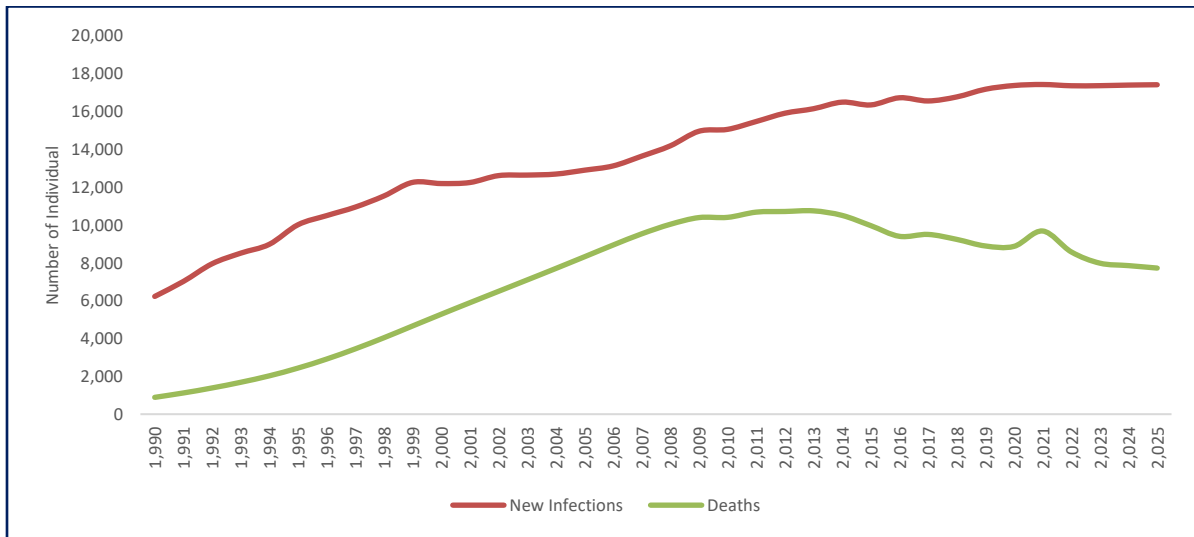


Figure 2.1.3 Clients Gained/Lost from ART by Age/Sex, FY20 Q4



While deaths among PLHIV due to all causes is on the decline, likely resulting from the expansion of treatment over the years as illustrated in the graph above, new infections continue to rise, dragging the country away from epidemic control ([Figure 2.1.4](#)).

Figure 2.1.4 Trend of New Infections and All-Cause Mortality among PLHIV



2.2 New Activities and Areas of Focus for COP20, Including Focus on Client Retention

The new activities currently being prioritized in COP20 will be continue with focus on quality and scale.

Human Resources for Health (HRH)

In COP20, PEPFAR undertook realignment of HRH, in accordance with needs at the site level based on HRH analysis conducted in the first quarter.

- This include:
 - Increasing field officers at sites.
 - Introducing field supervisors for each SNU.
 - Introducing standardized retention-specific cadre across PEPFAR IPs to address new IIT patients, patients previously IIT, and patients with high viral load.
 - Decreasing incentivized staff, where possible.
 - Implementation of a regular, joint supervision schedule with MOH/Global Fund

Community-Led Monitoring

In COP20, PEPFAR South Sudan introduced community-led monitoring to identify barriers and enablers to treatment retention. In COP21, PEPFAR South Sudan will help build an independent community-led monitoring group from select PLHIV networks in catchment areas of high-volume facilities. This group will gather and document information from health facilities and local communities by using standard check lists to monitor quality of services being provided and stock outs of essential commodities.

DREAMS

In COP21, South Sudan will continue to implement the DREAMS program within Juba county. This is HIV prevention program and is expected to provide services to 2,300 adolescent girls and young women (AGYW) ages 15-24. The South Sudan DREAMS program will focus on economic strengthening activities and will strengthen post gender-based violence (GBV) services and referrals. Additional detail on DREAMS activities is provided in Section 4.

Scale up of Prevention and Clinical Services to improve retention

See Section 4.0 on Client Centered Program Activities for Epidemic Control.

2.3 Investment Profile

The Government of South Sudan (GoSS) currently budgets about 2.0 % of its annual budget on health, but actual expenditures since the signing of the revitalized peace agreement in September 2018 are not clearly known. Therefore, specific health program funding remains uncertain and minimal. Previously, GoSS allocated a small budget to HIV annually; these funds were primarily spent on staff salaries. Due to the current economic crisis, PEPFAR does not anticipate any new funding from the GoSS for HIV programs.

The GF’s current HIV/AIDS grant was approved for ~\$48,000,000 and will end by December 2023. The funding represents an overall increase from the previous grant valued at \$32,681,295 over three years (January 1, 2021 – December 31, 2023). These resources represent roughly 30% of the HIV budget for South Sudan. PEPFAR South Sudan and GF continue to collaborate to ensure all resources are used optimally, collaboratively and towards achievement of epidemic control.

The MOH Department of HIV/AIDS has been understaffed since January 2018. UNDP, the GF Principal Recipient for the HIV/AIDS program, provides support at the national level which includes staffing support to the Department of HIV/AIDS.

The graphs below illustrate budget allocations and expenditures in 2019 by funding source.

Figure 2.3.1 Trends in total Budget Distribution by funder versus Total Expenditure distribution by Funder, 2019

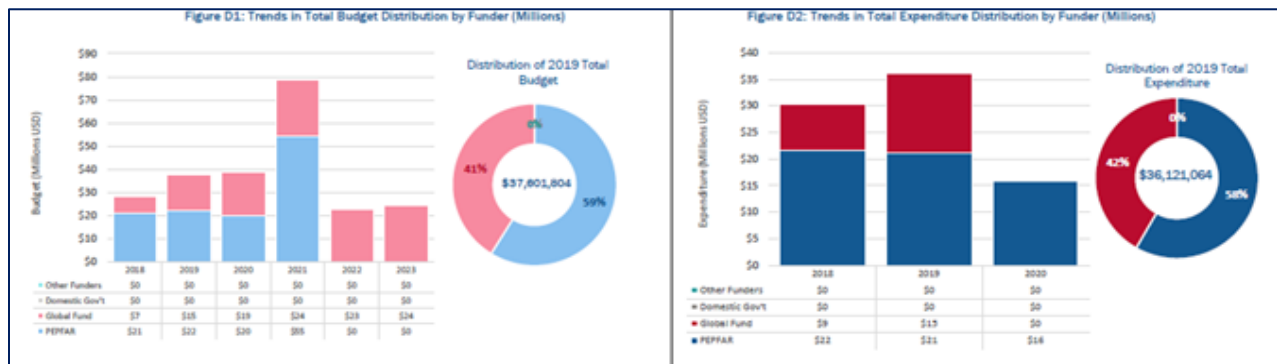
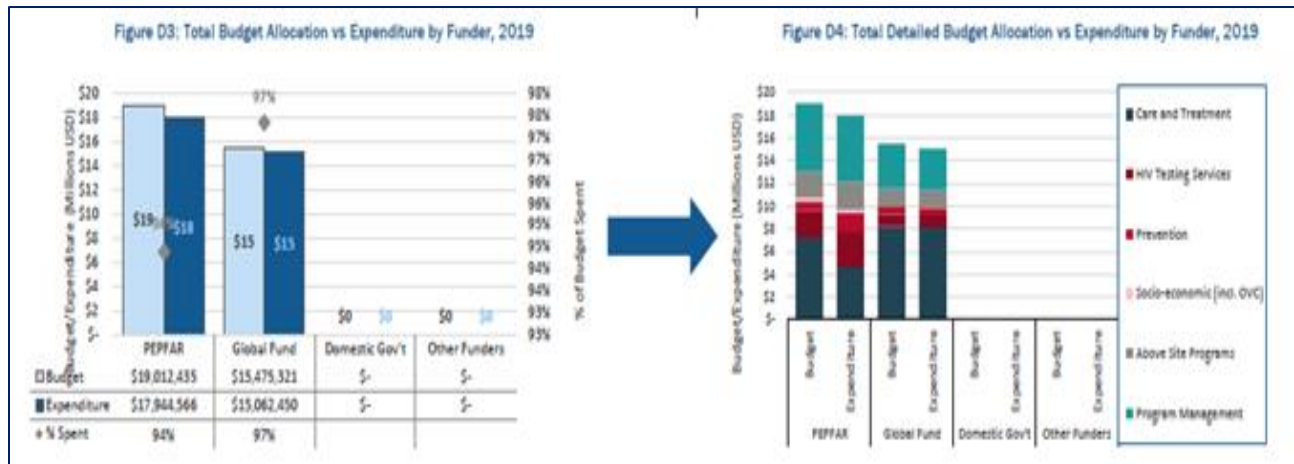


Figure 2.3.2 Total Budget Allocation versus Expenditure by Funder, 2019 and Total detailed budget allocation versus expenditure by funder 2019



In COP21, PEPFAR will continue to coordinate closely with the GF to ensure complementarity and coordination of support. Joint coordination with MOH and GF will be crucial as GF will continue to procure all ARVs and other HIV-related commodities (such as HIV test kits, VL/EID reagents etc.) while PEPFAR will continue to provide technical guidance, through the TWGs and embedded IP staff, in planning, procurement, storage, quantification, forecasting and logistics management. PEPFAR will expand its technical assistance in COP21 to strengthen supply chain systems by hiring two staff seconded to MOH and UNDP, multi-month dispensing and manage the complex transition from Lopinavir/ ritonavir to Dolutegravir 10mg for pediatrics. In COP 21, PEPFAR will also dedicate resources towards supporting last-mile delivery.

To achieve sustained control of the HIV/AIDS epidemic, it is essential that there is active and routine coordination and communication between stakeholders and partners who can provide valuable insights that improve the impact and accountability of programs. Key stakeholders including host country governments, bilateral donors, multilateral organizations, the private sector, civil society, and others, including faith-based organizations, play a critical role in supporting the mutual goal of HIV epidemic control. PEPFAR and the GF are committed to continually strengthening their partnership with host-country governments to ensure alignment of HIV investments with national priorities. Joint planning and coordination between stakeholders are critical to ensuring that prioritized interventions are scaled, geographic priorities are shared, and that all available resources for HIV/AIDS in the country are utilized optimally.

PEPFAR and the GF representing two of the largest donors in the global HIV response--in close partnership with host national governments and other stakeholders, accomplish bilateral program results and accelerate collective impact towards HIV epidemic control. Increased collaboration between PEPFAR and the GF during planning and budgeting processes helps ensure investments are strategically aligned to address gaps and solutions while maximizing transparency, efficiency, and accountability of their resources.

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

Table 2.3.1 Investment Profile (Budget Allocation) for HIV Program, 2021

Table 2.3.1 Investment Profile for HIV Program 2021					
Program Area	Total Expenditure	Domestic Govt	GF	PEPFAR	Other funders
Care and Treatment	\$ 31,314,823	0%	44%	56%	0%
HIV Testing Services	\$4,814,614	0%	30%	70%	0%
Prevention	\$2,581,858	0%	14%	86%	0%
Socio-economic (incl. OVC)	\$1,662,208	0%	29%	71%	0%
Above Site Programs	\$21,685,150	0%	14%	86%	0%
Program Management	\$14,553,563	0%	36%	64%	0%
Total (Incl. commodities)	\$78,612,216	3%	31%	67%	0%
Commodities only	\$13,300,968	0%	98%	2%	0%

Source: HIV Resource Alignment. Domestic Gov't and Other Funders data included where available.

Table 2.3.2 Investment profile (Budget Allocation) for HIV Commodities, 2021

Table 2.3.2 Annual Procurement Profile for Key Commodities, 2018					
Commodity Category	Total Expenditure	Domestic Govt	GF	PEPFAR	Other
ARVs	\$4,413,209	0%	100%	0%	0%
Laboratory Supplies and Reagents	\$1,423,602	0%	100%	0%	0%
Medicines	\$2,093,211	0%	100%	0%	0%
Consumables	\$2,716,214	0%	89%	11%	0%
Health Equipment	\$245,178	0%	100%	0%	0%
PSM Costs	\$2,409,554	0%	100%	0%	0%
Total Commodities only	\$13,300,968	0%	98%	2%	0%

Source: HIV Resource Alignment. Domestic Gov't and Other Funders data included where available.

Table 2.3.3 Annual USG Non-PEPFAR Funded Investments and Integration

Table 2.3.3 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	\$ 15,000,000	-	-	-	
USAID TB					
USAID Malaria					
Family Planning	\$ 4,000,000				
NIH					
CDC (Global Health Security)					
Peace Corps					
DOD Ebola					
MCC					
Other (COVID 19)	\$ 1,000,000				
Total	\$ 20,000,000				

Table 2.3.4 Annual Procurement Profile for Key Commodities

Table 2.3.4 Annual Procurement Profile for Key Commodities, 2018					
Commodity Category	Total Expenditure	% PEPFAR	% GF	% Host Country	% Other
ARVs	494,588	87.2	12.8	0	0
Rapid test kits	460,833	0	100	0	0
Other drugs					
Lab reagents	311,779	0	100	0	0
Condoms	0	0	0	0	0
Viral load commodities	308,919	0	100	0	0
VMMC kits	160,419	100	0	0	0
MAT					
Other commodities	468,204	94.8	5.2	0	0
Total	2,204,742				

2.4 National Sustainability Profile Update

As a country emerging from an eight-year civil war, the Republic of South Sudan has few 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; PEPFAR and the Global Fund are, in fact, responsible for nearly all the support for HIV/AIDS services nationwide. No areas of the HIV response in RSS are adequately covered in terms of finance, oversight, monitoring, or service delivery by the government.

Since the last Sustainability Index and Dashboard (SID), conducted in 2019, there have been some improvements in some SID elements. For example, PEPFAR has continued to bring additional CSO representation into PEPFAR and COP planning and reporting processes for added accountability and transparency. The conduct of another Bio-behavioral survey (BBS) in Wau and Yambio and the conduct of routine ANC Surveillance Survey added to the country's capacity and HIV prevalence data under the Strategic Information element. In addition, PEPFAR has continued to capacitate IPs in producing, collecting, and using data for decision-making, particularly in the area of tracking those who interrupted treatment.

There have also been some positive changes in the SID laboratory element since 2019. With the decentralization of the GeneXpert, South Sudan now has the capacity to provide COVID 19; VL and EID testing within the country.

Although the revitalized peace agreement is currently being “implemented”, South Sudan is still a nation mired in conflict and insecurity, and 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, where the emphasis will remain on getting services to the people who need them. Global Fund essentially provides the only support for HIV commodities (ARVs, VL reagents, RTKs etc.) procurement for the country’s HIV/AIDS response. For a country that allocates less than 2% of its annual budget to health, government contribution to HIV response is expected to be very limited.

PEPFAR recruited additional technical laboratory staff through its laboratory implementing partner, ICAP, who are responsible for training, sample processing and testing, result transmission to facilities, preventive maintenance and facility staff mentorship.

In COP 21, PEPFAR South Sudan will continue to address some of the sustainability vulnerabilities identified during the SID process in 2019. These sustainability vulnerabilities include the following

- Public access to information – The country has conducted limited ANC surveillance and other studies. Information (studies and data) may be available to the stakeholders, but not the general public.
- Service delivery – South Sudan supports limited domestic workforce and local health systems. The country relies heavily on NGOs to provide health services at the facility level. This has affected scale-up and expansion of services to new areas of high burden. There is a need to scale-up services in all parts of the country.
- Human resources for health – South Sudan does not have enough numbers and categories of competent health care workers and volunteers to provide quality HIV/AIDS prevention, care and treatment services in health facilities and in the community. The country has struggled to pay and retain health workers. Most staff at ART facilities are supported by NGOs and there is no strategy or plan for transitioning staff funded by donors. There are not enough staff and a limited budget at the MOH.
- Commodity security and supply chain – Though this showed some improvement from SID 2019, this is still a worrying area since all HIV commodities are procured only by one entity, i.e., GF.
- Domestic resource mobilization – The government only allocates about 2% of its annual budget to health. The MOH only supports some staff salaries at health facilities; no funds are allocated for commodities, training, or supportive supervision, among others.
- Technical and allocative efficiencies – South Sudan analyzes and uses relevant HIV/AIDS epidemiological, health, health workforce, and economic data to inform HIV/AIDS investment decisions. However, this is mostly donor funded and driven, with limited resources from the government.
- Data for decision making ecosystem – The Government demonstrates commitment to advancing the use of data in informing government decisions. Currently the country has

introduced the use of District Health Management and Information System (DHIS2). However, there is limited capacity and resources put to operationalize this in all counties.

In COP 2021, PEPFAR will continue to prioritize four of the seven elements listed above and committed to the following actions:

- Service delivery – PEPFAR will work with its IPs to implement direct service delivery at the site level.
- Human resources for health – PEPFAR will increase support for human resources at the site level.
- Commodities and supply chain – PEPFAR will second two staffs to provide technical assistance and support to MOH and UNDP. These staffs will support supply chain management. PEPFAR will also continue to support through the commodities technical working groups and embedded IP staff.
- Data for decision making ecosystem – PEPFAR will support data for decision-making by enabling PEPFAR-MOH data alignment, DHIS-2 scale-up, PEPFAR dashboard utilization, PEPFAR quarterly reviews, and stakeholder consultations.

2.5 Alignment of PEPFAR Investments Geographically to Disease Burden

As in COP20, PEPFAR investments remain aligned geographically to 23 counties with the highest disease burden (Figure 2.4.1). These counties account for 50% (90,914) of the 182,550 PLHIV in the country based on 2020 Spectrum estimates. In FY20, there were 78 sites providing the full range of PEPFAR services including ART, the total number of sites for support in FY22 is 83 based on COP20 facility list.

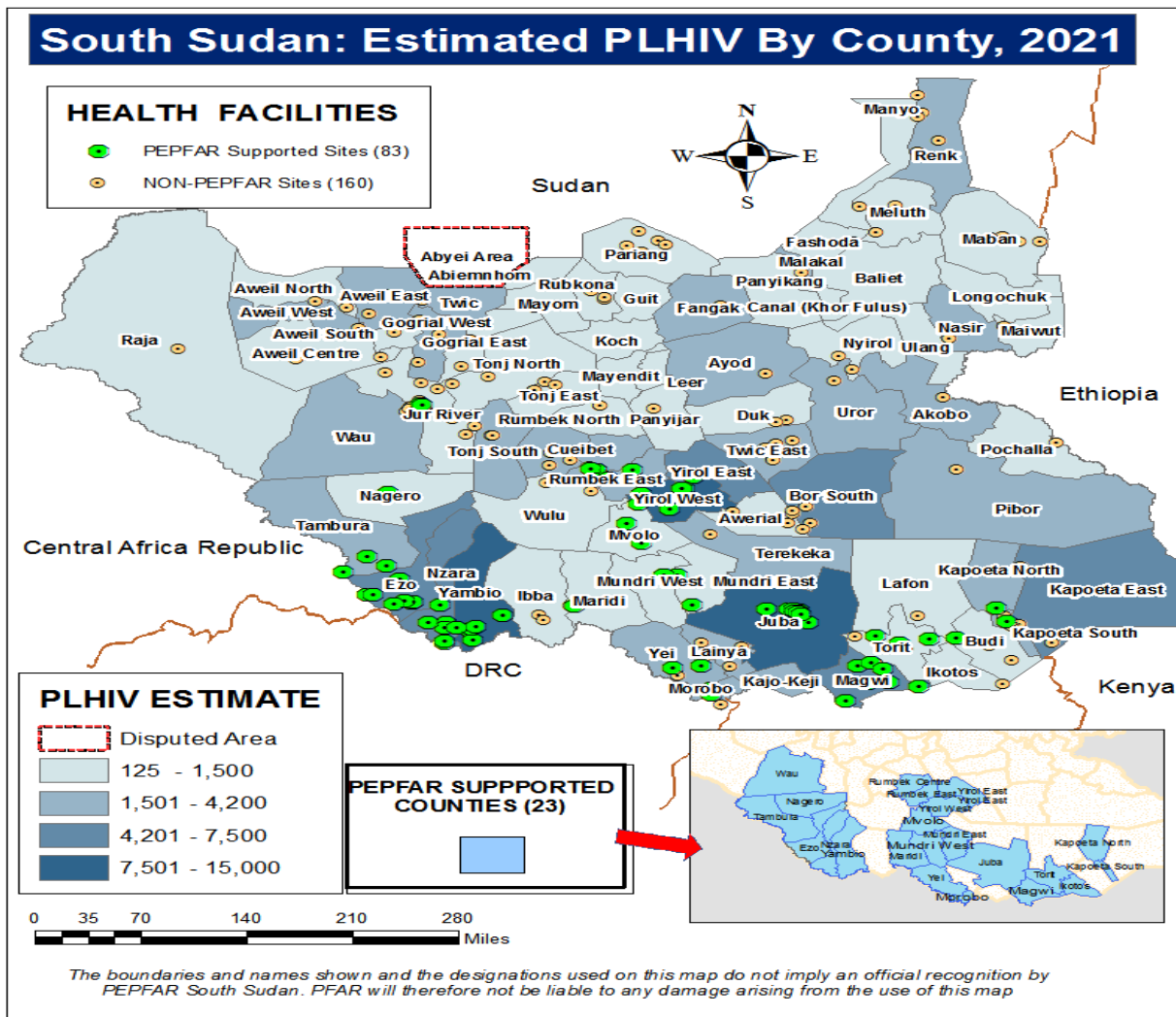
Given the challenges in reaching sites, both for quality service provision and last mile delivery of commodities, PEPFAR will implement a tiered approach to service provision. The tier system categorization is transitional and flexible; the categorizations are meant to be reviewed regularly using data reported from sites at the point of service provision. PEPFAR South Sudan conducted a service quality and data quality assessment (SQA/DQA) at end of COP19 period, and the findings were used to determine the final site list and commensurate model of support at sites for COP20 which will be used for COP21 period.

In COP21 ten scale-up aggressive counties as in COP20 will be supported (Juba, Rumbek Center, Magwi, Yambio, Ezo, Nzara, Wau, Tambura Yirol West and Yei). These ten counties account for 38% (69,670) of all PLHIV in South Sudan. PEPFAR will also work in an additional twelve sustained counties, up from five in COP20. The twelve sustained counties (Ikotos, Kapoeta South, Maridi, Mundri East, Torit, Kapoeta North, Yirol East, Rumbek North, Mundri West, Mvolo, Morobo and Nagero) account for 12% (21,244) of PLHIV in South Sudan and increase from 3% PLHIV in sustained units in COP20.

About 29% of PLHIV know their status in South Sudan (Spectrum 2020). The overall national ART coverage in 2020, based on MOH program data and 2020 Spectrum estimates, is 23%, of which 81% (34,425/42,430) are in PEPFAR-supported counties. Of all PLHIV currently on ART

nationally, about 62% (26,248) are in the Equatoria regions. PEPFAR will continue to focus resources in the highest disease burden counties shown in the Figure 2.5.1.

Figure 2.5.1 PEPFAR Investments by Geographic Burden of Disease



ART coverage in the ten PEPFAR prioritized scale up aggressive counties is on average 73% in FY21Q1. The ART coverage varies across counties as shown on the map in Figure 2.5.1 and Table 2.5.1. ART coverage in the non-PEPFAR supported counties is close to 9%, with some counties not providing ART services. Based on the data and the coverage gaps in FY20, PEPFAR will continue to prioritize interventions in all the supported counties by working closely with stakeholders, including MOH in order to scale-up treatment services including viral load monitoring for assessing suppression status.

PEPFAR will continue to focus resources in the highest burden counties. Figure 2.4.2 shows the ART coverage. This is reflective of PEPFAR’s data-driven geographic prioritization of counties for

SNU	PLHIV Female	PLHIV Male	PLHIV Total	TX_CURR FY21Q1 Female	TX_CURR FY21Q1 Male	TX_CURR FY21Q1 Total	FY21Q1 ART Coverage Female	FY21Q1 ART Coverage Female	FY21Q1 ART Coverage average	PLHIV in need of ART Female	PLHIV in need of ART Male	PLHIV in need of ART Total
Tambura County	1,486	960	2,446	1,644	701	2,345	111%	73%	96%	-158	259	101
Maridi County	644	415	1,059	577	231	808	90%	56%	76%	67	184	251
Rumbek Centre County	1,485	960	2,445	1,190	573	1,763	80%	60%	72%	295	387	682
Torit County	757	489	1,246	468	326	794	62%	67%	64%	289	163	452
Juba County	8,043	5,191	13,234	5,382	3,041	8,423	67%	59%	64%	2,661	2,150	4,811
Wau County	1,552	1,002	2,554	723	325	1,048	47%	32%	41%	829	677	1,506
Ezo County	3,396	2,190	5,586	1,481	673	2,154	44%	31%	39%	1,915	1,517	3,432
Mundri West County	266	171	437	119	43	162	45%	25%	37%	147	128	275
Yei County	2,584	1,668	4,252	985	561	1,546	38%	34%	36%	1,599	1,107	2,706
Yambio County	8,863	5,720	14,583	3,547	1,372	4,919	40%	24%	34%	5,316	4,348	9,664
Yirol West County	6,505	4,197	10,702	2,214	1,200	3,414	34%	29%	32%	4,291	2,997	7,288
Nzara County	4,051	2,615	6,666	1,438	651	2,089	35%	25%	31%	2,613	1,964	4,577
Mundri East County	377	245	622	111	69	180	29%	28%	29%	266	176	442
Nagero County	77	52	129	25	10	35	32%	19%	27%	52	42	94
Magwi County	4,377	2,825	7,202	1,215	662	1,877	28%	23%	26%	3,162	2,163	5,325
Ikotos County	575	372	947	159	80	239	28%	22%	25%	416	292	708
Kapoeta South County	1,878	1,212	3,090	316	231	547	17%	19%	18%	1,562	981	2,543
Mvolo County	377	245	622	60	19	79	16%	8%	13%	317	226	543
Rumbek East County	1,191	768	1,959	42	23	65	4%	3%	3%	1,149	745	1,894
Yirol East County	4,263	2,751	7,014	121	50	171	3%	2%	2%	4,142	2,701	6,843
Morobo County	1,328	856	2,184	29	22	51	2%	3%	2%	1,299	834	2,133
Kapoeta North County	1,177	758	1,935			0	0%	0%	0%	1,177	758	1,935
	55,252	35,662	90,914	21,846	10,863	32,709	40%	30%	36%	33,406	24,799	58,205
Military South Sudan				1,783	36	1,819						

Source: COP21 Data Pack

2.6 Stakeholder Engagement

The PEPFAR South Sudan team has established a long-standing good relationship with the in-country stakeholders (including the host government MoH, Global fund and bilateral donors, civil societies, and the community of the PLHIV). As the Operating Unit (OU) started the preparation for COP21 (right from January 2021), communication with the stakeholders regarding the schedule for the COP/ROP2021, was established and continued till the first week of February 2021 when the Stakeholders consultative meeting was conducted virtually due to the impact of COVID-19 that led to restrictions on gathering of persons in one place in an excess of 10 – 15 as per the directives of the MoH. PEPFAR continued the momentum from previous years with a variety of stakeholder engagements.

For example, PEPFAR continued (though this time round, virtually) its tradition of holding quarterly IPs one-on-one meetings followed by stakeholder meetings in preparation for quarterly PEPFAR Oversight, Accountability and Review Team (POART) meetings. This process is critical for understanding in-depth IP's performance trends and challenges and for facilitating transparency and accountability among stakeholders. PEPFAR also participated in an ad-hoc stakeholder meetings and consultations throughout the year to address specific issues such as supply chain challenges and the impact of COVID-19 just to mention a few.

In addition, PEPFAR South Sudan conducted a formal, four-day stakeholders consultative meeting in Juba, South Sudan during the period February 2-5, 2021. Although this was a virtual

meeting, there was an extensive engagement of key stakeholders' participants. Participants from all implementing partners, representatives from several CSOs, and UN agencies including UNDP, UNAIDS, WHO, UNFPA and MOH senior leadership, South Sudan HIV/AIDS Commission (SSAC) leadership, South Sudan S/GAC Chair and PPM were present in the meeting. The meeting proved to be highly productive for COP21 planning. During the meeting, in-depth presentations were made by the IPs on APR for COP19 and FY21 Q1 performance and by PEPFAR on COP21 programmatic priorities and the COP process/timing. The presentations were followed by two days of topical/thematic small group discussions to come up with COP20 challenges and solutions. The last day was devoted to finalizing how South Sudan would address COP20 priorities moving forward to COP21 implementation.

Furthermore, stakeholders were an important part of the COP21 Planning Meeting held virtually for only two half days from April 15-16, 2021 where they gave significant inputs into COP21 design, particularly on community-led monitoring and community engagement scale up. During the meeting they presented their vision and proposed implementation model for community-led monitoring, community engagement and advocated for increased use, capacitating and funding of CSOs for sustainability, and to strengthen community engagement as a way of improving index testing. They emphasized the importance of a human rights-based approach for index testing and ensuring that measures are put in place by programs for accountability, upholding quality standards which ultimately translates into improved retention and preventing loss to follow-up. They also urged the PEPFAR team to commit "serious resources" to treatment literacy and support groups, prioritize models of easy access and bring community treatment models to scale. Advocating for conducive environment for KPs services in addition, a key recommendation by the stakeholders was to analyze and address program funding dynamics to begin using local CSOs as Prime recipients and promote sustainability. Finally, stakeholders advocated for policy decisions and clarity around KPs by the MOH and other involved authorities and recommended that the Ministry work closely with PEPFAR and Global Fund teams to improve coordination at all levels as far as forecasting/quantification, delivery and prepositioning of HIV commodities were concerned. The CSOs representative voiced that they are the watchdog for HIV services in South Sudan.

2.7 Stigma and Discrimination

South Sudan PEPFAR OU has not been involved in the conduct of the South Sudan Stigma Index 2.0 that was finalized in October 2020. Though not actively taken part in the process, one of the roles the country team has done is reading of the report and identifying some issues particularly on family planning (FP) services provision. The report at some point indicated that there were/was a certain facility health worker (s) who has/have coerced or forced beneficiaries to take ARVs against their will or get sterilized without their consent. This finding in the report was worrying to the country team and has led to engagement of the PLHIV main wing association – South Sudan Network of People Living with HIV (SSNeP+) coordinator to see how to provide a clarity on these reports and have a technical assistance regarding training of health workers that have difficulty understanding the principles of human rights and services provision to PLHIV. For

COP21 approved planned programming, we shall continue to work closely with the network of PLHIV in the country and ensure involvement in the next Stigma Index survey. As of the current plan, we have the specific funded activities of treatment literacy to reduce stigma and discrimination in the public and among PLHIV.

3.0 Geographic and Population Prioritization

SNU prioritization for COP21 was determined by COP20 facility list and spectrum 2020 estimates which is compared with previous year estimates.

Figure 2.4.1 above shows PLHIV estimates by county and the PEPFAR supported facilities. PEPFAR is present mainly in the Equatoria regions that have the darkest shades as well as Rumbek Center, Yirol West and Wau Counties outside the Equatoria region. As of Dec 2020, there are 42,340 PLHIV on ART nationally, of which 81% are supported by PEPFAR.

Previously, PEPFAR South Sudan support was focused 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 45% (83,257) of all PLHIV nationally. In COP18, PEPFAR started to implement comprehensive HIV services in Wau, Mapourdit and Rumbek Hospitals in the Western Bahr el Ghazal and Lakes States which will be maintained in COP21 and expanded to Rumbek East and Yirol East county facilities.

In COP21, HTS, TST, PMTCT, ART, VL services and health strengthening activities will continue at all PEPFAR sites. PEPFAR will cover 23 SNUs out of the total 80 SNUs in the country excluding the military SNU. These 23 SNUs constitute approximately 40% of PLHIV (90,914) in the country. Among these 23 are ten scale-up aggressive SNUs and 13 sustained SNUs.

Table 3.1 Current Status of ART Saturation

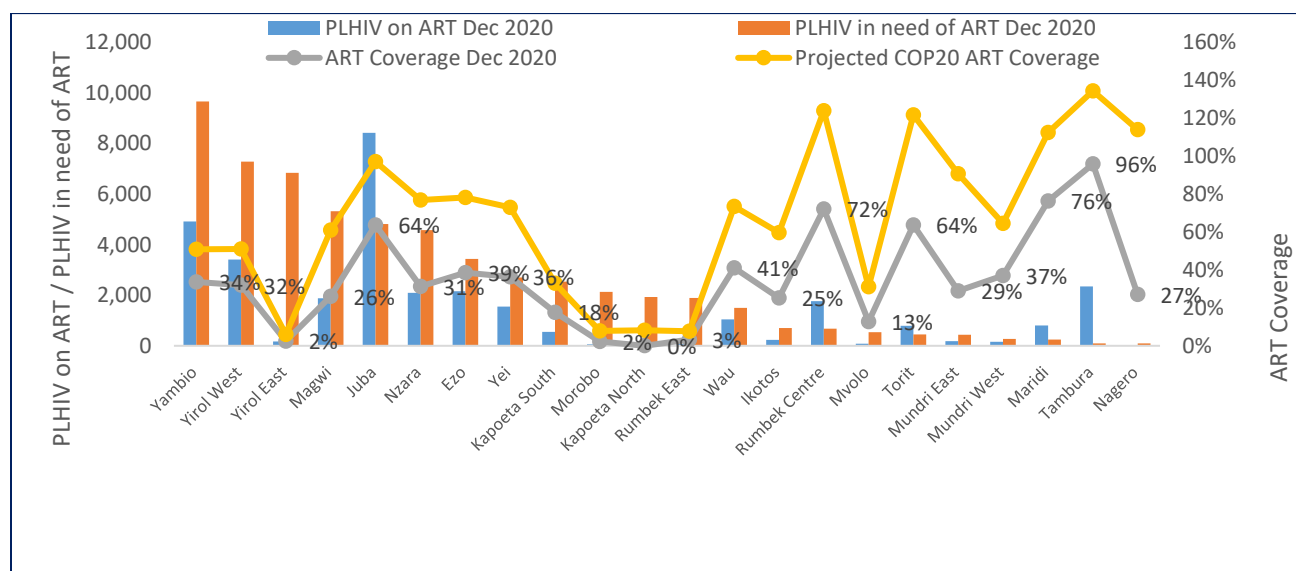
Table 3.1 Current Status of ART saturation				
Prioritization Area	Total PLHIV/% of all PLHIV for COP21	# Current on ART (FY20)	# of SNU COP20 (FY21)	# of SNU COP21 (FY22)
Scale-up Aggressive	69,670(38%)	29,253	10	10
Sustained	21,127(11.6%)	2,914	12	12
Mil_SNU		1,722	1	1

Figure 3.2 below shows the current levels of program saturation for PEPFAR supported SNUs as of 2019, as well as the expected FY20 coverage. PEPFAR continues to prioritize service delivery in the highest burden SNUs in order to increase ART coverage and have the highest impact on the epidemic. Most of the PEPFAR-supported counties have ART coverage above the 17% national

coverage. More than twenty other counties provide ART services with direct support through MOH or other partners supported by Global Fund.

Based on FY21Q1 results and spectrum 2020 estimates the counties with highest PLHIV in need of ART include Yambio, Yirol East and West, Magwi, Juba, Nzara, Ezo and Yei counties. The ART coverage in Juba is 64%, Yambio 34% and Nzara 31%. PEPFAR will invest efforts in all these counties with high number of PLHIV in need of ART to increase ART coverage.

Figure 3.2 Current Status of ART Saturation by SNU as of FY21Q1 and Projected FY22 Coverage



ART coverage is expected to improve in all counties, and modestly in Yirol West where only one facility is slotted to receive COP21 support. COP21 projected ART coverage in Juba is expected to reach 97%, as Juba has the highest HIV prevalence in the country. Except for Wau, Juba and Tambura Counties, all reported impressive scale-up of PLHIV coverage of $\leq 50\%$ as of December 2020. FY20 ART coverage in sustained counties ranged from 13% in Torit County to 41% in Ikotos County. In FY22, continued efforts will be undertaken to both increase and sustain ART coverage in various counties, including Kapoeta South and North, Ikotos, Torit and Maridi.

Given the large ART coverage gap, PEPFAR South Sudan intends to apply 64% of its COP21 budget on care and treatment to scale-up ART coverage and provide ART to 60,808 people by the end of FY22.

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 testing modalities to increase yields;
- Enhancing linkage to treatment;
- Increasing retention rates and reducing interruption in treatment;
- Improving viral load suppression;

- Rapid scale up of six-month multi-month drug dispensation;
- 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 in PEPFAR supported SNUs from 72% in COP19 to 95% in COP21. With low treatment coverage overall 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 as described below.

Based on current program data, coverage rates are low among both men and women, and particularly low among adult men (20-49). The reach of services to adult men is low in high burden SNUs with both low testing volume and low yield. In COP21, PEPFAR will continue to employ approaches that will reach to adult men while also continuing to expand reach to women, especially adolescent girls and young women.

4.0 Client-Centered Program Activities for Epidemic Control

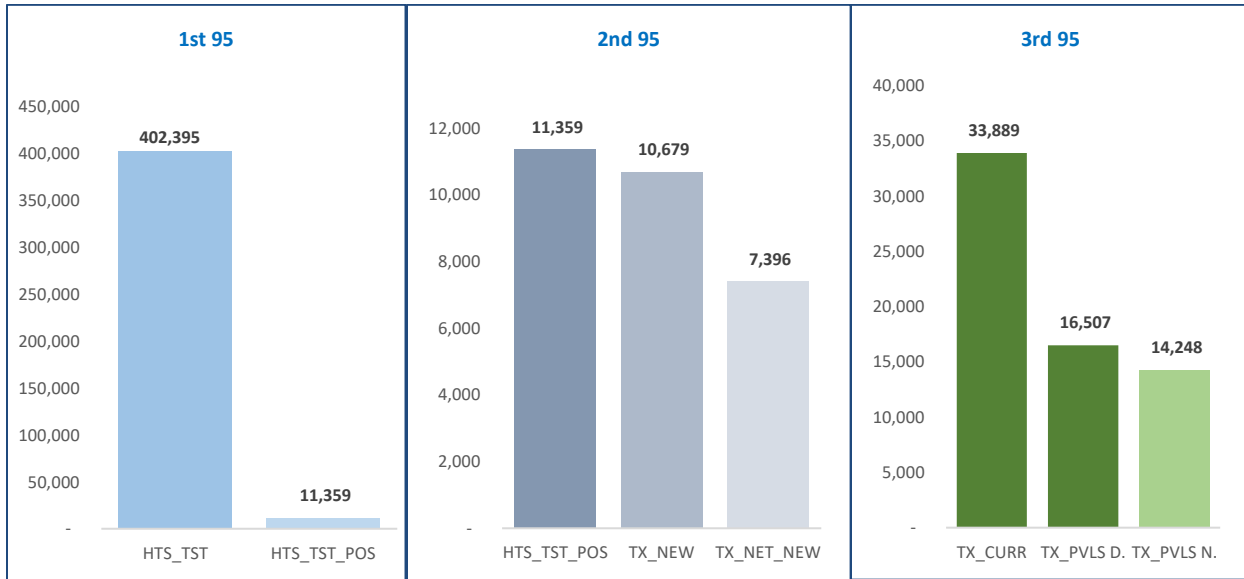
4.1 Finding the Missing, Getting Them on Treatment

Improvement in case finding remains key to scaling HIV ART coverage in South Sudan. With only 18% of PLHIV on ART in 2019 and the highest coverage nationally at 28% among people aged 50 years and above, the country is missing everyone (Table 4.1.1 and figure 4.0.1). HTS will focus on targeted demand generation and community demand, while at the same time, using and improving risk assessment tools to strategically target HIV testing. With COVID-19 pandemic, PEPFAR support for targeted outreach and mobile HTC services to key and priority populations with direct linkages to care and treatment sites – or direct provision of treatment in specific locations of KP programming were impacted. The program however continues to support a very limited number of beneficiaries in alignment with COVID-19 operations guidelines. IPs will scale-up targeted HTS strategies to improve identification of PLHIV in communities and health facilities in scale-up counties, within the remits of COVID-19 guidelines.

Table 4.1 Unmet Need for PLHIV on ART

Age	Estimated PLHIV 2020			PLHIV Currently on ART			Current ART Coverage			PLHIV in Need of ART		
	PLHIV Female	PLHIV Male	PLHIV Total	Female	Male	Total	Female	Male	Average	Female	Male	Total
<01	713	748	1,461	72	74	146	10%	10%	10%	641	674	1,315
1-4	2,852	2,950	5,802	547	507	1,054	19%	17%	18%	2,305	2,443	4,748
5-9	2,777	2,869	5,646	308	289	597	11%	10%	11%	2,469	2,580	5,049
10-14	2,165	2,240	4,405	231	153	384	11%	7%	9%	1,934	2,087	4,021
15-19	4,288	2,365	6,653	1,233	185	1,418	29%	8%	21%	3,055	2,180	5,235
20-24	12,177	5,564	17,741	4,297	814	5,111	35%	15%	29%	7,880	4,750	12,630
25-29	18,482	9,618	28,100	5,466	2,111	7,577	30%	22%	27%	13,016	7,507	20,523
30-34	19,289	11,597	30,886	5,148	3,067	8,215	27%	26%	27%	14,141	8,530	22,671
35-39	16,108	10,772	26,880	4,104	2,802	6,906	25%	26%	26%	12,004	7,970	19,974
40-44	12,348	8,788	21,136	2,476	2,082	4,558	20%	24%	22%	9,872	6,706	16,578
45-49	8,360	6,041	14,401	1,734	1,558	3,292	21%	26%	23%	6,626	4,483	11,109
50+	11,392	8,047	19,439	1,678	1,494	3,172	15%	19%	16%	9,714	6,553	16,267
Total	110,951	71,599	182,550	27,294	15,136	42,430	25%	21%	23%	83,657	56,463	140,120

Data Source Spectrum 2020 and MOH Treatment data Dec 2020

Figure 4.1.1 Overview of 95/95/95 Cascade, FY20

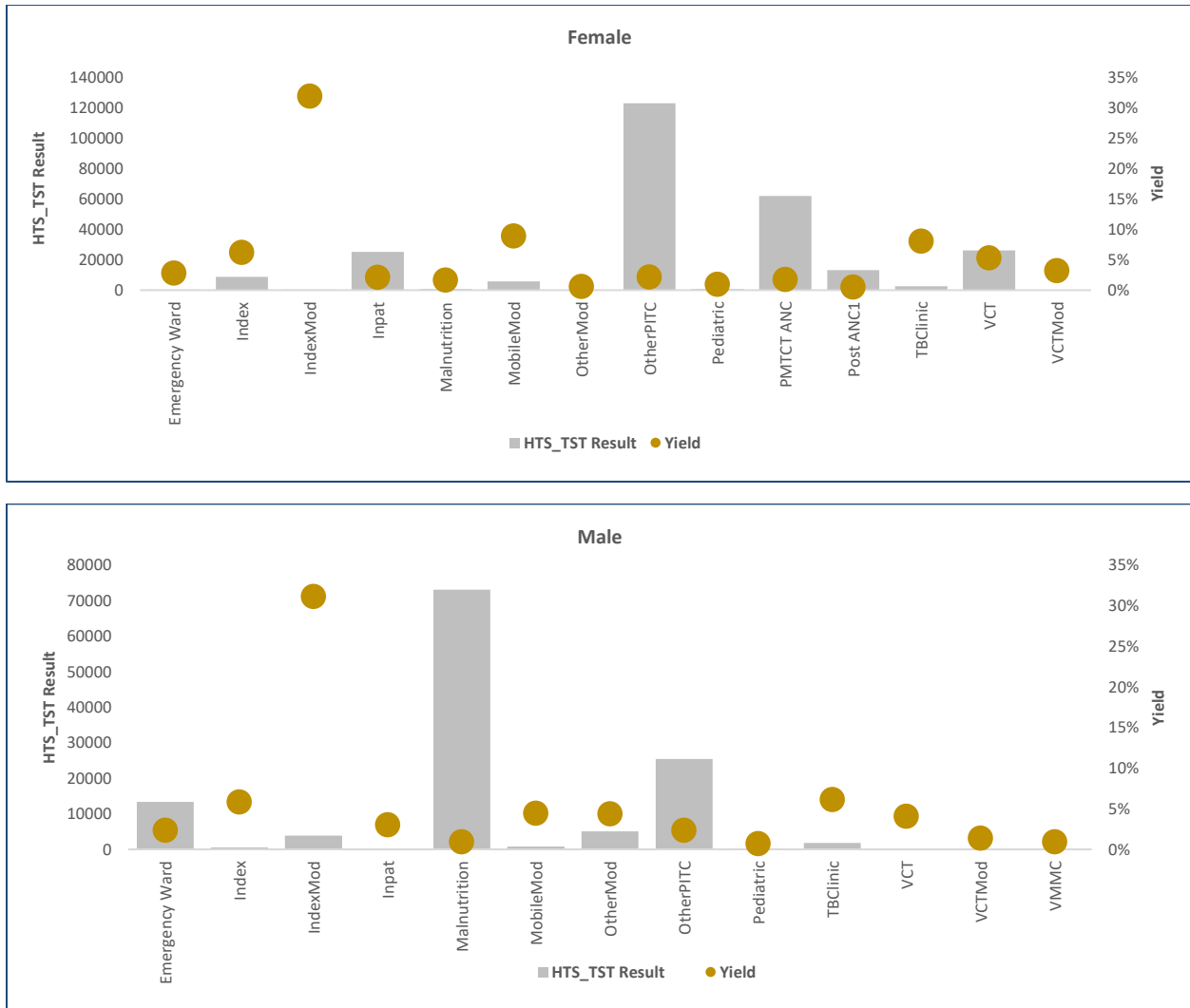
PEPFAR South Sudan accounts for approximately 85% of the national ART coverage and in COP21 is expected to identify over 19,000 new cases and put over 18,000 on treatment.

Close to 75-85% of cases in PEPFAR-supported sites come from four modalities, namely:

- Provider Initiated Testing and Counselling
- Voluntary Counselling and Testing
- Inpatient Care
- Prevention of Mother-to-Child Transmission

High-yield modalities such as index testing and TB/TB presumptive have struggled to scale up and remain low in volume (Figure 4.1.2) Index testing has shown good progress, contributing 10% of case findings in Q1 of FY20, up from about 5% in Q3 of FY19. Index testing has been targeted for scale-up in COP20, with over 45% of new cases projected to be identified through this modality alone. In COP21 41% of new cases are projected to be identified through index testing.

Figure 4.1.2 Testing Volume and Yield by Modality and Age/Sex, FY20



By Q2 of COP20, South Sudan had already made significant strides in scaling up safe and ethical index testing, having successfully completed sites assessment and rolled out appropriate Corrective Action Plans (CAPs). In COP 21, the focus will be directed towards establishing a robust system for Adverse Event reporting and strengthening quality assurance and monitoring using both client and community feedback mechanisms. All sites will be expected to implement index testing with fidelity while ensuring strict adherence to all the minimum standards, consent procedures and confidentiality are protected, and assessment of intimate partner violence (IPV) becomes routine and mandatory. All providers will undergo training on the GBV first-line response (LIVE). Even though only 10% of new cases were identified through index testing, FY19 and FY20 program data have shown improvement. A larger number of index clients offered index testing services are accepting and consenting to provide contacts.

During the remaining two quarters of COP20, South Sudan will address gaps in index contact testing. PEPFAR South Sudan will improve the quality of index testing, ensuring fidelity across all

sites while emphasizing the WHO 5 Cs (consent; confidentiality; counselling; correct test results; and connection to treatment and prevention services).

To address current gaps, the following strategies will be implemented:

- Assign index testing points-of-contact to all sites
- Retrain health providers and counselors
- Scale-up community contact tracing to increase testing volumes
- Monitor and trace contacts using documentation and index testing registers to ensure follow-up of contacts and provision of ethical and confidential services

PEPFAR will use innovative prevention and case finding approaches and strategies to target men, children, and adolescents with high risk of HIV.

HIV SELF TESTING (HIVST)

It took a while for South Sudan to accept HIVST at the policy level, however, it is now in the country consolidated guidelines which states that South Sudan shall initiate and accelerate HIV self-testing for those with increased risk of HIV infection. This shall include men in the age bracket 20-49, clients of FSWs uniformed forces and health care workers with high risk. South Sudan shall develop alternate workflows to ensure that patients with positive self-test result can receive confirmatory testing. The PEPFAR South Sudan shall discuss with partners to ensure adequate supply of HIV self-testing kits and shall explore ways of maximizing HIVST in the context of COVID-19. PEPFAR will also initiate HIVST in urban centers with particular focus of reaching men. The mechanism for distributing HIVST kits will include:

- Women identified from all testing modalities
- FSWs to deliver them to their clients
- Social workers dealing with special need populations i.e. street kids displaced communities

PEPFAR South Sudan plans to conduct 8,595 HIVST in COP21, this target shall be equally distributed across supported facilities in major urban centers. The Community outreach Volunteers (CoV) will play a critical role in distributing the test kits and obtaining the results. The CoV shall also provide ways of having the clients confirm their status either on site or in a nearby health centers for those that test positive.

HIV case finding strategies will include the following:

- Voluntary Counselling and Testing (VCT) – In COP21, PEPFAR will continue to provide VCT services at all PEPFAR-supported sites. VCT services will be integrated into the outpatient department (OPD) with targeted community/mobile testing reaching adolescents, men, key and priority populations. No stand-alone VCT services will be provided.
- Provider-Initiated Testing and Counselling (PITC) – With the use of a screening tool, PITC will be provided in various treatment units in the facility. These units include TB; OPD; ANC; STI; malnutrition through therapeutic feeding centers (TFCs); and medical and pediatric inpatient wards. Emphasis will be put on TB units, TFCs, and medical and pediatric wards.

- Index Testing (and partner notification) – In COP21, partner notification and index testing will continue to be aggressively scaled up across all PEPFAR-supported sites targeting sexual partners of index patients and their biological children less than 15 years. This will focus on patients with documented high viral load and newly diagnosed HIV positive patients.
- To address issues of disclosure and partner notification, PEPFAR treatment partners will work closely with community outreach volunteers to ensure partner notifications are done ethically and in a confidential manner without any violence. Training and certification will be conducted to ensure adherence to standards to reduce risk of violence.
- HIV testing of presumptive TB patients – PEPFAR will continue to scale-up HIV testing of presumptive TB patients, i.e., individuals with symptoms consistent with TB. PEPFAR-supported facilities will continue to identify presumptive TB patients using the TB symptom screening tool that is used both in the facility and in the community (by the community volunteers). IPs will incorporate a simple questionnaire for patients who present at the facilities or are encountered in the field by community volunteers.
- PEPFAR clinical partners will continue to address client flow issues that prevent TB presumptive patients from accessing HTS. PEPFAR clinical partners will continue to address client flow issues that prevent TB presumptive and TB confirmed patients from accessing HTS. Where feasible, partners should integrate HTS within TB screening points by deploying HTS volunteers who test and record results in TB registers.
- Integrate HTS within TB screening areas so that health personnel can provide HTS.

Early Infant Diagnosis (EID) – PEPFAR South Sudan will prioritize and maximize pediatric HIV testing, care and treatment, especially through the ANC/PMTCT and therapeutic feeding center programs. In COP21, EID will be scaled up to all PEPFAR-supported facilities with PMTCT services. At the end of Q4 FY20, 38 PEPFAR facilities collected Dried Blood Spot (DBS) samples from infants and sent them to the laboratory for EID. In order to improve access to HIV testing services and reduce turn-around-time, PEPFAR, together with Global Fund, will be placing GeneXpert near point-of-care devices at 22 select facilities to support VL/EID/TB/COVID19 multi-disease diagnostic plan. By the end of FY21, PEPFAR South Sudan plans to test 2,982 exposed infants for HIV, with 84% of the infants being within the age group of 0-2 months. The EID target for COP21, is 3,620, with 192, EID 0-12 months.

By end of Q4 FY20, there were 152 testing points at PEPFAR-supported facilities that participated in rapid HIV proficiency testing, with a 93% response rate and 89% pass rate. In FY22, all PEPFAR South Sudan will participate in HIV proficiency testing to help improve the quality of HIV rapid testing through training and certification of HIV testers (counselors); supportive supervision and mentorship; and enrolling HIV testers into a HIV rapid test proficiency testing program. PEPFAR-supported HTS sites in the scale-up aggressive SNU, 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.

4.2 Retaining Clients on Treatment and Ensuring Viral Suppression

Linkage to Care and Treatment

In COP21, PEPFAR will continue with strategies ensuring effective linkage of HIV positive clients to treatment and support services in nearby facilities. This includes escorted linkage to ART clinics using community volunteers; follow-up and linkage of clients who decline same-day escort using SMS reminders or phone calls; and use of two-way referral systems. Designated facility staff members will be responsible for receiving and tracking referrals from HTS and working closely with testing staff to proactively follow-up on expected new clients.

In COP21, PEPFAR South Sudan partners will strengthen linkage to care and treatment and community services intended to improve treatment adherence and outcomes.

This will be done through:

- Continuing provision of “Test and Start” services to all individuals testing HIV positive
- Transitioning all adults and adolescents > 30kgs to TLD-based regimens and phasing out Nevirapine-based regimens
- Transitioning pediatric clients to Dolutegravir based regimens and phasing out Lopinavir/ Ritonavir based regimens for children weighing < 20kg
- Continuing implementation of differentiated models of service delivery (MMD for stable patients/those who are likely to travel, fast track ART refills, community ART refills, and family member refills)
- Provision of integrated delivery of TB/HIV services, i.e., one stop shops to reduce waiting time
- Use of appointment registers (logbook and SMS), ART registers, missed appointment and Interruption in Treatment (IIT) registers and tracking systems (e.g., ART card and referral forms)
- Expanding access to ART through decentralization of ART services to all PEPFAR facilities including tier-3 sites, community ART provision or mobile outreach services for low-volume and remote areas
- Greater involvement of PLHIV groups in index testing and linkages to facilities, quality assurance, adherence support/treatment literacy, and community-based distribution models
- Strengthening facility-community structures and linkages by utilizing CSOs and community networks, especially for tracing those patients who interrupted treatment
- Attaching newly diagnosed individuals to community outreach volunteers working in the same catchment area.
- Conducting “Return to care and Treatment campaigns” in the community targeting those who may have interrupted treatment
- Continuous health education and treatment literacy in the waiting room

PEPFAR will recommend these core components of linkage to HIV services:

- Escorting newly diagnosed individuals to HIV care Treatment navigation by expert clients or peer navigators
- Telephone follow-up, reminder calls, or text messaging
- Psychosocial support, informational/motivational counseling on the benefits of disclosure, testing of partners and biologic children, and ART initiation and adherence
- Use of risk assessment tool to mitigate real and perceived barriers to HIV care and retention
- Systematic monitoring and evaluation of enrollment in HIV care and ART initiation outcomes
- Interventions to link from testing to treatment services through implementation of linkage registers

Peer navigators and community volunteers support individuals who are living with HIV so they can enroll and remain in clinical care and on ART. Peer navigators are trained individuals who are usually living with HIV themselves. The community volunteers will strengthen the facility-community linkages by ensuring linkage and treatment initiation as well as support for drug distribution and adherence. They will work with patients and at-risk populations in their communities, facilitating care and treatment.

In COP21, PEPFAR will continue to work with partners to monitor and evaluate the implementation and scale up of rapid ART initiation and effective linkage-to-care and continuity in treatment strategies in all its supported sites. Continuity in treatment and viral load suppression will be closely monitored to ensure that patients initiated on ART maintain treatment coverage to achieve optimal treatment outcomes.

Specific Continuity in Treatment Strategies

Since early COP17, the PEPFAR South Sudan team has consistently identified and highlighted program performance issues based on data at agency, SNU and partner levels. From Q2 of COP19, this was further refined to looking at granular data at the site level by use of the weekly dashboard and granular site management calls. During COP19 and COP20 Q1 implementation period, PEPFAR South Sudan continued to recognize continuity in treatment as the biggest challenge in the South Sudan program. Continuity in treatment issues were cross cutting across all care and treatment implementing partners. The same has been highlighted in the COP21 planning level letter (PLL) with recommendations to prioritize this in COP21.

PEPFAR South Sudan recognizes continuity in treatment as a priority and proposes a range of interventions, some of which are currently being implemented.

These include:

1. Site-level data use for problem identification and use of continuity in treatment analysis tools at the IM/SNU level
2. Prioritization of sites based on scale and magnitude of the problem

3. Use of weekly dashboard and site-level treatment collaborative for root cause analysis and identifying remedial measures
4. Periodic data quality assessments and use of tools to look at data quality issues on a more frequent basis to ensure accurate reporting of data from the sites where services are provided
5. Continuity in treatment analysis using time-cohorts and site-level dynamics (transfer in, transfer out, death, true interruption in treatment, etc.) by age and sex
6. Facility team concept involving facility level staff/POCs, IP supervisors, MOH field officers and PEPFAR staff
7. Enhanced monitoring and reporting tools (e.g., checklists and supervision tools, client tracking register, missed appointment and Interruption in treatment registers)
8. Documented transfer-ins and transfer-outs
9. Six-month multi-month dispensing to all patients on ART, regardless of stability criteria
10. Decentralized ART provision through six-month drug dispensation and community ARV dispensation
11. TLD transition to all eligible ART patients
12. LPV/r to DTG 10mg transition for pediatrics
13. Enhanced site level supervision, mentoring and monitoring through Field Officers
14. Community interventions
 - a) Community outreach work through community volunteers
 - b) Treatment support groups
 - c) Engagement of support networks, including local community level PLHIV networks
14. Enhanced client treatment literacy

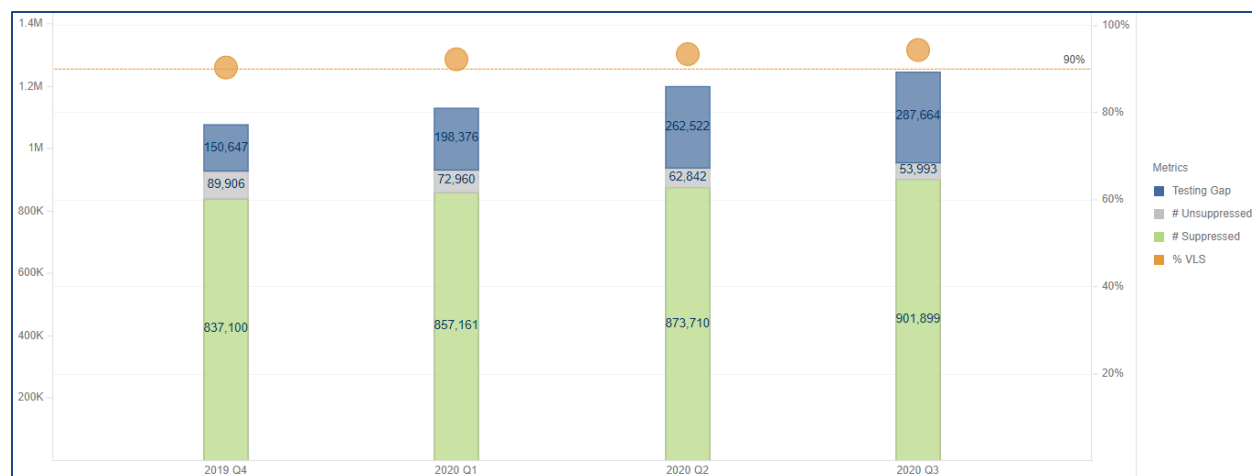
In COP21, the PEPFAR South Sudan program proposes to scale as well as continue to focus on the quality of community interventions to address implementation issues around the cascade, with particular attention to continuity in treatment issues. With the goal of targeted demand generation at the community level, enhancing linkage to treatment and improving continuity in treatment, PEPFAR will continue to identify new and creative ways of scaling up community interventions across all its sites.

These will include, but not be limited to:

1. Working with indigenous county-level CSOs, CBOs, and FBOs
2. Direct partnerships with local, county-level PLHIV networks
3. Direct recruitment of community cadres of staff (e.g., outreach supervisors and outreach workers) and engaging community outreach volunteers

Treatment and Viral Load Suppression

Figure 4.2.1 Viral Load Outcomes, FY20



Adult ART

In COP21, PEPFAR will initiate Lopinavir/ritonavir to Dolutegravir 10mg transition of children below 20 Kgs and continue to scale up the transition of TLD, initiated under COP18, as the preferred option for ART for all adults (including women of reproductive potential) and adolescents weighing > 30kgs. Women of reproductive potential will be provided appropriate information to make informed decisions about their HIV treatment.

The government has adopted Dolutegravir-based regimens as preferred first line for adults and children and has just revised the April 2021 ART Guidelines to capture the new recommendations. South Sudan will continue to implement rapid ART initiation (Test and Start); TLD transition; differentiated service delivery models; and six-month MMD. PEPFAR will support training of ART providers in delivering consistent counseling messages (about Neural Tube Defects and all potential risks and benefits of available ART), so that a woman can choose from available ART options in South Sudan. Community volunteers/health workers will be engaged to provide current and up-to-date information on DTG. Patients receiving treatment for TB, with rifampin-containing regimens, will be provided additional DTG 50mg when taking TLD.

Additional activities to support adult ART will include the following:

- Ensuring provision of cotrimoxazole prophylaxis
- Screening and management of common Opportunistic Infections (OIs)
- Scaling up VL monitoring across the country while incrementally scaling up in-country VL testing throughout COP21
- Developing and reviewing client literacy materials for demand creation
- Establishing multiple sample collection points within facilities to improve access and increase coverage
- Providing additional on-site training and mentoring for clinical and laboratory staff, including support to nurture a multidisciplinary team approach to patient management
- Engaging CSOs to conduct contact tracing and return clients to treatment
- Improving supply chain management of ARVs and OI drugs as well as laboratory supplies

In COP21, PEPFAR will support one MOH and one UNDP staff to provide technical assistance to support quantification and forecasting; financial analysis and planning for TLD transition; pediatric ARV optimization; Test and Start; development of an implementation plan for operationalizing multi-month dispensing and develop LPV/r to DTG 10m transition plan.

With PEPFAR South Sudan support in both aggressive scale-up and sustained SNUs, a total of 18,688 new patients will be initiated on treatment in FY 22. PEPFAR South Sudan will also provide treatment services at Protection of Civilian (POC) 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 continue to strengthen systems investments at both national and facility levels. These include:

1. Supportive supervision and mentorship at the site level through Field Officers, who will build and strengthen the national field supervision program (this will be part of the HRH realignment efforts)
2. Establish 15 new ECHO sites and maintain the 24 ECHO project sites. In COP21, the total number of ECHO sites will be 39. With additional non-COP funds, 10 additional sites will be established, bringing the overall total to 49 sites. There will be five additional sessions per month dedicated to continuous quality improvement practices, including data quality.
3. Enhance national level capacities for program monitoring, data review and analysis, review of HIV/AIDS program at the national level, policy analysis and decision making and development of technical guidelines. PEPFAR will make systems investments at the MOH level and strengthen the national level HIV Department by providing direct technical assistance as well as staffing 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. Conduct HIV Drug Resistance surveillance to monitor the prevalence and trends in HIV drug resistance in patients on ART in order to inform treatment policies
7. Support NPHL to establish and scale up a lab quality assurance (QA) system across the HIV services cascade

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. They will discuss existing challenges in ensuring patient continuity in care and adherence to ART and identify the most suitable solutions.

Pediatric and Adolescent Services, including ART

South Sudan has adopted optimized pediatrics ART regimens which have been integrated into the consolidated guidelines for ART. The country will transition Lopinavir/Ritonavir to Dolutegravir 10 mg, that is LPV/r to DTG 10 mg transition for children below 20kgs.

PEPFAR South Sudan will prioritize and maximize pediatric and adolescent HIV testing, care and treatment within a family-centered approach, in health facilities, the community 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 COP21, for pediatric and adolescent HIV services, PEPFAR South Sudan will focus on:

1. Supporting the MOH with the optimized pediatric ART transition plan and roll out of updated pediatric and adolescent treatment guidelines
2. Supporting scale up of index testing of biological children (below 15 years) of PLHIV
3. Supporting activities that widen access, utilization, and uptake by families and adolescents to testing
4. Increasing activities to support the needs of adolescents with HIV up to age 19 (prevention with PLHIV, support groups, support for transitioning into adult services, adherence support, reproductive health services, refer to the OVC program for adherence support, viral load monitoring, disclosure support, appointment tracking, and other support services)
5. Implementing partners will emphasize provision of differentiated Adolescents HIV clinical care to adolescents and young people living with HIV- Aged 10-19 years by implementing The Operation Triple Zero approach that will ensure adolescents and young people living with HIV commit to simple treatment goal of achieving “Three zeroes” i.e. Zero missed appointments, zero missed drugs/ medications and zero viral load. The three-pronged approach to operation triple zero, which includes i.e. empowerment of the Adolescent; the family care giver and the Health Care Worker will be rolled out through a series of activities that include, among others- establishment of teen clubs at facility and community level; Identification and training of Peer leaders, Training of Health Care workers and Care givers
6. Increasing pediatric ART coverage, continuity in treatment rates, monitoring, and quality of services, in addition to the provision of other pediatric care and support interventions
7. Increasing direct linkages to the community to improve communication between facilities and community services for HIV positive children and youth
8. Improving EID coverage through procurement and placement of Near point of care GeneXpert instruments at more facilities, provision of literacy sessions for mothers, training and motivation of mentor mothers to trace HIV exposed infants, assigning of EID focal points at children entry points such as immunization and malnutrition units to

identify HEI, strengthening maternity and postnatal and PMTCT collaboration, use of SMS based technology for tracking HEI, provide in-kind or cash based incentives for mother-infant pairs and ensuring timely documentation of HEI.

9. Ensuring access to Cotrimoxazole prophylaxis for all HIV exposed and infected children
10. Enhancing linkage and continuity in treatment of children by reviewing the pediatric cascade from identification to continuity in treatment and follow-up of HIV exposed infants and children on ART
11. Facilitating provision of psychosocial support of children and adolescents, including age- and developmentally appropriate disclosure as described in the South Sudan guidelines
12. Supporting scale-up of adolescent HIV treatment by ensuring the provision of adolescent-friendly services in both facilities and communities
13. In-service training to building capacity of health workers to monitor, supervise and implement uninterrupted HIV treatment services from infancy to adolescents (including transition to adult services)
14. Improving linkages and referrals between facility and community services and ensuring adequate, bi-directional linkages between OVC and pediatric care and treatment services
15. Fast-tracking children for VL sample collection and non-suppression management
16. Improving VL coverage in children through use of near point-of-care GeneXpert devices
17. Ensuring TB preventive Therapy for all eligible children living with HIV.

4.3 Prevention, Specifically Detailing Programs for Priority Programming

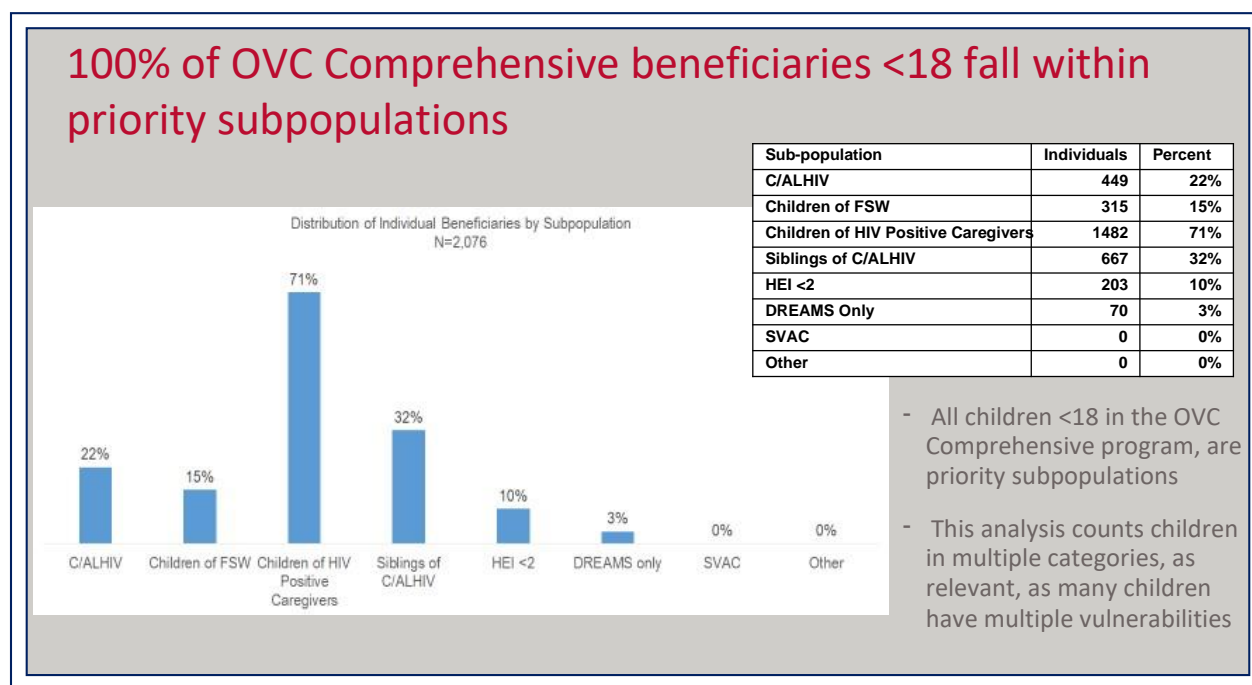
- a. Orphans and Vulnerable Children
- b. Key Populations: Female Sex Workers
- c. Priority Populations: Clients of Female Sex Workers
- d. Voluntary Medical Male Circumcision
- e. DREAMS
- f. Pre-Exposure Prophylaxis

A) Orphans and Vulnerable Children (OVC)

From the start of COP19, the OVC program strongly prioritized enrollment of children and adolescents living with HIV (C/ALHIV) and their households, especially those who are newly on treatment, IIT, or with poor viral suppression. The OVC program also prioritized children of HIV positive FSW and children of HIV positive women who are newly enrolled on treatment, IIT, or with poor viral suppression. The OVC program implemented a scale up of service provision within the current geographic location of Juba Town in COP20 to offer enrollment to 90% of TX_CURR <19 year. OVC beneficiaries are primarily identified through pediatric ART facility rosters as well as ANC, labor and delivery clinics, and referrals from the KP program. The OVC program provides a comprehensive package of services to children and caregivers, including adherence counseling; disclosure counseling, appointment tracking; viral load monitoring through clinical confirmation of viral load results; HIV testing referrals to ensure that siblings and

caregivers of CLHIV know their status; transportation reimbursements to attend appointments; referrals to other clinical services; and other support such as education stipends (though was interrupted with the COVID-19 appearance till date) or economic strengthening activities, as needed.

The OVC comprehensive program includes children aged 0 – 17 with a known risk factor (C/ALHIV, HEI at risk of IIT, biological children of HIV+ mothers, children of HIV+ FSW, sexual violence survivors, etc), and their caregivers. These beneficiaries require routine support through home visits and case management. Children are identified via clinics, referrals from child welfare and community, and by index testing children of HIV+ parents to identify “well” children. These families are provided with socio-economic support and monitoring of case plans where participants are graduated from the program upon achievement of benchmarks around health and HIV outcomes, economic stability, child safety, and school enrollment.

Figure 4.3.1 OVC beneficiaries' distribution

The OVC program will maintain their existing MOUs with clinical facilities in Juba and continue to ensure that a Clinic Community Coordinator (CCC) is based at each facility to ensure bi-directional referrals for testing, ART, VL and other services. These CCCs will track missed appointments, monitor viral load test results, and conduct, at a minimum, monthly case conferencing meeting with OVC Community Case Workers to discuss beneficiaries with poor clinical outcomes and poor viral suppression. The CCCs will also work across clinical areas to ensure that the OVC program is reaching beneficiaries through both pediatric and adult ART clinics, ANC, labor and delivery, and others.

In addition to a comprehensive package of services to support beneficiaries, in COP₂₁ the OVC program will also collaborate with clinical programs to support index testing of all biological children of HIV positive mothers and EID at risk of IIT. The OVC program and clinical partners will jointly develop SOPs, and the OVC program will support follow-up and tracing for index testing of biological children of HIV positive mothers and EID at greatest risk of IIT. The OVC program will prioritize these newly identified positive children and their households for enrollment and ensure that they are initiated on treatment and remain supported by the OVC program.

As for the COP₂₁ activities, the OVC program will contribute to the three 95s as follows:

- 1st 95:
HIV risk assessment, mobilization, and referrals to HTS. Stigma and discrimination reduction. Status disclosure counseling and clinic-community coordinators to continue as POCs in Facilities.
- 2nd 95:

Assisted referrals to ART, CCCs monitoring of appointment attendance, monthly case conferencing with CCCs and Community Case Workers (CCWs). Home based ART adherence counseling, Household visits to promote treatment adherence and drug refill. Monitoring ART regimen and support status disclosure and continued retention.

- 3rd 95

Caregiver and patient education on the importance of viral load suppression and monitoring incorporating the concept of Undetectable = Untransmissible (U = U). Defaulter tracking and tracing and reenrollment into care (caregivers and children in program catchment area). Monitoring of MMD status and monthly case conferencing with CCCs and CCWs on clients with poor outcomes. Monitoring VL status and supporting referrals to VL testing and ensuring results are received. Supporting those with high VL to complete enhanced adherence counseling at facility.

The OVC Comprehensive program will continue with limited provision of the HIV and violence prevention curriculum, Sinovuyo Teen, as part of the comprehensive package of services for beneficiaries but will not specifically target additional beneficiaries ages 9-14 for prevention activities, per the COP20 and COP21 Guidance. Starting from COP20, South Sudan has DREAMS program and the AGYW 15-24 at elevated risk of HIV in highest burden areas will be considered in OVC services. DREAMS beneficiaries that are identified to require OVC services (newly identified HIV+, or survivors of sexual violence) will be referred to the OVC comprehensive program for comprehensive services.

B) Key Populations: Female Sex Workers (FSWs)

The Key Population program will continue to apply community HIV service model to reach; identify and test FSWs and their clients; and link them to treatment in facilities of their choice across the six KP sites. Unlike past years, implementation of KP activities in COP20 are done strictly under COVID-19 operation guidelines to mitigate the spread of COVID-19. Implementation in COP21, will continue to follow the COVID-19 guidance limiting number of FWSs and clients who can be attended to at any given time.

Viral load coverage among the KP has consistently lagged and this has been associated with challenges in longer waiting time for sample collection at health facilities, that most FSWs cannot accommodate. COVID-19 has further impacted clinic attendances due to the fear contracting SAR-COV-2 virus and MOH recommendation around COVID-19. In COP21, using the American rescue plan supplementary funding, community-based sample collection using Dry Blood Spot will be undertaken to improve viral load coverage across KP sites. Providers will be trained by the laboratory experts on capillary blood collection and preparation of DBS. KP safe spaces used for HIV testing will be used to collect and prepare samples before dispatch to the national lab.

The Key Population program has prioritized urban centers and towns in transport corridors, primarily in the Equatoria region where female sex work continues to take place, but in COP19 and COP20, with the prospect of peace and stability, the program expanded to support

increased numbers of FSWs, including their clients (largely considered to be men in uniform), in other key towns and centers such as Wau, Rumbek and Bor where high prevalence has emerged and where KP size has been estimated.

Despite criminalization, commercial sex work continues to flourish in South Sudan and the relative peace and calm ushered by the 2018 peace agreement, a relative enabling environment for continued sex work activities was provided. The economic situation remains dire, young, local girls and women continues to be driven into commercial sex work. The 2020 KP program data and the most recent IBBS' done in Wau and Yambio, are attestations.

Although the peace agreement has generally held, the economic situation and consequently, population movements of refugees and IDPs, including FSWs expected have seen little change. KP activities however remain vibrant and FSW numbers of both local and foreign nationals has grown to some extent.

The Key Population program in South Sudan in COP20 and in COP21 continues to primarily targets FSWs and their clients working in collaboration with DoD's program in major army barracks in Juba and Wau. It also incorporates new FSW "hot spots" in a few selected locations considered to be under-served, including the busy transport corridor between Juba and Nimule where services were previously interrupted due to violence are now picking up. COP21 targets are a reflection on the continued good program performance and the gradual KP scale up, the program has consistently supported. In COP21 while the program will support a comprehensive HIV package of prevention, testing and linkage to ART, a total of 10,356 FSWs and clients are targeted. FSWs. About 75% will be eligible for tested and an estimated 646 newly identified HIV clients are expected to be linked to ART. The remaining 25% are expected to be composed of known positives and those who have been tested in the recent three months.

The KP program will continue to work with SSAC, UNAIDS, MOH, law enforcement, governing authorities, and other key stakeholders such as CSOs/CBOs to raise awareness and support advocacy to address stigma and discrimination. In particular, CSOs/CBOs are instrumental in championing KP rights as well as generating interest in the public health importance for KP programming. In addition, the program will work to support dialogue with MoH, SSAC, Global Fund and other key actors on rolling out implementation of PrEP which is already incorporated in the 2019 national ART guidelines.

In Bor South where there is no PEPFAR treatment partner operating, USAID's Advancing HIV/AIDS Epidemic Control program that implements the KP activities will collaborate with UNDP and MOH to ensure ARV supplies for beneficiaries are always available. KP diagnosed at community level receive treatment at Bor state hospital which is directly supported by MOH with technical assistance coming through UNDP/GF funding.

C) Priority Populations: Clients of FSWs (cFSWs)

During COP19, COP20 and COP21, the KP program set targets for FSW and cFSW in Juba, Nimule, Yambio, Wau, Bor, and Rumbek. In Juba, the program will work closely with the DoD program to test military clients. For those identified positive, will be linked to treatment and integrated into the military program. In COP21, the KP program will work to identify clients in the general public, through index testing and ensure linkage to treatment for all HIV positive persons.

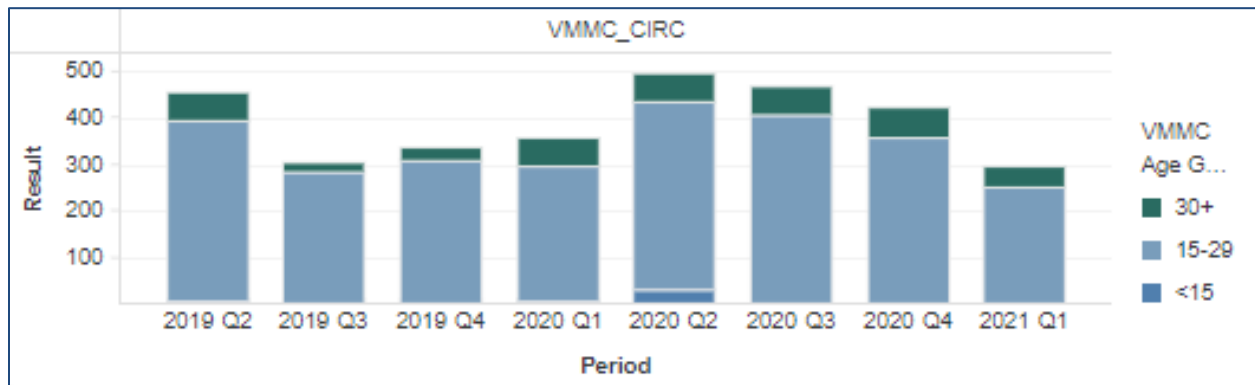
In COP21 due to the difficulty in reaching and or identifying the cFSWs, the program intends to reach 7,366 clients of female sex workers in all sites and test 5,156 people. With the projected 3-4% positivity of HIV among this group, 155 to 206 new cases are expected to be identified and every effort will be made to link all new cases to treatment.

D) Voluntary Medical Male Circumcision (VMMC)

Provision of a comprehensive prevention package to the military is critical in addressing the challenge of new infections. 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). The commitment and political buy-in by military leadership prioritizing VMMC as a low-cost, one-time intervention to tackle the HIV epidemic among the organized forces is central to the program success recorded thus far.

In the last two years and through PEFFAR/DoD support, the military HIV program continued to provide limited VMMC services at Juba Military Hospital (JMH) targeting men within their forces. However, in COP20, the program has grown exponentially with 2 additional sites added in 2 new regions. The service is integrated into the HIV prevention continuum including age-appropriate sexual risk reduction education, HIV counseling and testing, condom promotion, screening, and treatment of sexually transmitted infections, among other interventions. In addition to ensuring the availability of targeted HIV prevention services for the military and their families, the program has also continued linking identified PLHIV to available treatment services.

Despite challenging COVID-19 environment, FY20 results demonstrated a successful scale up of VMMC services in terms of target achievement but also a strategic reach among the key age band of 15-30-year-old males. Swift adjustment to a change in the targeted age-group as per COP 20 guidance was also evident, by end of Q1 of FY21, the program has successfully eliminated circumcision below the age 15-years old as seen below in (figure 4.3.2)

Figure 4.3.3 VMMC Quarterly Trends by Age

Robust demand creation remains key for sustained service uptake and meeting targets. While the current model of engaging commanders as VMMC champions leading a non-coercive sensitization campaigns in their respective units has demonstrated successes, the program will explore more evidence-based methods and context specific interventions as part of its wider communication strategy in COP21. Insights from the planned VMMC service-situation analysis in COP20 will be used to inform demand creation strategies using appropriate platforms to develop and disseminate tailored messages that resonate well with the targeted groups. Strengthening synergies with the Key Population (KP) program will also be a key focus in COP 21 given the fact that military are known clients of FSWs. Demand generation plans will be extended to involve Peer navigators and active referral of FSW clients to VMMC services.

Since its inception, the VMMC program has prioritized patients' safety and invested significantly in trainings, development of SOPs and formation of Notifiable Adverse Event (NAEs) reporting mechanism and NAEs taskforce structures in partnership with the military and MOH. COVID-19 pandemic has further stressed the need to focus attention on site safety and prioritize both clients and health workers' safety. This was partially realized in COP20 through site-level investment in IPC measures including installation of hand washing facilities, continuous provision of basic personal protective equipment (PPE), soap/alcohol-based hand rub (ABHR). etc. To maintain quality and standards of care, the VMMC program implementation approach in Cop21 will focus on facility-based service delivery model driven by client-centered 3 fundamental pillars that comprises of the following:

1. Sustained demand creation using context-specific proven interventions
2. Enhanced safety and implementation of Continuous Quality Improvement (CQI)/ Quality Assurance (QA) systems at all levels of VMMC service delivery
3. Intensive follow-up care – strengthen post-operative care, quality of counseling and active linkage of all positive clients to care and treatment, and comprehensive prevention package for negative clients.

While previous program expansion in COP 20 was guided by (1) disease burden using appropriate program data and (2) availability of basic infrastructure at sites to reduce start-up cost and

maximize resources for service delivery in the absence of PHIA/SABERS medical circumcision coverage data. In COP 21, despite program budget growth, no expansion beyond the current sites is expected to take place.

In summary, the VMMC will adopt the following changes/interventions to enhance the program in COP21:

1. Enhanced site/ service safety though:
 - a) Training of providers on IPC and assign dedicated personnel for IPC in all sites.
 - b) Patient flow and facility decongestion interventions
 - c) Virtual clients follow up and counselling to reduce COVID-19 exposure and transmission risk.
2. Roll-out comprehensive training plans for providers on the new WHO recommended VMMC procedures
3. Strengthen supervision and mentoring at site level using HIV/TB Field Officers a
4. Use the scaled-up Zoom-based technology (ECHO) to enhance continuous in-service training for service providers.
5. Scale-up service within the existing sites to meet the new target.
6. Upstream support to adopt policies and develop national VMMC guideline in partnership with MOH and the SSPDF HIV Secretariat
7. Strengthen NAEs reporting and response mechanisms, including establishment of NAEs taskforce in the new sites
8. Maximize the procurement of reusable VMMC commodities

E) Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe (DREAMS)

From the start of COP20 (Oct 01, 2020), South Sudan began to implement DREAMS activities within Juba county as recommended in the COP20 PLL. The DREAMS program provides services to 2,005 adolescent girls and young women (AGYW) ages 15-24. Per the COP20 Planning Level Letter, South Sudan will not implement the full DREAMS package of services or develop a layering database. The DREAMS interventions that are being implemented in COP20 include: economic strengthening and strengthening post-GBV response and referrals.

The DREAMS program prioritized reaching AGYW ages 15-24 engaging in transactional sex. This include risk factors such as AGYW who are: out of school/never schooled, have multiple sexual partners, with frequent STIs, experience violence, inconsistently use condoms, or abuse alcohol. Entry points for the DREAMS program include ANC clinics for AGYW who are pregnant or already have a child, STIs clinics for those with frequent STIs, AGYW who are working in bars, restaurants, tea shops, and other high-risk sectors, as well as AGYW engaged with FSWs and refer peers that may be engaging in transactional sex more broadly. The project has been careful to ensure that IPs do not interpret transactional sex as commercial sex work only, but that they used a broader definition.

Due to lack of commodities in the country, PrEP services has not been started into COP20. However, with some promising news from Global Fund country team leadership, the DREAMS program will contribute some proportion to the 2673 OU for PrEP users by the end of COP21 implementation. In an event of a successful implementation in COP21, there will be a scale up of PrEP in line with scale up of DREAMS services out of the current SNU.

The DREAMS program primarily implement economic strengthening activities for AGYW ages 15-24. The economic strengthening package include a BRAC International's Empowerment and Livelihood for Adolescents (ELA) curriculum for financial literacy and soft life skills. This curriculum has been implemented previously in South Sudan, so it is already adapted to the context and target population. PEPFAR South Sudan through its implementing partner (Jhpiego) work with BRAC to ensure that the soft life skills portion of the ELA curriculum is in line and/or incorporates the three PEPFAR-supported curricula modules. The ELA model will be facilitated by young women of similar age or slightly older than the AGYW enrolled, with demonstrated leadership, confidence, and experience. These groups are facilitated in safe spaces, wherever the groups of AGYW are comfortable, including homes, compounds of churches and mosques, mentoring groups, etc. This curriculum is supplemented with basic literacy education for those who need it (particularly numeracy literacy), provided either directly by the IP or preferably through referrals to other basic literacy programs already being implemented in Juba.

Economic strengthening activities included an assessment of business opportunities and labor market, as well as income generating activities and self-employment. BRAC has conducted a labor market and business opportunity assessment and shared their results in Q2 of COP20 implementation. The program is careful to avoid duplication of efforts and uses the results of this assessment to inform the DREAMS programming but may supplement this assessment if necessary, in the start of COP21. Income generating activities and self-employment opportunities will be identified both through BRAC and in collaboration with other donors and organizations. For AGYW who can receive start up support through other projects, the DREAMS program would provide follow-up and mentoring to support AGYW.

South Sudan currently has very limited post-GBV services, with a full-service package only available at two facilities, one UNFPA-supported clinic in a facility PEPFAR supported for HIV services and one private. The DREAMS program is working on strengthening both post-GBV referrals and post-GBV services. In preparation for strengthening post-GBV services in COP20, PEPFAR/South Sudan used *USAID's GEND_GB V Site Monitoring Checklist - Preliminary Assessment Tool* in COP19 at the two existing post-GBV service sites to ensure the minimum package of services is being provided. This tool can also be used at additional sites that would like to begin providing the minimum package of post-GBV services to identify current gaps. At the start of COP20, more than 50% of our IP staff implementing DREAMS participated in the LIVES Training for front-line workers responding to violence survivors. The DREAMS program working to support the adaptation and roll out of the *Post-GBV Clinical Services QA Tool*. This assessment will be conducted at the two existing sites providing post-GBV services to understand and improve the quality of post-GBV services offered.

In addition to strengthening the post-GBV services provided at facilities, the DREAMS program will also strengthen post-GBV referrals. This will include conducting post-GBV referral service mapping for both clinical and non-clinical services such as psychosocial support; developing cards to hand out to AGYW with information on where to go and contact information; developing documentation for referral completion; training referral coordinators at the project level to receive GBV referrals from ES activity facilitators, provide escorted referrals and at the facility level to receive AGYW referrals and provide services; and providing transportation stipends for those who cannot afford to travel to post-GBV services.

Currently, the program has achieved more than 97.5% enrollment of the required beneficiaries age group 15 – 19 yrs. and overachieved with 127% for the age group 20-24 yrs. as of the end of Q2 FY20. There are few (230) beneficiaries that are active as they have received services as of the end of Q2.

As of the current COP20 implementation as well COP21, there has been no recommendation for any geographical expansion out of the Juba County SNU. We do however anticipate such scale up in COP22.

For COP21, the DREAMS program will:

- Maintain current target population (AGYW ages 15-24 engaging in transactional sex or with highest risk factors for HIV)
- Maintain emphasis on economic strengthening activities and GBV referrals
 - BRAC ELA curriculum for life skills and economic strengthening/entrepreneurship skills
 - Ensure AGYW are linked to relevant employment/apprenticeship programs in areas highlighted in market assessment
 - Ensure AGYW are referred for relevant post-GBV services and can complete referrals (transportation stipends, accompaniment, etc.)
 - Conduct USAID's GEND_GBV Site Monitoring Checklist with additional sites to identify additional referral sites for post-GBV services
- Continue to identify additional basic literacy programs to refer AGYW who have not completed/attended school
- Care and Treatment Partners:
 - Provide referrals to post-GBV services, including PEP, PrEP, STI screening, HIV testing, and FP services
 - Provide referrals for HIV testing for AGYW who don't know their HIV status
 - Receive referrals from HTS partners of AGYW who test negative but may be at high risk
- OVC Comprehensive Program:

- HIV+ AGYW will be referred to the OVC program
- AGYW who are survivors of sexual violence will be referred to the OVC program
- Key Populations Program:
 - Receive referrals from the KP program of AGYW engaging in transactional sex.

F) Pre-Exposure Prophylaxis (PrEP)

Pre-Exposure Prophylaxis (PrEP) is an HIV prevention that is recommended for high-risk groups such as discordant couples, breast feeding, and pregnant mothers, Key populations and adolescent women and young girls involved transactional sex. The South Sudan National ART Guideline provides the policy for implementation of PrEP. COP20, fell short of implementing PrEP due to lack of commodities. In COP21, however, intervention is set to be launched, once commodities are available. Discussions with UNDP and GF leading to COP21 planning and assurances made at COP21 virtual meeting given the hope for PrEP commodities PEPFAR South Sudan will work with the leadership of MOH, SSAC and agency headquarters and UNDP and the GF to ensure PrEP is started in South Sudan for the first time.

COP21 has set a target of 2673 for PrEP across the three USG agencies targeting different sub-populations e.g. DREAMS; AGYW, KP; FSW, and other high risk groups such as military men, and discordant couples . PEPFAR South Sudan will work with prevention TWG, agency headquarters and GF/UNDP to coordinate activities around mobilization and demand creation, training of providers, M&E tools and specific reporting and the selection of specific sites where PrEP will be offered.

4.4 Additional Country-Specific Priorities Listed in the Planning Level Letter

Driven by data, national priorities and stakeholder recommendations, the strategic direction of PEPFAR South Sudan's program for COP21 is to maximize efficiencies by focusing resources on where the program can get the highest yield and volume (across populations and geography), with the overall goal of maximizing identification, linkage, and retention, and minimizing lost to treatment/follow-up. To accomplish this, in COP20, 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 index case sexual partners), provider-initiated testing and counseling (PITC), e.g., at tuberculosis clinics. The community-based Key Population program will be scaled up and will also deepen its interventions in existing sites by, for example, providing community-based treatment; aligning interventions with military sites; and providing technical assistance in treatment and retention to Global Fund partners.

In order to improve performance and cost efficiencies, PEPFAR South Sudan will consolidate its portfolio of IMs: CDC will transition out sites from CMMB to ICAP in Western Equatoria to both address performance issues as well as consolidate care and treatment services to reduce program management costs. USAID will consolidate its own portfolio in order to reduce costs and

streamline operations; this move will combine its care and treatment and key populations portfolios into one complementary project in COP20.

In order to address high interruption in treatment and poor retention, PEPFAR South Sudan proposes an innovative cascade of strategies. Specific retention strategies listed under Section 4.1:

- Start with problem identification using site level Net_New analysis; deep-dive into site level granular data and investigate unexplained loss by conducting site level analysis and three-month retention analysis.
- Conduct “surge operations” and intensive collection of accurate and complete data, use of data, facility team led weekly excel-based analysis of the data, monthly reviews with PEPFAR, and quarterly stakeholder-led reviews.
- Implement treatment collaboratives to identify challenges and possible solutions at facility level.
- Engage CSOs and community networks to strengthen linkage to treatment, treatment retention and tracking of LFTUs, targeted demand generation and partner notification.
- To enhance treatment adherence, COP20 will also continue differentiated service delivery models and six-month multi-month dispensing.

Finally, using an OU-wide approach, PEPFAR South Sudan made concerted efforts to address Index Testing scale-up with fidelity through the following steps:

1. Engagement with IPs to highlight index testing
 - Post COP19 Regional Planning Meetings USG agencies met with IPs and highlighted index testing as a priority.
 - PEPFAR gathered IP tools and resources used for index texting; these were reviewed and shared with Headquarters.
 - In order to consolidate and harmonize the approach, PEPFAR South Sudan drafted an index testing concept paper that was shared with the interagency and MOH for inputs.
2. Use of generic resources to conduct an ECHO session on index testing
 - Through ECHO, PEPFAR reviewed the concept of index testing with facility-based staff.
 - Approaches on index testing for sexual and biological contact were explained.
 - Explained how to identify eligibility for index testing at each clinical visit and develop a plan for testing sexual and biological contacts of index cases.

4.4.1 Project ECHO

Cross-cutting with the goals of preventing, preparing and responding to coronavirus and mitigation of the impact of COVID-19 to ensure continuity of treatment services, virtual platforms for key program interventions are fundamental for granular site management for service delivery quality, performance review, training, mentorship and communication. The implementation of Project ECHO in South Sudan began in February 2018, with the aim of creating a community of practice amongst HIV service providers in South Sudan who were not reachable through traditional methods for mentorship due to contextual conditions. The platform functions to build

health care workers (HCW) capacity and knowledge across areas such as HIV management and data use and quality. It also helps build HCW confidence, allows for experience sharing, and alleviates the sense of alienation experienced by many health workers in remote facilities. It has provided a platform for mentorship, site monitoring/management, and dissemination of best practices. ECHO currently serves as the only source of continuing medical education in the country.

PEPFAR has adopted the field supervision initiative and granular site management, where field officers are stationed across 15 of the 22 PEPFAR-supported counties, assigned a fixed number of health facilities to improve service delivery across the HIV/TB cascade. Zoom technology has allowed for virtual interactions involving the health facility staff, field officers, USG staff, implementing partners/regional coordinators in multiple locations.

In COP21, PEPFAR South Sudan proposes to scale-up the Zoom-based platform to an additional 15 sites (based on the criteria of having > 100 ART patients), for a total of 39 sites. With additional non-COP funds, 10 additional sites will be established, bringing the overall total to 49 sites, allowing for greater assurance of minimum site-level competencies across the HIV/TB cascade, including COVID-19 infection prevention, screening and case management as well and protection of PEPFAR services and gains made to date; opportunities for regular communication between site staff cadres (e.g., health providers, counselors, lab, M&E) community cadres, field officers, implementing partners, and USG to discuss regular performance review; quality improvement activities; and ensure best practices and lessons learned are shared more broadly and actions taken more expeditiously and efficiently. The advantages of the video-conferencing technology with its relatively simple hardware requirements via satellite internet connection will continue to be used. In addition to the weekly clinical mentorship sessions with subject matter experts at Juba Teaching Hospital, College of Physicians and Surgeons, additional opportunities for feasible virtual interactions will be carried out to support the continuity and quality of services. All PEPFAR treatment partners will have participating remote sites within the network and the effort is coordinated across USG. Monitoring and evaluation will be carried out through the regular documentation of session frequency, stakeholder participation, content discussed and site-specific action plans.

Table 4.4.1: Current and Proposed New Project ECHO Sites

Current (COP20) sites	Proposed COP 21 sites
1. Juba Teaching Hospital (ICAP, Hub)	1. Buluk Hospital
2. Al Sabah Children's Hospital (ICAP)	2. Dombosco PHCC
3. Wau Military Hospital (RTI)	3. SSPDF New Site Clinic
4. Munuki PHCC (IHI)	4. St Bakita PHCC
5. Yambio Hospital (ICAP)	5. Owing kibil PHCC
6. Torit Hospital (ICAP)	6. Lobone PHCC

7. Nzara Hospital (ICAP)	7. Nyong PHCC
8. Nimule Hospital (ICAP)	8. Aluak luak PHCC
9. Rumbek Hospital (ICAP)	9. Anoul PHCC
10. Tambura Hospital (IHI)	10. Naandi PHCC
11. Mapuordit Hospital (ICAP)	11. Mundri West PHCC
12. Wau Teaching Hospital (ICAP)	12. Mvolo PHCCC
13. Yirol Hospital (ICAP)	13. Nyakuron PHCC
14. Yei State Hospital (ICAP)	14. Gurei PHCC
15. Lui County Hospital (ICAP)	15. POC Juba
16. Maridi State Hospital (ICAP)	
17. Kapoeta State Hospital (ICAP)	
18. Kator PHCC (IHI)	
19. Ezo Hospital (ICAP)	
20. Magwi PHCC (ICAP)	
21. St. Theresa Hospital (ICAP)	
22. Wau Military Hospital (RTI)	
23. Source Yubu PHCC (IHI)	
24. Yambio PHCC (ICAP)	

4.4.2 Returning Refugees

According to the United Nations High Commissioner for Refugees (UNHCR), as of end of Feb 2021, there are an estimated 2.22 million South Sudanese refugees in the region. As shown in [Table 4.2.2](#), 39% of all refugees are in Uganda, followed by 37% in Sudan and 15% in Ethiopia. In addition, the number of internally displaced people (IDPs) is estimated to be nearly 1.4 million.

Table 4.2.2 Number of South Sudanese Refugees by Country (Dec 31, 2019)

	Country	Source	# of South Sudanese Refugees	Estimated PLHIV
1	Uganda	Office of Prime Minister	897,184	24,986
2	Sudan	UNHCR, IOM, SRCS, COR, HAC	762,288	No data
3	Ethiopia	UNHCR	363,309	No data
4	Kenya	UNHCR	127,412	3,476
5	Democratic Republic of the Congo (DRC)	UNHCR	54,899	2,557

Given the estimated number of PLHIV expected to return to South Sudan, especially from Uganda, Kenya and DRC, there will be a need to continue to attend to their HIV and TB-related needs and ensure the continuity of HIV/AIDS and TB prevention, care and treatment services during their return and reintegration.

Since conflict broke out in 2013, it is estimated that over four million people fled their homes. Based on early estimates, the number of PLHIV from the countries of Uganda, Kenya and DRC was around 31,019. Following the signing of the revitalized peace agreement, the country witnessed the formation of the Unity government in February 2020. As peace returns, there is a prospect of people returning from refugee camps in the neighboring countries of Uganda, Sudan, Kenya, Ethiopia, Democratic Republic of Congo (DRC), and Central African Republic (CAR) to their homeland. IDP, including those at protection of civilians (POC) sites in South Sudan, will also return to their homes and reintegrate into their communities of origin.

In COP20, PEPFAR, working with ICAP, has brought together Ministry of health, UNAIDS, IOM, UNHCR and national networks of people living with HIV on both sides of the South Sudan and Ugandan border to monitor return of refugees from Northern Ugandan. Pre-repatriation mobilization and dissemination of information on available services at entry points and destination points, mapping their final destinations and following up with active linkage upon arrival have been conducted. ICAP, in collaboration with state and county health departments, has conducted assessment of health facilities including Narus, Pajok, Lobone, Poge, Anjara PHCC, Pageri, Loa, Moli, Opari. The assessment has identified key gaps in human resource, infrastructure, training and basic medical equipment capacities in destination health facilities. ICAP has procured package of basic medical equipment and furniture for health facilities.

ICAP staffs working in facilities close to destination such as Nimule hospital, Magwi PHCC, Kapoeta state hospital, Yei, Morobo and Kaya are providing on job training, supportive supervision, support in availing key recording and reporting tools and distribution of ARVs and other commodities.

In March and April 2021, ICAP in collaboration with Magwi country health department, relief and rehabilitation commission and other partners has conducted needs assessment for returnees in Pageri, Loa and Moli counties and joint action plan is under development.

In COP21 PEPFAR will continue to support demand generation for HIV/TB services during the pre-repatriation period and continue through the resettlement period. PEPFAR will work with and through national civil society organizations and beneficiary groups (e.g., South Sudan Network of People Living with HIV and Network of Positive Women United) and mobilize PLHIV to provide HIV services information for the continuation of HIV treatment upon return. PEPFAR South Sudan, through its partnership with national PLHIV networks, will support training and deployment of community outreach workers in the resettlement locations for continued mobilization and linkage to services.

Mobilization activities involving developing communication materials (brochures, flyers, audio messages, and posters) for refugee and IDP returnees with all the necessary HIV/TB messages, list of health facilities providing HIV/TB services in their destination locations as well as key actions to be taken before, during and after return. These materials will also be distributed to returnees throughout the refugee and IDP clinics. ICAP, through its partnership with national PLHIV networks and faith-based organizations, will support training and deployment of community outreach workers in the resettlement locations for continued mobilization and linkage to services.

In COP21, PEPFAR will support human resource, training and direct service delivery support to facilities such as Narus, Kajo Keji, Pageri and Lanya, which are expected to have higher patient load. These locations had large number of clients, which were being served and got lost with the conflict and displacement.

4.4.3 Enhanced Field Supervision and Monitoring/ GSM

In COP18 PEPFAR supported an HIV/TB Field Officers program to improve quality of HIV services at the sites which was started with six Field Officers. This was in response to limited SIMS conducted by the PEPFAR team and the small size of the PEPFAR country team with no well-organized joint national supervision and mentorship plan. This left implementing partners providing their own supervision with limited accountability. In COP20, the number of HIV/TB Field Officers was increased to 23 to provide facility level mentorship and supervision in all program areas from case identification, treatment, viral load and reporting. The Field officers are leading Granular Site Management discussions and drawing up and implementation of facility program improvement action plans. The Field Officers will work with implementing partners and the PEPFAR team to address facility retention, case finding and data quality issues. They provide mentorship and monitoring and ensure that all minimum program requirements are maintained. In COP21 the number of field officers will be increased to 28 to ensure each field officer is allocated three facilities to support for effective support other the current situation with some Field officers allocated five facilities.

Particularly challenging are also the limitations the USG PEPFAR team has on travel to sites due to insecurity and poor access issues which is best bridged through the Field Officers Program. The Field Officers are also benefiting from PEPFAR trainings and mentorship to enable them become leaders in HIV program management and HIV technical advisors in the future.

4.4.4 Community/Civil Society Engagement

According to the last census conducted in 2010, Up to 90% of South Sudan's population live in rural areas, 75% live at least 5 KM from the nearest health facility. Long distance, seasonal population migration, insecurity and its resultant population displacement, have been some of the major barriers to treatment continuity and program acceleration in the country, this scenario was further complicated with the outbreak of the COVID19 Pandemic at start of FY20Q2. From Program performance data, the Current passive systems that wait for clients to return to facilities

is clearly insufficient to keep up with losses and unable to improve program growth despite the high unmet need.

With the gradual return of peace and stability across many parts of the country, the opportunity for PEPFAR South Sudan to scale up community engagement and improve on retention, treatment and finding at-risk populations has significantly increased. For this reason, PEPFAR South Sudan seek size this opportunity and scale up its community footprints in COP21.

PEPFAR South Sudan will align and coordinate its client-focused community engagement plan with the Government of South Sudan's community health program which is designed to bridge the gap between the facility and the community with particular focus on prevention and health promotion. However, PEPFAR South Sudan will, in addition, prioritize taking HIV/AIDS service to the community rather than wait for the community to come for the service at the facility. This strategy will entail training cadres of community outreach personnel with skills to provide HIV/AIDS services across the service cascade in the community. This will include prevention, demand creation, counselling, testing, linkage to treatment, referral from community to facility and referral from one community to another community. Also linking clients to other standalone services such as OVC, DREAMS, GBV and ANC.

PEPFAR South Sudan will seek to integrate HIV and COVID 19 community activities with the objective of saturating index contact tracing and testing in the community and concurrently seek to carefully blend EID services to EPI programs as a cover strategy for accessing HEI in highly stigmatize communities.

PEPFAR South Sudan will engage the private health sector, which has a wider community penetration compared to the public sector, as a strategy for reaching men who prefer the privacy of the private sector.

PEPFAR South Sudan will liaise with WFP to use food as an extra incentive for bringing clients especially HIV affected children to care at the facility.

PEPFAR South Sudan will prioritize engaging local CSOs to manage the community engagement and will tusk its prime partners to build the capacity of the local CSOs including key population-led groups.

In Cop21, PEPFAR South Sudan will adopt a regional rationalization of CSOs as a measure of creating order and a level of coordination which is a perennial problem among CSOs in the country. This approach will prevent duplication of activity, lessen rivalry, and create accountability by the CSOs. PEPFAR South Sudan will also encourage CSOs to participate in the TWG at the national level which is an important platform for meaningfully engaging in national HIV/AIDS technical discussions.

PEPFAR South Sudan will Prioritize the recruitment of PLHIV as Community outreach Volunteers and Engage Traditional Birth attendance (TBAs), irrespective of their HIV status, as cadres for tracking PMTCT mothers in the community

PEPFAR South Sudan will seek to recruit community Liaison officers (CLO) in all the facilities. The Functions of the CLO is to trace and track clients who cannot be contacted by the facility using phone calls.

PEPFAR South Sudan will recruit community HIV service officers who are the actual physical link between the facilities and the communities, equip them with Motorcycles and three legged cycles to takes services from the facilities to the communities and brings feedback from the communities to the facilities. He will also give technical mentorship to the community outreach volunteers

PEPFAR South Sudan will continue to implement and improve on the differentiated service delivery models for clinically stable clients and ensure choice between facility and community ART refill and pick-up locations. Peer-supported linkage and navigation extension support services will also be encouraged.

PEPFAR South Sudan will further strengthen the mechanism for identifying clients scheduled for clinic visit and those who missed their scheduled visit through a combination of both Electronic records and the traditional paper-based methods we shall also streamline the flow of information between the facilities and the communities through a combination of methods including e-mails, wats up, SMS and paper-based delivery.

PEPFAR South Sudan shall continue to recruit Community volunteers, who are permanently based in the community, who's primary function is tracking clients that the facility staff failed to contact on phone in addition to delivery of refills and mapping index contacts. A special cadre of community outreach Volunteers will be trained to assist CHSO to conduct HTS, EAC and collect DBS for VL and EID

Because violence and intimidation of CSOs remain a significant problem in the country, PEPFAR South Sudan will coordinate with SSAC and other humanitarian actors such as UNAIDS, human rights activists, legal experts and global or regional networks of key populations to formulate approaches and identify best practices to mitigate risks to vulnerable groups and encourage the host governments to provide enabling environment for civil society participation.

PEPFAR South Sudan recognizes the well-structured faith communities with extensive networks in the country and will leverage it to accomplish two objectives: (1) To reach the remotest communities in a very targeted fashion to find people at risk of HIV and bring them back to care and treatment. (2) Build Faith communities of PLHIV from among the congregations and use them to deal with stigma related to index spouse disclosure and mitigate IPV.

4.4.5 Community-Led Monitoring

Community led monitoring will remain a key strategy for ensuring quality and quantity of services in COP21. This strategy will supplement the PEPFAR SIMS assessment visits to facilities.

PEPFAR South Sudan will scale up community led monitoring to all the region and shall emphasize engagement of locally based CSOs to undertake the program and will establish a clear coordination mechanism to ensure set objectives are met.

PEPFAR South Sudan will use the following principles to guide this strategy:

- Emancipated PLHIV in a particular area will be organized, trained and empowered to independently monitor the quality of services in the facilities serving them using standardized structured and targeted tools that probes quality of services, patient privacy, patient wait times, availability of commodities, user fees hindrance, poor provider attitudes and health and rights violations
- Regionally based CSOs shall be engaged to manage and coordinate these activities while the PEPFAR SIMS teams shall give them the technical support needed to do their Jobs.
- The CSO together with the PEPFAR SIMS team and the prime partners will regularly review the enablers and barriers to HIV/AIDS services identified by the community led monitoring teams in a manner that is productive, collaborative, respectful, and solutions-oriented with the objective to foster community ownership of the program.
- The ultimate beneficiaries of the community led monitoring initiative will be PLHIV groups.

4.4.6 DTG 10mg; TLD and MMD Scale-Up

In COP 21, PEPFAR will transition LPV/r-based regimens to Dolutegravir 10 mg for pediatrics under 20kgs. The South Sudan ART guidelines have been revised to accommodate this new ART recommendation for pediatrics. All children below 20kgs will be transitioned to DTG 10mg while phasing out Lopinavir/ ritonavir regimens for this age group.

Similarly, IPs will continue to transition all remaining adult patients to TLD and scaling up MMD to six months. TLD transition formally began in Q4 in August 2019 and by FY21 Q1, over 95% of clients in PEPFAR-supported sites were already transitioned to TLD. The COVID 19 adaptations quickened the TLD transition.

South Sudan's MOH approved multi-month dispensing of six months in 2019 and by end of Q1 of COP 20, over 99% of all adult clients in PEPFAR-supported sites were on MMD. Over 80% of the MMD are six-month MMD.

4.4.7. TB/HIV

The 2019 WHO Global TB report estimates the incidence of TB disease in South Sudan at 146/100,000 population, translating to TB burden of 10,000-23,000 new TB cases, including 2,300 TB cases and 870 TB deaths among PLHIV. Routine program data captured by the National Tuberculosis Program (NTP) between 2012 and 2016 showed the prevalence of TB/HIV co-

infection ranging from 11% to 15%. In COP21, PEPFAR South Sudan shall focus on TB/HIV priorities that address the following challenges: low rates and poor-quality TB screening among PLHIV; limited provision of TPT services across facilities due to lack of commodities; data quality and documentation issues; and weak TB specimen referral system.

In COP19 Q4, 86 % ART patients were screened for TB symptoms, and 2.1% screened positive implying screening quality issues. Only 79% of TB symptoms screened positives had their specimens sent for diagnostic testing, shortage of sputum containers hindered sample collection in some facilities. Of the specimens tested, only 66% were tested by GeneXpert which is below the 90% goal.

In COP21, 1st 95 focuses on strengthening Intensify TB symptomatic screening and prompt diagnostic evaluation of TB presumptive PLHIV.

COP21 strategies for intensify quality TB symptomatic screening to attain at least 90% coverage among PLHIV shall include:

1. Scaling up TB screening and documentation in multiple entry points with sputum collection at all sites instead of referring TB presumptive to lab for sample collection.
2. Focused training and mentorship on quality TB symptoms screening using national screening tool, and on proper documentation in medical records.
3. Integrate TB screening of PLHIV and COVID-19 patients in all PEPFAR supported facilities. All TB Presumptive cases shall be tested for COVID-19 using Ag RDT.
4. Screen all children who are household contacts of PLHIV diagnosed with TB

COP21 strategies for Prompt diagnostic evaluation of TB presumptive PLHIV

1. Optimize GeneXpert MTB/RIF Ultra as initial diagnostic test for all PLHIV TB presumptive which is in line with MoH circular recommending the use of GeneXpert for all presumptive TB cases.
2. Scale up urine LF-LAM assay as a “rule-in” rapid TB point-of-care test
3. Forecast reagents and other TB commodities to ensure adequate quantities for successful diagnosis
4. Considering the use of stool sample for TB diagnosis among children who are TB Presumptive.
5. Improve TB/HIV data capture, recording, and reporting through supervision, mentorship, training by IP facility focal persons and field officers and update of reporting tools.
6. Support for HRH at facilities with GeneXpert machines.

Ending HIV-associated TB among PLHIV is possible through the combination of ART coverage, early TB identification and treatment, and TB preventive treatment (TPT). In COP19, a total of 9,347 eligible PLHIV adults were initiated on TPT with overall initiation rate of 85.7% (9,347/10,909). Of these initiations, only 35.6% (1,035/2,909) in Q2 and 71.4% (4,599/6,438) in Q4 completed their full six months TPT course which is below the 85%

completion rate goal. Issuance of 3 months TPT drugs to eligible PLHIV lowered completion rate since upon return for last drug pickup, some clients found no drugs due to limited supplies that stocked out. Another reason for the low TPT completion rate especially in COP19 Q2 was a misunderstanding in the TB-PREV denominator indicator which included clients initiated on TPT in Q2. However, TPT initiation in COP20 is expected to drop to less than 25% since no commodities have been procured despite the TP_Prev Denominator target set at 21,604.

In COP21, the 2nd 95 strategies shall focus on two main areas namely: **1. Optimization of TB/HIV care and treatment and 2. Optimization of TB prevention among PLHIV.**

CoP21 strategies for optimization of TB/HIV care and treatment shall include:

- a. Improving client treatment literacy around TB symptoms, TPT, potential side effects, TB diagnosis and treatment options during facility health education sessions and community outreach supporters for PLHIV to improve TB screening coverage, diagnosis and treatment.
- b. Strengthening TB samples referral to GeneXpert diagnostic sites by availing more resources to increase frequency of shipment to at least 5 days a week (Monday-Friday).
- c. Timely and improved quantification, procurement planning, tracking and utilization monitoring of GXP MTB/ultra-cartridges and urine TB LAM test kits.
- d. Utilization of CQI and SIMS for quality assurance and quality improvement. PEPFAR clinical partners will be required to conduct daily and weekly TB cascade monitoring at TB clinics and performance review to identify issues to drive facility specific CQI activities with facilitation by the MOH HIV/TB field supervisors.
- e. Monitoring for the assurance that PLHIV on TB treatment with rifampin and on TLD receive an extra dose of dolutegravir (DTG) 50mg per day (taken 12 hours apart) for the duration of their TB treatment course (PLHIV on TLD and 3HP do not need an extra dose of DTG).

COP21 strategies for optimization of TB prevention among PLHIV shall include

- a. Providing UNDP and MoH TA in forecasting and quantification of TPT supplies to meet projected TB-Prev targets.
- b. Scaling up TPT quality services to all PEPFAR facilities providing ART and achieve universal TPT coverage for all eligible PLHIV with at least 90% completion rates. PEPFAR clinical partners will be required to report monthly TPT initiations in COP21.
- c. Align TPT dispensing with ART MMD to ensure effective client management that supports adherence
- d. Inclusion of the use of three months of weekly high-dose isoniazid and rifapentine (3HP) for PLHIV and children at least 2 years of age as an alternative to the current six months of isoniazid monotherapy.

- e. CQI for service delivery and the accurate and complete capture in TPT tools, TPT registers, medical files including screening for presumptive TB, potential adverse events (AEs) and adherence during refills.
- f. Community and client awareness to reduce stigma and discrimination around TB-HIV and increase knowledge about benefits of TPT among providers and patients. Utilization of PLHIV networks to create demand for TPT services.
- g. Advocacy by PEPFAR South Sudan for the use of the fixed-dose combination of INH/cotrimoxazole/pyroxicam for PLHIV who weigh >25 kg and are on cotrimoxazole.
- h. Conducting DQAs with the inclusion of TB indicators.

4.4.8 Facility Friendly Environment as an Intervention for Client-Centered Care

Retention is one of the main barriers to program growth in South Sudan. There are multiple factors that contribute to clients having their needs met which leads to an understanding of their disease and treatment plan. Overcoming the obstacles to retention, ART adherence, and service access requires the implementation of friendly client-centered services that make it easier for clients to continue their lifelong treatment. Through the implementation of strategies and interventions that lead to improvements at structural/physical, policy, individual and community levels, the program aims to provide site-level differentiated service delivery models that include optimized treatment, multi-month dispensing, convenient ARV pick up, and more informed process design that uses the feedback from individuals and communities' experiences and needs in a welcoming, responsive and supportive environment. Close and strengthened coordination between the facility, individuals and communities are pivotal to meeting the clients where they are. Through a cohesive framework that includes community-led monitoring and increased human resource investments, the implementation of specific activities and strategies are needed to create an enabling environment for the provision of quality services that will help address the current gaps and constraints faced.

In COP21, PEPFAR South Sudan proposes to emphasize and support client-friendly quality HIV care and treatment services. Being a largely direct service delivery program, PEPFAR in South Sudan has the opportunity to introduce site level impactful measures to accomplish the same. Long waiting hours, poor quality of care provided by the clinician, nurses, or ancillary healthcare staff, and lack of privacy are a few of the factors that lead to patient dissatisfaction. Many patients walk between two to four hours to reach the health centers. The absence of client-centered approaches may negatively impact the patients' willingness to return to care. Although there are no data to show the number of patients leaving select health facilities without being seen by a clinician/nurse or the decision to transfer their care to another facility due to poor treatment, evidence from SIMS and site visits reveal that in most of the PEPFAR-supported facilities, the average wait time in the PMTCT/ART clinic is over two hours.

With support from CDC, ICAP designed a conducive environment for the delivery of Enhanced Adherence Counseling, play area for children living with HIV, and the support of ART adherence clubs within JTH and ALS. Early experience of caretakers of the children attending care at these facilities revealed that such environments improve facility drug pick-up, family refills, tracking of

ART defaulters, and male mobilization activities. Therefore, such friendly facility interventions are proposed for scale-up to all PEPFAR-supported facilities in South Sudan.

Proposed client friendly services are listed below. The proposed areas for intervention include the following:

1. Physical environment (e.g., space improvements for confidentiality)
2. Policy (e.g., client-centered, discrimination free policies)
3. Treatment literacy (revised quality counseling/messaging, delivery materials/patient education resources)
4. Processes (patient, data and sample flow), analysis and modifications
5. Sub-population (VL non-suppressed, men, children, adolescents, and PBFW) centered service delivery
6. Individual client supportive services
7. Service integration (SRH, OVC, GBV, nutrition, TB)
8. Demand creation activities
9. Patient experience enhancement – activities that are tied to feedback from community-led monitoring, institution of rapid feedback loops
10. Community – coordinated and strengthened community networks to ensure support for adherence retention, suppression

Specific activities/interventions under the different areas listed above are proposed below:

1. Establishing additional waiting areas (e.g., establishing tents next to EAC, VCT, PMTCT/ART clinic)
2. Creating enough space/filing cabinets/shelves for client record keeping/filing
3. Having additional data clerks to organize/update/retrieve patients files
4. Separating EAC and counseling rooms with minimum standards for client privacy
5. Partitioning/renovation of existing structures/facilities to create additional space to improve client privacy and confidentiality
6. Improving patient flow by rearranging areas for waiting, VCT service provision, health education and treatment literacy, ARV refills/pick-up, meeting areas for peer adherence services/clubs
7. Establishing a facility treatment collaborative
8. Scaling-up community care and ART refill services to improve the community network
9. Creating space within the facility setting for child, KP and youth friendly services and QI for children with high viral load
10. Training facility staff on key aspects of KP and youth friendly services
11. Procuring supplies for sub-population centered service delivery
12. Integrating GBV services with the HIV program

Funds proposed for PEPFAR-supported sites will be used towards the above activities and interventions for staffing, physical upgrades (where possible and feasible) and recommendations from community led activities.

4.4.9 Prevention of Mother to Child Transmission of HIV (PMTCT)

In COP21, PEPFAR plans to provide PMTCT services in all PEPFAR-supported comprehensive HIV/AIDS service delivery sites. PEPFAR South Sudan will continue to integrate PMTCT services into ANC, Labor and Delivery (L&D) and postnatal services, in all sites using models of integration of PMTCT services to ensure at least 95% of ANC clients are tested for HIV and 100% of those diagnosed as HIV positive are registered in care and have access to ART.

Routine HIV testing will be provided to all pregnant women at ANC 1 and L&D. Lactating mothers attending postnatal services, Expanded Program on Immunization (EPI) and under-five services will also be provided HTS. Mothers who test negative in the first trimester will be re-tested in the third trimester.

In COP21, PEPFAR South Sudan will strengthen Test and Start services to reach more women, their babies and spouses. All PEPFAR-supported PMTCT sites will be strengthened to provide EID/VL services. In FY22, 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:

1. Scale up PMTCT implementation, targeting pregnant and lactating women, HIV-exposed infants (HEI), male partners, and the community
2. Support HIV testing services for all pregnant and breastfeeding women and their partner(s), including first tests at ANC1 visits as well as additional tests conducted throughout the pregnancy and breastfeeding window
3. Support delivery of ARV prophylaxis for newborns and provide EID services to the infant
4. Train clinical and other personnel supporting PMTCT activities (e.g., lay counselors, mentor mother programs, data clerks) and services for HEI
5. Enhance facility-community linkages and utilize community support groups (mentor mothers, traditional birth attendance, etc.) to improve continuity in treatment through use of appointment logs, phone reminders, active community follow-up and use of peer mothers as linkage facilitators, and family support groups
6. Support services to enhance initiation, adherence, continuity in treatment, clinical monitoring (including labs), contraceptive counseling, and Nutrition Assessment Counseling and Support (NACS) (including breastfeeding counseling) for HIV positive pregnant and breastfeeding women newly initiating ARVs
7. Build capacity of local PLHIV organizations to operationalize innovative approaches to enrolling HIV positive pregnant/lactating mothers, children and their spouses in care and treatment
8. 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)
9. Monitor PMTCT program quality improvement at the site level by establishing 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

10. Improve access to EID services for children less than two months by tracking mother-baby pairs and ensuring mothers bring exposed infants back for testing
11. Enhance client education through community structures, using tier one and two facilities for sample collection and use of point-of care-instruments at selected facilities
12. Conduct joint supportive supervision/mentorship with CHTs (County Health Teams), focusing on capacity building of midwives, nurses, and data clerks
13. Encourage male partner services, including HTS, linkage to VMMC services, sero discordant couple services and condom provision
14. Prioritize pregnant and breastfeeding mothers for viral load test within three months of ART initiation

Screen HIV positive pregnant and lactating mothers for TB using the TB screening questionnaire.

4.4.10 Service Quality Assessment (SQA) and Data Quality Assessment (DQA)

In January 2019, PEPFAR supported a DQA in 13 high volume PEPFAR-supported sites contributing to 60% of PEPFAR supported PLHIV on ART. Overall there was over reporting of 3% for TX_CURR and 67% for PMTCT-ART with variation across facilities. In line with COP20 approval memo, another DQA was conducted in August in 13 selected facilities contributing 50% of PLHIV on ART. This DQA was conducted under COVID19 movement restriction so PEPFAR teams could not travel outside Juba town. In the August 2020 DQA, TX_CURR was over-reported by 2% in DATIM and under-reported by 17% in MOH DHIS-2. Another nationwide DQA will be conducted in FY21 in collaboration with UNDP with more sites to be included. In COP21 DQA will be routinized as part of site supportive supervision visits and into the GSM approach.

4.4.11 Human Resources for Health

Since independence, the South Sudan health sector has been run largely by international NGOs with funds from donors. Each NGO funds a program with specific objectives resulting into vertical programs with virtually no coordination. Also, each NGO recruits staff with its own grading, salary scale and nomenclature, which often creates confusion. In COP18 the Government attempted to standardize the nomenclature and the salary scale in the health sector; this was resisted by many facility staff which caused widespread strikes in facilities.

To successfully implement the differentiated care models and scale up MMD, PEPFAR South Sudan, together with the IP and MOH, analyzed the large human resource challenges facing the delivery of HIV services in the country. The exercise involved categorizing the existing staff by level: above site, site level and community. The cadres were linked to relevant MER indicators. It also involved establishing the minimum set of staff/numbers to fulfil establishment of a standalone facility and fulfill care and treatment service delivery functions. Recognizing continuing challenges in the HRH arena, an HRH analysis was undertaken in the first quarter of COP20 and accordingly staffing needs for COP20 were revised based on the above-mentioned HRH re-alignment activities, Field Officers' and other staff recommendations, data-driven needs

and targets proposed. The size of a service delivery unit is now site-specific depending on the volume of PLHIV, targets and performance of a facility. At this point, PEPFAR South Sudan does not propose additional incentivized staff for COP21 on top of current COP20 plans. However, site-specific decisions will continue to be made based on the comprehensive HRH analysis and re-alignment recommendations.

4.5 Commodities

HIV commodities and supplies remain critical for the success of the PEPFAR program. In COP20 PEPFAR South Sudan, USG staff and care and treatment partners have played leading roles in the commodities technical working group to ensure that HIV commodities such as test kits and optimized ARVs regimens are appropriately quantified and planned to support MOH procurement through UNDP. Throughout COP20 implementation, South Sudan has continued to undertake key activities in support TLD and Multi-months dispensing. Pediatric ART optimization using DT10mg is under-way. In COP21, PEPFAR South Sudan will continue to work closely with UNDP, Global Fund, the leadership of MOH and key stakeholders to ensure all HIV commodities are reviewed periodically and procured in a timely manner to avoid national stockouts.

The South Sudan 2020-2023 grant did not fund all required commodities due to limited funding. In 2021 and 2022, Global Fund and UNDP will coordinate and collaborate with key stakeholders, including PEPFAR South Sudan to ensure commodities such as PrEP, HIV-self testing and drugs and supplies required for advanced HIV care are aligned to national needs. The alignment process has already started with for instance conversion of lopinavir/ritonavir to DTG 10mg that was not planned. Other items like Isoniazid for TPT will be reviewed to ensure adequate quantities to support TPT targets and improved national coverage. The country is also exploring the possibility of converting from Isoniazid to 3HP to align with the national ART guidelines that recommends 3HP.

In COP21, PEPFAR will not be procuring laboratory commodities and reagents to support early infant diagnosis, viral load monitoring, blood safety or quality assurance activities as all commodities are expected to be procured under the Global Fund grant. Apart from VMMC commodities, PEPFAR South Sudan will rely 100% on Global Fund procurement for commodities.

In FY21, Global Fund will procure 474 Abbott m2000 viral load kits to cover the period March 2021 to March 2022, divided into two deliveries, May2021 and September 2021. This quantity is estimated to test 44,080 VL samples. Global fund will also procure VL and EID its for Cepheid GeneXpert POCT: 845 EID kits (estimated to support 8,000 EID tests annually), and 1,200 VL kits (estimated to support 12,000 tests at POCT). The GeneXpert cartridges delivery has also been divided into two deliveries May2021 and September 2021. The quantifications factors in five percent failed runs, two percent repeat tests and quality assurance/training supplies.

From the approved COP20 plan, USAID South Sudan will hire one new Foreign Service Nationals (FSNs), who will be coordinating supply chain activities. He/she will be expected to lead PEPFAR South Sudan's effort to coordinate with commodity and supply chain stakeholders including

MOH, UNDP, NPHL and others to ensure all issues related to supplies are managed in a timely manner.

PEPFAR South Sudan did not get reliable data/estimates to project national consumption or forecast for key HIV commodities required for completion of the Supply Plan Tool. As such S/GAC was notified and guidance was offered and a formal request for waiver was made with strong justifications. Although PEPFAR does not procure commodities, USG has a strong role and coordination with the leadership of MOH, UNDP and the GF has ensured visibility on commodity issues, and PEPFAR South Sudan has consistently been a strong advocate for proper quantification and forecasting of key HIV commodities. In COP21, with advocacy for HIV-self testing and PrEP, that were not funded under the current grant, GF assurance has been received. Other key PEPFAR priorities such as transitioning children to DTG10mg were also considered. TB prevention using 3HP instead of the current use of INH 300mg has also been advocated for.

In COP21, at the OU level, projected needs for key commodities based on treatment growth is known. PEPFAR South Sudan will therefore use this information to periodically review commodity needs and advocate for changes to procurement and supply plans that will ensure stockouts are mitigated and or controlled. PEPFAR program accounts for over 80% for the HIV commodities use and in COP20, USAID is hiring an FSN Program Management Specialist who will dedicate time and effort to support Pharmaceutical and Supply Management. Issues related to consumption data collection and reporting will be among key challenges to be addressed

Last Mile Delivery

Last mile delivery has been a challenge affecting timely distribution of commodities including restocking to address stock out. South Sudan has a challenging physical infrastructure and insecurity concerns that makes the use of road transportation almost impossible. Because of this, humanitarian and development partners resort to the use of air transportation as the main means to manage logistics. With limited reliable air transport companies, the humanitarian air services, which are often very expensive, have been the main option used for commodity delivery. Despite it being the leading option, it has not been reliable and efficient in delivering commodities including the last mile delivery.

In COP20, PEPFAR South Sudan was given resources to work with implementing partners, UNDP and other key stakeholders to enhance and improve last mile delivery of critical HIV commodities, in close collaboration with current PEPFAR implementing partners, Global Fund, and other stakeholders. During COP20 implementation, PEPFAR South Sudan worked closely with agency headquarters and S/GAC to identify a mechanism through which last mile delivery will be efficiently addressed. This process however took a very long time and a new USAID care and treatment mechanism known as Advancing HIV/AIDS Epidemic Control, was identified. USAID is currently working closely with the office of acquisition and assistance at the mission to ensure implementation starts in the remaining time in COP20. For years PEPFAR South Sudan implementing partners have struggled to fill the last mile delivery often with meagre resources.

In COP21, last mile delivery resources will be distributed to all three PEPFAR care and treatment partners to conduct their own last mile delivery, as they are uniquely placed to do so. This will cover shipment from Juba to health facilities within and transportation from regional hubs where UNDP dropped commodities to final destinations. The resources will also support temporal storage at the hub before transportations happen and the handlings needed all across. In addition, resources were also allocated to support human resources for TA on supply chain management, area of quantification and forecasting and inventory support to enhance facility-based data visibility on consumption, including TA for customization of DHIS-2 to allow for reporting, using that platform.

4.6 Collaboration, Integration and Monitoring

During stakeholder meetings held in January 2020, pre-COP MOH consultations, and during the virtual COP consultations, several themes stood out as requiring continued work and efforts. These are:

1. Continued need for improvement in coordination across stakeholders particularly the need to get Global Fund/UNDP more engaged and involved in the national-level quarterly review meetings.
2. De-duplication of efforts and resources across MOH, GFATM and PEPFAR, specifically, to ensure that PEPFAR partners do not overlap their efforts and resources in support services at national and sub-national level by ensuring that PEPFAR IPs and GF primes de-duplicate their efforts.
3. Strengthening of collaboration with civil society and local NGO partners.
4. Ensuring all parties have a complete understanding of the data quality and service quality landscape at the site level.

For streamlined program planning, implementation and monitoring of HIV/AIDS program activities in South Sudan, the Ministry of Health has delegated the routine management and operations functions of HIV/AIDS program to the Department of HIV/AIDS, within the Directorate of Medical Services. All HIV/AIDS programs/interventions come under the purview of Department of HIV/AIDS, headed by the Program Manager. PEPFAR has been supporting the Department complementing the interventions with Global Fund in a de-duplicated manner. In COP21, this support will continue to provide technical and management support to the Department for enhanced coordination and collaboration amongst the various partners and stakeholders. The goal of this support will be to ensure that PEPFAR and Global Fund supported interventions are complementary to each other and to support the Ministry of Health. It will ensure that the PEPFAR IPs and GF prime partners are supporting a common national plan rather than individual partner interests.

To ensure that the above goals are met, PEPFAR will:

1. Continue to engage with MOH and all stakeholders in program planning and designing during the COP processes through stakeholders' workshops and one-on-one interactions with different stakeholders.
2. Continue to schedule MOH- and stakeholder-led quarterly reviews of the PEPFAR program, with an emphasis on data and service delivery quality.
3. Participate in the MOH-led and convened Technical Working Groups for various thematic areas within the HIV/AIDS program.
4. Make efforts to engage the MOH and appropriate stakeholders in all technical discussions with partners that have programmatic impact of national importance.

Ministry of Health and Stakeholder-Led Review of PEPFAR Program

Since COP17 implementation, PEPFAR South Sudan has held a quarterly stakeholder-led review of PEPFAR IPs. During the two-day quarterly review, convened jointly by the Ministry of Health and UNAIDS, PEPFAR IPs present their program data for the preceding quarter. Each session is chaired and co-chaired by leadership representatives from MOH, CCM, WHO, UNDP, UNAIDS, IOM, SSAC and CSO representatives. Based on the data and performance against targets, the stakeholders review the partner performance, issues and challenges are discussed openly and recommendations made. PEPFAR implementing agencies allow for the entire review process to be driven by the stakeholders. PEPFAR South Sudan will continue this practice in COP20 and continue to engage stakeholders at all levels in COP planning and implementation.

Technical Working Groups

The Ministry of Health leads and convenes various Technical Working Groups (TWGs) that are thematic groups within the Department of HIV/AIDS to discuss and make decisions on technical, programmatic and operational issues for the program. PEPFAR participates and chairs several of these TWGs by way of direct PEPFAR staff participation as well as technical representation from all the implementing partners. In COP20, PEPFAR will continue to provide technical support, leadership and guidance to these TWGs and will actively participate in the same. TWGs for M&E, Viral Load, Lab, Care and Treatment, Surveillance, Key Populations, Supply Chain and Commodities are some of the key TWGs that PEPFAR has been supporting over the years and will commit to further strengthening these units for well-coordinated program performance within the Ministry of Health.

PEPFAR Programming with Deduplication

As evident from the Sustainability Index Dashboard, several structural and contextual factors impact human resources for health in South Sudan. Ranging from low salaries to delayed payments, a 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 and lab staff as well as community level workers to implement different aspects of the program. Global Fund implements an incentive-based service delivery model wherein the existing staff from the MOH are supported with incentives to perform

HIV/AIDS services. PEPFAR is carefully coordinating with the 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.

The site-level rationalization exercise undertaken as part of the COP18 planning process is paying dividends, allowing for deduplication of resources by ensuring there is one implementing partner per SNU (county level). 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 during the COP18 planning process, which is currently being executed with the following objectives:

1. Increase efficiency and decrease costs; limit IP monitoring and supervision costs by deduplicating 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 a reallocation of sites amongst the implementing partners. In consultation with Global Fund and MOH, site-by-site mapping of services and resources was undertaken, particularly for integration of TB-HIV services, which is a work in progress due to continued challenges with the TB program.

Partner Management and Monitoring

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 since COP19 is to maximize efficiencies by focusing resources, with attention to retention issues that stand out as the biggest challenge. Using accurate and complete site-level granular data, by volume, yield, testing modality, gender and age-band, PEPFAR proposes to identify and scale up to high volume and high yield interventions (across population and geography), maximize retention and minimize 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, data quality, and fiscal data review to ensure all data are reported from the sites where services were provided along with a follow-up on action points from prior review/s.
2. Quarterly stakeholders' meetings 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.

The quarterly administrative management visits will continue to be undertaken to review fiscal data and compare the same with program performance, i.e., 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.

Strengthen National Health Management Information System (HMIS)

In October 2018 South Sudan introduced DHIS-2 reporting for all health data. PEPFAR in collaboration with other partners, mainly Global Fund and GAVI, has supported the DHIS-2 roll out process. PEPFAR focused its support at the national level to enhance coordination and resource mobilization and at the county and site level through PEPFAR-supported counties to improve timeliness and completeness of reporting. By December 2020 DHIS-2 reporting at PEPFAR-supported sites was 70%, compared to 63% at other non-PEPFAR supported sites. Main challenges of the DHIS-2 roll out are inadequate staff and high turnover at county and facility levels, poor data quality, limited internet access, late reporting and uncoordinated supportive supervision.

COP20 activities that will continue through COP21 include ensuring availability of data collection tools; providing targeted facility and county level joint support supervision and mentorship, including data quality; support development of national monthly HIV program dashboard; and support annual HIV /TB program data review meetings. Improvement of DHIS-2 to have visuals (dashboards) for program review will be started in COP20 to enable effective HIV program monitoring and data use in COP21. PEPFAR will explore starting DHIS-2 Logistic Management Information System (LMIS) to improve commodities management at the facility level. Seconded Strategic Information staff at the MOH will help in the strengthening of overall HIS including routine HIV reporting, DGIS2 roll out and implementation of LMIS.

4.7 Targets by population

About 86% of the COP21 Treatment New targets are expected to be achieved in scale-up aggressive counties. [Table 4.7.1](#) shows distribution of key targets in scale-up aggressive counties.

Standard Table 4.7.1

Table 4.7.1 ART Targets by Prioritization for Epidemic Control						
Prioritization Area	Total PLHIV	Expected current on ART (APR FY21)	Additional patients required for 80% ART coverage	Target current on ART (APR FY22) <i>TX_CURR</i>	Newly initiated (APR FY22) <i>TX_NEW</i>	ART Coverage (APR 22)
Attained	N/A					
Scale-Up Saturation	N/A					

Scale-Up Aggressive	69,670	36,243	19,493	50,918	15,912	73%
Sustained	21,127	4,666	12,232	6,377	1,796	30%
Military SNU	NA	2,604	NA	3,513	980	NA
Central Support	N/A					
Commodities (if not included in previous categories)	N/A					
Total	90,797	43,513	29,125	60,808	18,688	

The VMMC targets for COP21 in [Table 4.7.2](#) are only allocated to the military population. The targets for prevention among priority population (clients of FSW) and key population (FSW) in [Table 4.7.3](#) are assigned to the major towns in the scale-up aggressive counties of Juba, Magwi, Yambio and Wau.

Standard Table 4.7.2

Table 4.7.2 VMMC Coverage and Targets by Age Bracket in Scale-up Districts					
SNU	Target Populations	Population Size Estimate (SNUs)	Current Coverage (date)	VMMC_CIRC (in FY22)	Expected Coverage (in FY22)
Military SNU	[15-39 years]	NA	NA	7,957	NA
	Total/Average				

Standard Table 4.7.3

Table 4.7.3 Target Populations for Prevention Interventions to Facilitate Epidemic Control			
Target Populations	Population Size Estimate* (SNUs)	Disease Burden*	FY22 Target
AGYW at risk of HIV Juba County	36,081		2,300
KP_PREV (FSWs)- BBS surveys/program data	30,104	3,452	10,356
PP_PREV (Clients of FSW)			7,374
TOTAL	66,185	3,452	20,030

*Include data sources in the text (i.e. not in the table itself)

Standard Table 4.7.4 is required

Table 4.7.4 Targets for OVC and Linkages to HIV Services					
SNU	Estimated # of Orphans and Vulnerable Children	Target # of active OVC (FY22Target) OVC_SERV Comprehensive	Target # of OVC (FY22Target) OVC_SERV Preventative	Target # of active OVC (FY22Target) OVC_SERV DREAMS	Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in

					program files (FY22 Target) OVC*
Juba County		4,085	4,213	0	3,571
TOTAL		4085	4,213	0	3,571

4.8 Viral Load and Early Infant Diagnosis Optimization

South Sudan has over the past one year observed a decreasing trend in VL coverage from 72% in FY20 Q1 to 57% in FY21 Q1. In FY21 Q1, there were still more than 13,300 clients who have not received a VL test. Conversely, there has been a gradual improvement in VL suppression from 82% in FY20 Q1 to 84% in FY21 Q1. By the end of FY20, 17,044 (55%) clients out of the target of 30,883 have had a documented VL result.

VL coverage:

VL coverage among children less than 15 years was 56% while VL suppression was 62% at the end of FY20. Viral load coverage has remained significantly low among pregnant women for the past one year. At the end of FY20, only 18% of VL eligible pregnant women had received a VL test.

In order to improve VL coverage among pregnant and breastfeeding women and among infants, children and adolescents, PEPFAR South Sudan has proposed the following strategies in COP21:

1. Pregnant and breastfeeding women and children.

South Sudan will prioritize pregnant and breastfeeding women, children and adolescents for VL testing using near Point of care instruments at the treatment facilities to ensure access and timely results for action. There are 38 functional GeneXpert instruments in the country and by the end of FY21Q2, 29 were installed at the facilities, 5 are installed at the Reference Laboratories and 4 are pending installation. In order to ensure there are adequate number of instruments that are accessible to the clients, PEPFAR South Sudan will advocate for the procurement of more GeneXpert instruments in collaboration with Ministry of Health and Global Fund (GF) and ensure 100% placement of the instruments. Procurement of additional instruments will mitigate the challenges and costs associated with daily sample transportation from spokes to hubs.

Instrument installation requires laboratory renovations or minor modifications. GF has in the past year done some facility renovations but there are still other facilities that may require laboratory renovations. PEPFAR South Sudan team will collaborate with MoH, GF and other partners to identify resources that can be used to renovate the facilities that may be identified for GeneXpert installation.

Facilities that do not have GeneXpert instruments will continue to ship samples to nearby Hubs or to the HIV reference laboratory for centralized testing. Shipment of samples from spokes requires resources for sample shipping containers and payment of transporters and courier companies. PEPFAR South Sudan, in collaboration with Global fund will facilitate transportation of samples to the testing laboratories.

VL testing will be conducted on the same GeneXpert instruments currently used for COVID-19, EID and TB diagnosis. At the end of FY21 Q2, HIV and COVID-19 tests have been integrated with TB testing. There were 559 EID, 2643 COVID-19, 2935 TB and 21 VL tests done on the same instruments at the various testing laboratories. The country will continue to integrate VL testing onto the same GeneXpert instruments. Successful integration requires availability of competent and dedicated staff who will require remuneration. The Point of Care focal persons will be responsible for collecting and testing samples and submission of data. In COP20, PEPFAR South Sudan recruited 14 POCT focal persons. This team will be maintained, and more are required for locations where there are no POCT focal persons. Integration of HIV with TB diagnosis on the same platform will neither disrupt nor overwhelm facility laboratory staff. PEPFAR partners will support the training of users, results return, development of standard operating procedures and data collection tools and monitoring of equipment performance.

In order to ensure there are no lost opportunities for collection of VL samples from children and PBFW, more staff will be trained on sample collection at various entry points especially at PMTCT. Other staff will be assigned to direct clients to VL sample collection points.

2. General population.

In order to improve VL coverage among the general population, the following strategies have been proposed for COP21 besides some of those indicated above.

Facility staff and community teams will be trained to trace VL eligible clients and collect VL samples. The trainings will be conducted using standardized curriculum for health care workers and community volunteers.

The program plans to test VL using the GeneXpert instruments among the General population in hard to reach locations.

There will be active monitoring of stock at facilities and weekly reporting of stock levels. This will ensure there are adequate supplies for sample collection, sample shipment and testing. At the HIV Reference Laboratory, a Stock monitoring sub-committee will be formed. PEPFAR South Sudan will identify resources for last mile delivery of supplies in order for facilities to have adequate stock at all times.

South Sudan will also conduct demand creation for VL services. This will be done by integrating VL information dissemination with other community activities. This activity requires development of patient education materials, job aids and radio talk-shows. VL demand creation

can also be conducted through the use of phone ring tones that disseminated thematic VL messages.

Testing of samples and return of results require availability of reliable electricity at the testing laboratories, timely equipment maintenance, competent and dedicated HR and availability of storage space for the much-needed supplies. There is currently one Abbott m2000sp/rt equipment procured by Global Fund. This equipment was operationalized in May 2018 for VL testing. A second equipment is expected in April 2021 to increase the laboratory testing capacity. A memorandum of understanding has also been signed between South Sudan MoH and Uganda National Health Laboratory Service to provide back-up services for VL testing. PEPFAR South Sudan will continue liaising with UNDP to ensure the VL testing platforms are under optimum working conditions, available electricity, competent staff in the testing laboratory and presence of storage space for supplies and reagents.

As we undertake the task of improving VL coverage to 85% by end of FY22, it is important to have regional lab teams to provide continues mentorship and supervision, coordinate sample shipment and result transmission and quality improvement activities. In FY21, the program plans to recruit 3 regional laboratory officers. In COP21 the program proposes to recruit 2 additional regional officers to be able to support laboratory activities in the PEPFAR sub-national units.

LIS, especially the components of result transmission and receiving data at National level does not currently allow remote access by ART clinicians. The current Viral load sample management (VLSM) system neither allow clinicians to request VL tests nor access VL results for timely clinical action. The current practice of sending results by email had let to delay in documentation of VL results leading to inaccurate reporting of VL coverage. PEPFAR South Sudan will improve the VLSM to allow remote access and data visibility from the facilities. This requires tablets and internet at all locations for result transmission.

VL suppression:

VL suppression has been relatively good in the adult population at 85% in FY21Q1 but has been very low in children at 59%. Some of the contributing factors for low VL suppression among children include stock-outs of pediatric regimens in ART clinics that has led to switch of regimens for children, inability of children taking pills due to taste and pill burden, stigma in older children leading to absconding from clinic appointments, absence of child/youth friendly environment at clinics, high transport costs preventing mothers from bringing children to clinic which leads to missed clinical assessments, low drug dosage and delayed or inadequate adherence counseling.

The country will continue with all the strategies proposed in COP20, in addition to COP21 strategies:

1. For the children and adolescents.

- ✓ South Sudan will continue advocating for optimization of treatment for children. We are also proposing that children are provided with sweeteners or porridge to facilitate drug intake.
- ✓ We are proposing provision of incentives/transport refund for mothers who bring their children for clinical assessment.
- ✓ In COP20, South Sudan proposed that ART clinics create child/youth friendly environments at the ART clinics e.g. through creation of specific areas or week-end hours or clubs that bring the youth together.
- ✓ The country will continue to improve the ART clinics to provide friendly and safe services to the children.
- ✓ The country will continue to participate actively in commodity technical working groups in order to monitor consumption at facility and national level, conduct accurate projections and forecasting and collaborate with MoH partners for timely ordering of drugs.

2. For the General population.

South Sudan will conduct provider and client literacy sessions at all facilities focusing on VL suppression. Field supervisors will monitor and mentor counselors on enhanced adherence counseling and management of non-suppressed clients.

The country will strengthen the components of community drug refill to ensure drugs are taken close to the clients. We will utilize mentor mothers and community health workers to support enhanced adherence counseling. We will work towards improving result transmission systems for timely delivery of results. South Sudan is working with MoH to upgrade the current VLMS to allow remote access of results by facilities. The country will continue with TLD transition and ensure 100% of eligible clients are on 6 months' drug dispensation.

The country is proposing to under-take drug resistance survey to understand if the non-suppressions are a result of drug resistance. There will be active follow-up of unsuppressed clients through regular monitoring of HVL registers, appointment logs and physical tracing by community health volunteers. The community health volunteers will be trained on client counseling strategies, provided with the necessary job aids, SOPs and tools to be able to provide ethical and confidential services.

Through the Granular site management and weekly dashboard, the team will conduct weekly data review of VL site level data and implement quick actions at facility and community level. This will allow timely identification of missed appointments and initiate follow-up to return clients to treatment.

Early infant diagnosis (EID):

Early infant diagnosis in the 0-2months age group has been very low for the past 1 year. By the end of FY20, the EID coverage for 0-2months was 44.6% and dropped to 36.2% in FY21 Q1. The EID

coverage for 2-12months was 75.9% at the end of FY20, and also dropped to 63.1% in FY21 Q1. These coverages are much lower than the expected EID coverage of 80% and 90% for 0-2months and 2-12months respectively.

The major reasons that led to low EID coverage included lack of awareness about the need to bring infants to the clinic for HIV testing, distance and costs associated with travel to facilities, denial of positive HIV results by mothers, no system for identifying HEI at other points of entry and practice of delivery at home and private facilities.

The proposed strategies for improving EID coverage in COP21 include the following:

The use of Near Point of care instrument is essential for improving access to EID services and reducing turn-around-time of EID results. The country has 40 GeneXpert instruments, and by FY21Q2, there were 21 facilities using the GeneXpert instruments for testing infants with more than 40 spokes. Through use of the near Point of care instruments the program has seen some improvement in number of infants being tested. We will continue optimizing use of the GeneXpert instruments and request for additional instruments for locations that do not have the instruments. The program will conduct literacy sessions for mothers at facility and community levels.

South Sudan will also train mentor mothers and provide remunerations for them to be able to trace, identify HEI, collect samples for EID and link positives to treatment.

Provision of transport refund to mothers who bring their children to health facility for EID needs to be considered on a case-by-case basis. Incentives for mothers may be decided by the program and may be in-kind or cash. South Sudan PEPFAR program will strengthen the interface between maternity and PMTCT clinics to allow early identification of HEI. Facilities will identify focal persons who will be trained and assigned to entry points to identify and refer babies for testing. This will ensure that HEI are registered and followed-up for sample collection and testing.

In COP20, South Sudan had proposed the use of electronic HIV infant tracking system to help with tracking of HEI and returning them to facilities. The country will conduct a feasibility study in FY21 and implement electronic HIV infant tracking systems in selected facilities in FY22.

Alongside the proposed strategies above, the program will implement weekly data review of EID at facility level and weekly follow-up of HIV positive infants by HRL.

5.0 Program Support Necessary to Achieve Sustained Epidemic Control

COP21 proposes to identify and support systems investments that address:

1. System gaps as identified through SID, MER, SIMS and other sources.
2. Epidemic control priorities.
3. Systems strengthening by leveraging other development and MOH investments.

The system's investments are intended to supplement resources contributed by Global Fund and Ministry of Health towards epidemic control. The MOH contributes limited resources towards systems strengthening as reported in the Sustainability Index Dashboard, SID 4.0. PEPFAR will work in collaboration with the Global Fund and support the systems investments to leverage de-duplicated investments and maximize efficiency. While the ultimate goal is for the government to take ownership of the HIV program, the country is many years from that goal.

PEPFAR will provide institutional level technical assistance in implementing HIV/AIDS services. This will be in the form of technical support staff, training, mentoring and data management capacities support to the Department of HIV/AIDS in the Ministry of Health and the National Public Health Lab (NPHL) to build host country institutional capacities.

At the facility level HIV/AIDS interventions have three key aspects as identified under the three 95s, identification of PLHIVs, linkage and retention in treatment and viral load suppression. Accomplishing this at the facility level will require systems level investments to build current and sustainable capacity at an institutional level as well as technical assistance in policy making, developing guidelines, support for program monitoring and overall program management.

The Government of South Sudan does not have reliable population-based data, and program-based health data is limited with quality issues which make targeting PEPFAR interventions accurately and appropriately a challenge. 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 sub-national unit coverage figures.

The VL and EID testing program has gradually scaled up to 59 facilities. As the programs scale-up to more facilities to meet the increasing targets and improve coverage, the capacity to test the samples is diminished. Successful improvement of coverage will require significant investment in training, supportive supervision, data reporting, provision of reagents and supplies, adequate and skilled human resource and well performing equipment. PEPFAR will continue to make systems investments in strengthening overall 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.

In order to save costs, create efficiencies and minimize duplication of efforts, PEPFAR will strengthen coordination with MOH, other donors and implementing partners. PEPFAR will hire and second laboratory technical at MoH/PHL to ensure that laboratory program tasks are implemented in a coordinated fashion. PEPFAR will lead technical assistance provision for laboratory services while Global Fund will procure the necessary reagents and supplies.

In FY19, PEPFAR established an integrated HIV and TB specimen transportation system. The current system is implemented by the PEPFAR laboratory partner using Global Fund resources. This system has enabled EID, VL and TB samples to be transported within a short time period. In COP21, resources for strengthening the specimen referral system will be provided by Global Fund.

The critical systems investments identified in the above-site activities in Table 6/SRE-Tool primarily address key systems barriers related to laboratory, strategic information, and human resources, policy, planning and coordination at the national level as well as key populations, supportive supervision and mentorship.

Detailed below are the key systems barriers, COP21 activities to address them, COP21 benchmarks and expected outcomes.

A. The laboratory key systems barriers and proposed COP21 activities include the following:

1. Inefficient specimen transportation and result transmission system for VL, EID and TB

The planned COP21 activities to address the above barrier include:

- Transportation of samples from Spokes to Hubs and HRL
- Procurement of sample storage and shipment containers
- Increasing the frequency of sample transportation and number of transporters
- Recruitment of EID and VL focal persons to coordinate sample transportation
- Development an electronic system to expedite result transmission to facilities

The expected outcome for COP21 activities is a reliable and efficient system for specimen and result transmission that will ensure 100% of HIV and TB samples are transported by a nationally coordinated system and results delivered to caregivers within four weeks.

The COP21 benchmark is that 100% of HIV and TB samples are transported using one network and 100% of facilities receive results direct from the testing lab.

2. Inadequate implementation of Continuous Quality Improvement activities

The COP21 activities plan to address the above barrier include:

- Implementation of laboratory Continuous quality improvement activities at ten laboratories
- Conducting laboratory audits at HIV laboratory to support ISO 15189 accreditation

- Enrollment of laboratories including POCT laboratories in external quality assessment schemes
- Supporting establishment of integrated electronic laboratory information management system.
- Supporting last mile delivery of supplies to facilities to ensure uninterrupted provision of services
- Strengthening systems for internal quality control at testing points
- Implementation the DTS EQA technology to monitor the quality of HIV RT
- Improvement and certification of sites using the Stepwise Process for Improving the Quality of HIV Rapid Testing (SPI-RT/RTRI) checklist
- Development of human resources through training, certification, and recruitment of in-country Quality Corp (Q-Corp) volunteers and officers
- Conducting post-marketing surveillance

The expected outcome for COP21 is improved quality of HIV rapid tests, EID, VL and TB diagnosis.

The COP21 benchmark is that the HIV laboratory will be at star five based on the Stepwise Lab Improvement Process towards Accreditation (SLIPTA) checklist; all POCT laboratories, all regional blood banks, regional hospital laboratories, TB and HIV reference laboratories are enrolled into external quality assessment scheme; ten labs are implementing quality improvement activities based on WHO AFRO Strengthening Lab Management towards Accreditation (SLMTA) program; and all HIV testers are participating in proficiency testing program for HIV rapid tests.

3. Limited number of policies and guidelines to guide laboratory practice, and inadequate management and leadership structure to support broader lab services

The COP21 activities planned to address the above barrier include:

- Supporting establishment of a laboratory regulatory board through development of policies and guidelines
- Development and review laboratory documents such as quality manuals, biosafety and biosecurity manuals, standard operating procedures, data collection and reporting tools such as registers and forms
- Supporting monthly technical working groups to plan and monitor program implementation

The expected outcome for COP21 is functional laboratory regulatory body.

The COP21 benchmark is the establishment of a lab regulatory body and initiation of licensing laboratory practice.

4. Low coverage for EID and VL services

The COP21 activities planned to address the above barrier include:

- Supportive supervision of facilities by program staff
- Procurement of storage containers for EID and VL supplies
- Bi-annual maintenance and calibration of minor equipment
- Provision of fuel for generator to provide power to the laboratory for nine months
- Improving the laboratory information management system to allow remote access and data visibility through a dashboard
- Printing and dissemination of laboratory-related EID and VL tools
- Recruitment of staff at POCT laboratories and HRL for day-to-day operations of the laboratory.
- Storage and transportation of used EID and VL GeneXpert cartridges
- Transportation, installation of POCT instruments and training of technical staff
- Modification and improvement of laboratories to allow installation of POCT instruments
- Conduct HIV drug resistance survey

The expected outcome for COP21 is increased EID coverage for zero to two months to 80% and VL coverage of 90%.

The COP21 benchmark is 80% PMTCT_EID coverage for zero to two months and 90% VL coverage.

B. The strategic information key systems barrier and proposed COP21 activities include the following:

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

The COP21 activities planned to address the above barrier include:

- Continue to support roll out of DHIS-2 at county and facility level
- Continue routine ANC sentinel surveillance system
- Strengthen routine monitoring of HIV program
- Undertake routine data quality assessment
- Support quarterly and annual PEPFAR stakeholders' meetings

The expected outcome for COP20 is improved and reliable program data to track progress towards 90-90-90 and to guide program planning.

The COP21 benchmarks are that all facilities providing HIV services in PEPFAR-supported counties provide timely and complete data through DHIS-2 and conduct routine ANC sentinel surveillance.

C. The human resources, supportive supervision and mentorship key systems barriers and proposed COP21 activities include the following:

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1. Inadequate supportive supervision, mentorship and dissemination of best practices at national level

The key COP21 activity to address the above barrier is to scale-up and maintain project ECHO at 24 facilities. The expected outcome for COP21 is an integrated national Project ECHO system that is used for mentorship and best practices dissemination. The COP21 benchmark is to enroll 13 more ART sites to ECHO and maintain the former eleven sites.

2. Inadequate human resource and management structure to provide leadership to the HIV department at the national level to support HIV services provision

The key COP21 activity is to support key positions at MOH HIV Department and National Public Health Laboratory. The expected outcome for COP21 is improved and capacitated human resource at the HIV Department leading to improved oversight and supportive supervision. The COP21 benchmark is that two technical staff will be supported, one at the MOH HIV Department and one at the National Public Health Laboratory.

D. The Key Populations key systems barrier and proposed COP21 activities include the following:

1. Stigma and discrimination among governing authorities in Juba (e.g., National Security and Police Forces, and Mayor's Office) that hinders provision of KP services

The COP21 activities planned to address the above barrier include:

- Coordination with MOH, SSACC and UNAIDS to conduct advocacy among local governing authorities (e.g., the Mayor's Office) and the National Security and Police Forces
- Raise awareness and foster support for provision of KP services

The expected outcome for COP21 is that the Mayor's Office and National Security and Police Forces support the provision of KP services.

The COP21 benchmark is that the Mayor's Office and security and law enforcement agencies are supportive of KP activities.

Surveys, Evaluation and Research

South Sudan has no population-based HIV survey data and has relied on periodic ANC sentinel survey data to determine HIV burden in the country. Four rounds of periodic ANC sentinel surveys have been conducted progressing from unlinked (no results released) to linked (results provided to participants) anonymous HIV testing. In COP19 MOH and PEPFAR planned to transition away from periodic ANC sentinel survey to routine ANC sentinel survey where ANC/PMTCT data are extracted for a given period from selected sites and used as a measure of disease burden in the country.

During COP20 PEPFAR South Sudan supported the completion of the first routine ANC sentinel survey which informed the 2020 spectrum HIV estimates. Currently, PEPFAR plans to support one rounds of the routine ANC sentinel survey in COP21 to build local capacity and improve quality of PMTCT data. After this, routine program data will be used with periodic data quality checks. PEPFAR will support and HIV drug resistance survey in COP21 to monitor effectiveness and any possible emergence of resistance to the current ART regimen mainly (LTD). The will be incorporated within the VL program.

6.0 USG Operations and Staffing Plan to Achieve Stated Goals

6.1 Staffing Plan

PEPFAR South Sudan Program is implemented by three USG agencies: CDC, USAID and DoD. The program goal for COP21 is to strengthen HIV care and treatment services to improve case identification, yield, linkage and 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 under COP 20, PEPFAR South Sudan has thirteen staff (filled positions) that include two USG Direct Hires (CDC Country Director and USAID Health Deputy Office Director) who provide overall leadership for technical, programmatic and management oversight of the program. Alongside the two direct hires, the DoD, LES program manager, also provides general leadership for technical, programmatic and management oversight to DoD PEPFAR portfolio. The other ten locally employed filled positions include seven from CDC, three from USAID. These locally employed staff provide support for budget and finance, administrative and logistics, care and treatment, prevention, HSS (laboratory and strategic information), KP, OVC and commodities management.

Besides, for COP20, there are three vacant but approved LES, and one Direct Hire positions. Two of the three LES are under CDC and one is under USAID. The Direct Hire position for a PEPFAR Coordinator under State Department. In COP21, CDC with approval from the Front Office, proposes one new Direct Hire position as the Deputy Director, Public Health Advisor.

CDC Two Vacant, but Approved Positions:

In COP20, CDC has two approved positions, the Administrative Assistant and the Prevention Specialist. The two positions are in the recruitment process. Positions descriptions and Job Discussion Help Sheets (JDHS) for both positions are being completed and submitted for review. Once the review is complete, the positions will be submitted to the Department of State for Computer Aided Job Evaluation (CAJE) after which they will be advertised.

USAID one Vacant but Approved Positions:

In COP19, two positions (Strategic Information Specialist, and Supply chain Manager) under USAID were approved. The Strategic Information position is filled in COP20.

The Supply Chain Manager position is in the process of recruitment. The incumbent had been interviewed and is expected to be on board before the end of FY21.

State Department: One Vacant, but Approved Position:

The PEPFAR Coordinator's position is a Direct Hire. This has been approved by the front office, and recruitment is underway by the Department of State.

COP21 PEPFAR Staffing Changes

Currently, CDC South Sudan has seven locally employees and one direct hire (the Country Director). The Country Director position has been all encompassing, particularly since fall of 2018 with in the current public health landscape in South Sudan. Outbreaks such as cholera, COVID 19, Ebola and other diseases do occur either within the country or in the neighboring countries. To mitigate such outbreaks, there must be preparedness, coordination, technical support and resource mobilization and ensuring preventive measures are in place. The CDC country director must divide the time and level of effort between providing oversights to PEPFAR program, and providing technical support, coordination and oversight to non-PEPFAR programs. With no other position, the CD position additionally provides management and operations oversights ranging from human resources supervision to financial management oversight in addition to the Front Office leadership engagement in the Embassy. Hence, this position's level of effort is spread thin and affects the quality of PEPFAR program oversight, and based on these, CDC is proposing one Direct Hire position in COP21.

Proposed Position: Deputy Country Director

This position will provide Management and Operations oversight to PEPFAR Program. The incumbent will be responsible for broad range of management and operations including administrative oversight to CDC implementing partners, agency human resource, finance, procurement and ICASS. The incumbent will back stop the Country Director

6.2 Cost of Doing Business

The overall Cost of Doing Business (CODB) for PEPFAR South Sudan has increased by 11% compared to COP20. This is attributable to the two proposed positions under CDC, the proposed PEPFAR Coordinator position and an increase in ICASS cost.

APPENDIX A -- PRIORITIZATION

Continuous Nature of SNU Prioritization to Reach Epidemic Control

Table A.1

SNU	COP	Prioritization	Results Reported	Attained: 90-90-90 (81%) by Each Age and Sex Band to Reach 95-95-95 (90%) Overall																										
				Treatment Coverage at APR by Age and Sex																								Overa		
				<1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50+		ll TX	Cover	
				Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Cover
Ezo	COP20	Scale-up Aggressive	Apr-19	10%	10%	9%	9%	18%	17%	16%	16%	22%	25%	17%	14%	22%	16%	30%	21%	38%	26%	45%	31%	51%	38%	59%	44%	25%	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="width: 10px; height: 10px; background-color: red; margin-bottom: 2px;"></div> <60 <div style="width: 10px; height: 10px; background-color: yellow; margin-bottom: 2px;"></div> 60-89 <div style="width: 10px; height: 10px; background-color: green; margin-bottom: 2px;"></div> >89 </div>	
	COP21	Scale-up Aggressive	Apr-20	18%	18%	32%	29%	19%	17%	18%	12%	48%	13%	59%	25%	50%	37%	45%	44%	43%	44%	34%	40%	35%	43%	25%	31%	32%		
Ikotos	COP20	Sustained	Apr-19	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%			
	COP21	Sustained	Apr-20	10%	10%	19%	17%	11%	10%	11%	7%	28%	8%	35%	15%	29%	22%	26%	26%	25%	26%	20%	24%	20%	26%	15%	18%	19%		
Juba	COP20	Scale-up Aggressive	Apr-19	29%	28%	29%	28%	58%	57%	51%	51%	47%	56%	37%	31%	49%	36%	67%	46%	84%	58%	99%	69%	112%	82%	130%	97%	60%		
	COP21	Scale-up Aggressive	Apr-20	39%	38%	71%	63%	41%	37%	39%	26%	105%	29%	129%	54%	108%	80%	98%	97%	93%	95%	74%	87%	76%	95%	54%	68%	71%		
Kapoeta South	COP20	Sustained	Apr-19	0%	0%	3%	3%	6%	6%	4%	4%	6%	7%	5%	4%	7%	5%	10%	7%	13%	8%	15%	10%	17%	12%	20%	15%	8%		
	COP21	Sustained	Apr-20	7%	7%	13%	12%	7%	7%	7%	5%	19%	5%	24%	10%	20%	15%	18%	18%	17%	17%	13%	16%	14%	17%	10%	12%	13%		
Magwi	COP20	Scale-up Aggressive	Apr-19	4%	4%	5%	6%	11%	10%	9%	9%	11%	14%	9%	8%	12%	9%	17%	11%	21%	14%	24%	17%	28%	20%	32%	24%	14%		
	COP21	Scale-up Aggressive	Apr-20	12%	12%	22%	19%	12%	11%	12%	8%	32%	9%	39%	16%	33%	24%	30%	29%	28%	29%	22%	26%	23%	29%	16%	21%	21%		
Maridi	COP20	Sustained	Apr-19	20%	20%	26%	25%	47%	53%	43%	47%	28%	29%	21%	18%	28%	21%	38%	26%	47%	32%	56%	39%	63%	47%	74%	55%	38%		
	COP21	Sustained	Apr-20	39%	39%	72%	64%	41%	38%	40%	26%	108%	30%	132%	55%	111%	82%	100%	99%	96%	98%	75%	89%	78%	97%	55%	70%	72%		
Mundri East	COP20	Sustained	Apr-19	0%	0%	100%	100%	200%	200%	300%	300%	100%	100%	100%	100%	75%	127%	86%	167%	113%	200%	138%	250%	183%	250%	225%	325%	250%		162%
	COP21	Sustained	Apr-20	27%	27%	50%	44%	29%	26%	28%	18%	75%	21%	92%	38%	77%	57%	69%	68%	66%	67%	52%	61%	54%	67%	38%	48%	50%		
Nzara	COP20	Scale-up Aggressive	Apr-19	5%	5%	5%	5%	10%	9%	9%	9%	12%	15%	10%	8%	13%	9%	18%	12%	22%	15%	26%	18%	29%	22%	34%	26%	14%		
	COP21	Scale-up Aggressive	Apr-20	14%	14%	27%	24%	15%	14%	15%	10%	39%	11%	48%	20%	41%	30%	37%	36%	35%	36%	28%	33%	28%	35%	20%	26%	26%		
Rumbek Centre	COP20	Scale-up Aggressive	Apr-19	6%	6%	7%	7%	15%	14%	14%	13%	16%	19%	13%	11%	17%	12%	23%	16%	30%	20%	34%	24%	39%	29%	46%	34%	19%		
	COP21	Scale-up Aggressive	Apr-20	32%	32%	59%	53%	34%	31%	33%	21%	88%	24%	109%	45%	91%	67%	82%	81%	78%	80%	62%	73%	64%	79%	45%	57%	59%		
Tambura	COP20	Scale-up Aggressive	Apr-19	33%	33%	31%	31%	63%	61%	58%	56%	38%	44%	30%	25%	40%	29%	55%	38%	69%	47%	80%	56%	91%	66%	106%	79%	52%		
	COP21	Scale-up Aggressive	Apr-20	41%	41%	76%	68%	43%	39%	42%	27%	113%	31%	139%	57%	116%	86%	105%	104%	100%	102%	79%	93%	81%	101%	58%	73%	76%		
Torit	COP20	Sustained	Apr-19	5%	4%	3%	3%	6%	7%	6%	6%	6%	8%	5%	4%	6%	5%	9%	6%	11%	7%	13%	9%	14%	10%	17%	12%	8%		
	COP21	Sustained	Apr-20	28%	28%	52%	46%	30%	27%	29%	19%	78%	21%	95%	39%	80%	59%	72%	71%	69%	70%	54%	64%	56%	70%	40%	50%	52%		
Wau	COP20	Scale-up Aggressive	Apr-19	33%	33%	50%	46%	92%	92%	89%	89%	68%	82%	55%	45%	73%	53%	99%	68%	125%	86%	146%	102%	168%	122%	191%	142%	90%		
	COP21	Scale-up Aggressive	Apr-20	23%	23%	42%	37%	24%	22%	23%	15%	62%	17%	76%	32%	64%	47%	58%	57%	55%	56%	43%	51%	45%	56%	32%	40%	42%		
Yambio	COP20	Scale-up Aggressive	Apr-19	15%	15%	15%	15%	30%	29%	27%	27%	21%	25%	17%	14%	22%	16%	30%	21%	38%	26%	44%	31%	50%	37%	59%	44%	28%		
	COP21	Scale-up Aggressive	Apr-20	18%	18%	33%	29%	19%	17%	18%	12%	49%	14%	60%	25%	50%	37%	46%	45%	43%	44%	34%	40%	35%	44%	25%	32%	33%		
Yei	COP20	Scale-up Aggressive	Apr-19	13%	13%	15%	15%	29%	30%	27%	26%	20%	24%	16%	13%	21%	15%	29%	20%	36%	25%	42%	29%	48%	35%	56%	42%	27%		
	COP21	Scale-up Aggressive	Apr-20	19%	19%	35%	31%	20%	18%	19%	13%	52%	14%	64%	26%	54%	40%	48%	48%	46%	47%	36%	43%	38%	47%	27%	34%	35%		
Yirol West	COP20	Scale-up Aggressive	Apr-19	18%	17%	14%	15%	29%	30%	27%	26%	20%	24%	16%	13%	21%	16%	29%	20%	37%	25%	43%	30%	49%	36%	56%	42%	27%		
	COP21	Scale-up Aggressive	Apr-20	14%	14%	25%	23%	14%	13%	14%	9%	38%	10%	46%	19%	39%	29%	35%	35%	33%	34%	26%	31%	27%	34%	19%	24%	25%		

APPENDIX B – Budget Profile and Resource Projections

B1. COP21 Planned Spending in alignment with planning level letter guidance

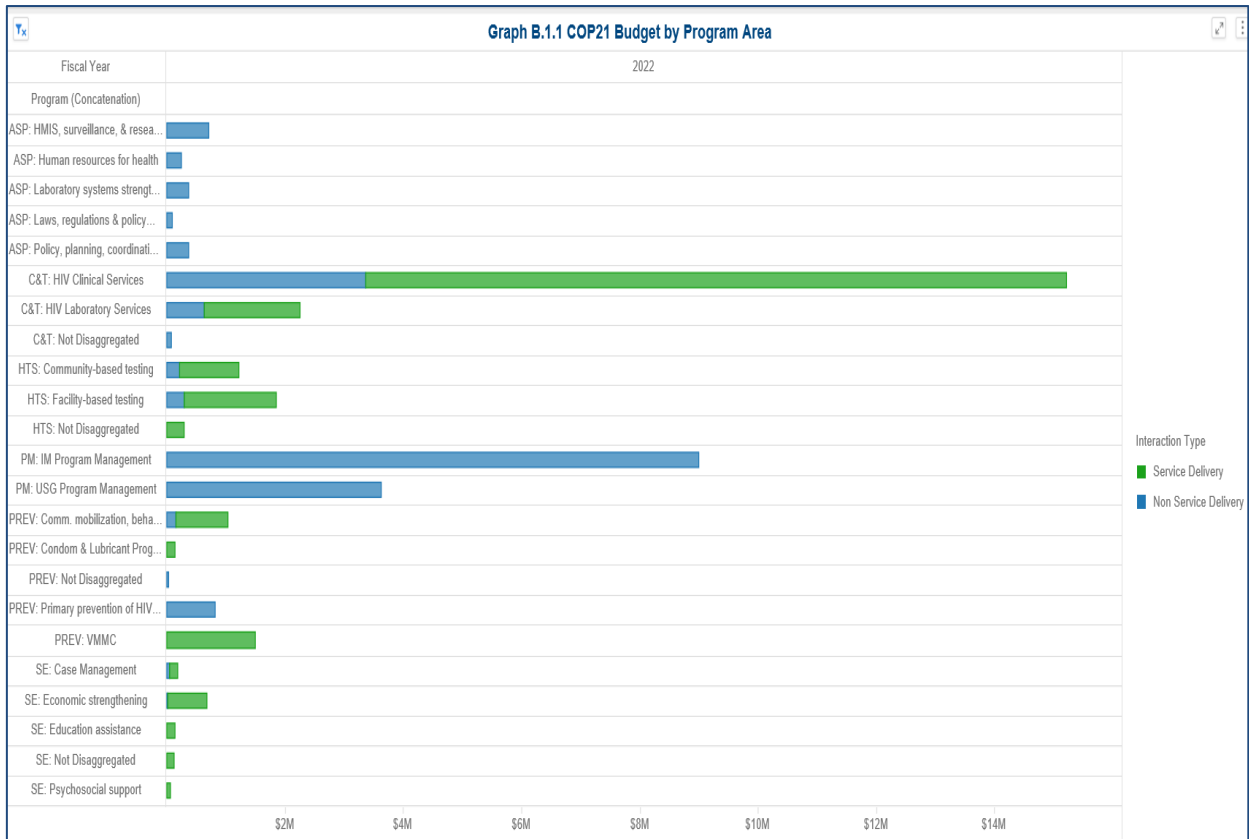


Table B.1.3 COP21 Total Planning Level

Fiscal Year	2022	2022
Metrics	Proposed COP21 Budget	
Operating Unit	New	Total
Total	\$42,000,000	\$42,000,000
South Sudan	\$42,000,000	\$42,000,000

Table B.1.1 COP21 Budget by Program Area

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Program	Fiscal Year	2022					
	Metrics	Proposed COP21 Budget			Percent of COP 21 Proposed Budget		
	Subprogram	Non Service Delivery	Service Delivery	Total	Non Service Delivery	Service Delivery	Total
Total		\$21,842,091	\$20,157,909	\$42,000,000	52.00%	48.00%	100.00%
C&T	Total	\$5,274,826	\$13,627,078	\$18,901,904	27.91%	72.09%	100.00%
	HIV Clinical Services	\$4,212,272	\$12,000,889	\$16,213,161	25.98%	74.02%	100.00%
	HIV Laboratory Services	\$980,976	\$1,626,189	\$2,607,165	37.63%	62.37%	100.00%
	Not Disaggregated	\$81,578		\$81,578	100.00%		100.00%
HTS	Total	\$1,093,439	\$2,904,846	\$3,998,285	27.35%	72.65%	100.00%
	Community-based testing	\$209,129	\$1,059,774	\$1,268,903	16.48%	83.52%	100.00%
	Facility-based testing	\$884,310	\$1,552,338	\$2,436,648	36.29%	63.71%	100.00%
	Not Disaggregated		\$292,734	\$292,734		100.00%	100.00%
PREV	Total	\$996,306	\$2,517,848	\$3,514,154	28.35%	71.65%	100.00%
	Comm. mobilization, behavior & norms change	\$149,308	\$876,738	\$1,026,046	14.55%	85.45%	100.00%
	Condom & Lubricant Programming		\$141,110	\$141,110		100.00%	100.00%
	Not Disaggregated	\$27,000		\$27,000	100.00%		100.00%
	Primary prevention of HIV and sexual violence	\$819,998		\$819,998	100.00%		100.00%
	VMMC		\$1,500,000	\$1,500,000		100.00%	100.00%
SE	Total	\$69,397	\$1,108,137	\$1,177,534	5.89%	94.11%	100.00%
	Case Management	\$49,397	\$129,494	\$178,891	27.61%	72.39%	100.00%
	Economic strengthening	\$20,000	\$654,820	\$674,820	2.96%	97.04%	100.00%
	Education assistance		\$137,565	\$137,565		100.00%	100.00%
	Not Disaggregated		\$120,258	\$120,258		100.00%	100.00%
	Psychosocial support		\$66,000	\$66,000		100.00%	100.00%
ASP	Total	\$1,790,294		\$1,790,294	100.00%		100.00%
	HMIS, surveillance, & research	\$710,719		\$710,719	100.00%		100.00%
	Human resources for health	\$242,024		\$242,024	100.00%		100.00%
	Laboratory systems strengthening	\$368,210		\$368,210	100.00%		100.00%
	Laws, regulations & policy environment	\$100,000		\$100,000	100.00%		100.00%
	Policy, planning, coordination & management of disease control programs	\$369,341		\$369,341	100.00%		100.00%
PM	Total	\$12,617,829		\$12,617,829	100.00%		100.00%
	IM Program Management	\$8,999,680		\$8,999,680	100.00%		100.00%
	USG Program Management	\$3,618,149		\$3,618,149	100.00%		100.00%

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Table B.1.4: COP21 Resource Allocation by Program and Beneficiary

Fiscal Year								
Program	C&T		HTS		PREV		SE	
Beneficiary	Proposed COP21 Budget	Percent to Total	Proposed COP21 Budget	Percent to Total	Proposed COP21 Budget	Percent to Total	Proposed COP21 Budget	Percent to Total
Total	\$2,202,537,666	100%	\$299,274,667	100%	\$582,914,586	100%	\$277,382,493	100%
Females	\$66,210,990	3%	\$3,137,772	1%	\$165,061,406	28%	\$92,655,175	33%
Key Pops	\$72,307,082	3%	\$59,163,545	20%	\$87,799,301	15%	\$2,783,047	1%
Males	\$24,554,863	1%	\$9,040,679	3%	\$152,700,859	26%	\$1,500,000	1%
Non-Targeted Pop	\$1,945,083,244	88%	\$200,689,561	67%	\$110,457,759	19%	\$10,589,092	4%
Not Specified								
OVC	\$5,636,839	0%	\$5,372,962	2%	\$16,043,991	3%	\$167,957,198	61%
Pregnant & Breastfeeding Women	\$57,792,840	3%	\$9,377,561	3%	\$11,912,319	2%		
Priority Pops	\$30,951,808	1%	\$12,492,587	4%	\$38,938,951	7%	\$1,897,981	1%

B.2 Resource Projections

PEPFAR South Sudan used incremental and intervention-based budgeting methods. The technical team identified PEPFAR's Fiscal Year 2022 priorities and goals to address PEPFAR South Sudan program challenges. Relevant interventions and initiatives were identified to achieve Fiscal Year 2022 goals and priorities. Based on Fiscal Year 2021 budget, Fiscal Year 2022 budgets are adjusted either upward or down for each program area.

There are three data sources used to project the Fiscal Year 2022 resources. The Annual Program Results (APR) was used to determine partners performance and ability to achieve results in Fiscal Year 2022. Based on this, resources were projected for the partners. Fiscal Year 2020 Expenditure Reporting (ER) guided the decision to adjust resources upward or downward to ensure resources are maximized for Direct Service Delivery (DSD), as opposed to Above-Site programs. Finally, COP20 interventions and budgets informed the decision on whether to continue or introduced an intervention that is relevant to PEPFAR South Sudan priorities, as stipulated in the Planning Level Letter (PLL).

APPENDIX C – Tables and Systems Investments for Section 6.o

Table 6 will not be completed for PEPFAR OUs in COP2021.

APPENDIX D – Minimum Program Requirements

Care and Treatment	Status
1. Adoption and implementation of Test and Start, with demonstrable access across all age, sex, and risk groups, and with direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	Facility-based is ongoing with same day initiation in greater than 95% of all facilities. Community-based has scaled down due to suspension of community-based HIV testing
2. Rapid optimization of ART by offering TLD to all PLHIV weighing ≥ 30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children who are ≥ 4 weeks of age and weigh ≥ 3 kg, and removal of all NVP- and EFV-based ART regimens.	As of October 31, 2020, over 90% of current patients have transitioned to TLD.
3. Adoption and implementation of differentiated service delivery models for all clients with HIV, including six-month multi-month dispensing (MMD), decentralized drug distribution (DDD), and services designed to improve identification and ART coverage and continuity for different demographic and risk groups.	As of October 2020, 99.5% of current clients on six-month MMD
4. All eligible PLHIV, including children and adolescents, should complete TB preventive treatment (TPT) by the end of COP21, and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient.	Currently at 78.3% TPT Completion in FY20 Q4. Limited commodities for patients, especially children available. INH deliveries due to low stock resulted in increased TPT initiation in following months.
5. Completion of Diagnostic Network Optimization activities for VL/EID, TB, and other coinfections, and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups, including 100% access to EID and annual viral load testing and results delivered to caregiver within 4 weeks.	Conducted in COP20 and activities are ongoing through COP21.
Case Finding	
1. Scale-up of index testing and self-testing, ensuring consent procedures and confidentiality are protected and assessment of intimate partner	N/A -No funding for PrEP through Global Fund Grant proposal (all commodities are

<p>violence (IPV) is established. All children under age 19 with an HIV positive biological parent should be offered testing for HIV.</p>	<p>procured through Global Fund. PEPFAR does not procure commodities).</p>
Prevention and OVC	
<p>1. Direct and immediate assessment for and offer of prevention services, including pre-exposure prophylaxis (PrEP), to HIV-negative clients found through testing in populations at elevated risk of HIV acquisition (PBFW and AGYW in high HIV-burden areas, high-risk HIV-negative partners of index cases, key populations and adult men engaged in high-risk sex practices)</p>	<p>N/A -No funding for PrEP through Global Fund Grant proposal (all commodities are procured through Global Fund. PEPFAR does not procure commodities).</p>
<p>2. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on 1) actively facilitating testing for all children at risk of HIV infection, 2) facilitating linkage to treatment and providing support and case management for vulnerable children and adolescents living with HIV, 3) reducing risk for adolescent girls in high HIV-burden areas and for 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV.</p>	<p>The program has focused on enrolling new HIV positive OVCs for all children at risk (C/ALHIV, HIV+ parents or caregivers and children of HIV+ FSW).</p> <p>The preparatory process has been completed for group-based HIV and sexual violence prevention interventions for 9-14-year-olds.</p>
Policy & Public Health Systems Support	
<p>1. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and medications, and related services, such as ANC, TB, cervical cancer, PrEP and routine clinical services affecting access to HIV testing and treatment and prevention.</p>	<p>N/A</p>
<p>2. OUs assure program and site standards are met by integrating effective quality assurance and Continuous Quality Improvement (CQI) practices into site and program management. CQI is supported by IP work plans, Agency agreements, and national policy.</p>	<p>SIMS implementation delayed due to COVID, but should resume soon in Juba. Other CQI-like interventions are being implemented virtually in several facilities.</p>
<p>3. Evidence of treatment and viral load literacy activities supported by Ministries of Health, National AIDS Councils and other host country leadership offices with the general population and health care providers regarding U=U and other</p>	<p>Funded in COP20 and should be continued in COP21 (especially through civil society organizations).</p>

updated HIV messaging to reduce stigma and encourage HIV treatment and prevention.	
4. Clear evidence of agency progress toward local, indigenous partner direct funding.	N/A
5. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended	N/A
6. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	N/A
7. Scale-up of case surveillance and unique identifiers for patients across all sites.	Initial sentinel surveillance activities begun.