

Republic of South Sudan
Country Operational Plan (COP) 2019
Strategic Direction Summary
March 29, 2019



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Abbreviations

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

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

1.0 Goal Statement

The South Sudan PEPFAR program works in collaboration with the Ministry of Health, the Global Fund, and other stakeholders including civil society, to effectively and efficiently improve access to quality HIV prevention, care and treatment services for South Sudan.

In fiscal year 2020 (FY 20) as part of the Country Operational Plan 2019 (COP19), this will be achieved through: aggressively scaling-up targeted approaches towards high volume and high yield testing (e.g., index testing/partner notification and testing TB presumptives); reaching underserved groups such as men and youth; prioritizing and scaling-up work with key populations; innovative and data-driven efforts to trace and retain patients on treatment, including through multi-month scripting; finalizing the transition to tenofovir disoproxil fumarate, lamivudine and dolutegravir (TLD); continuing to scale-up Viral Load coverage; identifying and linking OVCs to treatment, particularly adolescent girls; and strengthening community engagement as well as strengthened coordination and collaboration with stakeholders. During COP19 PEPFAR will also focus on improved monitoring and supervision of the program, including through close engagement with stakeholders. Incremental progress in building the capacity of local, indigenous partners will be made with the aim of awarding similar partners with prime funding in the coming years. Finally, improvements in programmatic efficiency will continue to be made this year through the consolidation of select implementing mechanisms.

Through these efforts, PEPFAR will assist the Republic of South Sudan (RSS) to move toward epidemic control, with a goal of 24,066 new HIV patients on antiretroviral therapy (ART) and 60,808 total patients on ART by the end of FY 20 in PEPFAR-supported counties that are reported as sub-national units (SNUs).

In COP19, PEPFAR will expand its focus to eight scale-up aggressive Counties from five in COP18. These include Juba, Magwi, Yambio, Nzara, Ezo, Tambura, Rumbek center and Wau where 30% of all people living with HIV (PLHIV) in South Sudan reside based on 2018 Spectrum estimates. Focusing resources on these Aggressive Scale-up SNUs where the PLHIV number is estimated at 58,273 will result in 48,530 PLHIV on ART in these counties, which translates to a cumulative 83% ART coverage by the end of FY20 in these counties. Efforts to improve adherence and retention will be undertaken to ensure that 85% of those on treatment will be virally suppressed by the end of FY 20. This will represent significant progress in a country where only 16% of all PLHIV nationwide were on treatment in FY18.

These efforts will be reinforced by complementary systems strengthening and oversight activities such as TLD transitioning and supply chain planning processes necessary for the transition; lab strengthening for scale up of quality testing and suppression monitoring; enhanced collection and use of data for decision-making; increased monitoring; targeted surveillance and use of routine program data including, for example, of morbidity and mortality outcomes; and the Field Supervision program, designed to provide county-based intensive field monitoring and supervision to improve the quality of services.

In order to enhance field level programmatic impact, build consensus and move towards sustainability, PEPFAR will further increase and support engagement with civil society and local communities. By working with and through Civil Society Organizations (CSOs)/Community-based Organizations (CBOs), PEPFAR will gain better access to partners and children -- including OVCs -- of index patients; improve linkage to treatment; will better trace those on treatment or facilitate getting them back on treatment, including through counseling; 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, and in an effort to maximize results.

In order to maximize efficiencies and results, the South Sudan PEPFAR program continues to scrutinize and monitor programmatic expenditures, above site level expenses, and future resource requirements of the program. In furtherance of these efforts, PEPFAR made additional adjustments to the program for COP19:

1. Low volume/low yield/low performing sites in Eastern Equatoria will be transitioned from one Implementing Partner (IP) (IntraHealth) to another IP (ICAP).
2. In order to achieve aggressive new treatment targets, all care and treatment partners will expand their presence in current counties:
 - Jhpiego will take on an additional two facilities in Juba and Tambura.
 - ICAP will take on an additional five facilities in Rumbek and Torit, in addition to the five IntraHealth facilities in Eastern Equatoria.
 - CMMB will take on an additional two facilities in Yambio.
3. In addition, CDC and USAID removed several Above Site activities from COP19 planning and budgets in order to expand care and treatment activities and reach increased targets:
 - USAID: removed the Global Health Supply Chain IM
 - CDC: removed several Above Site activities under its IntraHealth-SI and ICAP IMs
4. During COP18, Jhpiego took on one high volume/high yield facility in Juba (Gumbo) to substitute for combining POCs 1 and 3 administratively into one facility, and let another existing, low volume/low yield, facility (Kimu) become a satellite facility. The Gumbo facility will continue through COP19.

PEPFAR South Sudan will also make a commitment to be more objective and action driven in the areas of program monitoring and partner management. In COP19 the program will continue to use site, SNU and implementing mechanism level data, tease it to granularity to allow for site and IM level review, understanding of the program, and identification of issues which will allow for actionable decision making that will be followed-up for resolution and/or implementation. In large part this will be facilitated through enhanced retention strategies that will be applied across

Agencies and IMs, and that will allow for daily/weekly/monthly data tracking and analysis. This site level data will enable PEPFAR to nimbly pivot in response to trends or poor performance.

2.0 Epidemic, Response, and Program Context

2.1 Summary statistics, disease burden and country profile

The Republic of South Sudan (RSS) became an independent nation on July 9, 2011, after experiencing decades of civil war. However, it again descended into crisis in December 2013, adversely affecting the health system and access to health services. Unfortunately, conflict spiked again in July 2016 but a peace agreement was signed in 2018 and a transitional government is expected in May 2019. The conflict has made access and the cost of doing business in South Sudan difficult for Implementing Partners.

Population projections (2019) for the Republic of South Sudan are based on the pre-independence Sudan National Census of 2008, which are estimated to be about 12,803,641, both adults and children. The December 2013 outbreak of war and the July 2016 crises resulted in the displacement of about 4.26 m. people, of which 1.87 m. were internally displaced with some in Protection of Civilian (POC) camps, and 2.27 m. were forced out of the country as refugees, of which about 1.04 m. are in Uganda¹. Some of the displaced populations have returned to their villages while more returnees are expected once the Transitional Government is in place. PEPFAR currently reaches displaced populations by programming HIV services in the Juba POC, and by coordinating with PEPFAR Uganda to provide South Sudanese refugees in Northern Uganda with HIV services; Global Fund supports activities targeting IDPs in the other three POCs: Bentiu, Malakal and Wau.

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

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

The GoSS' "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, including the Sustainable Development Goals (SDGs) and specifically SDG 3, which

¹ OCHA, January 2019

includes a specific HIV/AIDS-related target: “By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases”.

South Sudan has a generalized HIV epidemic with an adult prevalence of 2.2%. The epidemic is geographically concentrated in the former Equatoria States which comprise an estimated 47% (88,720 PLHIV) of the National 2018 estimate. The HIV prevalence in these states is 3.8% in Western Equatoria, 2.3% in Central Equatoria, and 3.1% in Eastern Equatoria². Based on 2018 Spectrum estimates, there are 186, 817 PLHIV in RSS; only about 23% (program data) of these know their status. The 2018 spectrum estimates indicated an increase in disease burden in Counties in the North of the Country thus PEPFAR has designated Rumbek Center, Yirol and Wau counties as scale up Aggressive. The estimates for PLHIV distribution by county and PEPFAR supported PLHIV on ART are illustrated in Map 2.4.1 below for FY2019, and for preliminary PLHIV distribution for 2019.

Initiated under COP17, Test and Start is being implemented in all PEPFAR intervention areas. In addition, high yield testing modalities – particularly those focusing on index patients, TB/HIV co-infection, PITC, and malnutrition – are an emphasis, although they will be strengthened under COP19. Multi-month scripting as part of community-based treatment started under COP17 and through the SPLA with 3-months prescription scripting. However, in COP19, these practices will be expanded to cover 6-months scripting for stable patients and when circumstances permit. PEPFAR South Sudan is just now starting to investigate the initiation of PrEP, beginning with the need for policy change to support it.

Among the programmatic challenges preventing progress on epidemic control, improving yields and retaining patients on treatment (preventing loss to follow-up) continue to be among the most difficult to make progress on. Although improving, programs are still not maximizing differentiated treatment models in order to improve yields, and this will be an emphasis of COP19. In addition, the community engagement necessary to improve not only yield and loss to follow-up, but also sustainability, is not happening to the degree it should be. This too will be prioritized under COP19. Reaching specific groups such as men and youth has also been a challenge, as has reaching MSM, as a result of the extreme stigma and lack of legal protections present in South Sudan.

The disease burden across age and sex is provided in the [Standard Table 2.1.1](#) below. Given that the South Sudan spectrum data only provides data by the age groups <15 years and ≥ 15 years, we are not able to provide 15-24 age group data in the [Standard COP19 Table 2.1.2](#).

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

Standard Table 2.1.1 Key National Demographic and Epidemiological Data

Table 2.1.1 Key National Demographic and Epidemiological Data											
	Total		<15				15+				Source, Year
			Female		Male		Female		Male		
	N	%	N	%	N	%	N	%	N	%	
Total Population	2,897,681	100	2,628,029	22.6	2,698,063	24.4	3,808,056	25.5	3,763,533	27.5	2016-2018 Projection, based on 2008 Sudan census
HIV Prevalence (%)		1.5%		0.3%		0.3%		3.3%		2.1%	MOH 2018 HIV/AIDS Spectrum estimates
AIDS Deaths (/ year)	10,051		361		374		4,933		4,384		
# PLHIV	186,817		7,792		8,037		100,747		70,241		MOH 2018 HIV/AIDS Spectrum estimates
Incidence Rate (Yr)		NA		NA		NA		NA		NA	
New Infections (Yr)	13,490										MOH 2018 HIV/AIDS Spectrum estimates
Annual births	475,128	4.0									2016-2018 Projection, based on 2008 Sudan Census
% of Pregnant Women with at least one ANC visit	251,750	53.0	NA	NA			NA	NA			MOH 2014 HMIS Report
Pregnant women needing ARVs	8,390	1.8 [†]									MOH 2018 HIV/AIDS Spectrum estimates
Orphans (maternal, paternal, double)	89,698		NA		NA		NA		NA		MOH 2018 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	7,054	NA									Juba, Yei, Nimule and Yambio-2017 FSWs size estimate and program data
FSW HIV Prevalence	37.9%	NA									2016 FSW survey, Juba
Estimated Population Size of People Who Inject Drugs (PWID)	NA	NA									
PWID HIV Prevalence	NA	NA									
Estimated Size of Priority Populations (military)	250,000	NA	NA	NA	NA	NA	NA	NA	NA	NA	2012 SPLA BBS
Estimated Size of Priority Populations Prevalence (military)	NA	5.0	NA	2012 SPLA BBS							

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

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

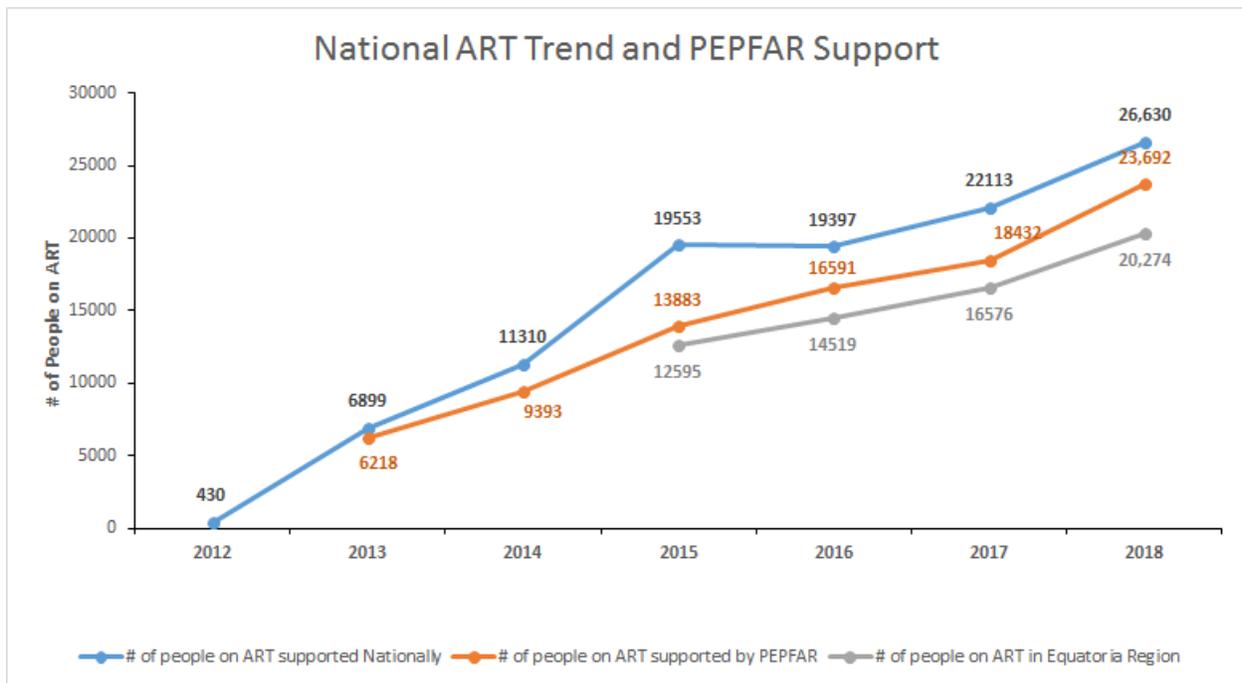
Standard Table 2.1.2 90-90-90 cascade: HIV diagnosis, treatment and viral suppression

Table 2.1.2 90-90-90 cascade: HIV diagnosis, treatment and viral suppression*										
Epidemiologic Data					HIV Treatment & Viral Suppression			HIV Testing & Linkage to ART Within Last Yr		
	Total Population Size Estimate (#)	HIV Prevalence (%)	Estimated Total PLHIV (#)	PLHIV diagnosed (#)	On ART (#)	ART Coverage (%)	Viral Suppression (%)	Tested for HIV (#)	Diagnosed HIV Positive (#)	initiated on ART (#)
Total population	12,803,641	1.5	186,817	45,144	22,113	11%	74%	143,469	7,245	7,528
Population <15 yrs	5,582,758	3.0	15,829	925	824	9%	-	13,900	453	411
Men 15-24 yrs	830,694	1.0	4984	-	194	7%	-	7,650	302	147
Men 25+ yrs	-	-	-	-	-	-	-	-	-	-
Women 15-24 yrs	766,904	1.1	8,436	-	899	17%	-	9,754	663	678
Women 25+ yrs	-	-	-	-	-	-	-	-	-	-

MSM (Juba, Yei and Yambio)	201	na	na	6	5	-	-	-	-	-
FSW (Juba, Yei, Nimule, Yambio, Bor, Wau, Torit and malakal)	7,054	37.9%	-	1,230	886	-	-	9,835	-	-
PWID	-	-	-	-	-	-	-	-	-	-
Priority Population (Military) & (clients of FSWs)	250,000 28,500	10% (est. positivity)	na	-	-	-	-	-	-	-

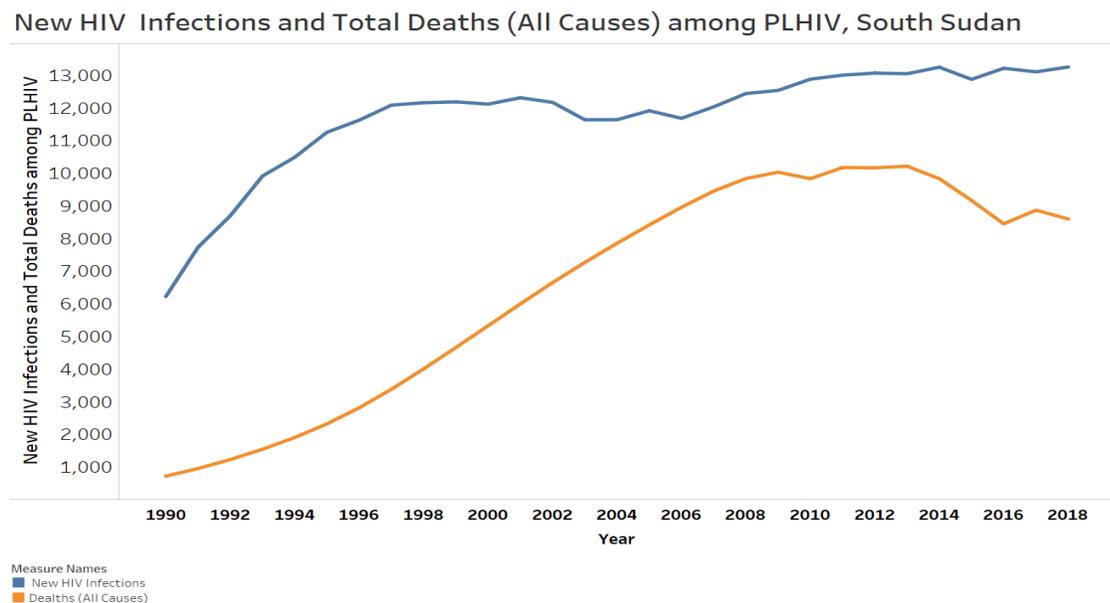
The ART program in South Sudan began in 2006 under the Global Fund. PEPFAR involvement in treatment began in 2013 under treatment bridge funding and has since then become a major part of the PEPFAR program. PEPFAR support is focused in high disease burden counties mostly in the Equatoria region which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

Figure 2.1.3 National and PEPFAR Trend for Individuals currently on Treatment



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 Investment Profile

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

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

The MOH Department of HIV/AIDS has been seriously understaffed since January 2018. UNDP, the Global Fund Principal Recipient for the HIV/AIDS program, is mandated to provide support at the national level that includes staffing support to the Department of HIV/AIDS.

In COP19 PEPFAR will continue to coordinate closely with the Global Fund to ensure complementarity and coordination of support. Under COP17 and throughout COP18, this will be particularly critical as PEPFAR expands its technical assistance to the GoSS in order to strengthen supply chain systems, and to manage the complex transition from legacy ARVs to TLD, a PEPFAR mandate. However, PEPFAR will not continue to undertake ad hoc or last-minute temporary or long term gap filling. In order to accomplish a complimentary program, jointly with MOH and GF, coordination will be crucial since Global Fund will procure all ARVs while PEPFAR will provide technical assistance in planning, procurement, storage, quantification, forecasting, and logistics management. Under COP18 and upon agreement with Global Fund, only limited commodities – including rapid test kits and opportunistic infection drugs – were budgeted for, by PEPFAR. There is no plan for any commodities support in COP19 through the PEPFAR IM.

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

Standard Table 2.2.1 Annual Investment Profile by Program Area

Table 2.2.1 Annual Investment Profile by Program Area ³					
Program Area	Total Expenditure	% PEPFAR	% GF	% Host Country	% Other
Clinical care, treatment and support	6,490,302	76.73%	23%		
Community-based C&T and support	1,665,653	84%	16%		
PMTCT	1,978,369	85%	15%	-	-
HTS	4,153,292	87%	13%	-	-
VMMC	410,048	100%	0%		
Priority population prevention	1,014,867	100%	0		
AGYW Prevention	162,002	0	100%		
Key population prevention	2,185,206	91%	9%		
OVC	511,691	100%	0		
Laboratory	1,490,951	90%	10%		
SI, Surveys and Surveillance	1,253,387	79%	21%		
HSS					
Total					

Note that the program categorization for UNDP/Global Fund is not the same as that of PEPFAR and the financial cycles are not aligned, i.e., the Global Fund cycle is January-December, while the PEPFAR cycle is October-September. Hence the investment comparison between the parties might not reflect the exact picture.

³ (GRP, National AIDS Spending Assessment, 2012), all amounts in 2012 USD.

From the SID dashboard developed in 2017, it was estimated that the GOSS investment in HIV/AIDS interventions is approximately 4% in the form of salaries paid to government staff working in facilities. This figure is not reflected in the table above.

Standard Table 2.2.2 Annual Procurement Profile for Key Commodities

Table 2.2.2 Annual Procurement Profile for Key Commodities					
Commodity Category	Total Expenditure	% PEPFAR	% GF	% Host Country	% Other
ARVs	152568	65%	35%		
Rapid test kits	500952	11%	89%		
Other drugs	39182	39%	61%		
Lab reagents	19563	0%	100%		
Condoms	52,932	100%	0%		
Viral Load commodities	308919	0%	100%		
VMMC kits	401645	100%	0%		
MAT					
Other commodities	7172	100%	0%		
Total		43%	57%		

Standard Table 2.2.3 Annual USG Non-PEPFAR Funded Investments and Integration

Table 2.2.3 Annual USG Non-PEPFAR Funded Investments and Integration					
Funding Source	Total USG Non-PEPFAR Resources	Non-PEPFAR Resources Co-Funding PEPFAR IMs	# Co-Funded IMs	PEPFAR COP Co-Funding Contribution	Objectives
USAID MCH	\$ 15,000,000	\$ 0	-	\$ 0	ICS 01/15/2016 1.5 Advance development fundamentals: conflict prevention, education, and health.
USAID TB	\$ 0	\$ 0	-	\$0	
USAID Malaria	\$ 6,00,000	\$ 5,200,000	1 (GHSC/ Chemonics)	\$ 3,133,631	ICS 01/15/2016 1.5 Advance development fundamentals: conflict prevention, education, and health
Family Planning	\$ 6,000,000	\$ 908,153	1 (E2A)	\$ 454,435	ICS 01/15/2016 1.5 Advance development fundamentals: conflict prevention,

					education, and health.
NIH					
CDC (Global Health Security)					
Peace Corps					
DOD Ebola					
MCC					
Total					

Standard Table 2.2.4 Annual PEPFAR Non-COP Resources, Central Initiatives, PPP, HOP

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

2.3 National Sustainability Profile Update

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

Since the last SID in 2017-18, there have been some improvements in SID elements. For example, PEPFAR has continued to bring additional CSO representation into the PEPFAR and COP planning and reporting processes for added accountability and transparency. The carrying out of another ANC surveillance survey also 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 lost to follow-up.

There have been some positive changes in the SID laboratory element since 2017. South Sudan now has the capacity to provide viral load testing within the country. There is one Abbott m200osp and m200ort that was procured by Global Fund. This machine was procured with a reagent rental and maintenance plan and installed in December 2017. PEPFAR recruited five technical laboratory staff through its laboratory implementing partner, Amref, that are responsible for training, sample processing and testing, result transmission to facilities, preventive maintenance and facility staff mentorship. By the end of FY18, 12,589 VL eligible clients were able to receive their VL results. This number is still below the maximum capacity of 22,320 tests per annum. The other area of improvement is the availability of staff to conduct HIV testing and other routine lab tests for HIV patients such as chemistry, hematology, microbiology and serology. Most laboratories, however, are not able to perform the required tests due to a lack of reagents, machine break-down coupled with the absence of maintenance services, unstable power, and inadequate laboratory infrastructure.

Although peace is on the horizon, 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 including in COP19, where the emphasis will remain on getting services to the people who need them (Service Delivery): finding PLHIVs (including from among pregnant women, adult men, AGYW, key populations, and priority populations such as FSWs, military and clients of FSWs), getting them on treatment, and ensuring they stay on treatment. At the same time however, COP19 will continue to support select, targeted interventions which strengthen the health system by addressing planning and coordination, policies and governance, civil society engagement, human resources for health, quality management, laboratory, epidemiological and health data, and performance data.

However it is important to note that under COP19, treatment targets increased dramatically -- especially for current on treatment -- and consequently, with a fixed resource envelope, more program funds had to be shifted away from above site activities including capacity building, and thus sustainability, to direct service delivery in order to bring services directly to PLHIVs. For example, funding to support case-based reporting and electronic medical records was completely zeroed out; support for M&E tools and HMIS activities was significantly reduced; support for the expansion of ECHO was removed; and all support for commodity (ARVs) quantification and forecasting, visibility into commodity supplies at the facility level, urgent/gap-filling procurement of key commodities (RTKs, OI drugs, reagents, etc.), and technical assistance for multi-month scripting and the TLD transition was completely removed in order to find the funding necessary to support the significant increases in treatment targets. The loss of these elements will impact capacity building efforts of the system and, ultimately, sustainability.

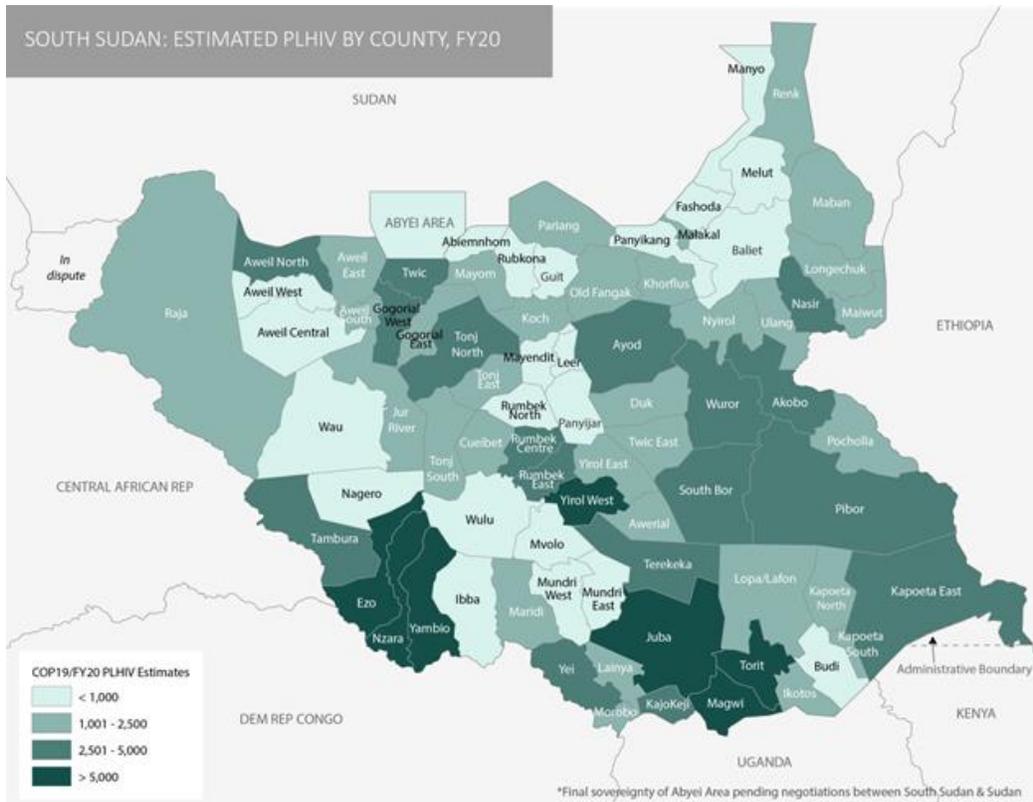
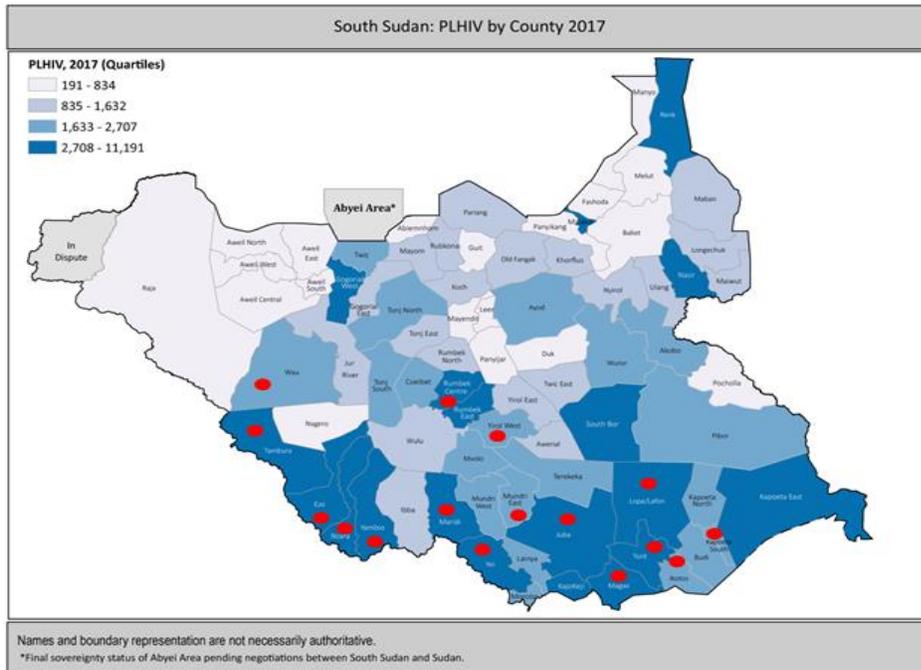
In addition to continuing to sub-grant to local partners for community engagement, beginning in COP19 USAID will launch a new activity designed to build the capacity of several local partners in preparation for future prime awards.

2.4 Alignment of PEPFAR investments geographically to disease burden

In COP19, PEPFAR investments will be aligned geographically in 15 Counties with the highest disease burden ([Map 2.4.1](#) & [Map 2.4.2](#)). These Counties account for 42% (79,161) of all PLHIV in the Country based on 2018 spectrum estimates. The scale-up Aggressive Counties have been expanded from five, which were only in the Equatoria region in COP18, to eight in COP19 to include Counties outside the Equatoria region. Scale-up Aggressive Counties (Juba, Rumbek Center, Magwi, Yambio, Ezo, Nzara, Wau and Tambura) account for one third (58,273) of all PLHIV in South Sudan. PEPFAR will also work in an additional 7 sustained Counties, down from 11 in COP18. The 7 sustained counties (Ikotos, Kapoeta South, Maridi, Mundri East, Torit, Yei and Yirol West) account for 10% of PLHIV in South Sudan. National ART coverage has been increasing over time; as of 2018 there are 226,630 on ART of which over 85% (23,692/26,630) are in PEPFAR-supported facilities. Of all the PLHIVs currently on ART nationally about 75% (20,274/26,630) are in the Equatoria regions. ART coverage in the PEPFAR prioritized scale up aggressive counties is at 38% in FY19, which is expected to increase to 76% in FY 20, while in the sustained counties, ART coverage is expected to increase from 38% in FY19 to 59% in FY 20. PEPFAR investments in the 15 counties will result in improved ART coverage in higher disease burden counties.

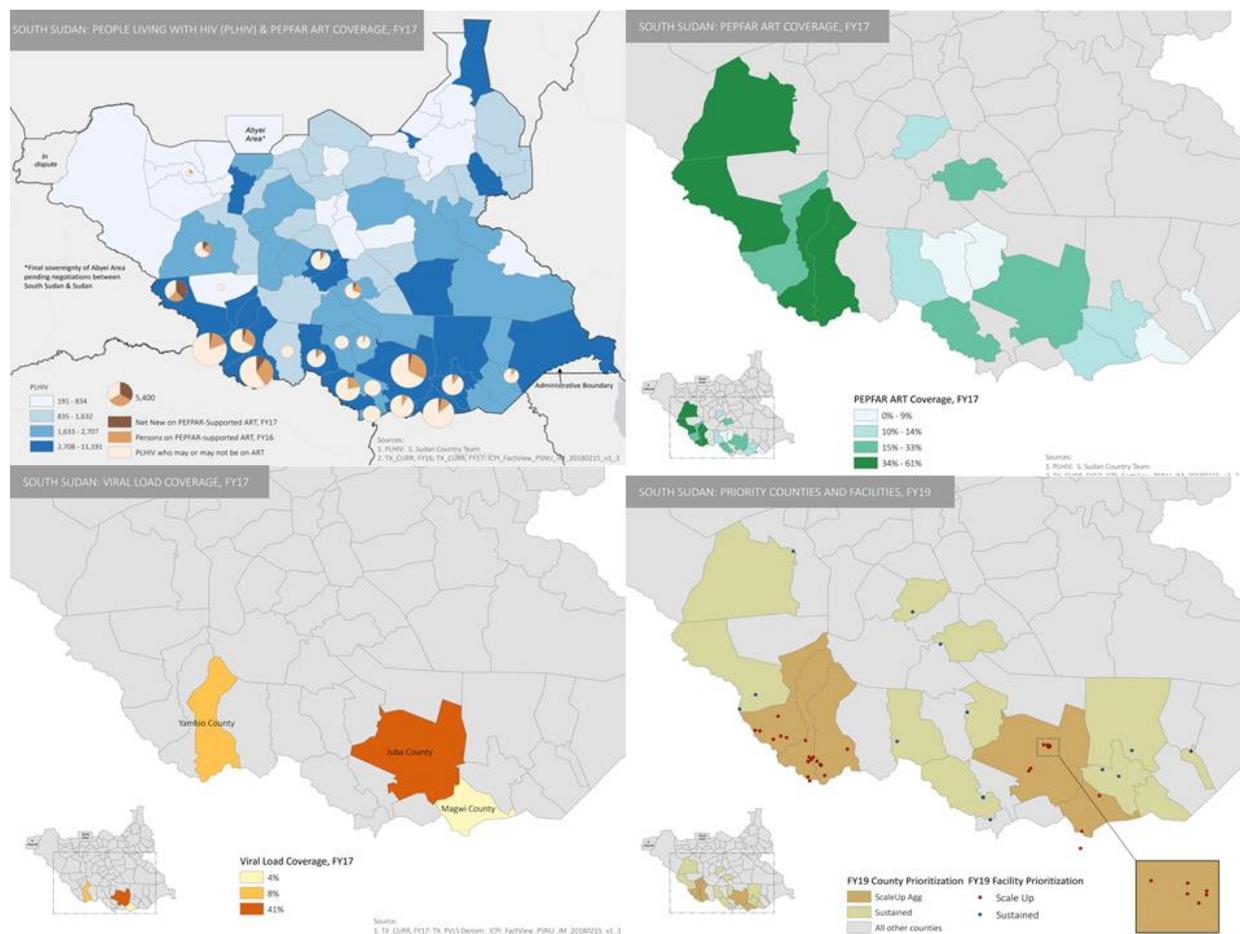
In COP19 PEPFAR will continue to rationalize its investments by focusing direct service delivery support in selected ART sites in high disease burden counties by leveraging Global Fund support which is primarily focused on commodities and human resources.

Map 2.4.1 PEPFAR Investments by Geographic Burden of Disease



PEPFAR will continue to focus resources in the highest burden counties. [Map 2.4.2](#) shows the ART coverage against the PLHIV burden and viral load coverage by SNU for FY19 in PEPFAR supported counties. This is reflective of PEPFAR’s data-driven geographic prioritization of Counties for scaling up ART coverage. Based on the data and the coverage gaps in FY20, PEPFAR continues to prioritize interventions in the eight scale-up aggressive counties and 7 sustained SNUs by working closely with stakeholders, including MOH in order to scale-up viral load testing in priority counties and facilities for FY20 / COP19. Viral load monitoring for assessing suppression started in FY17, with testing done outside the country. Currently, PEPFAR is working closely with stakeholders to have all viral load testing done in-country by FY20.

Map 2.4.2: Geographical alignment of PEPFAR investments, to the disease burden in South Sudan (total PLHIV by SNU and ART coverage - FY19; PEPFAR ART coverage - FY19; viral load coverage by SNU - FY19; PEPFAR facilities for FY20).



2.5 Stakeholder Engagement

Building on the productive relationships established with stakeholders and in preparation for COP19, PEPFAR continued the momentum from previous years with a variety of stakeholder engagements during FY18 and FY19.

For example, PEPFAR continued its tradition of holding quarterly IP one-on-one meetings followed by stakeholder meetings in preparation for quarterly POART (PEPFAR Oversight, Accountability and Review Team) reviews. This process is critical for understanding, in-depth, IP performance trends and challenges, and for facilitating transparency and accountability among stakeholders. PEPFAR also participated in ad hoc stakeholder meetings throughout the year to deal with specific issues such as supply chain challenges, and had several consultations prior to attending the COP19 Planning Meeting.

In addition, PEPFAR South Sudan conducted a formal, four-day stakeholders meeting in Juba, South Sudan, January 29-February 1, 2019. Implementing Partners, representatives from several civil society organizations (CSOs), UN Agencies, and the Ministry of Health (MOH) attended the meeting, which proved to be highly productive for COP planning this year. During the meeting, in-depth presentations were made by the IPs on APR18 and FY19 Q1 performance, and by PEPFAR on COP19 programmatic priorities and the COP process/timing. The presentations were followed by two days of topical/thematic small group discussions to come up with COP19 challenges and solutions, and the last day was devoted to finalizing how South Sudan will address COP19 priorities.

Finally, stakeholders were an important part of the COP19 Planning Meeting held in Johannesburg in March 2019, where they gave significant input into the COP design. During the meeting they advocated for increased use of CSOs for improved capacity building and sustainability, and to strengthen community engagement as a way of improving index testing and adherence, and preventing loss to follow-up. They also urged the PEPFAR team to work on harmonizing incentives of community health workers; strengthen male engagement; build on existing platforms for, e.g., community engagement (Boma Health Initiative, Home Health Promoters); and significantly improve overall coordination – from planning to implementation, to monitoring performance. Finally, stakeholders demanded that PEPFAR and Global Fund work together to find a solution for the impending funding gap in ARVs purchased through Global Fund.

3.0 Geographic and Population Prioritization

SNU prioritization for FY20 is determined based on the 2017 ANC sentinel surveillance survey, preliminary 2018 Spectrum estimates, and PEPFAR ART, HTC and PMTCT program data. The 2018 Spectrum estimates were also compared with 2017 estimates to determine new emerging Counties with increased HIV burden. This approach has proven useful in SNU prioritization and target setting in the absence of population-based HIV prevalence data.

Map 2.4.1 above shows PLHIV estimates by county. PEPFAR is present mainly in the Equatoria regions that have the darkest shades, and also Rumbek center, Yirol West and Wau Counties outside the Equatoria region thus targeting the HIV epidemic where the public health problem is the greatest. As of 2018 there are 26,630 PLHIV on ART nationally of which over 85% (23,692) are supported by PEPFAR. More than 75% of PLHIV on ART nationally are in the Equatoria regions, regions where PEPFAR is providing direct service delivery (graph in section 2.1.3).

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 48% (89,595) of all PLHIV nationally. In COP18 PEPFAR also implemented comprehensive HIV services in Wau, Mapourdit and Rumbek hospitals in Western Bahr el Ghazal, and Lakes states and in COP19, HTS, TST, PMTCT, ART, VL services and health strengthening activities will continue at all PEPFAR sites.

In COP19, PEPFAR will cover 15 (highest burden) SNUs out of 80 SNUs in the country. These 15 SNUs contribute approximately 42% of the PLHIV load (186,817) in the country. Among these 15 are eight scale-up aggressive SNUs and 7 sustained. Among the PEPFAR supported 15 sites, 79% of PLHIV are in the eight scale-up aggressive SNUs and the remaining 21% are in the sustained SNUs (Table 3.1).

Among the highest burden SNUs, FY17 ART coverage continues to be low in Magwi (16%), Nzara (18%) and Ezo (30%) as these counties were severely affected by the July 2016 conflict. For the eight scale-up aggressive SNUs of Juba, Ezo, Yambio, Magwi, Tambura, Rumbek Center, Wau and Nzara, there is rapidly increasing trend in the ART coverage with a cumulative expected coverage for FY19 reaching 78% in these SNUs.

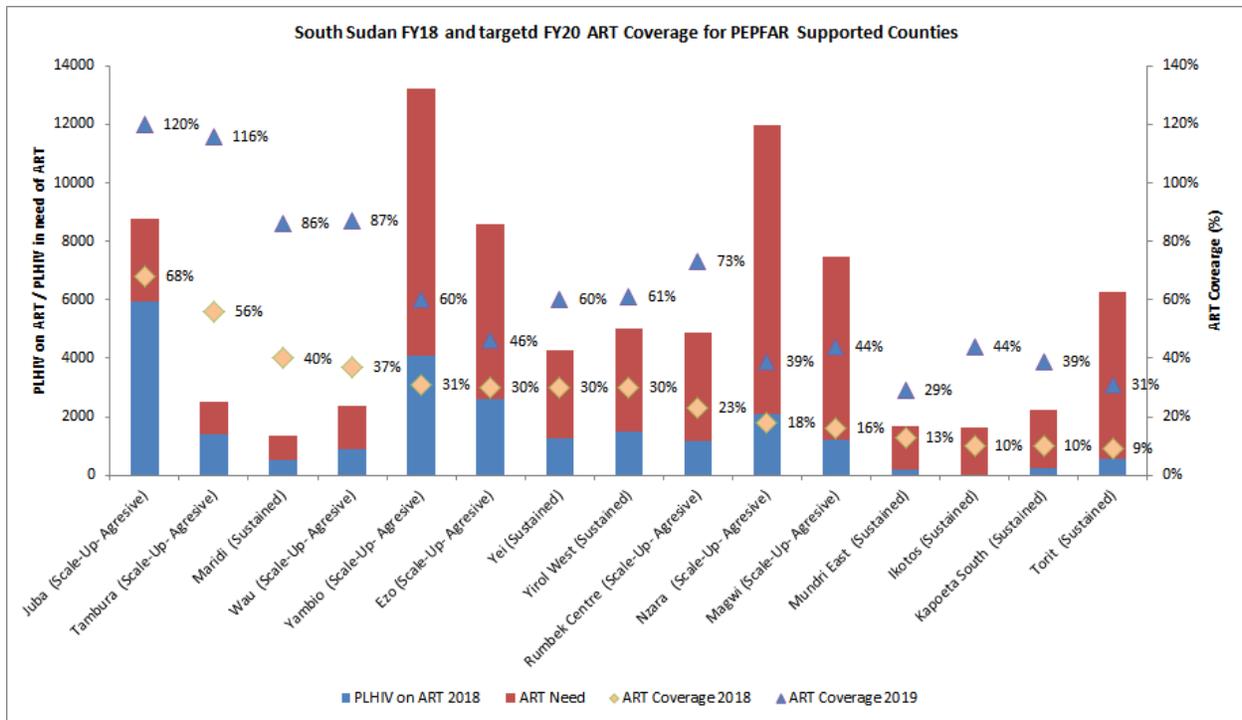
Table 3.1 Current Status of ART saturation

Table 3.1 Current Status of ART saturation				
Prioritization Area	Total PLHIV/% of all PLHIV for COP19	# Current on ART (FY18)	# of SNU COP18 (FY19)	# of SNU COP19 (FY20)
Scale-up Aggressive	58,273 (31%)	17,501	5	8
Sustained	20,888 (11%)	6,924	14	7

The Figure 3.2 below shows the current levels of program saturation for PEPFAR supported SNU as of 2018 as well as the expected FY20 coverages. 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 16% National Coverage. More than twenty other Counties provide ART services with direct support by MOH or through other partners supported by Global Fund.

Based on FY18 results, the ART coverage for FY19 in Juba is 68%, Yambio 37% and Nzara 39%. PEPFAR will invest efforts in all these counties to substantially increase ART coverage. The coverages are based on 2018 PLHIV estimates. Given that Wau and Maridi East had very low 2018 preliminary PLHIV estimates, the coverages are calculated based on 2017 PLHIV estimates for these two counties.

Figure 3.2 Current Status of ART saturation by SNU as of 2018



Based on FY19 Q1 results, the expected ART coverage for FY19 in Juba is 67%, Yambio 30% and Nzara 65%; increases to 100% in Juba, 80% in Yambio and 84% in Nzara are proposed by FY 20. FY18 ART coverage in sustained Counties ranges from 0% in Ikotos County to 16% in Mundri East County. In FY19, efforts will be undertaken to increase ART coverage in some of the sustained counties especially Kapoeta South, Torit, Yei and Yirol West.

Given the large coverage gap, PEPFAR South Sudan intends to apply 52% of its COP18 budget on care and treatment in order to scale up ART coverage and provide ART to 41,841 people by the end of FY19. PEPFAR South Sudan's ability to achieve these targets will depend on programmatic and contextual factors including:

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

Based on the above prioritizations, proposed SNU targets, and budget earmarks, PEPFAR South Sudan proposes to increase overall ART coverage in PEPFAR supported SNUs from 38% in COP17 to 50% in COP18 and 72% in COP19. Given the overall low coverage of treatment in South Sudan, PEPFAR activities will continue to focus on the general population, along with specific programs for pregnant and lactating women, key populations, and the military, described below.

Based on the program data so far, although coverage rates are low among men and women, the rates are particularly lower among adult men. The reach of services to adult men is low in high burden SNUs with low volume testing and low yield. In COP19 PEPFAR proposes to employ approaches that will have a targeted reach to adult men while also continuing to expand reach to women, especially adolescent girls and young women.

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

4.1 Finding the missing, getting them on treatment, and retaining them ensuring viral suppression

HIV Case finding strategies

In COP19 PEPFAR will continue to provide comprehensive services in the facilities that it supports. These services will include HIV testing; linkage to care and treatment; and viral load services.

HTC services will focus on targeted demand generation. Currently a risk assessment tool is being used to strategically target HIV testing, the same will continue in COP19. PEPFAR will support 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. IPs will use targeted HTS strategies to improve identification of PLHIV in communities and health facilities in scale-up counties.

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

HIV case finding strategies will include the following:

- Voluntary Counselling and Testing (VCT): In COP19, PEPFAR will continue to provide VCT services at all PEPFAR supported sites. The VCT services will be integrated into the OPD unit with targeted community/mobile testing reaching adolescents, men, key and priority population. No stand-alone VCT services will be provided.
- To target men, PEPFAR IPs will set up separate testing areas where free, multi-disease (weight, blood pressure, visual acuity test, Hepatitis B and HIV) screening services can be provided. These booths will be set up in hot spot areas in Juba, Yambio, Wau and Kapoeta. Moonlighting testing for men at social places will also be explored and those testing positive will immediately be initiated on treatment through either community ART groups or by referral to the nearest treatment site. Social media campaigns will also be used to reach men and adolescents.
- Provider Initiated Testing and Counselling (PITC): With the use of a screening tool, PITC will be provided in the various treatment units in the facility. These units include TB, OPD, ANC, STI, malnutrition (Therapeutic feeding center-TFC), in patients (medical and pediatric wards) among others. Emphasis will be put on the TB units, TFC, medical and pediatric wards.
- Index Testing (and Partner notification): In COP19, partner notification and index testing will be aggressively scaled up across all PEPFAR supported sites targeting sexual partners of index

patients and their biological children less than 15 years. Priority will be given to patients with high viral load and newly diagnosed HIV positive patients.

- To address issues of disclosure and partner notification, PEPFAR treatment partners will work closely with the community health workers/ volunteers to ensure partner notifications are done smoothly without any 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. The PEPFAR supported facilities will continue to identify presumptive TB patients using TB symptom screening tool that is used both in the facility and in the community (by the community volunteers. The IPs will incorporate a simple questionnaire to patients who present at the facilities, or persons encountered in the field by the community volunteers.
- 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 COP19, EID will be scaled-up to all PEPFAR supported facilities with PMTCT services. Currently, 34 PEPFAR facilities collect Dried Blood Samples (DBS) from infants and send them to the laboratory for EID. By the end of FY20, PEPFAR South Sudan plans to test 3,417 exposed infants for HIV, with 80% of the infants being within the age group of 0-2 months.

All PEPFAR-supported HTC 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.

Linkage to care and treatment

In COP19, 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 clinic using community volunteers, use of SMS reminders or phone call to follow up and ensure linkage of clients who decline same day escort and two-way referral systems. Designated facility staff members will be responsible for receiving and tracking referrals from HTS and works closely with testing staff to proactively follow up on expected new clients).

In COP19, 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:

- Continued provision of “Test and Start” ART services to all individuals testing HIV positive.

- Transitioning all adults and adolescents > 30kgs to Tenofovir, Lamivudine and Dolutegravir (TLD) regimens and phasing out Nevirapine-based regimens
- Continued implementation of differentiated models of service delivery (MMS for stable patients and those that are likely to travel, Fast track ART refills, Community ART refills, and family member refill models).
- Strengthening facility-community structures and linkages by utilizing CSOs and community networks, especially for tracing those patients lost to follow-up.
- Greater involvement of PLHIV groups in index testing and linkages to facilities, quality assurance, adherence support/treatment literacy, and community-based distribution models.
- Use of appointment registers (logbook, SMS), ART registers and tracking systems, e.g. ART card and referral forms
- Expanding access to ART through decentralization of ART services to new sites, community ART provision or mobile outreach services for low-volume and remote areas.
- Provision of integrated delivery of TB/HIV services i.e. one stop shop to reduce waiting time.

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

- Escorting newly diagnosed individuals to HIV care
- Treatment navigation by expert clients of peer navigators
- Brief (<90 days), peer-delivered, linkage case management
- Telephone follow-up, reminder calls, or text messaging
- Psychosocial support, and informational and motivational counseling on the benefits of disclosure, testing of partners and biologic children, and ART initiation and adherence
- Assessment and mitigation of real and perceived barriers to HIV care
- Systematic monitoring and evaluation of enrollment in HIV care and ART initiation outcomes. Interventions to link from testing to treatment services should be strengthened through implementation of linkage registers.

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

In COP19, 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 retention strategies in all its supported sites. Retention 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 Retention 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 level. From Quarter 2 of COP17, this was further refined to looking at granular data at the site level for reviewing performance, identifying issues and making recommendations. PEPFAR South Sudan over the COP17 implementation period recognized poor retention as the biggest challenge in the South Sudan program. Retention issues were cross cutting across all care and treatment implementing partners differing in scale and magnitude. The same has been highlighted in the COP19 planning Level Letter (PLL) with recommendations to prioritize this in COP19.

PEPFAR South Sudan recognizes retention as a priority and proposes a range of interventions, some of which are currently being implemented and will be scale-up and some newer interventions.

These include:

1. Site level granular data use for problem identification, using retention analysis tools at IM level, SNU level and at site level to prioritize sites based on scale and magnitude of the problem
2. Site level treatment collaborative for root cause analysis and identifying remedial measures
3. Data quality assessments periodically and using tools to look at DQ issues on a more frequent basis
4. Retention analysis using time-cohorts
5. Facility team concept involving facility level staff/POCs, IP supervisors, MOH field officers and PEPFAR staff
6. Enhanced Monitoring and reporting tools e.g. checklists and supervision tools, client tracking register, appointment log books including
7. Documented transfer-ins and transfer-outs
8. Surge operations prioritized based on site volume, magnitude of problems and routinizing the same across IPs and sites
9. Multi-month scripting
10. Satellite treatment centers / community outreach interventions
11. TLD transition
12. Enhanced site level supervision, mentoring and monitoring through the MOH Field Officers

13. Community interventions
 - a. Community outreach work through volunteers and outreach workers
 - b. Treatment support groups
 - c. Engagement of support networks including local community level PLHIV networks
14. Enhanced client treatment literacy

Community level interventions

The South Sudan PEPFAR program is a direct, service delivery program and has largely been a facility-based program up until early COP17. Since COP17, identifying serious retention challenges, the program started identifying resolutions to the same that primarily required community level interventions. With some moderate scale up in COP17, the program reprogrammed resources in COP18 to strengthen and scale up community level interventions.

In COP19, the program proposes to take to scale as well as continue to focus on the quality of the community interventions to address implementation issues around the cascade, with particular attention to retention issues. The program will continue to scale up creative engagements with community level networks and CSOs for innovative service delivery model at the site level and community level. With the goal of targeted demand generation at the community level, enhancing linkage to treatment both at site level and community level and most importantly improve retention through community level interventions PEPFAR will continue to identify new and creative ways of efficiently scaling up the community interventions across all its sites.

These will include but not be limited to:

1. Working with local indigenous county level CSOs/CBOs
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.

Initiated in COP17 and being currently scaled up in COP18, engaging community workers either directly or through PLHIV networks or supported by CSOs from within the community ensures a new cadre of staff for a rapid scale up of community interventions as listed above.

Treatment and Viral Load Suppression

Adult ART

In COP19, PEPFAR will continue to scale up 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 of South Sudan has adopted Dolutegravir-based regimens as preferred first line and is working on revising the July 2017 ART Guidelines to capture the new recommendations. South Sudan will continue to implement rapid ART initiation (Test and start); differentiated service delivery models; and multi-month scripting covering 6 months of ARVs. 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.

For patients ineligible for TLD, the use of Tenofovir DF/lamivudine/efavirenz (TLE) 300/300/400mg over TLE 300/300/600mg will be recommended. Since the country has plenty of TLE600, a phased transition to TLE400 for PLHIV who are ineligible for TLD will be recommended.

During COP19 implementation, PEPFAR will recommend phasing out NVP-based formulations to HIV patients and transition all existing adult and adolescent on NVP-based regimens to either TLD or an alternative optimal regimen. 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:

- Ensure provision of cotrimoxazole prophylaxis; screening and management of common Opportunistic Infections (OIs).
- Scale up viral load monitoring across the country while incrementally scaling up in-country VL testing throughout COP19.
- Provide additional on-site training and mentoring for clinical and laboratory staff, including support to nurture a multidisciplinary team approach to patient management.
- Support collaboration and partnership between various clinical services, and between government service providers and NGOs, by organizing partners' meetings during site visits to local facilities.
- Improve supply chain management of ARVs and drugs for opportunistic infections (OI) prophylaxis and treatment, as well as laboratory supplies. Support under COP18 will include technical assistance to support quantification and forecasting; financial analysis and planning for TLD transition; Test and START; and development of an implementation plan for operationalizing multi-month dispensing.

With PEPFAR South Sudan support in the Aggressive Scale-up SNUs, 18,541 new patients will be initiated on ART in FY 20 (15,537 at ART sites and 3004 through the PMTCT program). In the

sustained SNUs, 5525 new patients will be initiated on ART in FY 20. There will be a total of 24,066 new patients on treatment in both the Aggressive Scale-up and Sustained SNUs in FY 20.

In FY20, PEPFAR South Sudan will provide direct service delivery to 54 ART sites (including Juba Military Hospital (JMH)). Of these, 36 sites will be in aggressive scale-up counties, with 18 sites in sustained counties. PEPFAR South Sudan will also provide treatment services at Protection of Civilian (POC) sites 1 and 3 in Juba, included in the above sites.

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

To accomplish targeted scale up, ensure quality delivery of services, and build host country institutional capacities, PEPFAR will 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. In COP19, no new field officers will be recruited.
2. Maintain the eleven (11) ECHO project sites.
3. Enhance national level capacities for program monitoring, data review and analysis, review of HIV/AIDS program at the national level, make policy decisions and develop technical guidelines, PEPFAR will make systems investments at the MOH level and strengthen the national level HIV Department by 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. 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 retention in care and adherence to ART, and identify the most suitable solutions.

Pediatric and adolescents services including ART

South Sudan has adopted optimized pediatrics ART regimens and is currently working on a transitional plan that will be integrated into the consolidated guidelines for ART.

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 COP19, for pediatric and adolescent HIV services, PEPFAR South Sudan will focus on:

1. Support the MOH with the optimized pediatric ART transition plan and roll out of updated pediatric and adolescent treatment guidelines
2. Support scale up of Index testing of biological children (below 15 years) of PLHIV.
3. Support activities that widen access, utilization, and uptake by families and adolescents to testing. Pediatric and adolescent HIV case finding will be prioritized by targeted, systematic HIV testing in high-priority settings. Active tracing of infants will be done in PMTCT settings and PITC services especially in pediatric wards and therapeutic feeding center.
4. Promoting integration with routine pediatric care, nutrition services and maternal health services, malaria prevention and treatment. Nutritional evaluation and care of malnutrition in HIV-exposed infants (until final HIV status determined) and HIV+ infants, children and youth will also be addressed.
5. Activities to support the needs of adolescents with HIV up to age 15 (prevention with PLHIV, support groups, support for transitioning into adult services, adherence support, reproductive health services, refer to the OVC program for educational support and livelihood development programming for in and out of school youth, and other support services)
6. Increasing pediatric ART coverage, retention rates, monitoring, and quality of services, in addition to the provision of other pediatric care and support interventions in alignment with the “MOH integrated Health care services package for HIV prevention, Treatment and Care services for South Sudan”.
7. Increasing direct linkages to the community to improve communication between facilities and community services for HIV+ children and youth. PEPFAR will identify and address loss-to-follow-up along the cascade by strengthening community support systems
8. EID services (sample transport and results return for pediatric specimens implemented) mainly at the PMTCT and nutritional therapeutic feeding center at the site level. The MOH is considering rolling out activities to support point-of-care (POC) for EID services.
9. Ensuring Cotrimoxazole prophylaxis to all HIV exposed and infected children.
10. Enhancing linkage and retention of children on ART by reviewing the pediatric “cascade” from identification to retention and follow-up of HIV exposed infants and children on ART.
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 and bi-directional linkages between OVC and pediatric care and treatment services. PEPFAR will work with civil society organizations (networks) to better trace children in OVC hopes of PLHIV, HIV positive children and ensure bi-directional linkage.
15. Scale up Viral Load (VL) services to provide routine monitoring of PLHIV receiving ART;

Prevention of Mother to Child Transmission of HIV (PMTCT)

In COP19, PEPFAR plans to provide PMTCT services in all 54 PEPFAR supported comprehensive HIV/AIDS service delivery sites. Of these sites, 35 will be in the five aggressive scale-up counties, and 19 will be in the sustained SNU.

PEPFAR South Sudan will continue to integrate PMTCT services into ANC, Labor and Delivery (L&D) and Post-natal services, in all sites using models of integration of PMTCT services to ensure at least 90% of ANC clients are tested for HIV and 90% of those diagnosed as HIV positive are registered in care and have access to ART.

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

In COP19, 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 FY20, 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 linkage to treatment. This includes 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. Training for clinical and other personnel supporting PMTCT activities (e.g., lay counselors, mentor mother programs, data clerks) and services for HIV-exposed infants (HEI).
5. Enhance facility-community linkages and utilize community support groups (mentor mothers, traditional birth attendance, etc.) to improve retention 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, retention, clinical monitoring (including labs), contraceptive counseling, and Nutrition Assessment Counseling and Support (NACS) (including breastfeeding counseling) for HIV+ 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). HIV- positive infants will be initiated and monitored on ART at the MBC points and transferred to the ART clinic after 18 months of age.
9. PMTCT program monitoring and 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 2 months by tracking mother baby pairs and ensuring mothers bring exposed infants back for testing; enhancing client education through community structures, using satellite sites for sample collection and use of Point of care instruments at selected facilities.
11. The Field officers will conduct joint supportive supervision/mentorship with CHTs (County Health Teams), focusing on capacity building of midwives, nurses, and data clerks.
12. Encourage male partner services, including HTS, linkage to VMMC services, serodiscordant couple services and condom provision.
13. Prioritizing pregnant and breastfeeding mothers for Viral Load test within 3 months of ART initiation.
14. Screening of HIV positive pregnant and lactating mothers for TB using the TB screening questionnaire

TB/HIV

Collaborative TB/HIV activities are key evidence-based approaches to achieving the 95/95/95 goals and are thus core interventions. TB is, by far, the leading single cause of death among PLHIV. The over-arching goal of PEPFAR is to reduce the morbidity and mortality of HIV, and addressing TB is inarguably central to reaching that goal. The PEPFAR TB/HIV strategy is intended to reduce PLHIV mortality and is based on three objectives: effective TB case-finding among PLHIV (and integration of HIV and TB case-finding efforts), optimizing treatment for patients with TB/HIV and TB prevention among PLHIV.

TB/HIV collaborative activities

In COP19, PEPFAR will continue to support one ICAP staff tasked with coordinating TB/HIV collaborative activities at the national level. Activities coordinated at national level include TB/HIV planning to integrate the delivery of TB and HIV services, TWG meetings, TB/HIV diagnostic algorithms, TPT SOPs and job aids development, TB/HIV guidelines and policies, trainings, mentoring clinical staff to strengthen TB/HIV program monitoring and evaluation (M&E), ensuring that TB/HIV indicators are captured by both monitoring systems, TB screening among PLHIV, TPT initiation and completion. Besides, PEPFAR supported field officers deployed in the greater equatoria region will continue to coordinate TB/HIV activities at State and facility levels. At facilities the field officers will continue to ensure that facilities screen for TB among PLHIV and vice versa, conduct targeted supervisions, on-site mentorships and trainings and ensuring that TB patients living with HIV are fast-tracked/referred for ART initiation. PEPFAR will continue to work with the TB and HIV programs to support integrated models of TB/HIV care to provide ART in TB clinics and providing adherence support. All PEPFAR PMTCT/ART sites will continue TB screening among PLHIV (using the TB screening questionnaire), ensure diagnostic follow-up for PLHIV with presumptive TB, and conduct active referrals to TB treatment for PLHIV with TB disease. PEPFAR will also continue to strengthen linkages and referrals between TB and PMTCT/ART sites as well as continue collaborations with TB treatment and diagnostic units to test TB patients and TB presumptive cases for HIV.

Effective TB case-finding among PLHIV and integration of TB and HIV case-finding efforts

In COP19, PEPFAR will continue to screen PLHIV for TB at each clinical encounter using WHO standard questionnaire. Sputum specimen will be collected from each PLHIV who screen positive for any of the four TB symptoms and referred for GeneXpert diagnostic testing or Sputum microscopy where GeneXpert is not available. However, PEPFAR will continue to advocate for the use of GeneXpert molecular test as the preferred diagnostic test for TB in all PLHIV with TB symptoms in all PEPFAR PMTCT/ART supported sites. Any PLHIV diagnosed with TB disease will be referred immediately for treatment and co-management of TB and HIV preferably at the same facility. Besides testing TB among PLHIV, PEPFAR will continue to support testing TB patients/presumptive TB cases for HIV and those found HIV positive promptly initiated on ART on the same day at all PEPFAR supported sites with TB services.

TB Preventive Treatment

In COP19, PEPFAR will aggressively scale-up TB preventive treatment (TPT) in all its PMTCT/ART sites; TPT for all PLHIV (including pregnant women and children) who screen negative for TB disease will be an integral and routine part of the HIV clinical care package and delivered at all PMTCT/ART sites. At entry, and at each visit with a clinician, all PLHIV will be screened for symptoms of TB disease using WHO standard questionnaire and results captured in medical charts / TB screening register. PLHIV who screen negative for all the four TB symptoms and those who test negative for TB disease by either microscopy or GeneXpert will be initiated on

TPT and followed with a target TPT completion rate of 80%. Six months of isoniazid (INH) is currently the regimen for TPT. Since South Sudan uses the INH-based TPT, PEPFAR will work with other agencies and Ministry of Health on a policy to adopt the use of isoniazid-B6-cotrimoxazole co-formulation which reduces pill burden and facilitates adherence.

Project ECHO

Due to the lack of continuing medical and nursing professional development and limited on-site technical assistance, mentorship, and supportive supervision at the health facility level, ECHO has provided a platform for mentorship and dissemination of best practices.

Furthermore, access to PEPFAR-supported sites by both USG staff and implementing partners is increasingly restricted.

In COP19, PEPFAR South Sudan will maintain select ECHO sites without any further scale up to newer sites in view of budgetary constraints. There will be no new sites added in COP19. The project will continue to leverage simple video-conferencing technology with minimal hardware requirements via satellite internet connection to connect a team of subject matter experts at Juba Teaching Hospital (Hub), College of Physicians and Surgeons (CPS) who provide weekly clinical mentorship sessions with spoke sites at:

1. Juba Teaching Hospital (The Hub)
2. Al Sabah Children's Hospital (ICAP)
3. Juba Military Hospital (RTI)
4. Munuki PHCC (Jhpiego)
5. Yambio Hospital (ICAP)
6. Torit Hospital (IntraHealth)
7. Nzara Hospital (CMMB)
8. Nimule Hospital
9. Rumbek Hospital
10. Tambura Hospital
11. Mapourdit Hospital

All PEPFAR treatment partners will have spoke sites within the Project ECHO network. ECHO project as a mentoring network will establish a critical “community of practice” among HIV service providers in South Sudan who are currently unreachable via traditional methods of mentorship that require site visits. The provider community of practice established through Project ECHO will continue to leverage in a cross-cutting manner, to address provider confidence and competency deficiencies in HIV management.

4.2 Prevention, specifically detailing programs for priority programming

a. Orphans And Vulnerable Children (OVCs)

Orphans and Vulnerable Children (OVC) interventions target households with People Living with HIV (PLHIV) and other vulnerabilities. PLHIV families account for about 75% of planned household enrollments into the program and are identified through clinics, PLHIV networks, communities, and families of female sex workers from the KP program. The OVC program provides HIV and an OVC minimum package of services to caregivers and children below the age of 18 years and includes knowledge of HIV status and referral to care, social skills in parenting, and basic education and economic support at the household level. In COP19 OVC targets will stay the same and with additional resources, the program will improve the minimum package of OVC and HIV services that will be offered to beneficiaries.

During COP19 the OVC program will align the OVC package of services and enrollment to provide comprehensive prevention and treatment services and support to OVC 0-17 years old. To improve enrollment, OVC will collaborate with various PMTCT clinics, KP program, and child health clinics to recruit households of PLHIV to improve coverage of children and adolescent girls and young women in the program. Building on the past two years of experience, the COP19 OVC strategy will emphasize:

- HIV prevention among children and adolescents including programming on primary prevention of violence and HIV for 9-14 year olds. This will encompass raising awareness and providing education on HIV and integrating education on coercive or non-consensual sex and addressing early sexual debut.
- Identify, reaching and retaining children and adolescents living with HIV using PMTCT clinics, KP program platforms.

In the past two years the OVC program has struggled with integration of care and treatment, EID and VL testing for households with PLHIV children and caregivers. Building on these past experiences and challenges, the OVC program will improve strategies to document, track and monitor all children and caregivers who are PLHIV ensuring that high risk groups with unknown HIV status are screened and offered HIV testing, linked to ART and offered VL services to ensure viral load suppression and retention.

b. Key Populations: Female Sex Workers (FSWs)

The Key Population program will continue to apply community HIV service strategies to reach out, identify and test FSWs and their clients, and link them to treatment. Over the last three years, a total of 1,387 FSWs were diagnosed HIV positive and linked to treatment and 1,337 FSWs are currently (Q1 FY19) retained on treatment. The program continues to improve on viral load testing; in FY18 and Q1 FY19, 472 and 158 samples were collected respectively and of those, 82% and 93% were virally suppressed among the returned results. From FY16 to Q1 of FY19, 14,221 HIV tests were conducted among the KPs. The Key Population program has prioritized urban centers and towns in transport corridors primarily in the Equatorias where female sex work continues to take place. In COP19, with the prospect of peace and stability, the program will expand to

support increased numbers of FSWs, including their clients (largely considered to be men in uniform), in other key towns and centers outside the Equatorias where high prevalence has emerged and where KP size has been estimated.

Despite the harsh environment, commercial sex work continues to flourish in South Sudan and with the signing of a peace agreement in 2018 and the ongoing peace process, it is expected to grow even further. South Sudan's economic situation remains dire and continues to drive more young, local girls and women into commercial sex work as evidenced by 2018 KP program data. While the peace agreement and process are expected to largely hold, predictions are it will bring improvements in the economic situation and consequently, population movements of refugees and IDPs including FSWs. Given this scenario (supported by the recent spontaneous movement of refugees and internally displaced persons going back to their homes), KP activities are projected to grow with FSW numbers of both local and foreign nationals increasing in anticipation of "cashing-in" on the peace dividend.

The Key Population program in South Sudan primarily targets FSWs and a small number of their clients under COP18. In COP19 the KP program will work in collaboration with the DOD HIV program around major army barracks in Juba and Wau, and in 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. COP19 targets are set to reflect KP scale up and the program will support a comprehensive HIV package of prevention, testing and linkage to ART targeting 7,518 FSWs. About 90% will be tested and an estimated 473 newly identified HIV cases are expected to be linked to ART. During COP19, the KP program will also take on 380 TX_NEW targets; these targets will be met through a new program delivering community-based ART.

The KP program will continue to work with SSAC, UNAIDS, MOH, law enforcement, governing authorities, and other key actors such as civil society/community-based organizations (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 and other key actors on policy around the introduction of PrEP which is already mentioned in the 2017 national ART guidelines.

c. Priority Populations: Clients of FSWs

During COP18 the KP program introduced targets for clients of female sex workers in Juba; in COP19, targets were set again for Juba and for the first time for Nimule. In Juba the program will work closely with the DOD program to test military clients and for those identified positive, they will be linked to treatment and integrated into the military program. In both Juba and Nimule, the KP program will also work to identify clients in general, including through index testing, who will be tested and linked to treatment.

In COP19 the program intends to reach 7,596 clients of female sex workers in Juba and Nimule and test about 5,317 people. With the projected 3-4% positivity of HIV among this group, about 159 new cases will be identified and at least 143 are expected to be linked to treatment.

d. VMCC and the Military

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

Of the estimated 12,500 PLHIV among the military, only 10% have been identified, and treatment coverage is at 8%. The VL coverage increased in FY18 with the scale up of the National Laboratory from 6.2% at the end of FY17 to 88% at the end of FY18 of patients on treatment.

The SSPDF HIV Secretariat increased their static treatment sites from one to two at the end of FY18 with the opening of the ART clinic at Wau Military Hospital. In tandem with the growing stabilization of the country from the continued peace agreement, the program will move away from strategic deployment of mobile ART teams towards adding more static treatment sites to increase ART coverage for military populations in other underserved regions with substantial military populations. To improve viral load suppression and retention among the military population, the SSPDF HIV Secretariat will continue to use the current viral load testing mechanism through the National Public Health Institute and scale up engagement with CSOs surrounding treatment sites in tracking patients for support of treatment adherence as well as community index patient testing. Initial FY19 Q1 testing and treatment results provide promising evidence the program is implementing an effective retention plan to address loss to follow up and will continue to be closely monitored and evaluated as the year progresses.

The HTS strategy will continue to aim to enhance case identification through index patient testing and continued scale up of VCT and PITC, specifically at the new TB clinic at Juba Military Hospital. Initial FY19 Q1 testing results provide more granular information and show a continued scale up and high yield of the index patient testing modality. Program data will continue to be monitored to refine the strategy among these populations.

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

Military leadership recognizes the importance of male circumcision as an intervention for HIV prevention. VMMC, as an important component of a comprehensive HIV prevention package, is prioritized in the inaugural SSPDF HIV Policy document and the SSPDF HIV/AIDS Strategic Plan (2018-2022). Awareness raising on VMMC will continue in a limited geographic scope within Juba and surrounding suburbs. VMMC is being integrated into the HIV prevention continuum including HIV counseling and testing, condom promotion, and screening and treatment of sexually transmitted infections, among other interventions. FY18 end results demonstrated a successful scale up of VMMC services and a strategic reach among the key age band of 15-30 years. FY19 and FY20 targets are reflective of continuing to conservatively scale up VMMC services in order to supplement the overall program focus on treatment retention and reaching men.

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

On the policy front, the National Ministry of Health, South Sudan is currently implementing the test-and-start policy across all sites and all implementing partners. TLD is incorporated in the 2017 ART guidelines as an alternate first line regimen and in 2018 ART guidelines was revised to accommodate TLD as the preferred first line treatment for HIV. The National Guidelines for HIV Prevention and Treatment Programs for Key Populations were reviewed and endorsed by the MOH in May 2018. There is a need to strengthen engagement with governing authorities and security officials in order to address ongoing stigma and discrimination toward FSW/MSM populations; this will be tackled specifically and intensively during COP19. Six-month, multi-month scripting has not been initiated in the country yet, however, three month prescription scripting is currently being practiced through a differentiated service delivery model; this will be aggressively scaled up.

Driven by data, national priorities, and stakeholder recommendations, the strategic direction of PEPFAR South Sudan's program for COP19 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 COP19, 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 to new geographic areas and will also deepen its interventions in existing sites by, for example, providing community-based treatment; by aligning interventions with on-going military sites; and by 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 IntraHealth to ICAP in Eastern Equatoria to both address performance issues as well as consolidate C&T 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 COP19.

In order to address high loss to follow up 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 bath-tub analyses and 12-month Retention analyses.
- Conduct “surge operations” and intensive collection and use of data; scale up the use of Daily WhatsApp-based reporting, 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, COP19 will also continue differentiated service delivery models, and initiate six-month multi-month scripting and dispensing.

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

1. Engagement with IPs to highlight index testing
 - Post COP18 RPM and Approval 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 our OU approach, PEPFAR drafted an index testing concept paper that was shared with the inter-agency 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
3. Based on the concept note, PEPFAR requested an index testing TDY from the HQ SME in December 2018. TDY objectives were to:
 - Review/discuss current HIV index case testing practices implemented by IPs.
 - Discuss existing tools and gaps and use that information to develop harmonized tools, e.g. an index partner testing algorithm, and strategy to scale up index testing.
 - Review how index testing is reported and identify M&E gaps; plans to address these gaps were developed.
 - Assess human resource gaps and training needs required to improve index testing.
4. Next steps
 - Print Index testing pathway and IPV algorithms for facility use (Q3).
 - Train at least one focal person per facility (Q3).
 - Schedule a follow-on TDY to ensure all IPs are implementing index testing tools and processes with fidelity (Q3).

4.4 Commodities

PEPFAR South Sudan has, in past COPs, provided significant support for HIV commodity procurement in South Sudan to address gaps resulting from stock-outs or from a lack of procurement by Global Fund. Among the commodities procured by PEPFAR were HIV test kits, ARVs, essential medicines, laboratory supplies and, most recently, adult Isoniazid for TB prevention. In COP18 PEPFAR South Sudan, based on in-country needs, Global Fund and prime partner recommendations, drastically reduced its commodities budget and focused mainly on technical assistance for quantification and forecasting, support for data visibility at the health facility level, warehouse optimization, and support for ART optimization including the TLD transition.

During the implementation of COP18, South Sudan has continued to undertake key activities in support of the TLD transition focusing on policy change to accommodate women of reproductive age, ART optimization (phasing out nevirapine-based regimens and introducing and scaling up optimal pediatric regimens) including multi-month scripting. PEPFAR South Sudan continued to provide leadership on clinical, supply chain, policy and M&E in preparation for the TLD transition.

During COP18 PEPFAR will support key commodity and treatment technical and policy guidance in support of ART optimization. However at the same time, commodities will be critical and the South Sudan program relies on ARVs and other commodities procured by UNDP, the leading Global Fund partner responsible for commodities. In preparation for the TLD transition and in order to address multi-month scripting, the country revised packaging and will receive 30 day and 90 day packs. Consequently, UNDP ordered 30,000 TLD 30 and 98,000 TLD 90. Fears of a possible funding gap for ARVs were averted when Global Fund agreed to find the resources necessary to maintain adequate supplies of ARVs.

The GHSC-PSM project has been instrumental in providing technical support for quantification, providing leadership of the Technical Working Group on supply chain management issues, and improving commodity visibility and providing alerts about impending stock outs. However, PEPFAR South Sudan significantly cut down above site activities including technical assistance provided by GHSC-PSPM in order to address priorities in care and treatment as a result of higher targets for COP19. With this decision, funding for GHSC-PSM in COP19 is zeroed out and GHSC-PSM will thus have no role in COP19. USAID plans to hire two new Foreign Service Nationals (FSNs), one of whom will have a supply chain role. However, this FSN is not a replacement for the key roles played by GHSC-PSM, and will be expected to play a key leadership role in coordinating and working with HIV commodity and supply chain stakeholders including MOH, Global Fund, UNDP, NPHL and others.

4.5 Collaboration, Integration and Monitoring

During stakeholder meetings held in January 2019 and the pre-COP consultations invited by the Ministry of Health as well as the Johannesburg 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 UNDP more engaged and involved in the National level 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 collaborations with the civil society and local NGO partners

Coordination and Collaboration

Ministry of Health Leadership

In order 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 General of Preventive 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 COP-19, 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 in a de-duplicated fashion. It will ensure that the PEPFAR IPs and GF prime partners are supporting a common national plan rather than individual partner interests that may at times be potentially duplicative if planned and implemented in isolation.

In order to ensure that the above goals are met PEPFAR will:

1. Engage with MOH and all stakeholders in program planning and designing during the COP processes through stakeholders' workshop, one-on-one interactions with different stakeholders. This has been a practice for all COP planning years and was the same for COP19 and will continue.
2. Schedule MOH- and stakeholder-led quarterly reviews of the PEPFAR program that have been a practice since COP17.
3. Participate in the MOH led and convened Technical Working Groups (TWGs) 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 the COP-17 implementation period, PEPFAR South Sudan has introduced a quarterly stakeholder led review of PEPFAR IPs. A two day quarterly review is convened jointly by the Ministry of Health and UNAIDS, where in the 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 agencies take a back seat during these reviews and allow for the entire review process to be driven by the stakeholders. This is ongoing for over four quarters now including in the COP-18 implementation period. PEPFAR South Sudan will continue this practice and will 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 take decisions on technical, programmatic and operational issues for the program. PEPFAR participates and chairs in several of these TWGs by way of direct PEPFAR staff participation as well as technical representation from all the implementing partners. In COP-19 PEPFAR will continue to provide technical support, leadership and guidance to these TWGs and will actively participate in the same. TWGs for M&E, Lab, Care and Treatment, Surveillance, Key Populations, Supply Chain and commodities, sub-TWG for TLD transition are some of the key TWGs that PEPFAR has been supporting over the years and will commit to further strengthening these units for a well-coordinated program performance within the Ministry of Health.

PEPFAR programming with De-duplication

As evident from the sustainability index dashboard, several structural and contextual factors impact the human resources in health, in South Sudan. Ranging from low salaries, to delayed payments, dearth of trained staff and frequent turnover impact program implementation at all levels. PEPFAR continues to implement a direct service delivery model through implementing partners and provides clinical staff, lab staff as well as community level workers to implement different aspects of the program. On the other hand, Global Fund implements an incentive based service delivery model wherein the existing staff from the MOH are supported with incentives to perform HIV/AIDS services. PEPFAR is carefully coordinating with Global Fund to ensure there is no overlap or duplication of support. In addition, both donors build upon -- and deliver services through -- Health Pooled Fund (HPF) supported MOH facilities and thus, coordinate closely with HPF implementing NGOs.⁴

The site level rationalization exercise undertaken as part of the COP18 planning process is giving dividends, allowing for deduplication of resources by ensuring there is one implementing partner per SNU (county level). Good success has been achieved on this front.

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 COP-18 planning process, which is being executed currently, with the following objectives:

1. Increase efficiency and decrease costs; limit IP monitoring and supervision costs by de-duplicating multi-partner allocations to the same county/state
2. Improve accountability (have one IP take responsibility for the targets and results for the SNU)
3. Foster an IP to County/State MOH relationship and engagement by assigning dedicated IPs per County/State

⁴ MOH facilities in all PEPFAR SNUs are supported by donors through the Health Pooled Fund.

4. Improve agency level partner management by adopting a more logical assignment of geographic areas by partners

This exercise has led to reallocation of sites amongst the implementing partners. 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 on the TB program front.

Enhanced field supervision and monitoring

In COP18, with PEPFAR support, the Ministry of Health introduced a new model of field supervision, mentoring and monitoring. Noticing the fact that the multi-donor and multi-partner driven model of HIV service delivery in South Sudan was lacking adequate field supervision, mentoring and monitoring system, PEPFAR supported this new model. The earlier format of field supervision, largely led by IPs was uncertain in scale and format, duplicative, not neutral, and had limited accountability. Particularly challenging are also the limitations the USG PEPFAR team has on travel to sites due to insecurity and poor access issues. This need for strengthening of field supervision was also highlighted by the MOH and other stakeholders. The PEPFAR South Sudan therefore proposed to support the introduction of this new field supervision model with six mid-level public health professionals as foot soldiers deployed at the county level providing intense on-site, field level mentoring, monitoring and supervision, traveling in the field for 20 days per month at the rate of 2-3 days per site. Data from the first quarter of COP-18 shows that this has established an intensive, on-site supportive supervision and mentoring system for all PEPFAR sites with each supervisor spending ~20 days at the facility level including up to dedicated five days per site, particularly for high volume priority sites.

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 for COP19 is to maximize efficiencies by focusing resources, with particular attention to retention issues that stand out as the biggest challenge. Using site-level granular data, by volume, yield, testing modality, gender, 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 review, fiscal data review, 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 (by Administrative Specialist) will continue to be undertaken to the IPs 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.

South Sudan started VL monitoring in quarter 2 of FY17 at one facility. In May 2018 (COP17), in-country testing was launched. As of end of FY18, 12,589 clients had received their VL results. PEPFAR will continue to provide site level and above site level TA for a rapid scale up of quality VL services across all facilities in COP19. PEPFAR proposes to improve integration of VL activities in the treatment cascade, as described below.

- Strengthening coordination among donors and implementing partners across programmatic and laboratory needs. This will minimize duplication of efforts, save costs and create efficiencies. The areas of collaboration will include establishing of hubs, payment of salaries or incentives to laboratory staff and data clerks, provision of supplies and training of staff.
- There is the need to integrate specimen referral systems into one national system. This will minimize delay in the transportation of VL samples from locations that do not have PEPFAR partners. For instance, EID or TB or Outbreak samples will be transported along with VL samples.
- Triaging patients for VL test on arrival to optimize sample collection and minimize loss of patients before sample collection. Triaging will involve patient identification, escorting to the sample collection area or moving collection area to patients, and linking to clinical services.
- Maximizing TA and close monitoring of supply chain systems to ensure uninterrupted supply of commodities at the facilities and in the warehouse.
- Incorporating key VL messages into ART preparation counseling and general health education sessions. It is also important to educate healthcare workers as well as patients on the importance and interpretation of VL results.
- Setting monthly clinic targets for VL and monthly review of VL data is important for performance monitoring and improvement. It promotes ownership of the program and ensures active involvement of stakeholders.
- Collecting samples from VL eligible clients who visit satellite treatment centers for review and drug collection.

Engaging CSOs

In COP19 PEPFAR will continue to scale up creative engagements with community level networks and CSOs for innovative service delivery model at the site level and community level. With the goal of targeted demand generation at the community level, enhancing linkage to treatment both at site level and community level and most importantly improve retention through community level interventions PEPFAR will continue to identify newer and creative ways of efficiently scaling up the community interventions across all its sites. These will include but not be limited to:

1. Working with local indigenous county level CSOs/CBOs.
2. Direct partnerships with the local county level PLHIV networks.
3. Direct recruitment of community cadre of staff, e.g., outreach supervisors and outreach workers and engaging community outreach volunteers.

Initiated in COP-17 and being currently scaled up in COP18, engaging community workers either directly or from PLHIV networks or supported by CSO, from within the community is ensuring a new cadre of staff for a rapid scale up of community interventions as listed above.

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

4.6 Targets for scale-up locations and populations

Up to 77% (18,541) of the COP 19 treatment new targets (24,066) are expected to be achieved in Scale up aggressive Counties. Table 4.6.1 indicates the distribution of the key targets in scale up aggressive Counties.

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

Table 4.6.1 Entry Streams for Adults and Pediatrics Newly Initiating ART Patients in Scale-up Districts			
Entry Streams for ART Enrollment	Tested for HIV (APR FY 20) <i>HTS_TST</i>	Newly Identified Positive (APR FY 20) <i>HTS_TST_POS</i>	Newly Initiated on ART (APR FY 20) <i>TX_NEW</i>
Total Men	132,239	8,411	7,707
Total Women	212,237	10,822	9,834
Total Children (<15)	33,804	1,286	1,217
Adults			
TB Patients	6,352	416	416
Pregnant Women	41,048	452	433

VMMC clients	1,545	15	14
Key populations	5,713	400	NA (Linked)
Priority Populations	NA	NA	NA
Other Testing	-	-	-
Previously diagnosed and/or in care	-	-	-
<u>Pediatrics (<15)</u>			
HIV Exposed Infants	2,905	52	52
Other pediatric testing	-	-	-
Previously diagnosed and/or in care	-	-	-

The VMMC targets for COP19 in table 4.6.2 are only allocated to the military population. The targets for prevention among Priority Population (clients of FSW) and Key population (FSW) in table 4.6.3 are assigned to the major towns in the scale up aggressive Counties of Juba, Magwi and Yambio.

Standard Table 4.6.2 VMMC Coverage and Targets by Age Bracket in Scale-up Districts

Table 4.6.2 VMMC Coverage and Targets by Age Bracket in Scale-up Districts					
SNU	Target Populations	Population Size Estimate (SNUs)	Current Coverage (date)	VMMC_CIRC (in FY19)	Expected Coverage (in FY20)
Military SNU	Military with a focus on 20-29 age band	250,000	NA	1,031	827
	Total/Average			1,031	1,545

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

Table 4.6.3 Target Populations for Prevention Interventions to Facilitate Epidemic Control			
Target Populations	Population Size Estimate (scale-up SNUs)	Coverage Goal (in FY19)	FY20 Target
<i>PP_PREV</i>	28500	5,200	7,596
<i>KP_PREV</i>	7,054	4,420	7,518
TOTAL	35,554	9,620	15,144

The OVC program in COP19 will continue to focus in Juba County with the intention to achieve the targets in table 4.6.4.

Standard Table 4.6.4 Targets for OVC and Linkages to HIV Services

Table 4.6.4 Targets for OVC and Linkages to HIV Services			
SNU	Estimated # of Orphans and Vulnerable Children	Target # of active OVC (FY 20 Target) OVC_SERV	Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files (FY 20 Target) OVC*
Juba County	2,617	2,201	2,113
TOTAL	2,617	2,201	2,113

4.7 Cervical Cancer Program Plans

PEPFAR South Sudan does not implement cervical cancer activities.

4.8 Viral Load and Early Infant Diagnosis Optimization

South Sudan started using VL for treatment monitoring in FY17 Q2. By the end of FY18, 12589 patients had documented VL results with 76% suppression and 56% coverage. VL suppression among children is 36% while in pregnant and breastfeeding mothers it is 81% and 86% respectively. The proxy VL coverage among pregnant women is 13%.

There is currently one Abbott m200osp and Abbott m200ort procured by Global fund which was installed in January 2018, and became operational in May 2018. The VL testing program has been faced with several operational challenges such as delayed supply of reagents, power instability, limited cold chain storage facility, sample transportation issues and human resource constraints. These challenges have made it difficult for the PCR machine to operate at optimum capacity.

Early infant diagnosis of HIV was launched in October 2016 at 7 facilities within Juba and by the end of Q1 FY19, there were 34 facilities sending samples for testing. The overall EID coverage in infants 0-2 months and 2-12 months is 26% and 25% respectively with an average positivity rate of 5% in FY18. All samples for EID were sent from the PMTCT facilities by road or air to the Public health laboratory for onward shipment to National HIV Reference Laboratory (NHRL) in Nairobi, Kenya for testing. In-country testing of EID samples is planned to start in Q3 of FY19. Based on the current volume of EID samples received at the PHL, it is estimated that the PHL will test 45 samples (1/2 plate) per week. The NHRL will continue to serve as a backup and quality assurance laboratory. The key challenges that hinder scale up of EID services are weak specimen referral system, home deliveries, lack of reliable contacts for tracing mother and infant, inaccessibility of some facilities and human resource constraints.

In order to optimize VL and EID, PEPFAR South Sudan will implement the following strategies in COP19:

1. Improve access to VL and EID services through active demand creation, community and patient literacy, training of health workers, sample collection from satellite sites and use of under-utilized TB GeneXpert instruments for EID at facilities that are not easily accessible. Where feasible, PEPFAR South Sudan will consider using the GeneXpert near Point of care instruments for VL monitoring in pregnant and breastfeeding mothers.
2. Increase VL test coverage by screening clients for VL eligibility at every visit using the ART and appointment registers.
3. Active follow-up of unsuppressed clients through regular monitoring of HVL and attendance registers
4. Improve quality of samples through provision of targeted mentorship and participation in continuous quality improvement schemes
5. Improve result utilization through health worker education, development of VL/EID dashboard and provision of all patient education materials and data collection tools.
6. Scale up the use of expected date of delivery (EDD) calendar to track mothers enrolled in first ANC visit and linking the mother/baby pair to postnatal services.

TB/HIV integration and optimizing instrument capacities

There are currently 26 four module GeneXpert and 3 m-Pima/Alere Q instruments in the country procured by different donor agencies i.e. Global fund, PEPFAR, Korean Foundation for International health (KOFIH), UNHCR, MSF and IOM. 8 GeneXpert and 3 m-Pima instruments were procured by PEPFAR. KOFIH plans to procure additional 4 GeneXpert instruments. The expected number of GeneXpert machines in the country will be 30 by mid-2019.

Of the GeneXpert machines already in the country, 13 are already installed for simultaneous detection of TB and rifampicin resistance in 12 facilities i.e. 2 for National TB reference laboratory, and 1 each for Juba teaching hospital, Torit, Nimule, Nzara, Wau, Malakal, Maban, Aweil state, Rumbek, Bentiu POC hospitals and Munuki PHCC.

Each GeneXpert machine has an estimated capacity of 16 tests per day. During the COP18 laboratory instrument mapping and optimization exercise, the unutilized GeneXpert capacity was 83%. A review of 2018 instrument utilization indicates only 13% of the instrument capacity has been utilized at 100% efficiency. Given operational challenges at the facilities, even if the GeneXperts were operated at 50% efficiency, there will still be unutilized capacity of 75%. Based on the current utilization rate, there is an opportunity to integrate Early Infant Diagnosis (EID) of HIV into the existing GeneXpert platforms. This process will neither disrupt nor overwhelm facility laboratory staff.

PEPFAR South Sudan has proposed 14 facilities for integration of HIV EID testing onto the GeneXpert platforms. These facilities were selected based on availability of PMTCT services, turn-around-time of more than 10 days for specimen shipment to Juba, limited options for specimen referral, low volume PMTCT facility and absence of EID services at the facility. These selected facilities will contribute to nearly 15% of the COP19 PMTCT_EID targets of 3417. The model of Point of care implementation will be stand-alone and hub-spoke.

The planned sites for Point of Care placement are Mapourdit Hospital, Ezo Hospital, Tambura hospital, Magwi PHCC, Kapoeta state hospital, Maban/Bunj Hospital, Nimule Hospital, Malakal POC hospital, Lui Hospital, Yirol State hospital, St. Theresa mission hospital, Tonj South Hospital, Chukudum Hospital and Torit State Hospital.

PEPFAR South Sudan has not set aside funds specifically for roll-out of Point of care instruments. Global fund and Ministry of health are expected to support equipment installation, infrastructure improvement, procurement of commodities and staff recruitment. Trainings and maintenance is expected to be performed by the manufacturer or its agents while PEPFAR will provide on-going mentorship, and coordinate specimen transportation and result transmission.

South Sudan has not yet started using Point of care instruments for HIV diagnosis. The 13 installed GeneXpert instruments are used for TB diagnosis and Rifampicin resistance detection through Global fund support. Funds for use of POC at all facilities are currently provided by Global fund and other non-PEPFAR partners. In FY2020, PEPFAR will provide technical assistance for HIV integration into the TB GeneXpert instruments while Global fund will provide commodities. There are no plans to transition POC instruments owned by other stakeholders at PEPFAR supported facilities.

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

5.1 COP19 Programmatic Priorities

The COP 19 program approaches and activities for attained and sustained locations and populations are similar to those described in sections 4.1 – 4.8.

5.2 Targets for attained and sustained locations and populations

South Sudan do not expect to have Counties with attained ART coverage in FY20. Table 5.2.1 is not applicable.

Standard Table 5.2.1 Expected Beneficiary Volume Receiving Minimum Package of Services in Attained Support Districts*

Table 5.2.1 Expected Beneficiary Volume Receiving Minimum Package of Services in Attained Support Districts*			
Attained Support Volume by Group		Expected result APR 19	Expected result APR 20
HIV testing (all populations)	<i>HTS_TST</i>	NA	NA
HIV positives (all populations)	<i>HTS_TST_POS</i>	NA	NA
Treatment new	<i>TX_NEW</i>	NA	NA
Current on ART	<i>TX_CURR</i>	NA	NA
OVC	<i>OVC_SERV</i>	NA	NA
Key populations	<i>KP_PREV</i>	NA	NA

There is only an 8% increase of FY20 PMTCT-STAT targets compared to expected FY19 results. While testing targets for FY20 are similar to expected FY19 results, the HIV positive target for FY20 is more than double the FY19 expected results, meaning more emphasis on high modality testing. Given the low ART coverage in the sustained Counties, increased case identification will result in more people initiated on ART and therefore higher TX_CURR in FY20 compared to FY19 expected results.

Standard Table 5.2.2 Expected Beneficiary Volume Receiving Minimum Package of Services in Sustained Support Districts

Table 5.2.2 Expected Beneficiary Volume Receiving Minimum Package of Services in Sustained Support Districts			
Sustained Support Volume by Group		Expected result APR 19	Expected result APR 20
HIV testing in PMTCT sites	<i>PMTCT_STAT</i>	6,207	6,804
HTS (only sustained ART sites in FY18)	<i>HTS_TST/HTS_TST_POS</i>	89,445 / 2,599	90,291 / 6,387
Current on ART	<i>TX_CURR</i>	7,871	12,278
OVC	<i>OVC_SERV</i>	NA	NA

5.3 Establishing service packages to meet targets in sustained districts

The KP program supports demand creation among FSWs and clients of FSWs using a community structure that uses Peer Educators to:

- Create basic HIV/AIDS awareness, promote screening of STIs as a way to mitigate new HIV infection, promotes and motivates peers to go for HIV testing, and encourages and supports linkage to ART.
- The same community structures are used to promote and distribute condoms for FSWs and their clients, including empowering FSWs with negotiation skills necessary to stay consistent with condom use as well as mitigate sexual violence.
- Continue outreach, prevention, testing, clinical services for key populations

The KP program has remained predominantly a community-based program with limited clinical activities related primarily to ART linkage, viral load testing, and referral of gender-based, sexual violence for clinical management of post-GBV, including the provision of PEP.

The Key Populations service package which covers demand creation, STI screening, condom promotion and distribution, and SGBV activities, is delivered through community outreach using community-based KP structures that utilize the services of trained Peer Educators and Navigators who are themselves KPs. Peer Educators and Navigators are assigned to a number of peers ranging from 25-50 and 15-30 respectively. With monthly work plans drawn together with the support of Peer Supervisors who oversee between 1-10 Peer Navigators and Educators, activities are conducted monthly that support demand creation and mobilization for the KP service package, counselling, linking of PLHIVs to treatment, and follow-up for retention/refills and viral load testing.

Equipped with basic M&E tools, KP activities are assigned to individuals and monitored regularly and reviewed monthly with the support of the KP program.

Prioritized activities for Sustained SNU include:

- HIV testing and counseling on request or as indicated by clinical symptomatology or identified risk behaviors
- Treatment services for PLHIV
- Treatment services including routine clinic visits, ARVs, and care package
- Essential laboratory services for PLHIV

In order to improve quality of HI testing, PEPFAR South Sudan will enroll 75% high yield testing points into HIV Rapid test. Testers at these points will receive dried tube specimen panels for proficiency testing and assessed using the Stepwise Process for improving quality of HIV rapid testing (SPI-RT). South Sudan will also ensure that EID, VL, TB and bacteriology participate in

external quality assessment scheme, including the WHO-AFRO Strengthening laboratory quality improvement towards accreditation (SLMTA).

PEPFAR South Sudan will improve access to EID and VL services by continuing to support the establishment of a national Specimen referral system and result transmission system. Improving the referral system, conducting targeted mentorship and patient literacy will improve both access and coverage.

Provision of laboratory services requires good management, availability of policies and guidelines to regulate laboratory services and practices. PEPFAR will support establishment of a laboratory regulatory board; develop policy on reagent and equipment standardization; support monthly TWG planning and review meetings to monitor project implementation; conduct lab management and leadership trainings; and develop a continuous professional development program for lab personnel

6.0 Program Support Necessary to Achieve Sustained Epidemic Control

(Please see associated Excel file for complete Table 6/ SRE-Tool information, detailing COP19 activities)

COP19 proposes to identify and support systems investments that address:

1. epidemic control priorities;
2. systems gaps as identified through SID 3.0 and SIMS; and
3. systems strengthening through leveraging from other donor-development and MOH investments.

The systems 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 Dashboard, SID 3.0. PEPFAR will work in collaboration with the Global Fund, and support the systems investments to leverage, de-duplicate 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, i.e., testing, treatment and laboratory services, including VL and EID scale up across the country. 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.

The ultimate goal of these systems investments is to strengthen the health system towards enhancement of the overall HIV/AIDS activities both at the national and facility level. At the facility level HIV/AIDS interventions have three key aspects as identified under the three 90s: 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 a current and sustainable capacity at an institutional level as well as technical assistance in policymaking, 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, thus making it challenging to target PEPFAR interventions accurately and appropriately. The reporting of HIV indicators from health facilities through the MOH District Health Management and Information System (DHIS) is improving but not complete enough to provide realistic subnational unit coverage figures.

Currently, EID/VL capacity is supported from Nairobi, Kenya but many issues related to cost/supply of reagents and staff support at the Nairobi Lab continue to pose challenges. The VL

and EID testing program now needs to be rapidly scaled up in-country. This requires substantial systems support at the NPHL in order to support facilities offering EID/VL services with training, monitoring, reporting and supportive supervision. 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.

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 at the national level; as well as key populations, supportive supervision and mentorship.

PEPFAR South Sudan will focus on efficient and rapid scale up of regular viral load monitoring for HIV patients across the country by providing systems support both at the site level and above site level. These include:

1. Support for the NPHL to provide EID and VL services including strengthening the organizational and management structure of the National laboratory network to support HIV services.
2. Provide technical assistance for standardized lab sample referral and transportation systems.

Detailed below are the key systems barriers, COP 19 activities, COP 19 benchmarks and expected outcomes.

A. The laboratory key systems barriers and their proposed COP19 activities include the following:

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

The expected outcome of the below COP19 activities is a reliable and efficient system for specimen and result transmission. The activities include the following:

- i. Contract more reliable companies to perform courier services;
- ii. Provide an internet subscription and maintenance at the NPHL for result transmission.

The COP19 benchmark is that 50% of HIV and TB samples are transported using one network and 50% of facilities receive results direct from the testing lab.

2. Insufficient implementation of Continuous Quality Improvement activities.

The expected outcome of the below COP19 activities is improved quality of HIV tests, EID, VL and TB. The activities include the following:

- i. Enroll high yield testing points into HIV RTK CQI

- ii. Distribute HIV QA proficiency testing panels, enroll more sites into external quality assessment schemes (EID, viral load, TB);
- iii. Integrate SLIPTA 2.0 into the National QA program; train local auditors to reduce cost of SLIPTA program;
- iv. Conduct targeted mentorship for quality improvement; equipment maintenance.

The COP19 benchmark is that 75% of HIV testing points are enrolled in a proficiency testing program with 100% pass rate, 50% of TB GeneXperts sites participate in proficiency testing program

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

The expected outcomes of the below COP19 activities is Lab policy and strategic plan reviewed and approved and Laboratory regulatory body established. The activities include the following

- i. Support establishment of a laboratory regulatory board through development of policies and guidelines;
- ii. Develop policy on reagent and equipment standardization
- iii. Support monthly TWG planning and review meetings to monitor project implementation
- iv. Conduct lab management and leadership trainings
- v. Develop a continuous professional development program for lab personnel

The COP19 benchmark is that Lab policy and strategic plans are reviewed and approved and Laboratory regulatory body established

4. Low coverage for EID and VL services

The expected outcome of the below COP19 activities is increased EID coverage for 0-2 months to 80%^[BS(1)]; VL coverage of 70%. The activities include the following:

- i. Develop, print and disseminate health education materials for EID and VL
- ii. Establish sample and reagent storage facility to cater for increased volumes
- iii. Develop and maintain a VL/EID/TB dashboard
- iv. Print EID and VL tools

The COP19 benchmark is: 70% VL coverage; 680^[BS(2)] % PMTCT_EID coverage for 0-2months

B. The Strategic information key systems barriers and their proposed COP19 activities include the following:

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

The expected outcome of the COP19 activities below is improved and reliable program data to track progress towards 90-90-90 and to guide program planning. The activities include the following:

- i. Support roll out the DHIS-2 at County and Facility level and implement a routine ANC sentinel survey system.
- ii. Support Quarterly PEPFAR stakeholders meetings
- iii. Support HIV/TB annual program review meetings
- iv. Support PEPFAR Annual stakeholders meeting

The COP19 benchmarks are:

- Fifteen PEPFAR supported facilities reporting through DHIS-2
- Selected Routine ANC sentinel survey sites received trainings and management of facilities introduced to concept of routine ANC sentinel survey
- Over-/under-reporting not exceeding 5%

C. The human resources, supportive supervision & mentorship key systems barriers and proposed COP19 activities include the following

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

The expected outcome of the below COP19 activities is an integrated national Project ECHO system that is used for mentorship and best practices dissemination. Activities include the following:

- i. Maintenance of Project ECHO services in eleven existing sites as a means for mentorship and professional development.

The COP19 benchmark is that all eleven (11) sites are maintained on ECHO.

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

The expected outcome of the below COP19 activities is improved and capacitated human resource at the HIV department leading to improved oversight and supportive supervision. The activities include the following:

- i. Oversight, technical assistance, and supervision to subnational levels
- ii. Human Resources for Health support to MOH, recruitment and retention

The COP19 benchmark is that seven technical staff will be provided to support the MOH HIV and M&E units.

D. The Key populations key systems barriers and their proposed COP19 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 expected outcome of the below COP19 activities is Mayor's Office & National Security and Police Forces support the provision of KP services . The activities include the following

- i. Coordinate with MOH, SACC and UNAIDS to conduct advocacy among local governing authorities (e.g., the Mayor's office) and the National Security and Police Forces to raise awareness and foster support for provision of KP services.

The COP19 benchmark is that Mayor's office security & law enforcement agencies are supportive of KP activities.

Surveys, Evaluation and Research

PEPFAR South Sudan has not planned any surveys, evaluations or research in COP 19.

7.0 Staffing Plan

PEPFAR South Sudan Program is implemented by three USG agencies: CDC, USAID, and DOD. The program goal for COP19 is to strengthen HIV Care and Treatment services to improve testing yields, linkage to treatment and treatment retention. To achieve these, it is crucial to analyze and align PEPFAR South Sudan's staffing footprint to provide quality oversight to implementing partners as well as technical assistance to the MOH and other stakeholders. Currently under COP18, PEPFAR South Sudan has eleven staff 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; and nine locally employed staff (two from USAID -- one of which is not yet on-board -- and seven from CDC). The nine locally employed staff provide support for budget and finance, administrative and logistics, Care and Treatment, Prevention, Health Systems Strengthening (laboratory and strategic information), Orphans and Vulnerable Children (OVC), key populations, and commodities management. DOD has been participating and providing remote support to the program through COP18.

During COP18 the team has been looking critically at current staffing and the level of effort needed for optimal partner performance management, and strengthening HIV Care and Treatment services through direct engagement with the MOH, Global Fund and other stakeholders. During COP18, USAID has two program management specialists who are activity managers for three implementing partners for 1) Key Populations, 2) OVCs, and 3) Prevention, Care and treatment. CDC has one administrative management staff and six locally employed, public health specialists. The administrative management staff, who is a public health administrative management specialist, assists with the oversight of cooperative agreement administration, logistics, budget and finance; the six public health specialists are activity managers for five implementing partners: 1) Strategic information, 2) Laboratory, and 3) three Prevention, Care and Treatment partners. The staff and levels of effort are spread across all program areas.

To maximize effectiveness and efficiency of the USG staffing footprint and interagency organizational structure, during COP18 PEPFAR South Sudan repurposed some existing positions and filled previously approved but vacant positions. The positions of Laboratory Advisor, Strategic Information Advisor, and Clinical Advisor, all under CDC, were upgraded to Laboratory, Strategic Information, and Clinical team leads respectively; the recruitment of three additional technical staff in areas of laboratory, strategic information and clinical services were completed and the staff are on board. DOD is also working on recruiting a Program Manager to support its HIV program; until that in-country staff position is filled, DOD will be providing support to the program through multiple, short-term TDYs from HQ and DOD Uganda in order to ensure that in-country mentoring and monitoring support occurs during that time.

In addition, there are two new, proposed positions under COP19 for USAID to support the transition to local partners, supply chain, and strategic information. The two positions will provide technical and management oversight to USAID-PEPFAR implemented projects and technical areas. Globally, PEPFAR plans to transition away from international prime implementing partners to local prime partners. These two positions will oversee this transition in PEPFAR South Sudan. In addition, they will lead supply chain management efforts, as well as USAID strategic information and data gathering, use, and presentation.

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

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

All three FSN positions under CDC -- the Strategic Information, Clinical Services, and Lab Advisor positions -- were filled by the end of the fourth quarter of FY18.

PEPFAR Staffing-USAID Program Management Specialists

The candidate for the second USAID Program Management Specialist position has been selected and is completing the hiring process. As for the two new positions under COP19, an action memo to approve recruitment has been circulated and approved so that solicitation can begin.

PEPFAR Staffing-DOD Program Management Position

The DOD Program Management position has been solicited and is currently awaiting the convening of a technical review committee in order to select the most appropriate candidate.

Cost of Doing Business

The overall Cost of Doing Business (CODB) for PEPFAR South Sudan has increased by 7% compared to COP18. This is attributable to the two, proposed USAID positions.

Table A.2 ART Targets by Prioritization for Epidemic Control						
Prioritization Area	Total PLHIV	Expected current on ART (APR FY19)	Additional patients required for 80% ART coverage FY19	Target current on ART (APR FY20) TX_CURR	Newly initiated (APR FY20) TX_NEW	ART Coverage (APR 20)
Scale-Up Aggressive	58,273	31,557	15,061	48,530	18,541	83%
Sustained	20,888	7,871	8,839	12,278	5,525	59%
Total	79,161	39,428	23,901	60,808	24,066	77%

APPENDIX B – Budget Profile and Resource Projections

B1. COP19 Planned Spending

Table B.1.1 COP19 Budget by Program Area (by Funding)

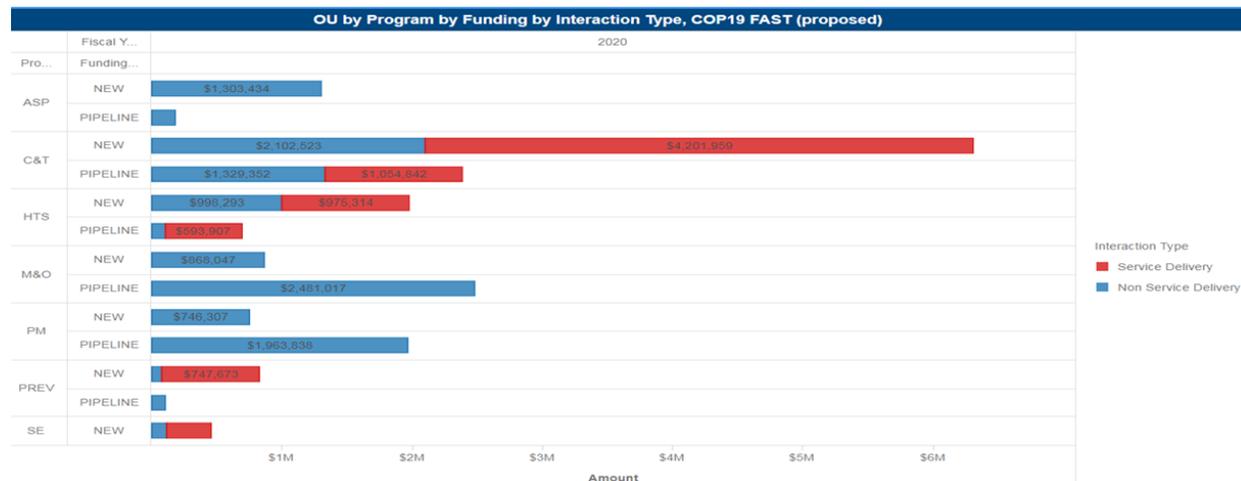


Table B.1.2 COP19 Total Planning Level

Applied Pipeline	New Funding	Total Spend
\$US 7,803,420	\$US 12,479,076	\$US 20,282,496

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

PEPFAR Budget Code	Amount Allocated
CIRC	\$75,500
HBHC	\$0
HKID	\$574,545
HLAB	\$168,986
HMBL	\$92,800
HTXD	\$114,668
HTXS	\$3,916,210
HVCT	\$2,170,508
HVMS	\$207,309
HVOP	\$316,193
HVSI	\$535,161
HVTB	\$813,172
MTCT	\$1,918,346
OHSS	\$154,763
PDCS	\$152,882

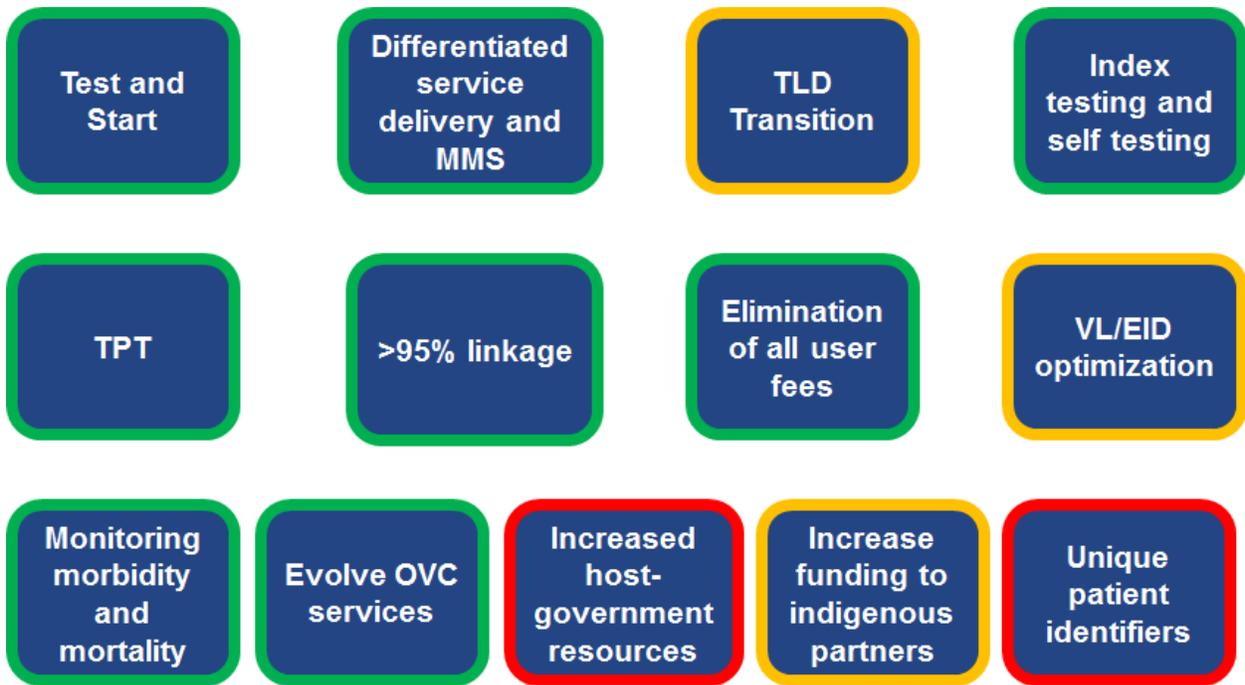
PDTX	\$1,268,036
CIRC	\$75,500
HBHC	\$0
HKID	\$574,545

B.2 Resource Projections

PEPFAR South Sudan used incremental and intervention based budgeting methods. The technical team identified PEPFAR’s Fiscal Year 2020 priorities and goals to address PEPFAR South Sudan program challenges. Revenant interventions initiatives were identified to achieve Fiscal Year 2020 goals and priorities. Basic on COP17 Fiscal Year 2018 budget and expenses reported, Fiscal Year 2020 budgets are adjusted either upward or down for each program area.

There are three data sources used to project the Fiscal Year 2020 resources. The Partners Annual Program Report (APR) was used to determine the capacity of partners to achieve results in Fiscal Year 2020. Based on this, then resources were projected for the partners. Besides; Fiscal Year 2018 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 sites program. Finally, COP18 interventions and budgets informed the decision on whether or not to continue or discontinue or introduced an intervention that is relevant to PEPFAR South Sudan priorities as stipulated in the Planning Levels Letter (PLL).

APPENDIX D- Minimum Program Requirements



APPENDIX E – Addressing Gaps to Epidemic Control including through Communities of Faith **receiving central funds**

Although PEPFAR South Sudan did not receive central funds designated for FBOs and Communities of Faith, some IPs implement care and treatment work through FBOs.

Tables and Systems Investments for Section 6.o

Table 6-E (Entry of Above Site Programs Activities)

Funding Agency	Prime Partner	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
HHS/CDC	INTRAEALTH INTERNATIONAL, INC.	ASP: Not Disaggregated	Non-Targeted Pop: Not disaggregated	\$ 95,418	Oversight, technical assistance, and supervision to subnational levels	Inadequate human resource and management structure to provide leadership to the HIV department at the national level to support HIV services provision	COP19	COP20	3 seconded staff
HHS/CDC	INTRAEALTH INTERNATIONAL, INC.	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	\$ 400,000	HMIS systems	Limited reliable program data to track progress towards 90-90-90 and to guide program planning	COP18	COP21	15 PEPFAR supported facilities reporting through DHIS-2. Selected Routine ANC sentinel survey sites received trainings and management of facilities introduced to concept of Routine ANC sentinel survey.
HHS/CDC	INTRAEALTH INTERNATIONAL, INC.	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	\$ 240,000	Service organization and management systems	Limited reliable program data to track progress towards 90-90-90 and to guide program planning	COP18	COP21	Over / under-reporting not exceeding 5%
HHS/CDC	Trustees Of Columbia University In The City Of New York	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	\$ 138,000	Oversight, technical assistance, and supervision to subnational levels	Inadequate supportive supervision, mentorship and dissemination of best practices at national level	COP17	COP20	11 ART sites enroll to ECHO
HHS/CDC	Trustees Of Columbia University In The City Of New York	ASP: Human resources for health	Non-Targeted Pop: Not disaggregated	\$ 92,000	HRH recruitment and retention	Inadequate human resource and management structure to provide leadership to the HIV department at the national level to support HIV services provision	COP17	COP20	4 supported staff at HIV department (MOH)
HHS/CDC	AFRICAN MEDICAL & RESEARCH FOUNDATION	ASP: Laboratory systems strengthening	Non-Targeted Pop: Not disaggregated	\$ 45,000	Laboratory infrastructure	Inefficient specimen transportation and result transmission system for VL, EID and TB	COP17	COP21	50% of HIV and TB samples are transported using one network and 50% of facilities receive results direct from the testing lab

Table 6-E (Entry of Above Site Programs Activities)

Funding Agency	Prime Partner	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
HHS/CDC	AFRICAN MEDICAL & RESEARCH FOUNDATION	ASP: Laboratory systems strengthening	Non-Targeted Pop: Not disaggregated	\$ 15,038	Lab quality improvement and assurance	Insufficient implementation of Continuous Quality Improvement activities	COP17	COP21	75% of HIV testing points are enrolled in proficiency testing program with 100% pass rate, 50% of TB GeneXperts sites participate in proficiency testing program
HHS/CDC	AFRICAN MEDICAL & RESEARCH FOUNDATION	ASP: Laboratory systems strengthening	Non-Targeted Pop: Not disaggregated	\$ 15,000	Lab policy, budgets, and strategic plans	Limited number of policies and guidelines to guide laboratory practice, and inadequate management and leadership structure to provide to support broader lab services	COP17	COP20	Lab policy and strategic plan reviewed and approved and Laboratory regulatory body established
HHS/CDC	AFRICAN MEDICAL & RESEARCH FOUNDATION	ASP: Laboratory systems strengthening	Non-Targeted Pop: Not disaggregated	\$ 119,000	Laboratory infrastructure	Low coverage for EID and VL services	COP17	COP21	70% VL coverage; 60% PMTCT_EID coverage for 0-2months
USAID	Pathfinder International	ASP: Laws, regulations & policy environment	Key Pops: Sex workers	\$ 99,690	Information and sensitization for public and government officials	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.	COP17	COP20	Mayor's office security & law enforcement agencies are supportive of KP activities