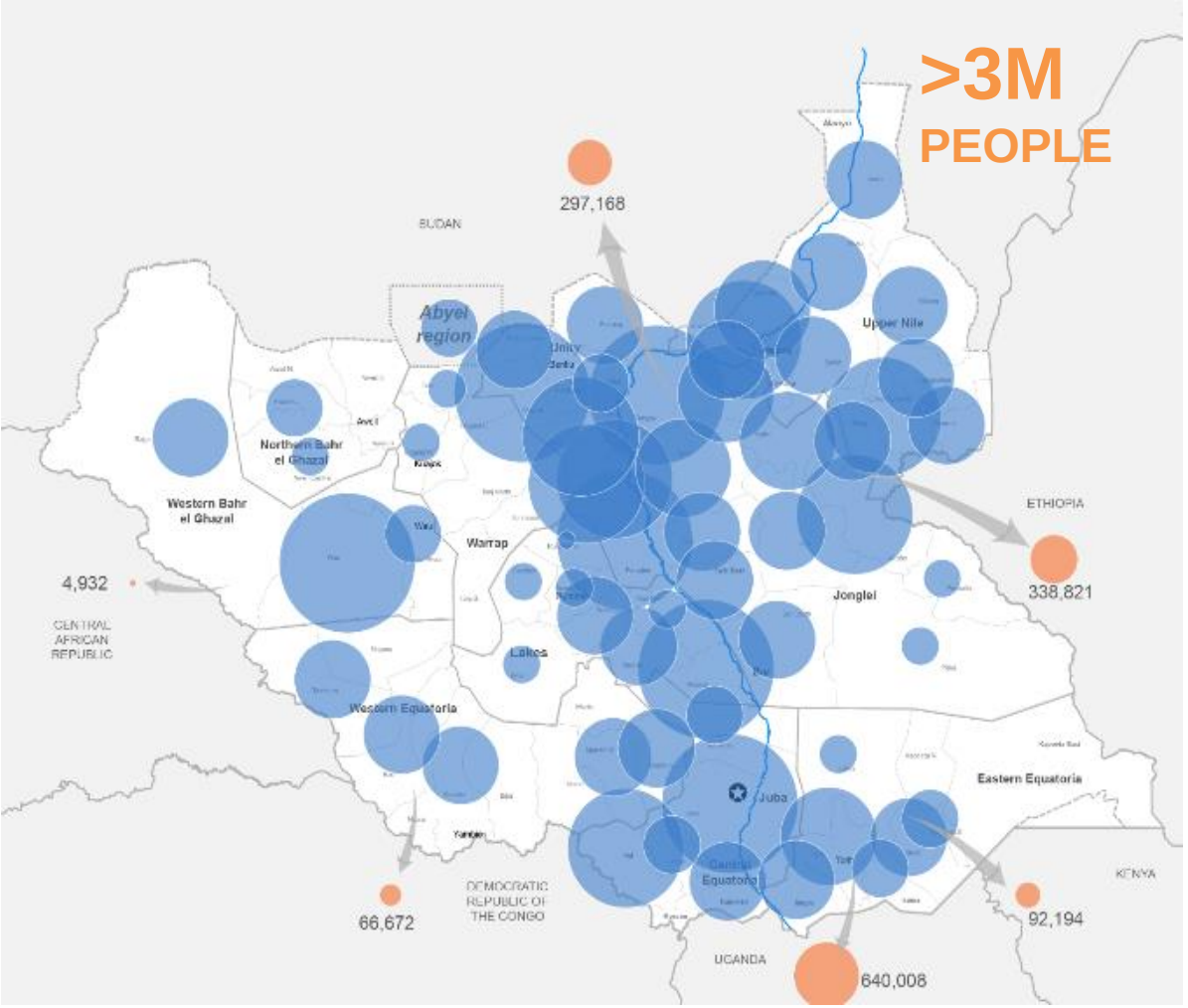
COP 2017 Approval Meeting Outbrief - South Sudan

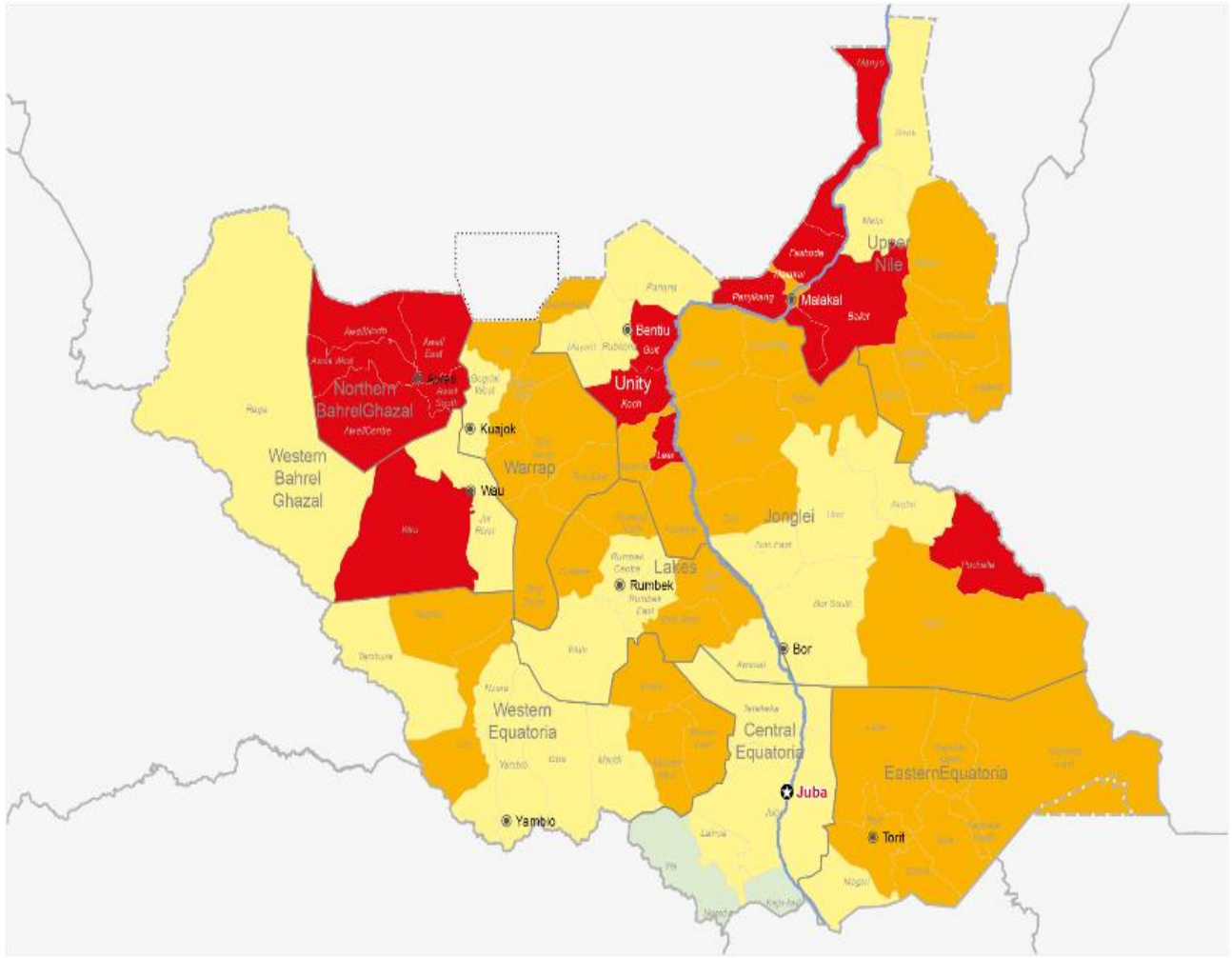
29 APRIL 2017

Johannesburg, South Africa

DISPLACEMENT
December 2016

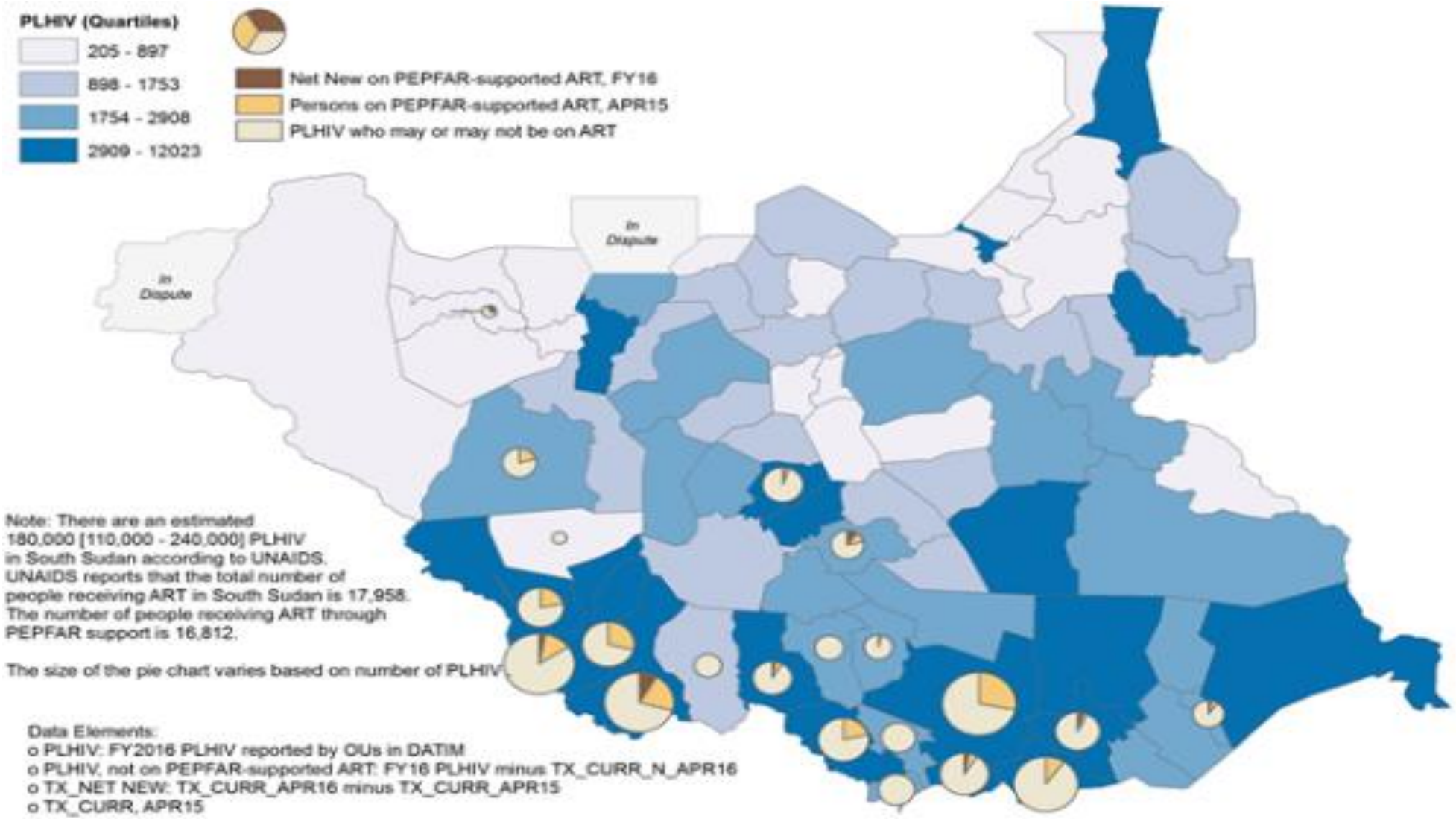


FOOD INSECURITY
December 2016



Progress on COP16 Implementation

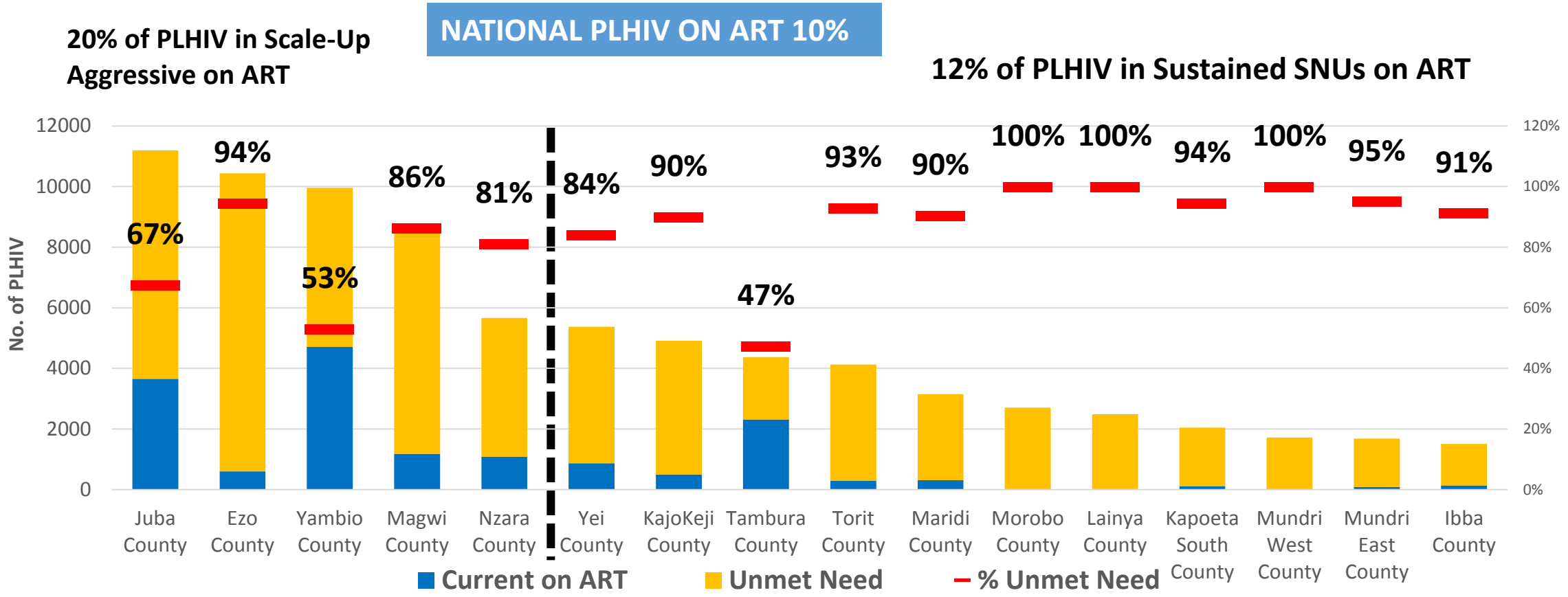
South Sudan PLHIV and PEPFAR ART Coverage, FY16



A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

PLHIV & Unmet Need across PEPFAR-Supported SNUs by end of SAPR FY17

44% of all PLHIV in South Sudan are in PEPFAR-supported SNUs in Equatoria:
25% of all PLHIV in South Sudan are in PEPFAR-supported Scale-Up Aggressive SNUs



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South Sudan COP15 (FY16) and COP16 (FY17) Implementation

	FY16 APR			FY17 Q1		FY17 Q2		FY17 SAPR		
Indicator	Results	FY16 Target	% Achieved	Results	% Achieved	Results	% Achieved	Results	FY17 Target	% Achieved
HTC_TST	129,035	147,997	87%	36,701	27%	50,971	38%	87,672	134,437	65%
HTC_TST_POS	7,015	10,361	68%	1,495	12%	2,296	19%	3,791	12,107	31%
TX_NEW	6,642	9,228	72%	1,792	10%	2,192	13%	3,984	17,500	23%
TX NET NEW	(361)	2,964	(12%)	(1,255)	--	2,212	15%	--	15,188	--
TX_CURR	16,591	18,716	88%	15,557	49%	17,769	56%	17,769	31,675	56%
PMTCT_STAT	42,242	32,187	131%	7,758	22%	12,198	34%	19,956	35,551	56%
PMTCT_ART	1,671	1,821	92%	481	26%	1,737	95%	2,218	1,824	122%
PMTCT_EID	--	--	--	187	11%	446	27%	633	1,643	39%
TB_STAT	2,271	4,655	49%	--	--	1,921	121%	1,921	1,582	121%
TB_ART	--	--	--	--	--	189	80%	189	237	80%
KP_PREV	4,369	5200	84%	--	--	4,175	87%	4,175	4,820	87%

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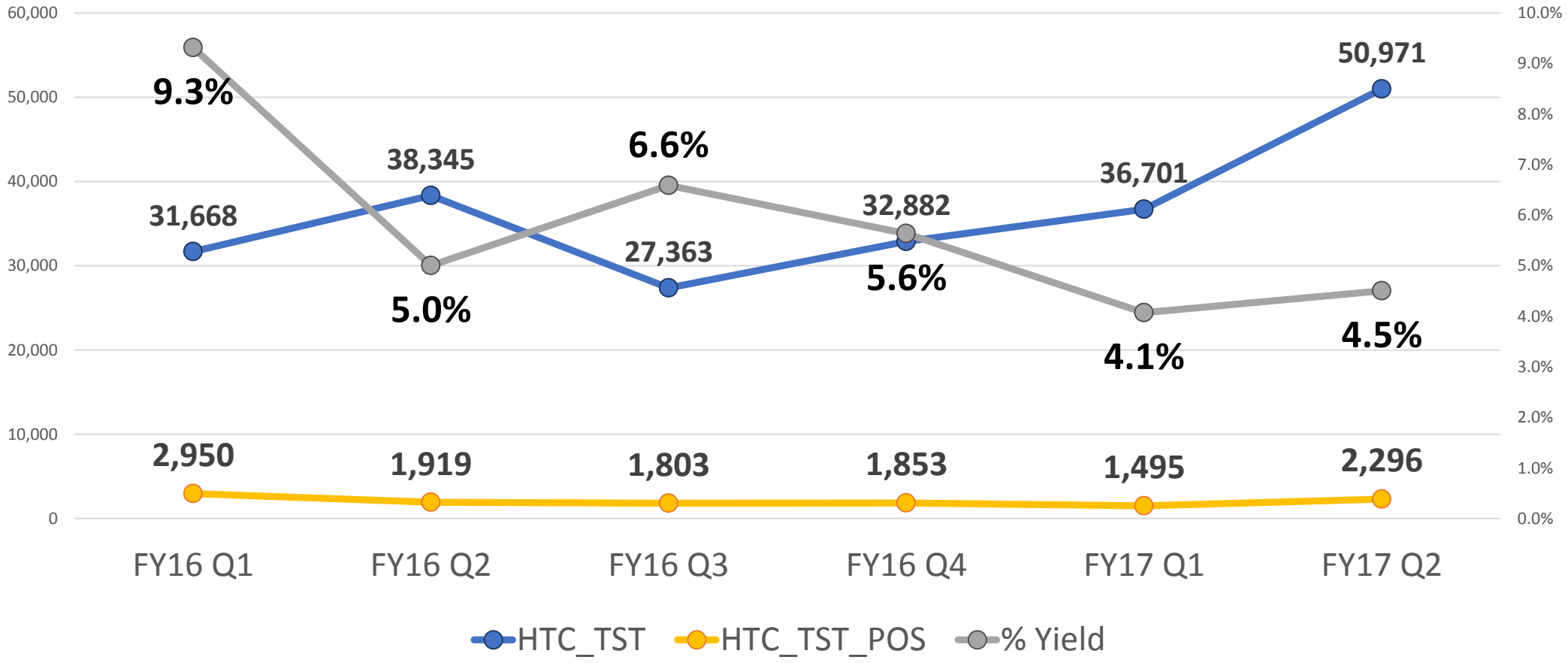
South Sudan HTC Testing, Positives, and Yield Performance FY16 Q1 to FY17 Q2



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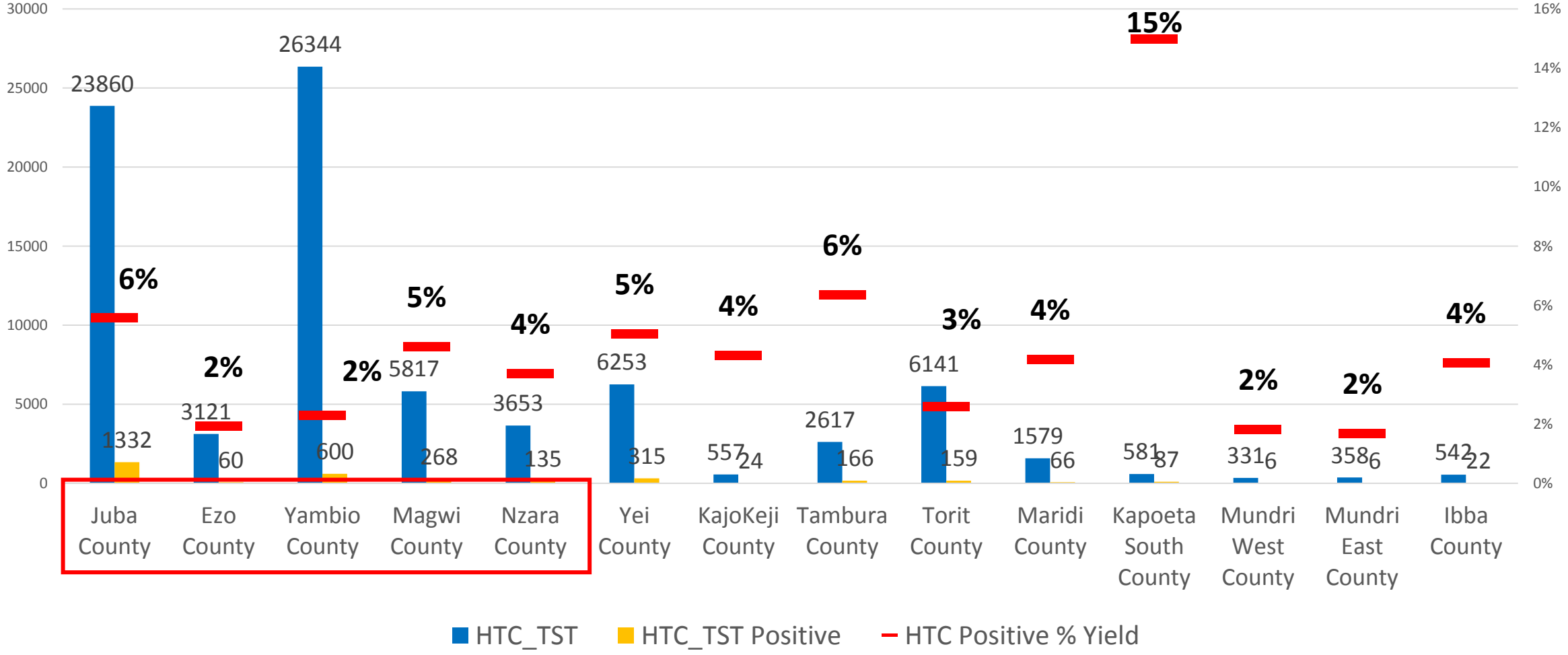
HTC Tested, Positives, and Yield by Scale-Up and Sustained SNUs FY17 SAPR Results



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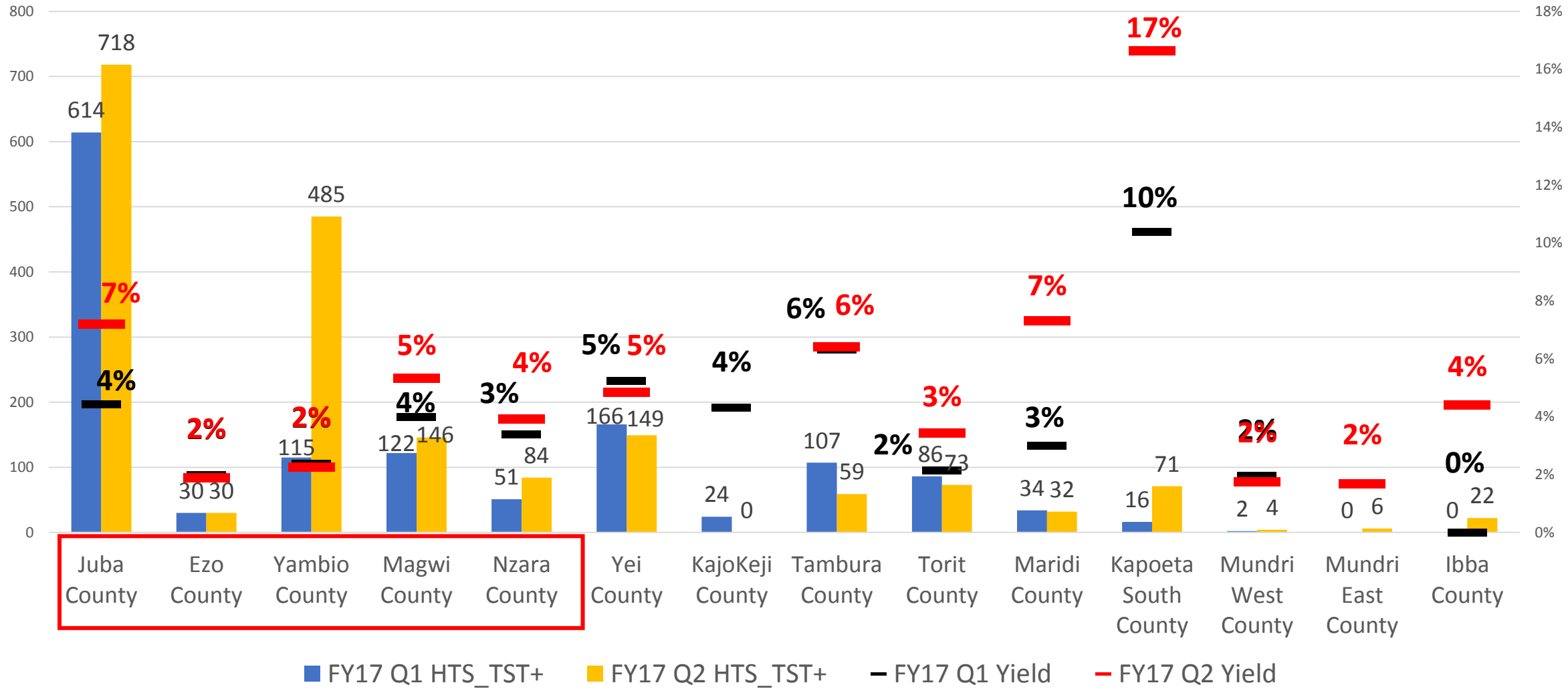
FY17 Q1 and Q2 HTC Positives and Yield Comparison by SNU



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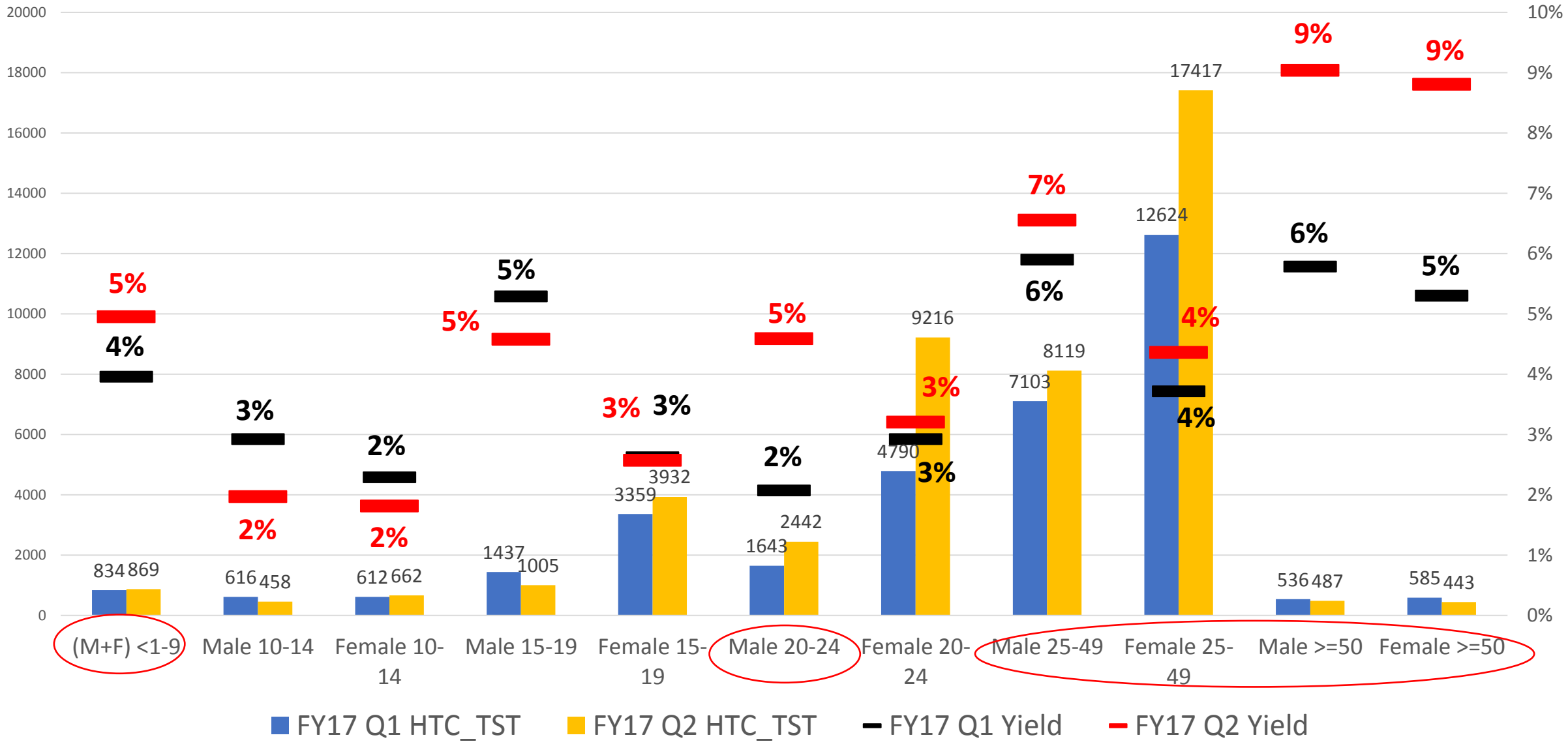
FY17 Q1 and Q2 HTC Testing and Yield by Sex/Age



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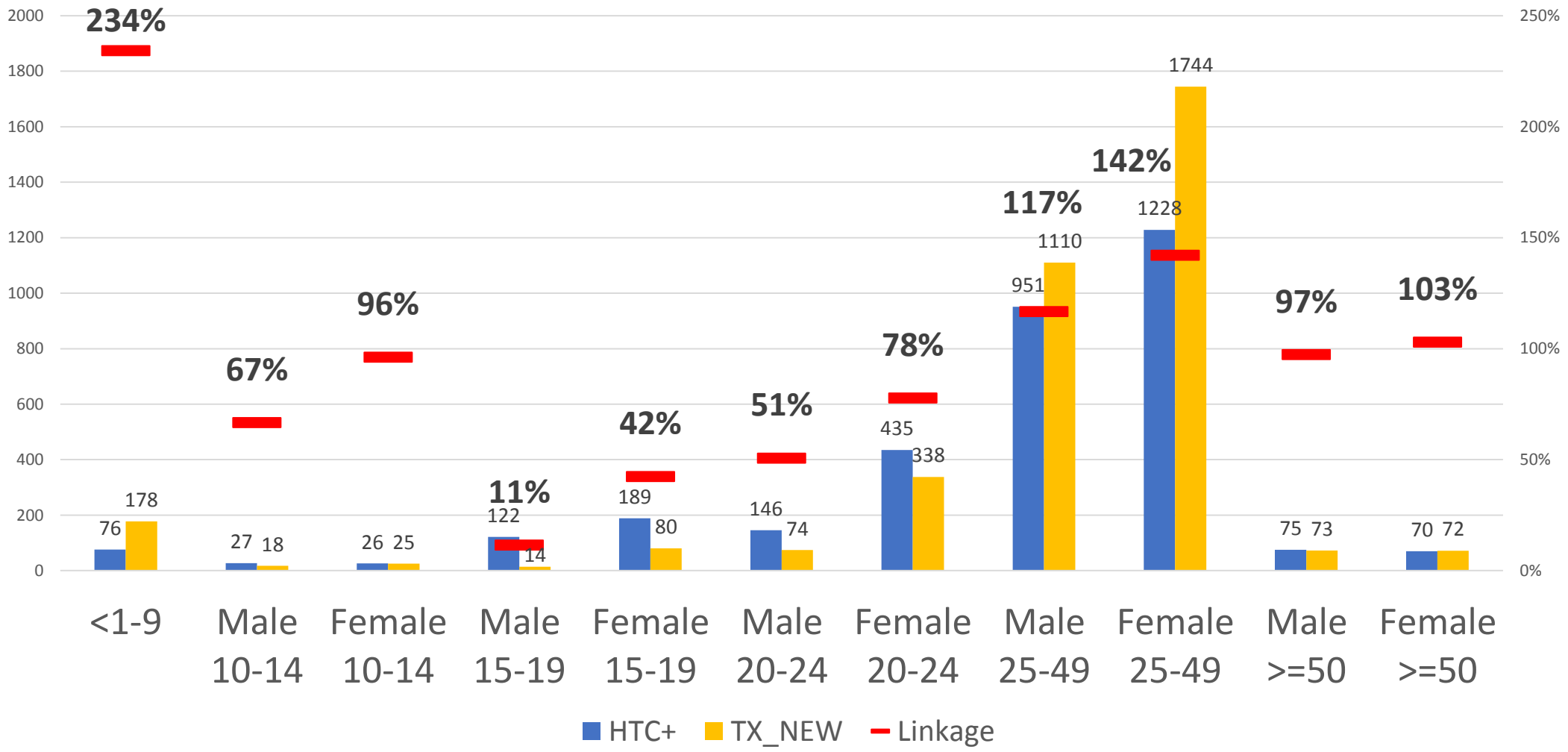
HTC+ Linked to Treatment by Age/Sex: FY17 SAPR



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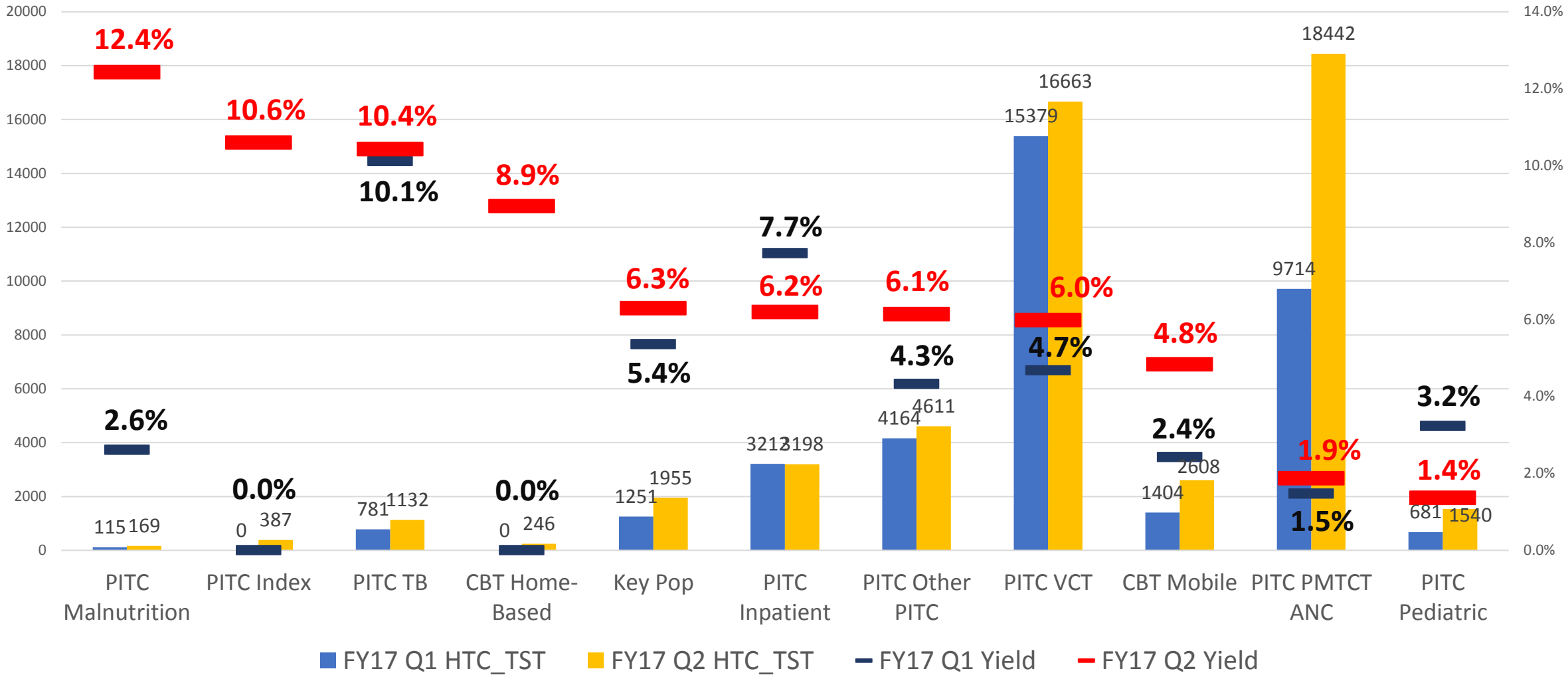
FY17 Q1 and Q2 HTC Testing and Yield by Modality



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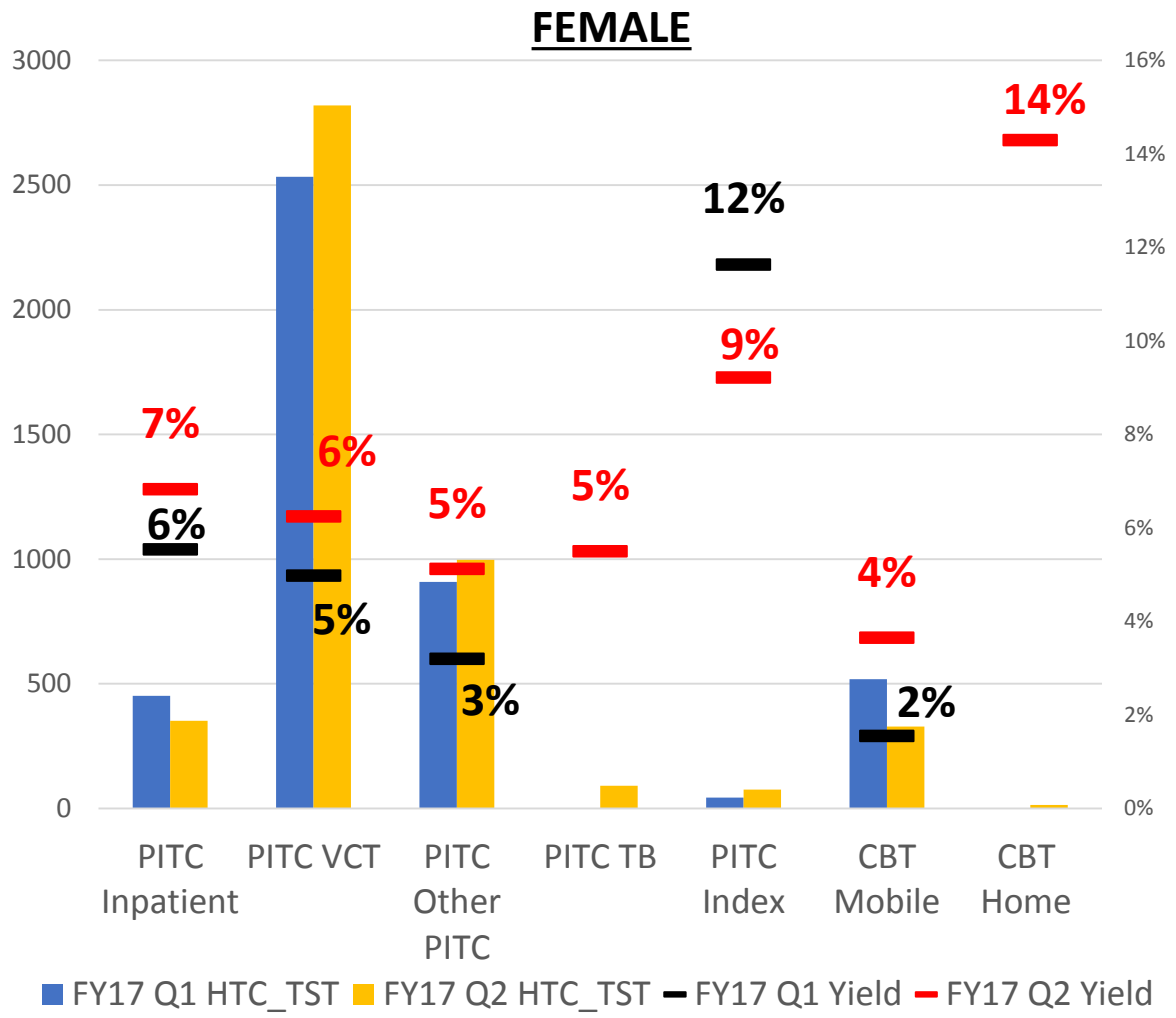
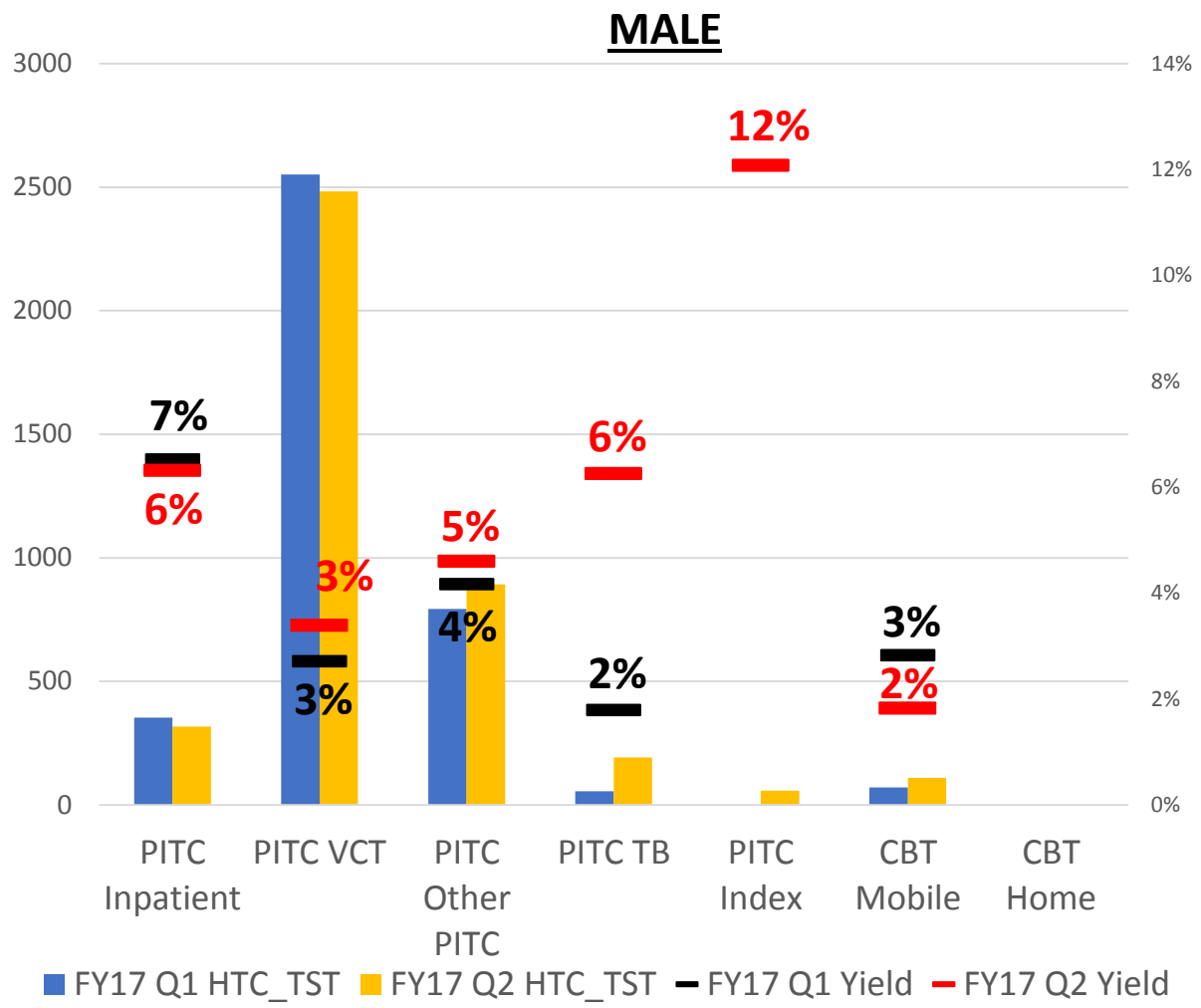
FY17 Q1 and Q2 HTC Testing and Yield by Sex and Modality for 10-24 YOs





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FY17 HTC IM-Level Performance

	HTC_TST					HTC_POS				
Partner	FY17 Q1 Results	FY17 Q2 Results	FY17 SAPR Results	FY17 Target	% Achieved	FY17 Q1 Results	FY17 Q2 Results	FY17 SAPR Results	FY17 Target	% Achieved
Catholic Medical Mission Board (CMMB)	4650	23452	28102	34413	**82%**	122	492	614	1531	**40%**
Linkages (FHI 360)	1251	1955	3206	4293	**75%**	67	123	190	1024	**19%**
ICAP	6091	7465	13556	23840	**57%**	198	642	840	1911	**44%**
IntraHealth International, Inc. (IHI)	16972	7899	24871	28803	**86%**	685	359	1044	2878	**36%**
SPPHC (JHPIEGO)	6919	7340	14259	50831	**28%**	295	390	685	3428	**20%**
Research Triangle International (RTI)	1011	4715	5726	10710	**53%**	128	330	458	1031	**44%**

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FY17 Partner HTC Results by Facility within Scale-Up Aggressive SNUs

			FY17 Q1 Results			FY17 Q2 Results			FY17 SAPR Results		
Partner	Site	SNU	HTC_TST	HTC+	Yield	HTC_TST	HTC+	Yield	HTC_TST	HTC+	Yield
CMMB	Ezo Primary Health Care Centre	Ezo	527	22	4%	543	24	4%	1070	46	4%
	Nzara Primary Health Care Centre	Nzara	1068	43	4%	1830	78	4%	2898	121	4%
	Yambio Primary Health Care Centre	Yambio	1593	40	3%	10640	197	2%	12233	237	2%
		TOTAL	**3188**	**105**	**3%**	**13013**	**299**	**2%**	**16,201**	**404**	**2%**
ICAP	Al-Shaba Children Hospital	Juba	1083	20	2%	1696	37	2%	2779	57	2%
	Juba Teaching Hospital	Juba	6224	318	5%	2502	361	14%	8726	679	8%
	Magwi Primary Health Care Centre	Magwi	88	8	9%	68	9	13%	156	17	11%
	Yambio Hospital	Yambio	3251	74	2%	1765	107	6%	5016	181	4%
		TOTAL	**10646**	**420**	**4%**	**6031**	**514**	**9%**	**16,677**	**934**	**6%**
IHI	Nimule Hospital	Magwi	2651	94	4%	2683	137	5%	5334	231	4%
		TOTAL	**2651**	**94**	**4%**	**2683**	**137**	**5%**	**5,334**	**231**	**4%**
JHPIEGO	Gurei Primary Health Care Centre	Juba	904	42	5%	1505	85	6%	2409	127	5%
	Kator Primary Health Care Centre	Juba	741	43	6%	710	52	7%	1451	95	7%
	Kimu Primary Health Care Centre	Juba	235	5	2%	233	8	3%	468	13	3%
	Munuki Primary Health Care Centre	Juba	1568	73	5%	2442	145	6%	4010	218	5%
	Nyakuron Primary Health Care Centre	Juba	1150	48	4%	285	10	4%	1435	58	4%
		TOTAL	**4598**	**211**	**5%**	**5175**	**300**	**6%**	**9,773**	**511**	**5%**
RTI	Military Site	Juba	1011	128	13%	4715	330	7%	5726	458	8%
		TOTAL	**1,011**	**128**	**13%**	**4,715**	**330**	**7%**	**5,726**	**458**	**8%**

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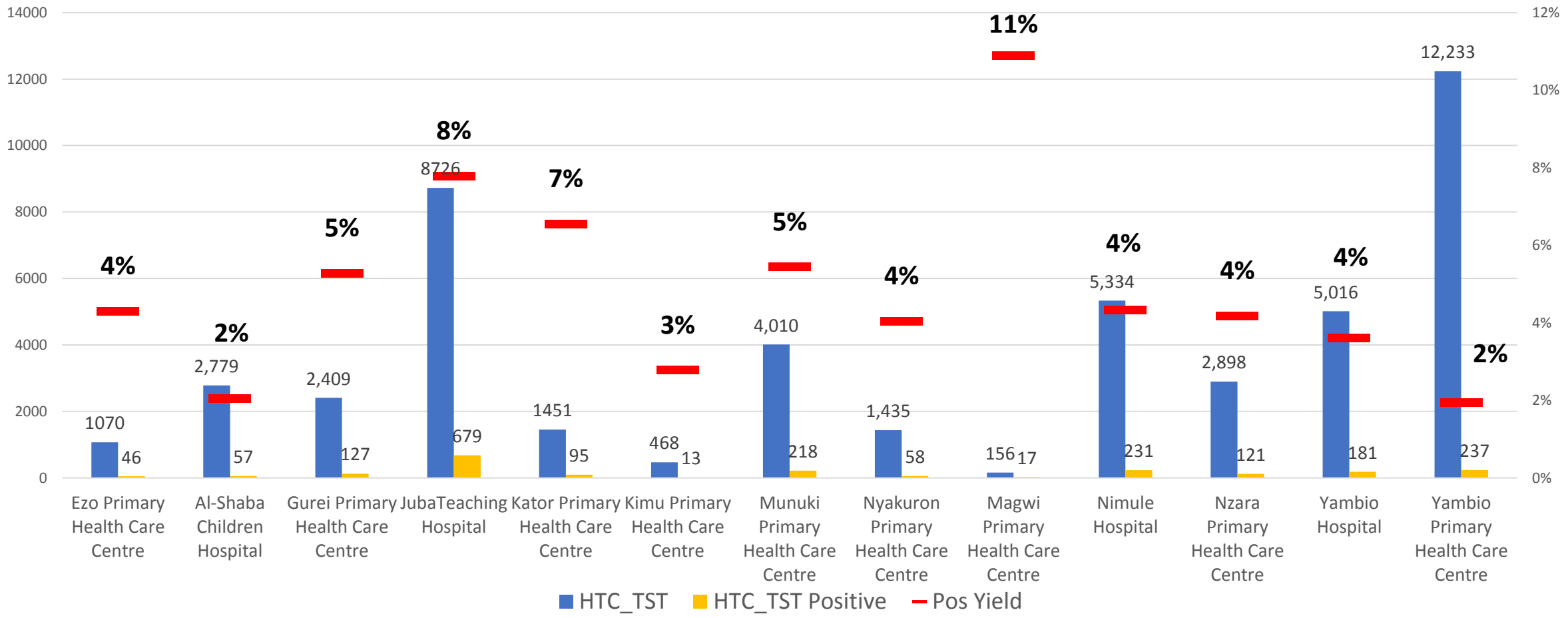
Facility-Level HTC Testing, Positives, and Yield in Scale-Up Aggressive SNUs FY17 SAPR Results



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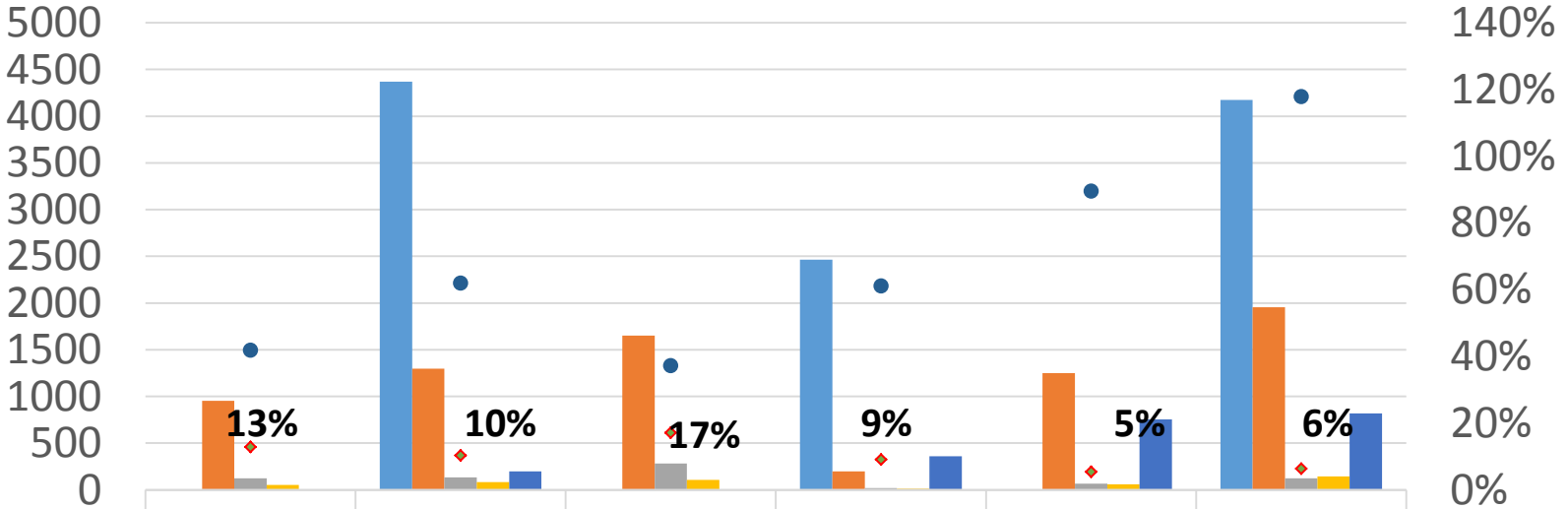
KP Program: FY16-FY17 SAPR Prevention, Testing & Treatment Trend

- Geographic focus on hot spots in Juba, Nimule, Yei & Yambio
- Focus on continuous effort to improve HTC yield and linkage of positives to treatment in Test and Start
- Applying strategies to increasing yield including identification and testing of home-based FSWs



	FY16 Q1	FY16 Q2	FY16 Q3	FY16 Q4	FY17 Q1	FY17 Q2
KP_PREV		4369		2464		4175
HTC_TST	952	1298	1653	198	1251	1955
HTC_POS	122	134	282	18	67	123
TX_NEW	51	83	105	11	60	145
TX_CURR		196		358	755	818
Yield	13%	10%	17%	9%	5%	6%
Linkage rate	42%	62%	37%	61%	90%	118%

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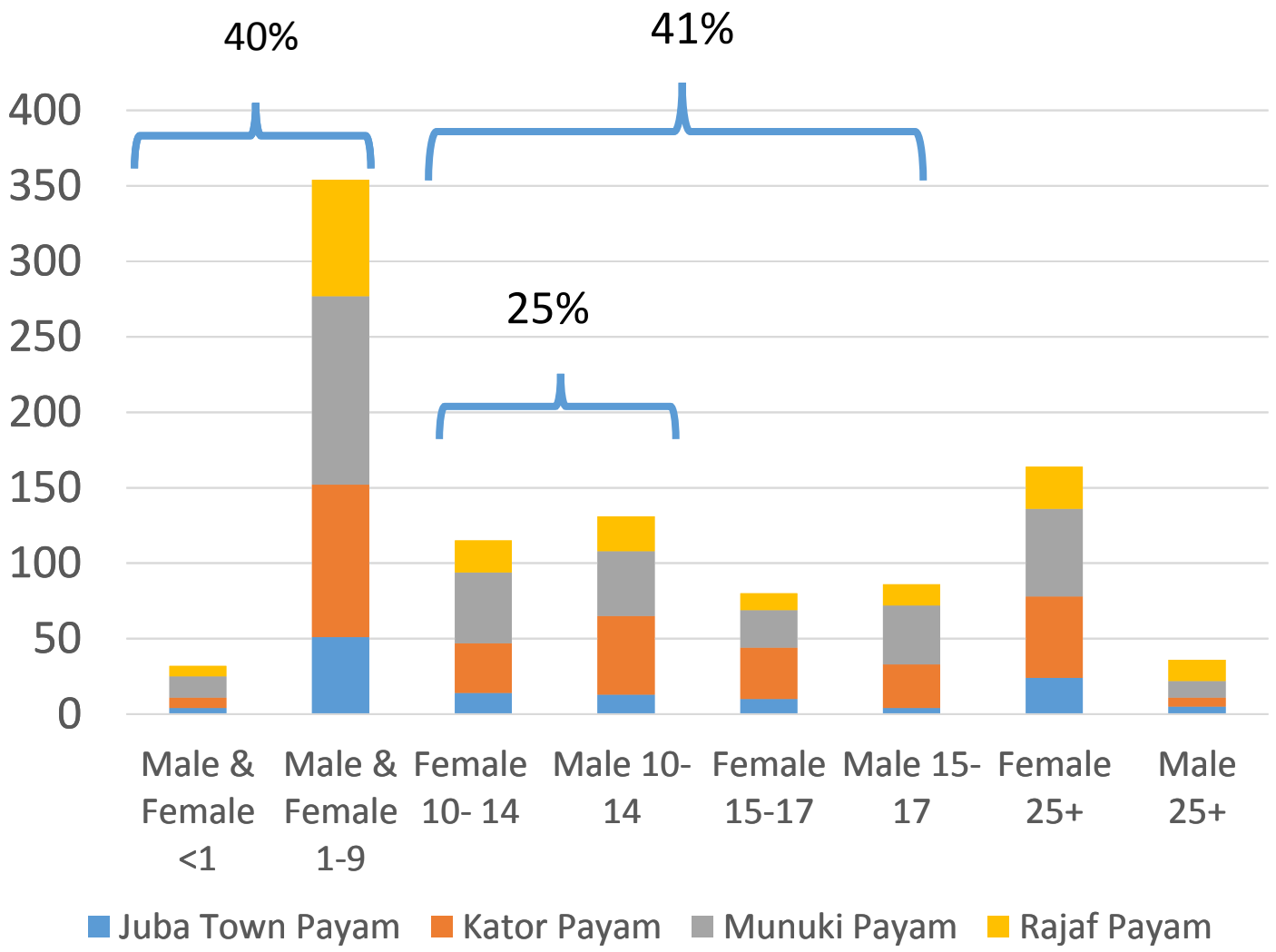
OVC Program for platform to reach youth and Children of FSWs

- Target set at 800 HH enrolled. (200 HH enrolled to date - 25% achievement).
- Female: 60 % of beneficiaries enrolled
- Children: 80% (40% is under 10 ys old)
- Young Adolescent (10-14ys): 25%
- Caregivers (Adult): 82% is Female
- 80% of HHs needs education support & 97% extremely food insecure.
- The Beit-Salaam Teen curriculum targeting 10-17 ys (Q3) & youth and adolescent outreach for HIV prevention and SRH education/skill development.
- 115 households (58%) are HIV affected families (at least one member has a known HIV+ status), including 130 PLHIV (including 23 HIV positive children under 18 and 105 adults 18+)
- Plan inclusion of FSW HHs and HIV affected household to achieve 75% goal during 3 cohort enrollment.



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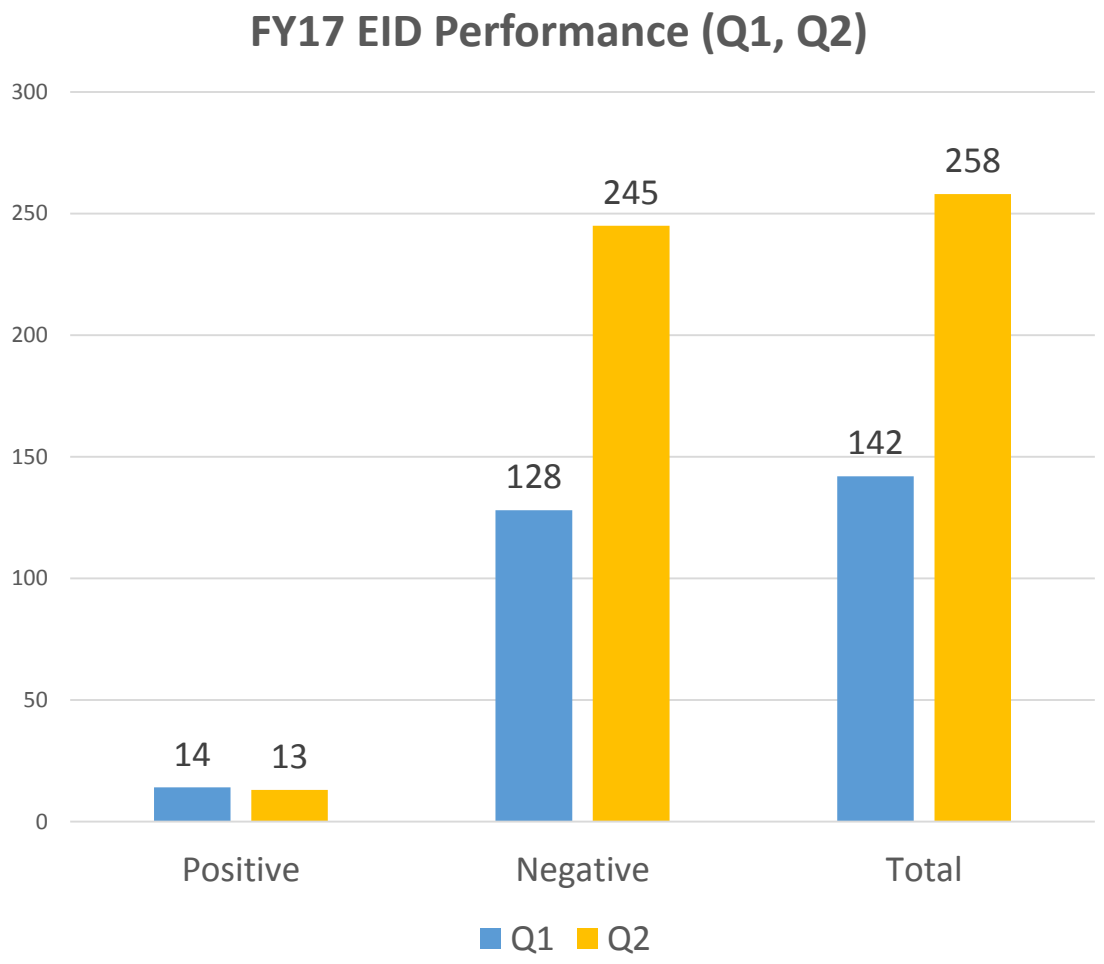
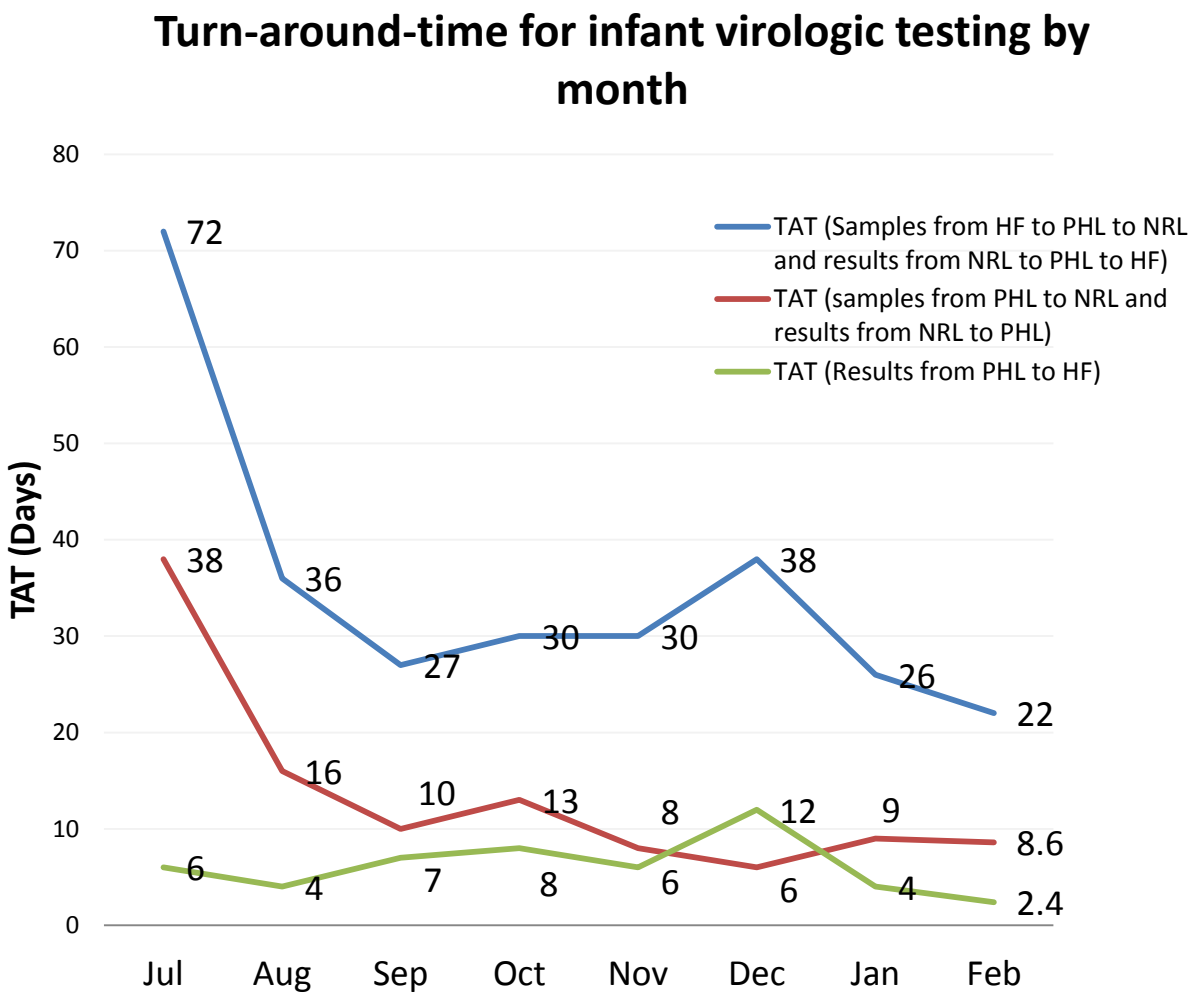
Infant virologic testing in South Sudan





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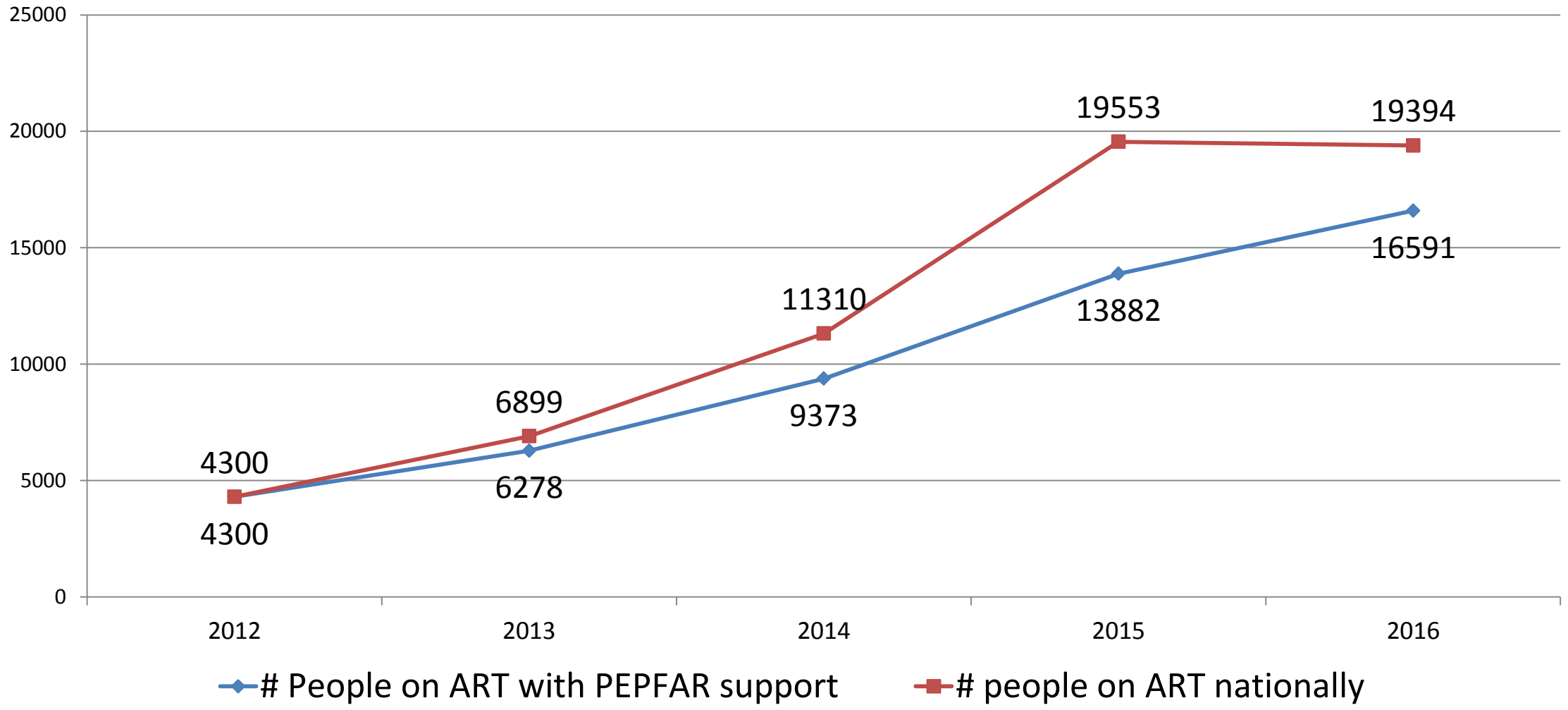
South Sudan Cost Per Positive *by Testing Modality*

- HTC PITC Positive: $379.01 (National Weighted Avg.)
  - DoD TBD Care & Treatment: $18.07
  - Intrahealth International: $373.72 (Central & Western Equatoria)

- HTC VCT Positive: $207.22 (National Weighted Avg.)
  - CMMB: $57.14 (Western Equatoria)
  - SPPHC (Jhpiego): $185.39 (Central & Western Equatoria)
  - Intrahealth International: $655.44 (Central & Eastern Equatoria)

- HTC CBTC Positive: $802.32 (National Weighted Avg.)
  - LINKAGES: $596.93 (Central & Eastern Equatoria)
  - Intrahealth International: $870.65 (Central & Eastern Equatoria)
  - CMMB: $1,801.31 (Western Equatoria)

National and PEPFAR Trend for Individuals Currently on ART (FY16)



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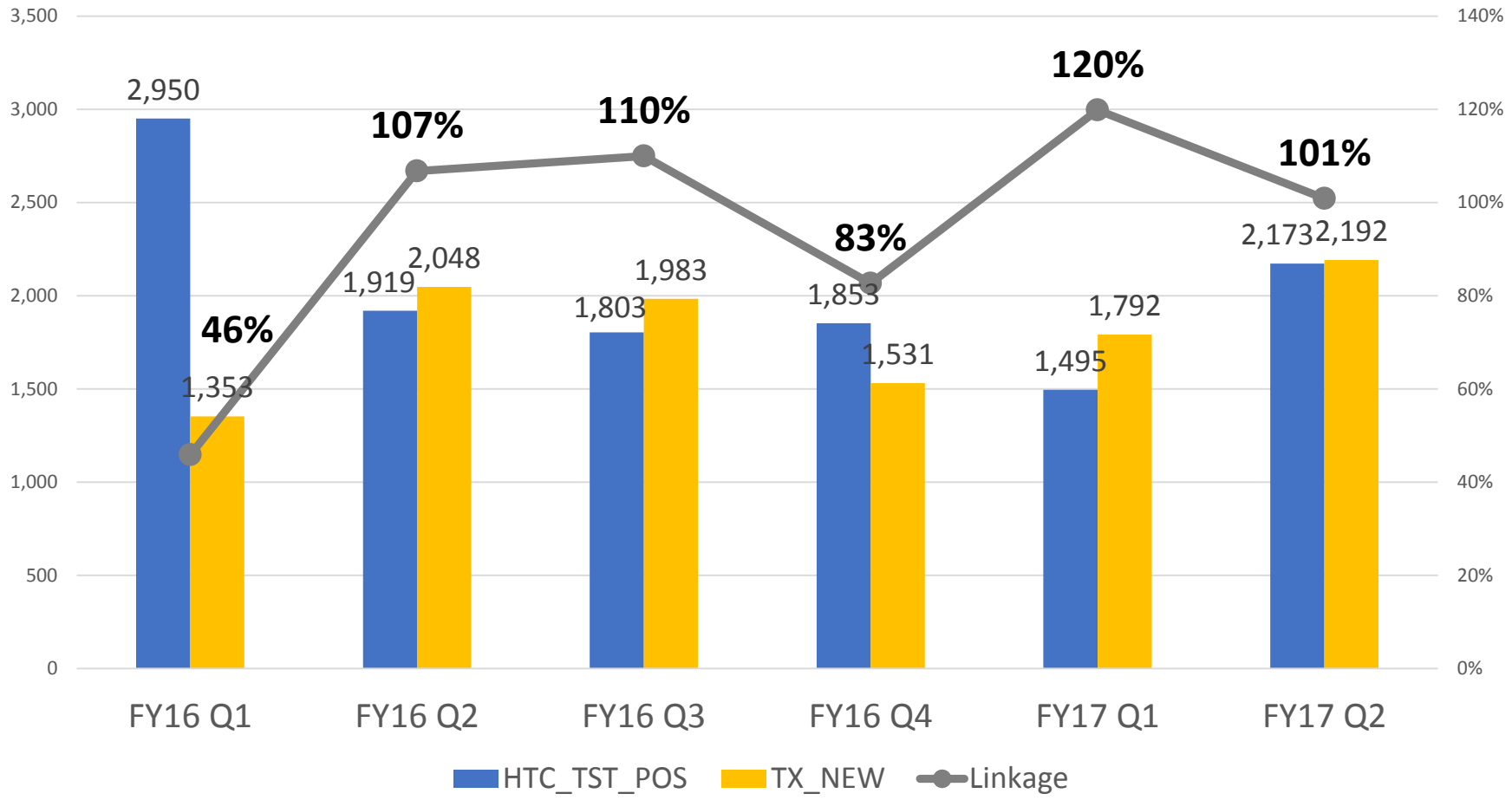
South Sudan HTC_POS, TX_NEW, and Linkage Performance FY16 Q1 to FY17 Q2



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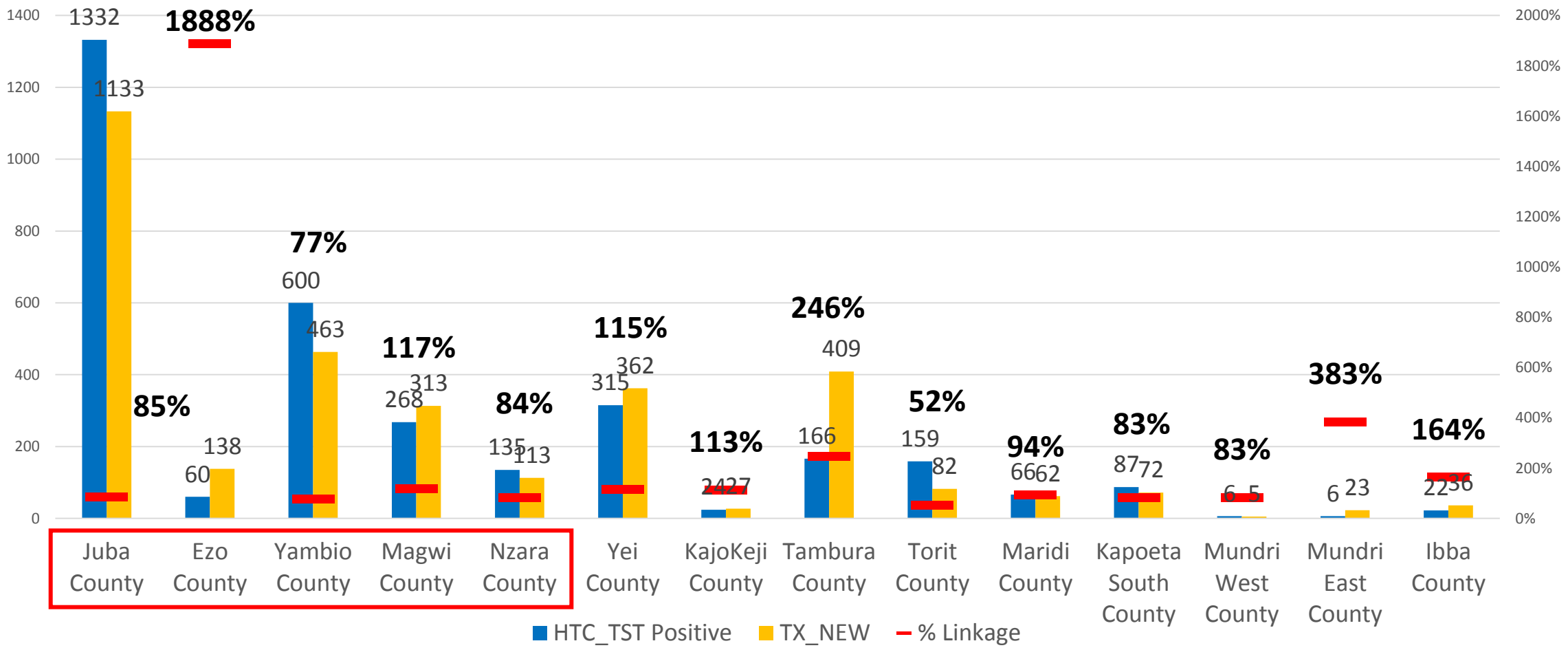
Linkage to Treatment by Scale-Up and Sustained SNUs FY17 SAPR Results



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FY17 Q1 and Q2 Linkage to Treatment by SNU

	FY17 Q1			FY17 Q2		
Scale-Up Aggressive	**HTC+**	**TX_NEW**	**Linkage**	**HTC+**	**TX_NEW**	**Linkage**
Juba County	614	413	67%	718	720	100%
Ezo County	30	16	53%	30	122	407%
Yambio County	115	162	141%	485	301	62%
Magwi County	122	106	87%	146	207	142%
Nzara County	51	60	118%	84	53	63%
Sustained						
Yei County	166	236	142%	149	126	85%
KajoKeji County	24	27	113%	0	0	0%
Tambura County	107	272	254%	59	137	232%
Torit County	86	55	64%	73	27	37%
Maridi County	34	30	88%	32	32	100%
Kapoeta South County	16	14	88%	71	58	82%
Mundri West County	2	1	50%	4	4	100%
Mundri East County	0	5	0%	6	18	300%
Ibba County	0	25	0%	22	11	50%

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FY17 TX Partner Performance

	TX_NEW					TX_CURR				
Partner	FY17 Q1 Results	FY17 Q2 Results	FY17 SAPR Results	FY17 Target	% Achieved	FY17 Q1 Results	FY17 Q2 Results	FY17 SAPR Results	FY17 Target	% Achieved
Catholic Medical Mission Board (CMMB)	92	377	469	2338	**20%**	255	2870	2870	6123	**47%**
Linkages (FHI 360)	69		69	735	**9%**	755		755	1084	**70%**
ICAP	998	821	1819	5494	**33%**	11984	9428	9428	12218	**77%**
IntraHealth International, Inc. (IHI)	66	235	301	1956	**15%**	68	1810	1810	4946	**37%**
SPPHC (JHPIEGO)	355	423	778	2994	**23%**	1436	1743	1743	2869	**61%**
Research Triangle International (RTI)	212	191	403	858	**47%**	1059	1100	1100	1498	**73%**

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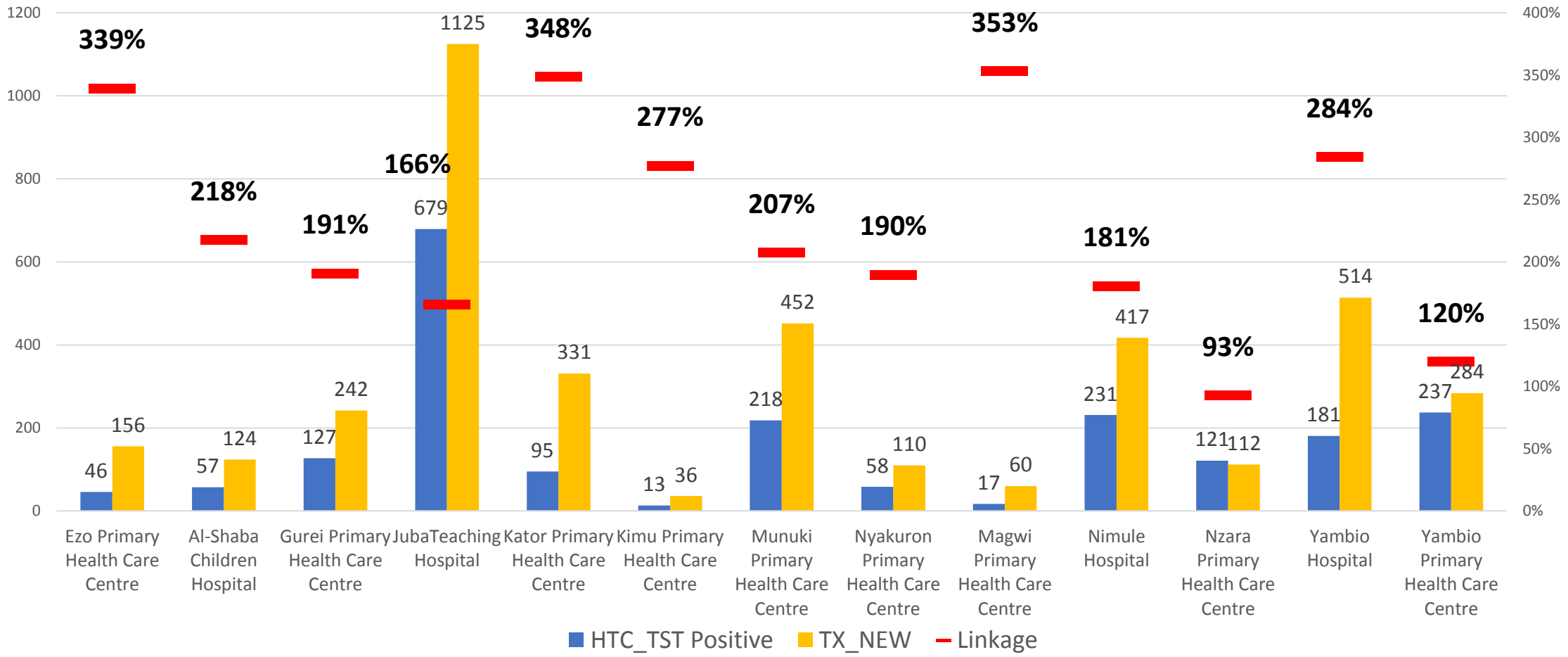
Partner FY17 TX Results by Site within Scale-Up Aggressive SNUs

			FY17 Q1 Results			FY17 Q2 Results			FY17 SAPR Results		
Partner	Site	SNU	TX_NEW	Linkage	TX_CURR	TX_NEW	Linkage	TX_CURR	TX_NEW	Linkage	TX_CURR
CMMB	Ezo Primary Health Care Centre	Ezo	32	145%	142	124	517%	898	156	339%	1040
	Nzara Primary Health Care Centre	Nzara	6	14%	6	106	136%	2168	112	93%	2174
	Yambio Primary Health Care Centre	Yambio	32	80%	32	252	128%	1225	284	120%	1257
		TOTAL	**70**	**67%**	**180**	**482**	**161%**	**4291**	**552**	**137%**	**4,471**
ICAP	Al-Shaba Children Hospital	Juba	50	250%	120	74	200%	102	124	218%	222
	Juba Teaching Hospital	Juba	443	139%	5698	682	189%	5724	1125	166%	11422
	Magwi Primary Health Care Centre	Magwi	36	450%	230	24	267%	222	60	353%	452
	Yambio Hospital	Yambio	305	412%	6760	209	195%	6988	514	284%	13748
		TOTAL	**834**	**199%**	**12808**	**989**	**192%**	**13036**	**1,823**	**195%**	**25,844**
IHI	Nimule Hospital	Magwi	217	231%	1812	200	146%	1376	417	181%	3188
		TOTAL	**217**	**231%**	**1812**	**200**	**146%**	**1376**	**417**	**181%**	**3,188**
JHPIEGO	Gurei Primary Health Care Centre	Juba	58	138%	58	184	216%	132	242	191%	190
	Kator Primary Health Care Centre	Juba	141	328%	150	190	365%	266	331	348%	416
	Kimu Primary Health Care Centre	Juba	12	240%	8	24	300%	18	36	277%	26
	Munuki Primary Health Care Centre	Juba	117	160%	82	335	231%	340	452	207%	422
	Nyakuron Primary Health Care Centre	Juba	61	127%	106	49	490%		110	190%	106
		TOTAL	**389**	**184%**	**404**	**782**	**261%**	**756**	**1171**	**229%**	**1,160**
RTI	Military Site	Juba	212	166%	1059	191	58%	1100	403	88%	1100
		TOTAL	**212**	**166%**	**1,059**	**191**	**58%**	**1,100**	**403**	**88%**	**1,100**

All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at http://data.pepfar.net.

Facility-Level Linkage in Scale-Up Aggressive SNUs FY17 SAPR Results



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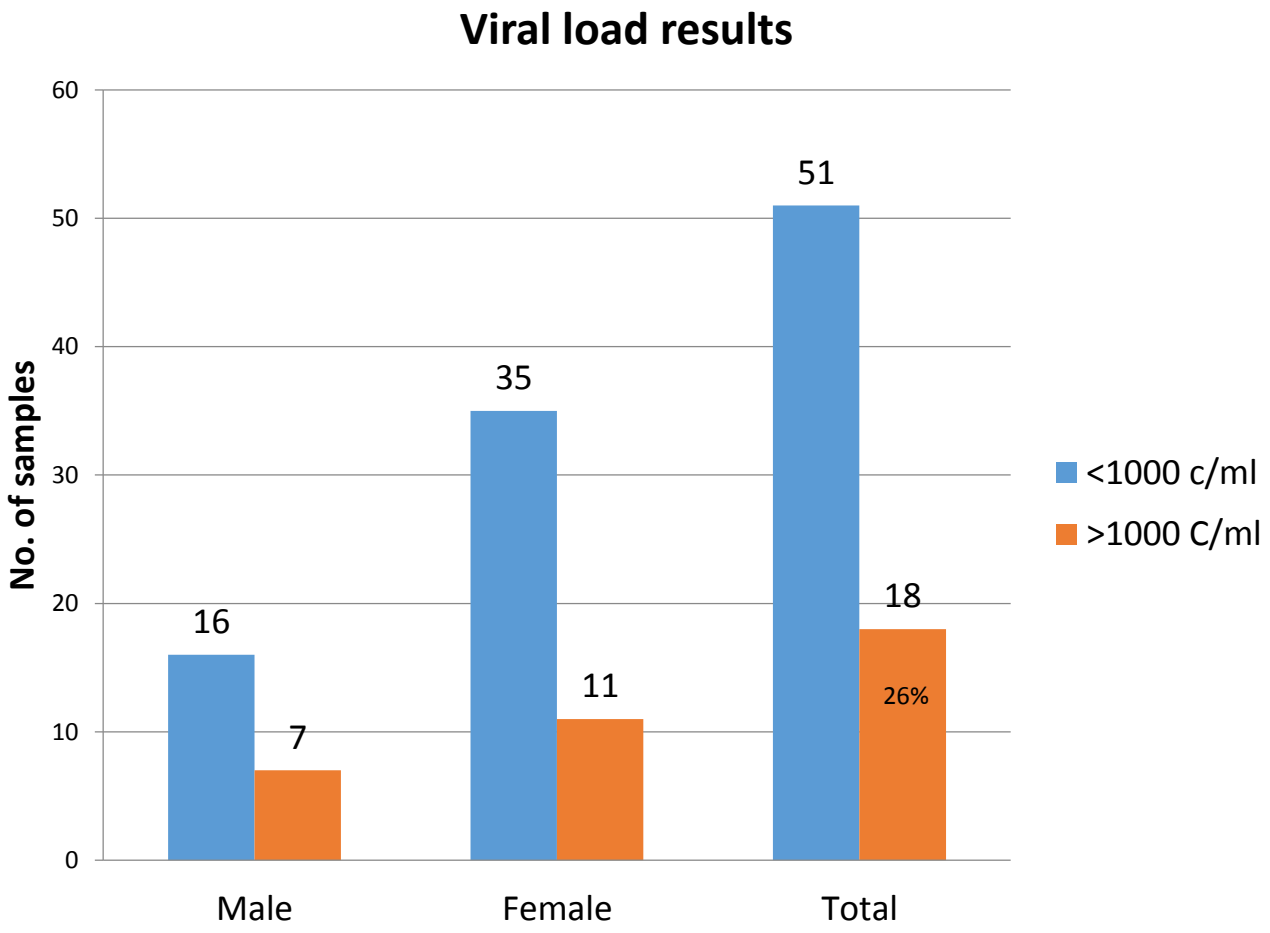
Viral load testing in South Sudan – began in March 2017 (first ever testing and results for S Sudan)

	Male	Female	Total
Samples collected	72	126	198
Results received	23	46	69
Results pending	49	80	129

	Virological failure (N=18)	
Females	**12**	**67%**
Pregnant/BF	**2**	**11%**
Children	**4**	**22%**



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COP17: Direction and Focus

Reaching the First 90

- Confirmatory testing of HIV+ patients with ART initiation
- Expanding PITC to high yield areas within facilities (ANC, L&D, TB wards, OPD and IPD, with IPs using yield to continually refine deployment of testing)
- Provide ANC/PMTCT, FP and HTC outreach services targeting young women
- Engage, mentor and provide supportive supervision to CBOs, Community health workers, PLHIV groups and other community actors to provide outreach services.
- Expand index partner testing and partner notification services.
- Explore new places: IDP Camps , OVC families and provide targeted mobile testing for KP; HIV yield and cost-per-positive to continually guide strategies
- Strengthen referrals and linkages to treatment (same day same site initiation of ARV)
- Early Infant diagnosis at ANC/ PMTCT

HTC Cost Per Positive COP17 Projections

Testing Modality	Positive Tests	Positivity	Cost per positive
Index-Facility Based	41	10.6%	$15.67
PITC TB Clinics	197	20.5%	$16.12
PITC Malnutrition	24	15.0%	$19.64
PITC Inpatient	446	13.9%	$23.86
VCT	1,716	5.2%	$31.00
Other PITC services	463	10.5%	$31.46
PITC VMMC	1	5.4%	$33.20
Key Pop	67	5.0%	$58.26
PITC Pediatric	43	4.6%	$85.74
PITC PMTCT ANC Clinics	488	3.3%	$95.78
Mobile CBTC	59	10.7%	$121.94

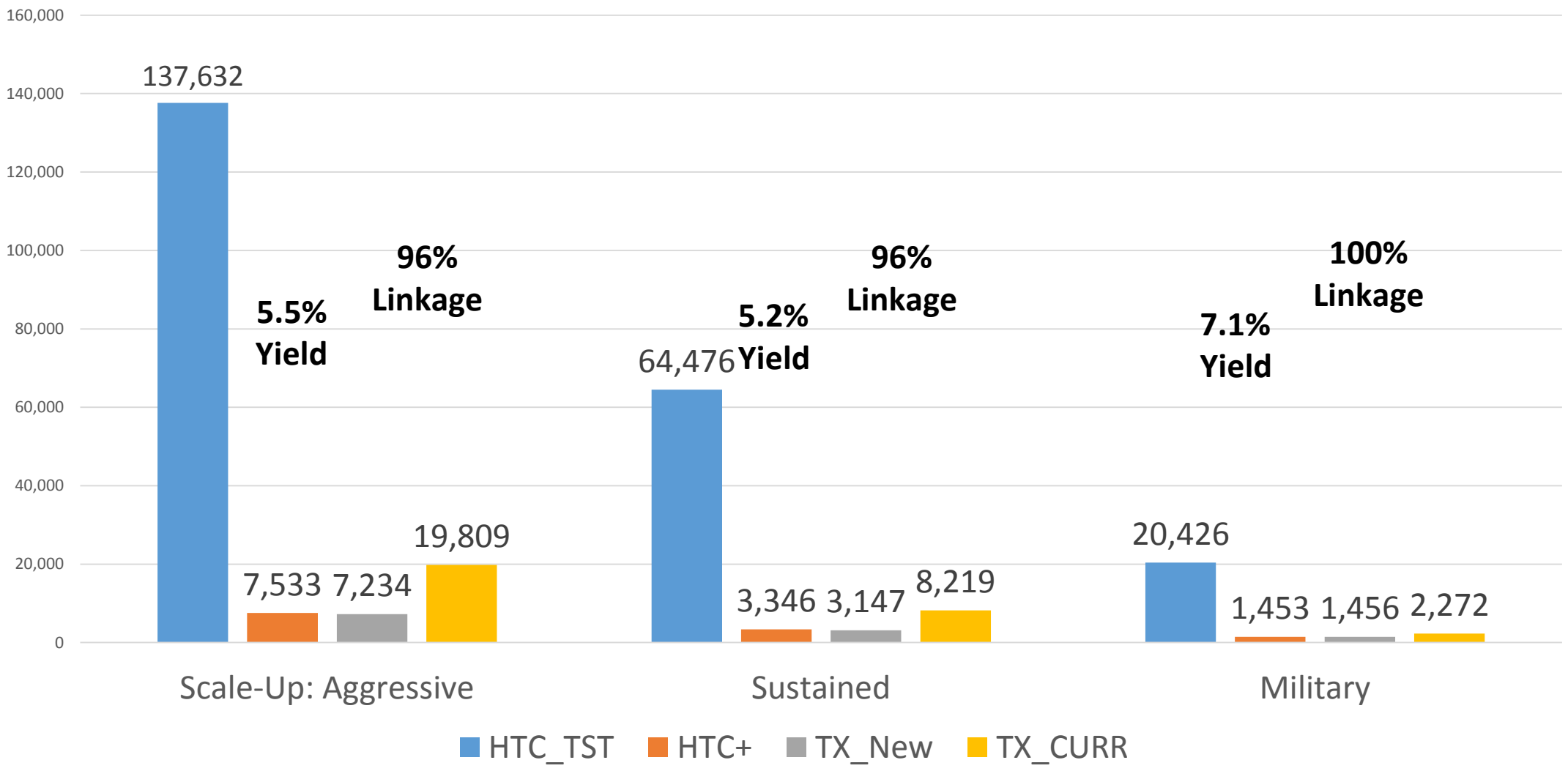
Reaching the Second 90

- Same day same site initiation of ART (Test and START).
- Multi month Scripting of about 3 months
- Expansion of differentiated models of care for stable patients on ART (e.g. Pharmacy fast tracking, community ART models etc).
- Engage PLHIV networks/ CSOs to strengthen patient retention, tracking and referrals
- Strengthen mother mentor programs
- Improve linkage, adherence support and retention interventions
- Continue to decentralize and expand comprehensive HIV services (including outside the Equatorias and in POCs in Juba/ Wau)
- VL patient monitoring will be scaled up in most PEPFAR sites as CD4 monitoring is phased out
- Implementation of task shifting to increase efficiencies
- Roll out IPT (Isoniazid Preventive Therapy) for the prevention of TB.
- Implement Project ECHO (Expanding Capacity for Health Outcomes) to build capacity of Human Resources for Health including Test & Start roll-out, to improve treatment retention etc
- PEPFAR RSS will work closely with Global Fund & MOH and other stakeholders in the different technical work groups.

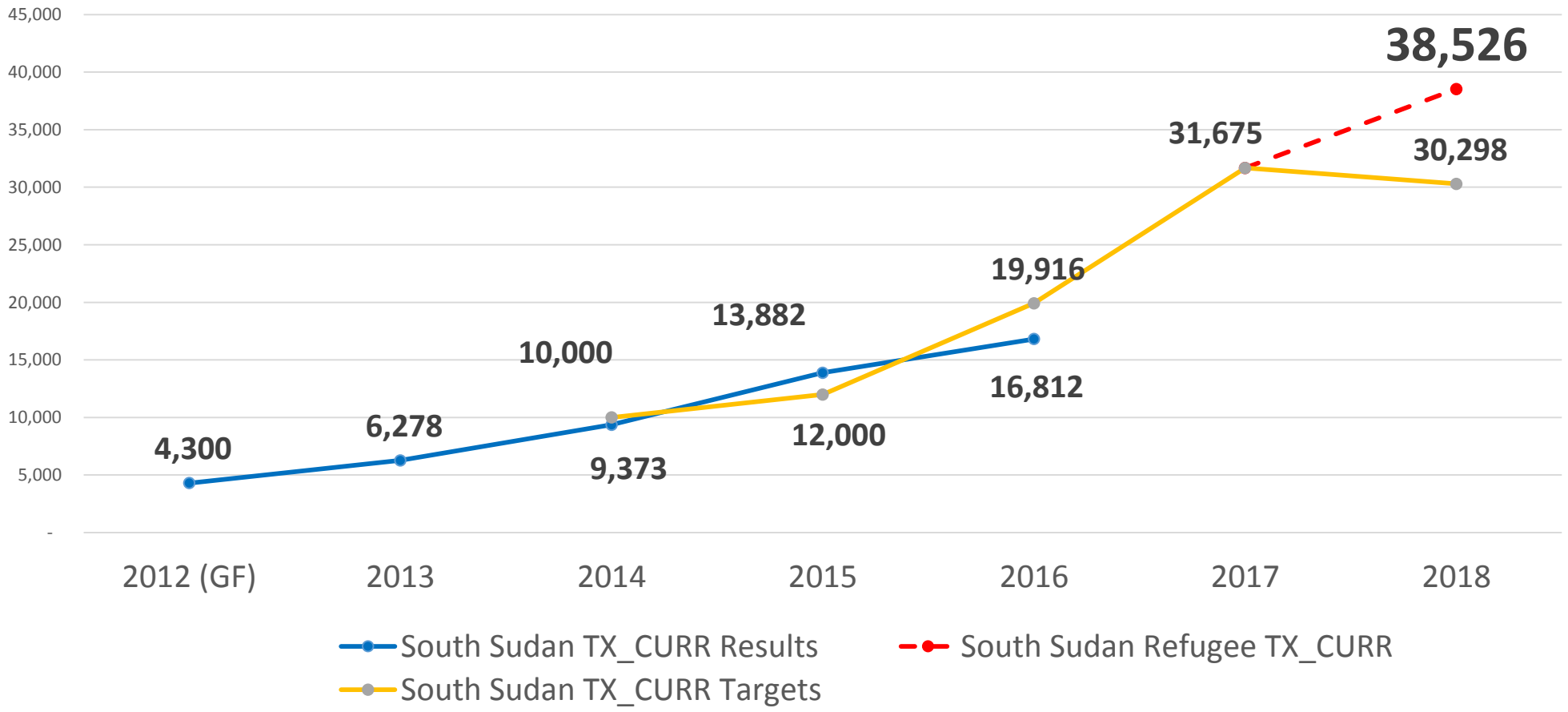
Summary of COP 2017 Targets by Prioritization

COP17 Priority	COP17 Target (APR18) HTC_Test	COP17 Target (APR18) HTC_Pos	COP17 Target (APR18) Tx_New	COP17 Target (APR18) Tx_CURR	COP17 Target (APR18) OVC_Serv	COP17 Target (APR18) KP_Prev	COP17 Target (APR18) PP_Prev	COP17 Target (APR18) VMMC
TOTAL	**222,534**	**12,332**	**11,837**	**30,300**	**3,693**	**5,096**	**4,000**	**750**
Aggressive	137,632	7,533	7,234	19,809	3,693	4,305	0	0
Sustained	64,476	3,346	3,147	8,219	0	791	0	0
Military	20,426	1,453	1,456	2,272	0	0	4,000	750

COP17 Clinical Cascade by SNU



South Sudan COP 17 Treatment Trajectory



A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

COP17 KP Strategy

ISSUES

Drop-In-Center (DIC) closure

1. Affected the comprehensive KP services including prevention and treatment
2. FSWs experienced Stigma and discrimination in Juba Teaching Hospital while acesscing services
3. FSWs experienced arrests and extortion. (Over 122 FSW & 2 MSM arrested during FY17 Q1)

WAY FORWARD

1. High level advocacy for DIC re-opening & National KP Guideline developed by the National TWG sub committee for KPs
2. Capacity development and training of Healthcare workers on Non-discriminatory treatment against FSW
3. Advocacy among law enforcement officials on Human Rights
4. Continue to improve linkage of tested positive to treatment using Enhanced Peer Model (EPM) and Peer Navigation centered on Safe Space and rolling out Test & Start
5. Identify pocket of untested FSW to increase yield (e.g .home-based FSW)

SGBV & PrEP

1. Medico-legal requirement to complete form 8 before service can be offered for post-GBV care is associated with stigma & deters victims from timely reporting
2. FSW fears repercussion from the perpetrators and law enforcement
3. Due to short window of 72 hours for PEP to be effective opportunities are missed (e. 20 FSWs missed PEP intervention)

- PrEP offers alternative for HIV prevention among FSWs and other high risk population.
  - PrEP Guidance is specified in current SS National Treatment guideline.
  - Need to improvel Limited Laboratory capacity for roll-out of PrEP.
  - Challenge in distribution of PrEP due to DIC closure and ART facilities.
  - Training of Healthcare worker to administer PrEP.

GBV Strategy for PEPFAR South Sudan

- Policy advocacy to remove the requirement for form for GBV reporting before seeking health care at public facilities.
- Close coordination with GF and UNFPA to share of best practice (e.g. GBV KAP survey, GBV tools, mandatory reporting for children & adolescents)
- All the PEPFAR facilities to be equipped with SOP for GBV case management and staff trained on GBV screening, counseling and clinical response
- Integrate GBV response within the CSO engagement activities (e.g. awareness raising within communities, ensure proper referral pathway)
- Ensure risk avoidance among the children age 10-17 years using OVC program platform (e.g. Beit-Salaam Teen curriculum) and targeted youth outreach for HTS including awareness on Sexual and Reproductive Health and HIV (with SPPHC)

VMMC Plans

- **First ever VMMC in RSS** (acknowledge MC as one of the "Priority Interventions" (South Sudan NSP, 2013-2017)
- Target: **750 males** (19-49 years); Location: **Juba Military Hospital**
- Enabling Environment: **Full support from SPLA leadership**, discussion with MOH & SSAC
- Development of an **SPLA-centric model VMMC site operational protocol** (based on WHO VMMC guidelines).
- Protocol will include tools, guidelines and SOPs for VMMC implementation, quality assurance and quality control, data management and reporting.
- There is **designated space** at JMH and **identified HR** for roll-out of VMMC services
- Proof of concept will inform national VMMC guideline development and roll out

CSO Engagement

- CSO engagement began as a priority for COP16. Due to conflict, we have not be able to operationalize
- Constrained environment for CSOs to operate
- GF/PEPFAR Meetings have reaffirmed PEPFAR commitment on CSO engagement
- In collaboration with UNAIDS, MOH, GF and other stakeholders, map CSO organizations (e.g. KP, Health CSOs, FBOs, Human Rights organization) by Technical areas of collaboration by geographic area
- Conduct joint capacity assessment of CSOs with PEPFAR/IP, MOH, SSNEP+/NEPWU, select CSOs and jointly agree on scope of work
- Build Community of Practice for CSO engagement with IP/UGS, MOH and SSNEP+/NEPWU to share tools & lessons learned

Health System strengthening activities (Table 6) - *needed to implement 90-90-90*

- Laboratory QMS
  - 4 labs targeted for continuous quality improvement: 2 laboratories to achieve 1 star level and 2 labs to achieve 2 star level.
  - Fully operational LIMS.
- HIV quality assurance
  - 50% of HIV testing facilities participating in proficiency testing, and 90% pass rate
- Capacity building
  - Continuous professional development and mentorship program for laboratory staff
- Blood safety
  - Established standards for safe collection, storage, testing and transfusion of blood and blood products

Health System strengthening activities (Table 6) - *needed to implement 90-90-90*

- Strategic Information
  - Support DHIS-2 implementation to improve HIV data accuracy and completeness
  - M&E for adherence support
- Recruit/train HCWs
  - Mentorship
  - Supportive supervision
  - Continuous medical education to ART facilities
- Supply Chain Strengthening
  - TA at Central Medical Stores and Logistics Management Unit in order to support all supply chain functions (e.g., quantification, warehousing, distribution, monitoring, quality assurance)

COP 2017 Agency Allocations and Pipeline

	New FY 2017 Funding (all accounts)	Applied Pipeline	Total Planning Level
DoD	$0	$1,442,035	$ 1,442,035
HHS/CDC	$8,947,746	$ 3,439,033	$ 12,386,779
HHS/HRSA	$ 0	$ 0	$ 0
USAID	$ 4,079,034	$ 3,620,454	$ 7,699,489
Total	**$ 13,026,780**	**$ 8,501,522**	**$ 21, 528,304**

- COP17 Minimum Pipeline Requirement:

PEPFAR South Sudan COP17: Key Innovations

1) Project ECHO® [Extension for Community Healthcare Outcomes] – as a tool for distance clinical mentorship
2) Supporting South Sudanese refugees in northern Uganda
3) Implementing Nutritional Assessment and Counseling Services to improve adherence and retention
4) Expanded provision of HIV services in POCs (Juba and Wau)

Project ECHO

Project ECHO® [Extension for Community Healthcare Outcomes] is a model of distance clinical **mentorship**.

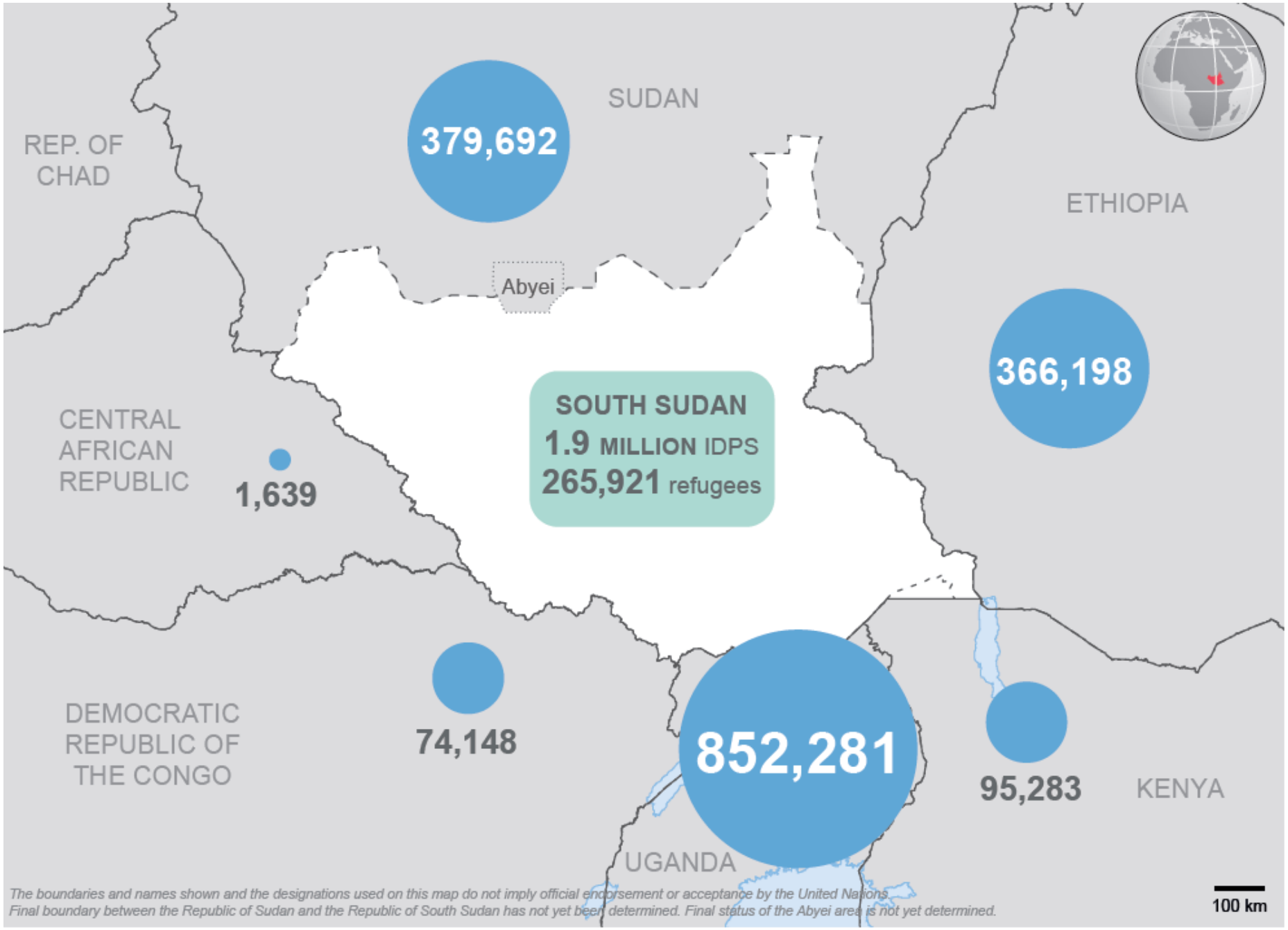
Intended impact:

- Accessible and cost-efficient clinical *mentorship* and continuing professional education
- Healthcare workers mentored/ trained while they remain at their posts
- Developed peer networks and communities of practice that increase provider satisfaction and decrease isolation.
- Efficient case review and patient management
- Operational and program priorities (including laboratory support, supply chain management and community networks) addressed.

COP/HOP Synergy - ECHO South Sudan: HRSA proposed support *(using HOP funds)*

- **Goals:**
  - Evaluate the Project ECHO consortium of the development of a Juba-based hub and 5 spoke sites (tentatively: Al Sabah (ICAP), JMH (RTI), Nyakuron (JHPIEGO), Yambio Hospital (ICAP), Yei Hospital (IntraHealth), Nzara (CMMB) that will build capacity of service providers to provide HIV C&T in South Sudan's PEPFAR priority sites that are rural, hard to reach and experiencing instability
    - Evaluation focus includes core indicators for process and program evaluation
  - Support a minimum of one spoke site at a Uganda based settlement camp for S Sudanese refugees receiving support under the concept proposal

- **Collaboration:**
  - HRSA HQ
  - CDC HQ, CDC S Sudan
  - ICAP
  - PEPFAR Uganda (pending discussion/approval)



Creation date: 13 April 2017 **Source:** UNHCR, Governments, Partners **Feedback:** swanson@unhcr.org

Dynamic Situation:

New Arrivals: ~1,100/day

Most refugees come to the UNHCR processing center and are assigned to settlements

As settlements reach capacity, new settlements are created.

SOUTH SUDAN SITUATION

Regional overview of population of concern

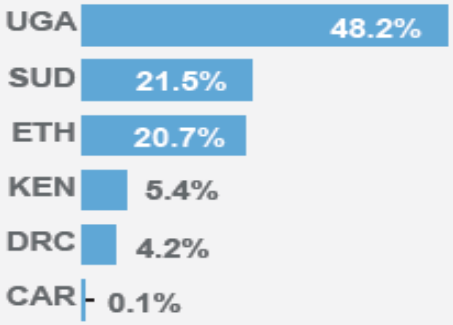
as of 31 March 2017

UNHCR
The UN Refugee Agency

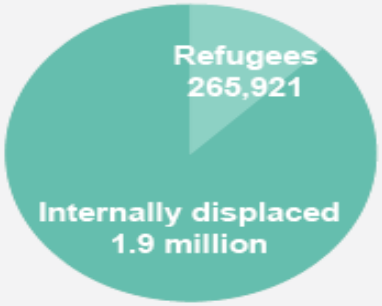
KEY FIGURES

3.93 MILLION
population of concern

1.77 million
total refugees from South Sudan



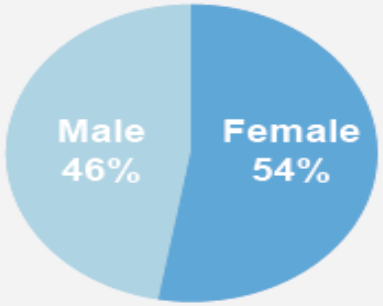
2.16 million
pop. of concern in South Sudan



USD 781.8 million requested
USD 86.5 million received (11%)
by UNHCR in 2017 for the South Sudan situation

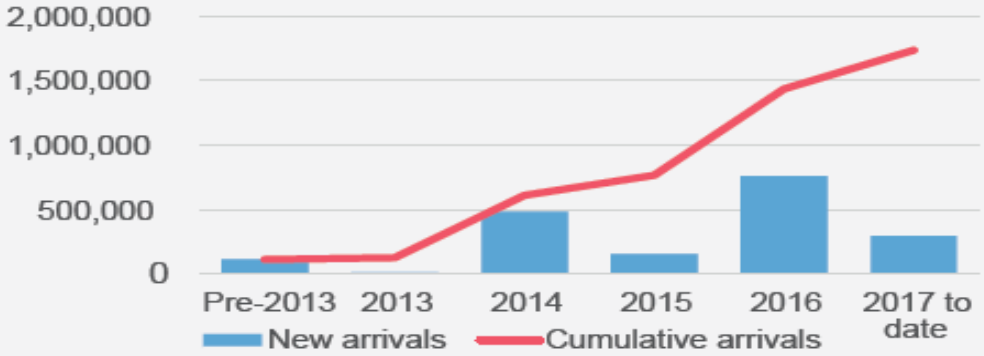
SOUTH SUDANESE REFUGEES

Sex and age breakdown of registered refugees in the region



0 - 17	62.4%
18 - 59	35.4%
60 +	2.2%

Yearly and Cumulative South Sudanese Refugee Arrivals



2017 arrivals (1 Jan - 31 Mar): 305,298
based on field reports, UNHCR and Government registration

The population and arrival figures are based on best available information at the time of production. UNHCR continues to verify figures and future updates may vary as new information becomes available.

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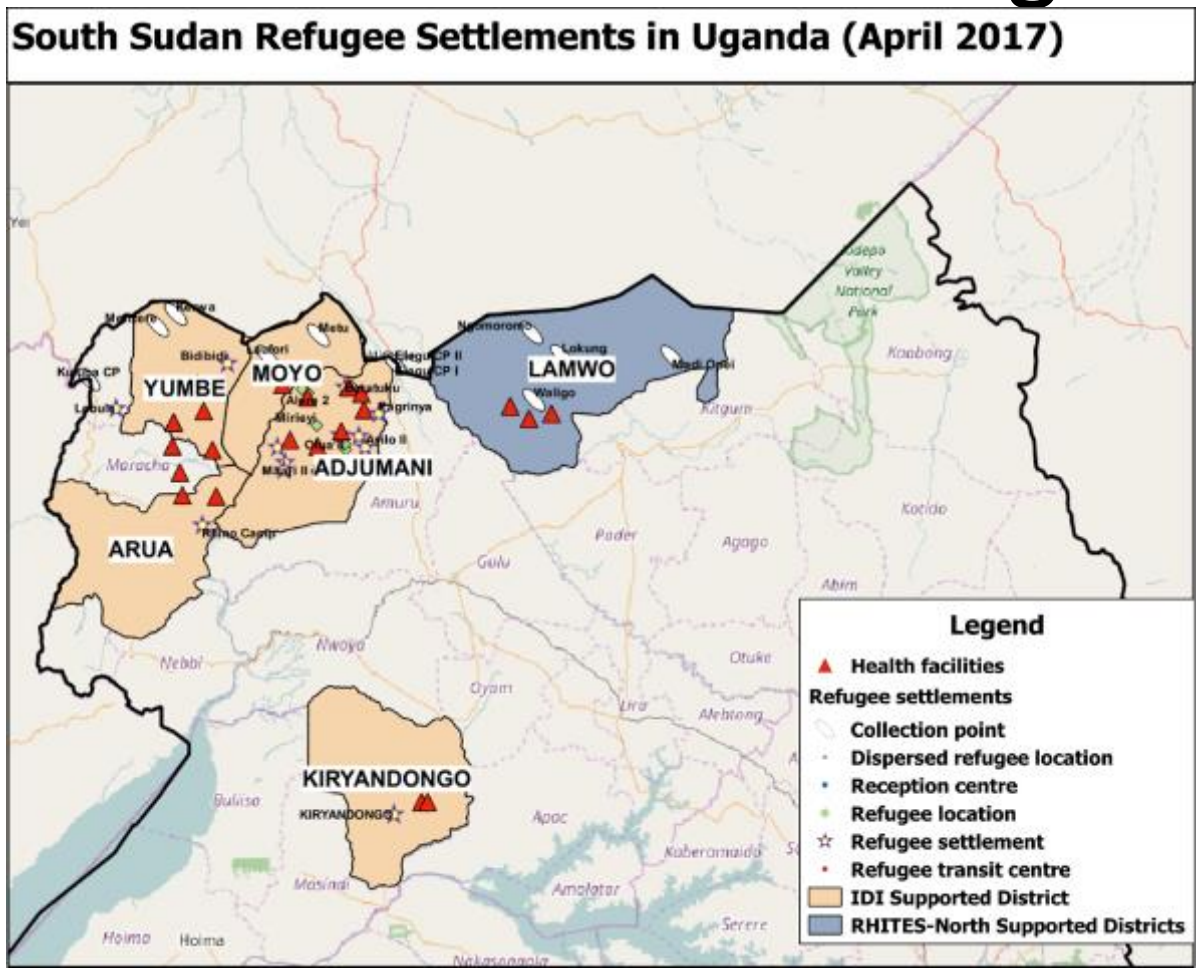
Supporting South Sudanese refugees in Uganda

- Identified as a significant gap in service provision for South Sudanese refugees, particularly in northern Uganda.
- Refugee proposal development between March 8 – April 20 with PEPFAR South Sudan, PEPFAR Uganda and HQ, including consultation with partners on the ground in Uganda.
- Plan to use CDC and USAID Implementing partners working in regions where the refugee settlements are located in order to provide support to 25 facilities serving the settlement catchment areas.

South Sudanese refugee settlements and proposed PEFPAR supported health facilities in Northern Uganda

Summary	
6 Districts, 13 Settlements	~1.25 M
Estimated PLHIVs in Refugee Population:	15,705
Of which, <18:	3,346
Assumes 3.4% prevalence among females, 2.2% males, 0.4% peds	
# Tested	618,048
# Treated	8,135
# ART facilities	25
Overall Cost:	**$4.96 M**
PEPFAR IPs: IDI, ASSIST	



Proposed Targets and Budget

Targets	
HTC_TST	**620,860**
PMTCT_STAT	**56,178**
PMTCT_ART	**1,815**
PMTCT_EID (POS)	**1,529 (76)**
TX_NEW	**5,695**
Adult	4,080
Peds	1,615
TX_CURR	**8,135**
Adult	4,526
Peds	1,794
Pregnant Mothers	1,815
TX_PVLS (N/D)	**6,590/7,321 (90%)**
TB_STAT	**1,640**

Code	Budget
HBHC	$266,203
PDCS	$219,840
HTXS	$653,025
PDTX	$117,336
HVTB	$58,638
MTCT	$287,213
HVCT	$2,657,606
HTXD	$703,942
TOTALS	**$4,963,804**

Important Aspects of the Proposal

- Proposal focused on:
  - Identification of already known and newly identified PLHIV
  - Linkage to ART services with support for adherence and retention
  - GBV services
  - Enhanced capacity of laboratory hub and sample transport system to support additional volume
- Continued communication between PEPFAR/Uganda and PEPFAR/South Sudan to understand population dynamics and share lessons learned within settlements (Uganda) and POC camps (South Sudan).
- Rigorous programmatic M&E to help us better understand:
  - Overall Numbers, including sex and age disaggregation of South Sudanese entering Uganda
  - Geographic origin and ethnic identification of refugees
  - Incidence and prevalence of HIV and GBV among South Sudanese migrating to Uganda

PEPFAR COP 2017
South Sudan Partners' Remarks

- Appreciate the cooperation and support from PEPFAR
  - Increased numbers tested and treated
  - Viral Load testing and EID
  - Focus on OVCs
  - Key populations
  - Better partner engagement of PLHIV
  - VMMC
  - GBV component
  - Strengthening community involvement (CBOs and FBOs)

PEPFAR COP 2017
Government's Remarks

In order accelerate impact, ensure ownership and sustainability, the Government advises stronger commitment and support for the following:

- **Capacity Building and support for Community interventions through the Boma Health Initiative (BHI) to Scale-up test and treat**
- **Support for capacity building and retention of service providers**
- **Commitment to support implementation of planned AIS in 2017 to provide updated the data required for planning**
- **TB/HIV integration/ comprehensive package including community interventions**
- **Strengthen partnership with the Government and improve coordination with GF and other partners to ensure synergies and harmonization**
- **Advocacy support for conducive environment for provision of services for GBV, FSW and people in the hard to reach areas**

Shukran!

MINISTRY OF HEALTH - JUBEK STATE - JUBA
AL SABBAH CHILDREN HOSPITAL

NYAKURON MEDICAL CENTRE

UNITED NATIONS MISSION IN