Republic of South Sudan
Country Operational Plan (COP) 2020
Strategic Direction Summary

April 23, 2020

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

Abbreviations

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

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

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1.0 Goal Statement

The South Sudan PEPFAR program works in collaboration with the Ministry of Health, the Global Fund, and other stakeholders including civil society, to effectively and efficiently improve access to quality HIV prevention, care and treatment services in South Sudan. The Country Operational Plan 2020 (COP20) goal is to contribute to increased national ART coverage through improving the quality of HIV care and treatment services and retaining clients on life-long ART for durable viral load (VL) suppression.

In fiscal year 2021 (FY 21) as part of COP20, this will be achieved through: aggressively scaling-up targeted approaches towards high volume and high yield testing, especially index testing and testing TB/TB presumptive cases; reaching underserved groups such as men and youth; prioritizing and scaling-up work with key populations; innovative and data-driven efforts to monitor site level performance and track and retain patients on antiretroviral treatment (ART), including the scale-up of six-month multi-month dispensing (MMD); completion of transition of clients to the optimized antiretroviral (ARV) regimens, including tenofovir disoproxil fumarate, lamivudine and dolutegravir (TLD); continued scale-up of VL coverage and improvement in VL suppression rates across populations; identification of children and adolescents living with HIV (CALHIV) for linkage to the OVC program to support ART adherence, retention and VL suppression, assessment of HIV exposed infants (HEI) for orphans and vulnerable children (OVC) program eligibility and support, and identifying and assessing adolescent girls for Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe (DREAMS) services; strengthened community engagement to improve patient literacy, retention, VL suppression and community monitoring as well as strengthened coordination and collaboration with stakeholders. Improvements in programmatic efficiency will continue to be made this year through the consolidation of select implementing mechanisms.

Through these efforts, PEPFAR will assist the Republic of South Sudan (RSS) to move towards epidemic control, with the goal of 27,004 new HIV patients on ART and 60,808 total patients on ART by the end of FY 21 in PEPFAR-supported counties.

PEPFAR will expand its focus from eight scale-up aggressive counties in COP18 to ten in COP 20. These counties include Juba, Magwi, Yambio, Nzara, Ezo, Tambura, Rumbek Center, Yirol West, Yei and Wau where, based on 2020 Spectrum estimates, 38% of all estimated people living with HIV (PLHIV) in South Sudan reside. Focusing resources on these scale-up aggressive SNUs with an estimated 73,125 PLHIV will result in 51,779 PLHIV on ART in these counties, translating to a cumulative 71% ART coverage by the end of FY21 in these counties. PEPFAR will support an additional 5,467 people on ART in five sustained counties to reach the COP20 target of 60,808 PLHIV on treatment. This will represent significant progress in a country where only 17% of all PLHIV nationwide were on treatment in FY19. Efforts to improve adherence and retention will be undertaken with the goal of 95% of those on treatment virally suppressed by the end of FY 21.

South Sudan started using VL for treatment monitoring in FY17, with a continued increase in the number of facilities collecting samples for VL monitoring since then. By the end of FY19, 32 out of the 41 PEPFAR-supported facilities were collecting VL from PLHIV on ART, with 13,980 individuals out of a target of 27,912 having received their VL results. In COP20, South Sudan will aggressively focus efforts to improve both VL coverage and VL suppression. The proposed strategies to improve VL suppression include: finalizing the transition to TLD; providing clients with six months of drugs; completing pediatric ARV optimization; fast tracking children for VL sample collection and non-suppression management; tracking patients for enhanced adherence counseling (EAC) and repeat VL monitoring; mentorship of clinic staff on EAC and non-suppressed client management; monitoring of appointment registers for patients due for VL or repeat VL testing; and data utilization for site level quality improvement (QI) activities.

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

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

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

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

PEPFAR will make the following additional adjustments to the program for COP20:

1. A list of all PEPFAR-supported sites will be finalized by FY21 Q1, including listing the services provided at those sites. The list will developed as part of a Data Quality Assessment (DQA) and Service Quality Assessment (SQA) to be completed during the FY20 implementation period.

2. In COP20 CDC and USAID will consolidate their implementing partners. CDC will reduce its partners from four to two. Care and treatment and laboratory system strengthening will be implemented through ICAP while strategic information strengthening will be implemented through IntraHealth International. USAID will consolidate its care and treatment and key population activities under one partner; a second partner will implement OVC and DREAMS programming. A TBD mechanism will oversee activities that support last mile delivery of commodities, and community-led monitoring will be led by a local organization under a separate agreement.

PEPFAR South Sudan in COP20 will continue to monitor, review and utilize site level performance data from weekly and monthly dashboards introduced in FY20 for site QI and partner management, with a strong focus on accurate and quality data reporting from where the services are provided. The PEPFAR team will undertake Site Improvement through Monitoring Systems (SIMS), and work with stakeholders on joint field supervision and quarterly MOH-led review meetings. The actions above will help the program to understand its performance and issues for data-driven decision making.

2.0 Epidemic, Response, and Program Context

2.1 Summary statistics, disease burden and country profile

The Republic of South Sudan (RSS) became an independent nation on July 9, 2011, after experiencing decades of civil war. However, it again descended into crisis in December 2013 and again in July 2016, adversely affecting the health system and access to health services. A peace agreement was signed in 2018 and a transitional government has now been formed.

Population projections (2020) for the Republic of South Sudan are based on the pre-independence Sudan National Census of 2008, which are estimated to be about 12,803,641 adults and children. The December 2013 outbreak of war and the July 2016 crisis resulted in the displacement of about 4.26 million people, of which 1.87 million were internally displaced with some in Protection of Civilian (POC) camps and 2.27 million were forced out of the country as refugees[1]. Some of the displaced populations have returned to their villages while more returnees are expected once the Transitional Government is in place.

The gross national income of RSS was $20.17 billion in 2015, and the country's gross domestic product (GDP) per capita was about $759. The national Human Development Index (HDI) value for 2016 was 0.418, putting the country in the low human development category at 181 out of 188 countries (Human Development Report 2016, United Nations Development Program). Outside the oil sector, livelihoods are concentrated in low productive, unpaid agriculture and pastoralists

[1] OCHA, January 2019

work, accounting for around 15% of GDP. In fact, 85% of the working population is engaged in non-wage work, chiefly in agriculture (78%).

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

The Government of South Sudan (GoSS)' *National Strategic Plan (NSP) for HIV and AIDS 2017-2021* was developed to guide the multi-sectoral national response to the HIV epidemic for five years and details outcomes, outputs, indicators and priority interventions. The NSP is aligned to national and international frameworks, specifically Sustainable Development Goal (SDG) 3 which includes a HIV/AIDS-related target: "By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases."

South Sudan has a generalized HIV epidemic with an adult prevalence of 2.4%. The epidemic is geographically concentrated in the former Equatoria States which comprise an estimated 46% (89,891 PLHIV) of the national estimate for 2020. The HIV prevalence in these states is 5.8% in Western Equatoria, 2.3% in Central Equatoria, and 3.1% in Eastern Equatoria[2]. Based on 2020 Spectrum estimates, there are 194,744 PLHIV in RSS; only about 24% of these know their status (UNAIDS 2019, Global AIDS Monitoring Report). The 2020 Spectrum estimates indicated an increase in disease burden in counties in the north of the country; PEPFAR plans to scale up services around Rumbek Center, Yirol West and Wau counties which are all designated scale-up aggressive counties. The 2020 estimates for PLHIV distribution by county and PEPFAR-supported sites are illustrated in Figure 2.5.1 below.

Initiated under COP17, Test and Start is being implemented in all PEPFAR intervention areas. In addition, high yield testing modalities – particularly those focusing on index patients, TB/HIV co-infection, Provider Initiated Testing and Counselling (PITC), and malnutrition – are an emphasis, although they will be strengthened under COP20. Multi-month scripting as part of community-based treatment started under COP17 and through the SPLA with three-month prescription scripting. However, in COP19, this practice has been expanded to cover six-month dispensing for stable patients and when circumstances permit. PEPFAR South Sudan plan to implement PrEP provision in COP20 focusing exclusively on Female Sex Workers, provided commodities are available through Global Fund support.

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; this will be an emphasis of COP20. In addition, the community engagement necessary to improve not only yield and loss to follow-up

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

but also sustainability is not happening to the degree it should be. This too will be prioritized under COP20. Reaching specific groups such as men and youth has also been a challenge, as has reaching men who have sex with men (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 COP20 Table 2.1.2.

Standard Table 2.1.1 Key National Demographic and Epidemiological Data

Table 2.1.1 Host Country Government Results											
	Total		<15				15+				*Source, Year*
			Female		Male		Female		Male		
	N	%	N	%	N	%	N	%	N	%	
Total Population	12,693,196	100	2,620,503	20.6	2,675,560	21.1	3,672,720	28.9	3,619,975	*28.5*	2019 Projection, based on 2008 Sudan census
HIV Prevalence (%)		2.4%		0.2%		0.2%		2.8%		2.0%	MOH 2019 HIV/AIDS Spectrum estimates
AIDS Deaths (/ year)	9,064		918		948		3,915		3,284		
# PLHIV	194,744		7,783		8,044		105,436		73,481		MOH 2019 HIV/AIDS Spectrum estimates
Incidence Rate (Yr)		NA		NA		NA		NA		NA	
New Infections (Yr)	18,512										MOH 2019 HIV/AIDS Spectrum estimates
Annual births	445,543	3.5									2019 MOH 2019 HIV/AIDS Spectrum estimates, based on 2008 Sudan Census
% of Pregnant Women with at least one ANC visit	251,750	53.0	NA	NA			NA	NA			MOH 2014 HMIS Report
Pregnant women needing ARVs	9,977	11.0[1]									MOH 2019 HIV/AIDS Spectrum estimates
Orphans (maternal, paternal, double)	202,964		NA		NA		NA		NA		MOH 2019 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	20,894	NA									Juba, Magwi, Rumbek, South Bor Wau and Yambio-2019 FSWs size estimate and program data
FSW HIV Prevalence	16%	NA									2019 FSW survey, Wau and Yambio
Estimated Population Size of PWID	NA	NA									
PWID HIV Prevalence	NA	NA									
Estimated Size of Priority Populations (military)	250,000	NA	NA	NA	NA	NA	NA	NA	NA	NA	2012 SPLA BBS
Estimated Size of Priority Populations Prevalence (military)	NA	5.0	NA	NA	NA	NA	NA	NA	NA	NA	2012 SPLA BBS

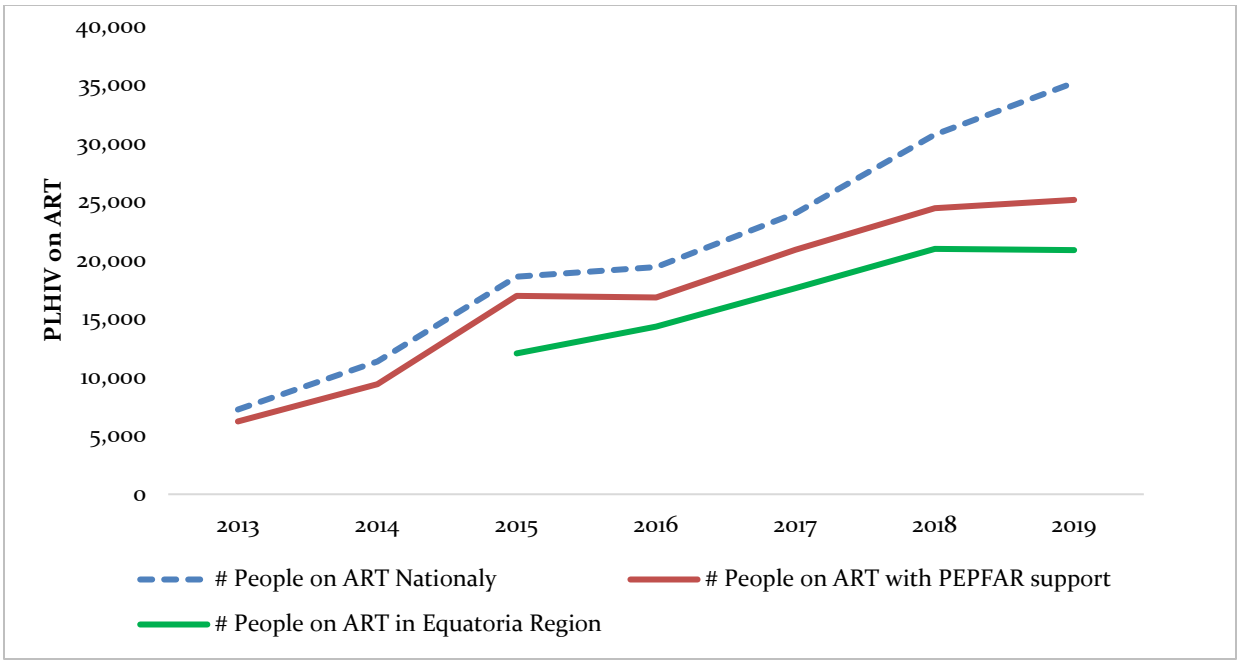
* Does not include diagnosed HIV+ patients already receiving treatment (ART)

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

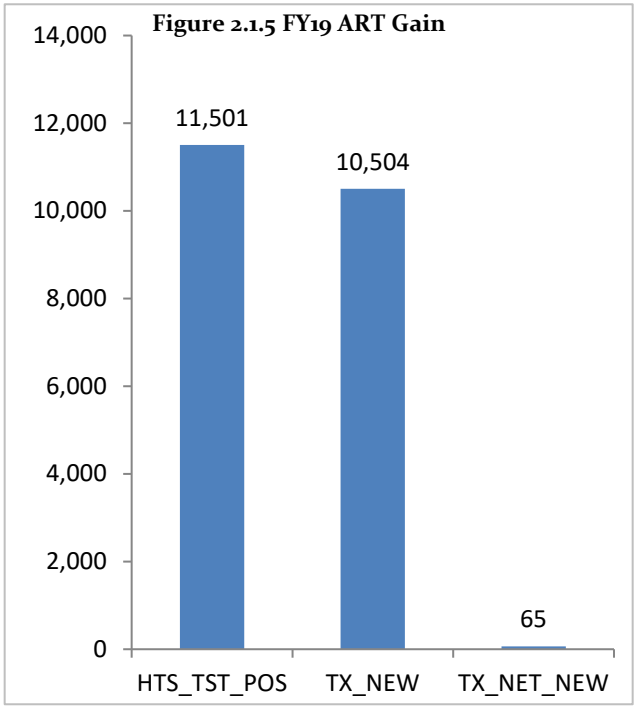
2.1.2 90-90-90 cascade: HIV diagnosis, treatment and viral suppression*										
Epidemiologic Data					HIV Treatment & Viral Suppression			HIV Testing & Linkage to ART Within Last Yr		
	Total Population Size Estimate (#)	HIV Prevalence (%)	Estimated Total PLHIV (#)	PLHIV diagnosed (#)	On ART (#)	ART Coverage (%)	Viral Suppression (%)	Tested for HIV (#)	Diagnosed HIV Positive (#)	Initiated on ART (#)
Total population	12,693,196	2.4%	194,744	45,144	35,149	17%	80%	265,183	11,120	10,134
Population <15 yrs	5,306,143	0.2%	15,827	2,471	1,896	11%	45%	28,625	468	411
Men 15-24 yrs	830,694	1.0	9,209	2,043	883	11%	-			147
Men 25+ yrs	3,731,904	-	64,265	16,572	9,899	20%	-			-
Women 15-24 yrs	766,904	1.1	16,156	7,867	1,697	11%	-			678
Women 25+ yrs	3,784,244	-	89,276	21,650	18,780	27%	-			-
MSM (Juba, Yei and Yambio)	201	NA	NA	6	5	-	-			-
FSW (Juba, Yei, Nimule, Yambio, Bor, Wau)	7,054	37.9%	NA	1,232	1405	-	91	4,768	457	450
PWID	-	-	-	-	-	-	-	-	-	-
Priority Population (Military) & (clients of FSWs)	250,000 28,500	5% (2012 BBS Military)	NA	-	-	-	no data	3,151	133	110

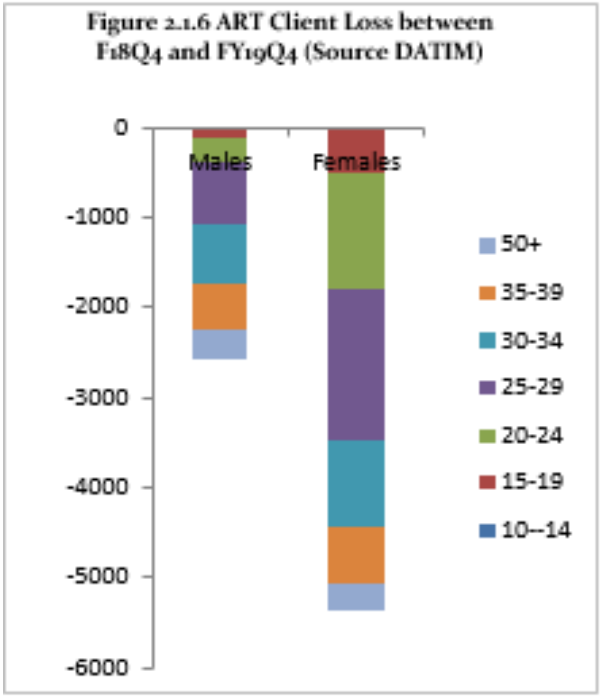
The ART program in South Sudan began in 2006 under the Global Fund. PEPFAR involvement in treatment began in 2013 under treatment bridge funding and has since then become a major part of the PEPFAR program. PEPFAR support is focused in high disease burden counties mostly in the Equatoria region which 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



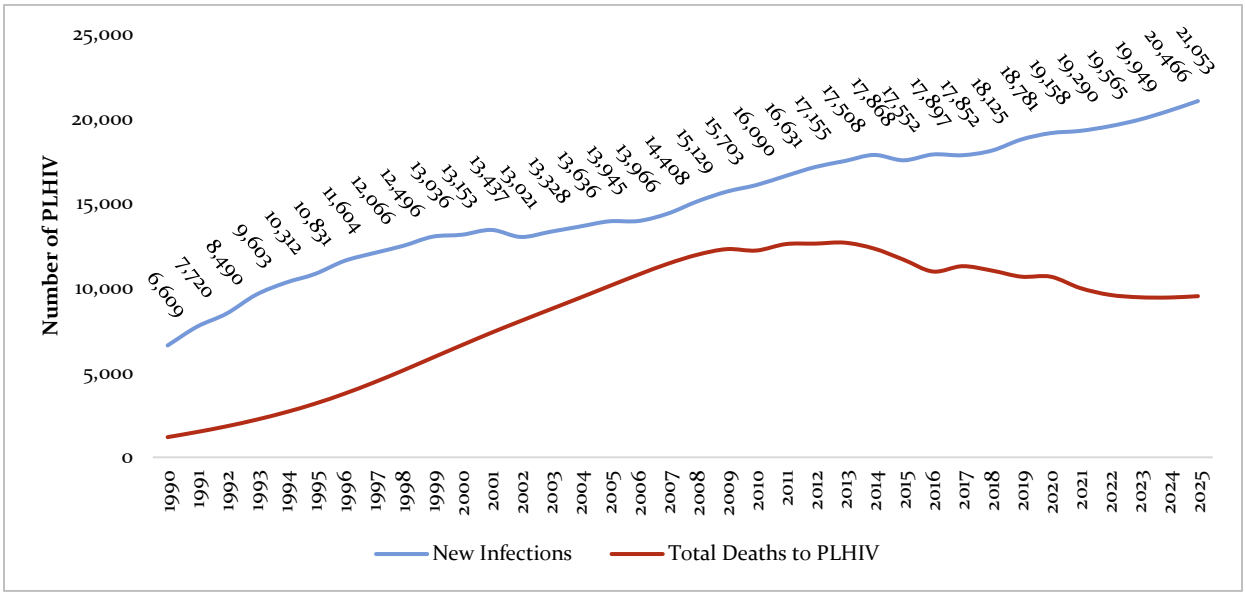
Client loss from ART is a major problem for the South Sudan program. Although 91% of all HIV-positive cases identified in FY19 were linked on ART, the treatment Net_New between FY18Q4 and FY19Q4 is only 65 (Figure 2.1.5). This means the program requires 160 new clients on ART to increase the treatment current number by 1. Unless retention is addressed, it will be impossible to reach the FY21 treatment target of 60,808. About 7,900 clients were lost between FY18Q4 and FY19Q4 (Figure 2.1.6). Most of the ART clients lost are females (68%) who account for 68% of treatment current in FY19Q4. Most of the people lost are in the age group 20-34 years.





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

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



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

The new activities in COP20 are (1) ramping up human resources for health at the facility level, (2) community-led monitoring and (3) DREAMS (4) scale up of prevention and clinical services to improve retention.

Human Resources for Health (HRH)

In COP20, PEPFAR plans to carry out the following activities.

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

Community-Led Monitoring

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

DREAMS

In COP20, South Sudan will begin to implement the DREAMS program within Juba county. This is a new HIV prevention program and is expected to provide services to 2,005 adolescent girls and young women (AGYW) ages 15-24. The South Sudan DREAMS program will focus on economic strengthening activities and will strengthen post gender-based violence (GBV) services and referrals. Additional detail on DREAMS activities is provided in Section 4.

Scale up of Prevention and Clinical Services to improve retention

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

2.3 Investment Profile

The Government of South Sudan 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. Therefore, specific health program funding remains uncertain and minimal. Previously, GoSS allocated a small budget to HIV annually; these funds were primarily spent on staff salaries. Due to the current conflict and economic crisis, PEPFAR does not anticipate any new funding from the GoSS for HIV programs.

The Global Fund's current HIV/AIDS grant was approved for $32,681,295 and will end by December 2020. The funding represents an overall decrease from the previous grant valued at $40 million over 27 months (October 1, 2015 – December 31, 2017). These resources represent roughly 33% of the HIV budget for South Sudan. The new Global Fund grant (2021-2023) has increased in comparison with the previous year. PEPFAR South Sudan and Global Fund continue to collaborate to ensure all resources are used optimally, collaboratively and towards achievement of epidemic control.

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

The graphs below illustrate budget allocations and expenditures in 2018 by funding source. A relatively high proportion of Global Fund and PEPFAR funds in 2018 were spent on program management. As a result, a small percentage of the resources were expended at the site level.

Figure 2.3.1 Total Budget Allocation versus Expenditure by Funder, 2018

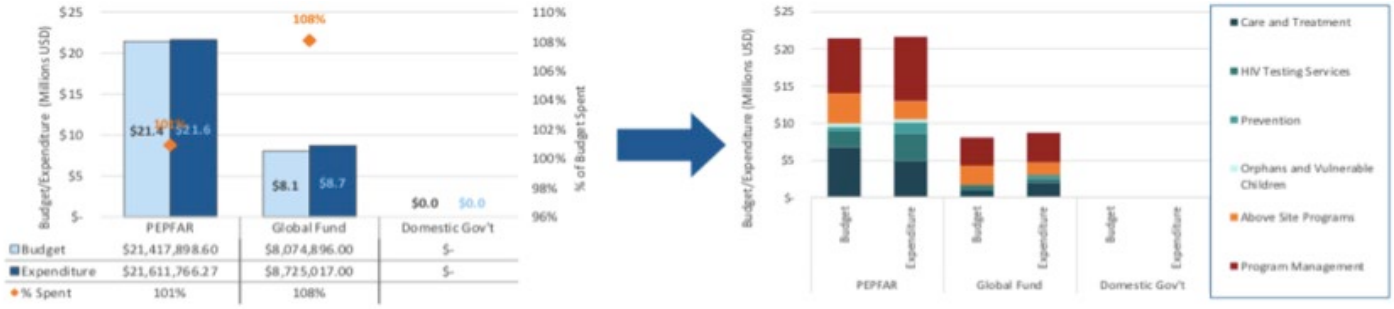
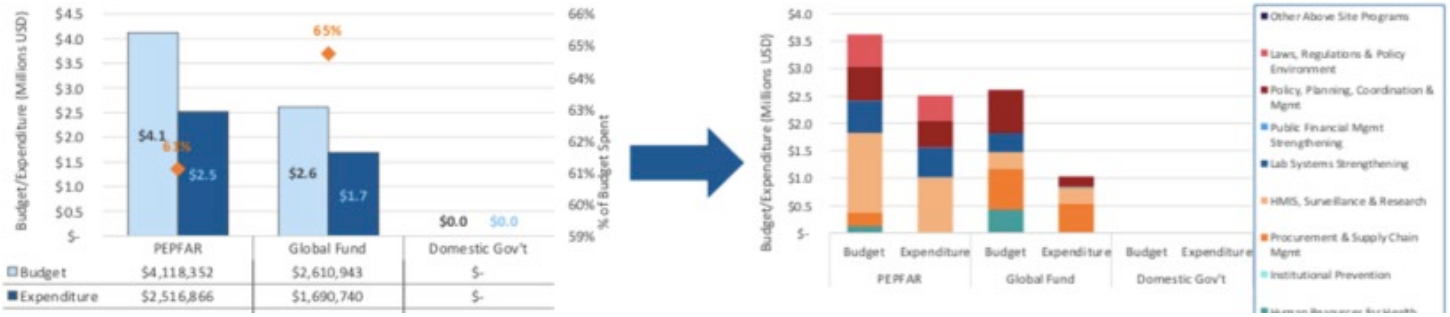


Figure 2.3.2 Above-Site Programs Budget Allocation versus Expenditure by Funder, 2018



In COP20, PEPFAR will continue to coordinate closely with the Global Fund to ensure complementarity and coordination of support. Joint coordination with MOH and Global Fund will be crucial as Global Fund will continue to procure all ARVs and other HIV-related commodities (such as HIV test kits, VL/EID reagents etc) while PEPFAR will provide technical guidance, through the TWGs and embedded IP staff, in planning, procurement, storage, quantification, forecasting and logistics management. PEPFAR will expand its technical assistance in COP20 to strengthen supply chain systems, multi-month dispensing and manage the complex transition from legacy ARVs to TLD. In Cop20, PEPFAR has dedicated resources towards a supply chain third party logistics provider to support last-mile delivery.

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

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

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

Table 2.3.1 Annual Investment Profile by Program Area, 2018

Table 2.3.1 Annual Investment Profile by Program Area[1]					
Program Area	Total Expenditure	% PEPFAR	% GF	% Host Country	% Other
Clinical care, treatment and support	5,821,873	71.9	28.1	0	0
Community-based care, treatment, and support	0	0	0	0	
PMTCT	1,569,374.9	81.4	18.6	0	0
HTS	4,135,515	87.2	12.8	0	0
VMMC	401,048	100	0	0	0
Priority population prevention					
AGYW prevention	162,002	0	100	0	0
Key population prevention	1,373,263	87.2	12.8		
OVC	400,086	100	0	0	0
Laboratory	1,776,528	75.2	24.8	0	0
SI, surveys and surveillance	2,735,076	100	0	0	0
HSS	1,283,547	0	100	0	0
Total	19,658,313				

In the above table, *Laboratory* as well as *SI, Surveys and Surveillance* under PEPFAR are all part of *Health System Strengthening (HSS)*.

Global Fund HSS covers the following areas:

1. Integrated service delivery and quality improvement
2. HRH, including community health workers
3. Procurement and supply chain management systems
4. HMIS and M&E

Table 2.3.2 Annual Procurement Profile for Key Commodities

Table 2.3.2 Annual Procurement Profile for Key Commodities, 2018					
Commodity Category	Total Expenditure	% PEPFAR	% GF	% Host Country	% Other
ARVs	494,588	87.2	12.8	0	0
Rapid test kits	460,833	0	100	0	0
Other drugs					
Lab reagents	311,779	0	100	0	0
Condoms	0	0	0	0	0
Viral load commodities	308,919	0	100	0	0
VMMC kits	160,419	100	0	0	0
MAT					
Other commodities	468,204	94.8	5.2	0	0
Total	2,204,742				

In the above table, *Other commodities* under PEPFAR includes Isoniazid (INH) 300mg for TB Preventive Therapy, while for GF, this reflects essential medicines. For 2018, GF had not budgeted any amount for commodities since they had buffer stocks from the previous grant. However, they ultimately expended $63,135 on ARVs.

Table 2.3.3 Annual USG Non-PEPFAR Funded Investments and Integration

Table 2.3.3 Annual USG Non-PEPFAR Funded Investments and Integration					
Funding Source	Total USG Non-PEPFAR Resources	Non-PEPFAR Resources Co-Funding PEPFAR IMs	# Co-Funded IMs	PEPFAR COP Co-Funding Contribution	Objectives
USAID MCH	15,000,000				
Family Planning	4,000,000	3,811,291	98,302	1,780,564	
DOD Ebola	3,000,000				
Other – WASH	5,201,000				
Total	27,201,000				

2.4 National Sustainability Profile Update

As the world's newest country and a "fragile state," the Republic of South Sudan has few of the critical elements in place to support a robust and transparent economy or government. The RSS HIV response remains almost entirely reliant on external donors; PEPFAR and the Global Fund are, in fact, responsible for nearly all the support for HIV/AIDS services nationwide. No areas of the HIV response in RSS are adequately covered in terms of finance, oversight, monitoring, or service delivery by the government.

Since the last Sustainability Index and Dashboard (SID), conducted in 2017, there have been some improvements in some SID elements during the SID 2019 process. For example, PEPFAR has continued to bring additional CSO representation into PEPFAR and COP planning and reporting processes for added accountability and transparency. The conduct of another 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 also 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 after Global Fund procured one Abbott m2000sp and m2000rt for the country. This machine was procured with a reagent rental and maintenance plan and installed in December 2017.

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, where the emphasis will remain on getting services to the people who need them. Global Fund essentially provides the only support for HIV commodities (ARVs, VL reagents, etc.) procurement for the country's HIV/AIDS response. For a country that allocates less

than 2% of its annual budget to health, government contribution to HIV response is expected to be very limited.

PEPFAR recruited five technical laboratory staff through its laboratory implementing partner, Amref, who are responsible for training, sample processing and testing, result transmission to facilities, preventive maintenance and facility staff mentorship. By the end of FY19, 13,980 PLHIV had VL test results documented, and overall the laboratory tested 17,659 VL samples. The number of samples tested is slightly higher than the recommended equipment capacity of 17,112 tests when operated at 80% efficiency for eight hours per day. This number is still below the maximum capacity of 22,320 tests per annum.

The PEPFAR South Sudan team, in coordination with the UNAIDS country office, organized and convened a stakeholder meeting to discuss the SID and Responsibility Matrix (RM) on September 11-12, 2019. Participants representing government entities, the United Nations, local and international NGOs, and CSOs were in attendance.

The SID process identified the following sustainability vulnerabilities:

- Public access to information – The country has conducted limited ANC surveillance and other studies. Information (studies and data) may be available to the stakeholders, but not the general public.
- Service delivery – South Sudan supports limited domestic workforce and local health systems. The country relies heavily on NGOs to provide health services at the facility level. This has affected scale-up and expansion of services to new areas of high burden. There is a need to scale-up services in all parts of the country.
- Human resources for health – South Sudan does not have enough numbers and categories of competent health care workers and volunteers to provide quality HIV/AIDS prevention, care and treatment services in health facilities and in the community. The country has struggled to pay and retain health workers. Most staff at ART facilities are supported by NGOs and there is no strategy or plan for transitioning staff funded by donors. There are not enough staff and a limited budget at the MOH.
- Commodity security and supply chain – Though this showed some improvement from SID 2017, this is still a worrying area since all HIV commodities are procured by one entity, i.e., Global Fund.
- Domestic resource mobilization – The government only allocates about 2% of its annual budget to health. The MOH only supports some staff salaries at health facilities; no funds are allocated for commodities, training, or supportive supervision, among others.
- Technical and allocative efficiencies – South Sudan analyzes and uses relevant HIV/AIDS epidemiological, health, health workforce, and economic data to inform HIV/AIDS investment decisions. However, this is mostly donor funded and driven, with limited resources from the government.
- Data for decision making ecosystem – The Government demonstrates commitment to advancing the use of data in informing government decisions. Currently the country has

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

In COP 2020, PEPFAR prioritized four of the seven elements listed above and committed to the following actions:

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

2.5 Alignment of PEPFAR Investments Geographically to Disease Burden

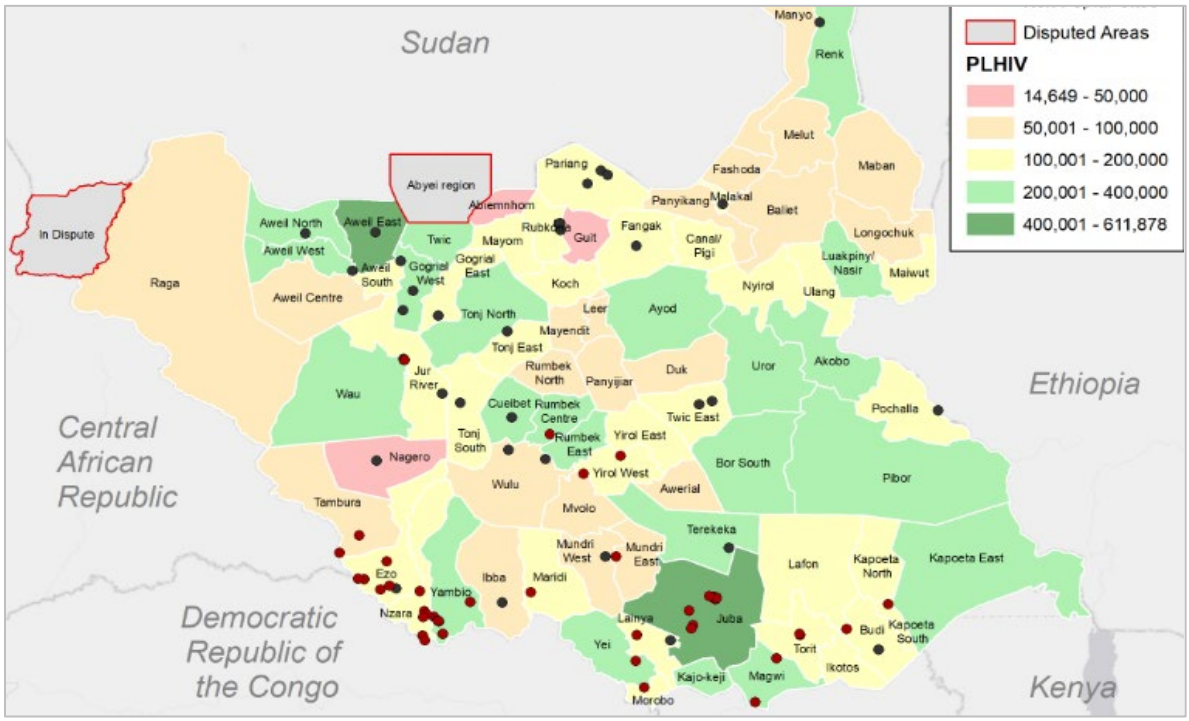
As in COP19, PEPFAR investments remain aligned geographically to 15 counties with the highest disease burden (Figure 2.4.1). These counties account for 40% (78,759) of the 194,730 PLHIV in the country based on 2020 Spectrum estimates. In FY19, there were 41 sites providing the full range of PEPFAR services including ART, with another 10 sites providing mainly HTS and some drug dispensing services.

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

In COP20, two scale-up aggressive counties (Yirol West and Yei) have been added to the eight COP19 scale-up aggressive counties (Juba, Rumbek Center, Magwi, Yambio, Ezo, Nzara, Wau and Tambura) bringing the total to ten. These ten counties account for 38% (73,125) of all PLHIV in South Sudan. PEPFAR will also work in an additional five sustained counties, down from seven in COP19. The five sustained counties (Ikotos, Kapoeta South, Maridi, Mundri East, and Torit) account for 3% (5,633) of PLHIV in South Sudan.

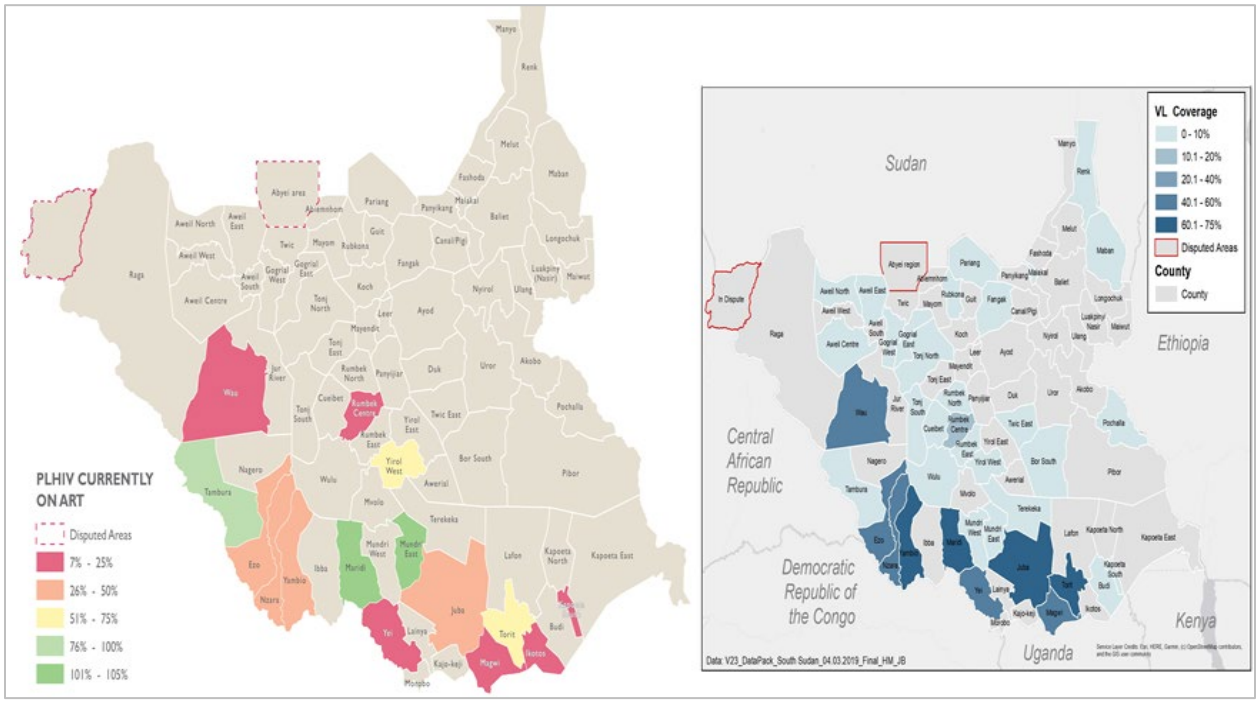
About 24% of PLHIV know their status in South Sudan (UNAIDS 2019). The overall national ART coverage in 2019, based on MOH program data and 2020 Spectrum estimates, is 17%, of which approximately 80% (26,562/35,149) are in PEPFAR-supported counties. Of all PLHIV currently on ART nationally, about 62% (21,671/35,149) are in the Equatoria regions. PEPFAR will continue to focus resources in the highest disease burden counties.

Figure 2.5.1 PEPFAR Investments by Geographic Burden of Disease



ART coverage in the PEPFAR prioritized scale up aggressive counties is on average 34% in FY19. The ART coverage varies across counties as shown on the map in Figure 2.5.1. ART coverage in the non-PEPFAR supported counties is less than 7%, with some counties not providing ART services. Viral load coverage is low and varies across the counties ranging from zero to 75% (Figure 2.5.2). Based on the data and the coverage gaps in FY19, PEPFAR will continue to prioritize interventions in all the supported counties by working closely with stakeholders, including MOH in order to scale-up viral load testing in priority counties and sites for FY20 and FY21. Viral load monitoring for assessing suppression started in FY17, with testing done outside the country. Currently all viral load testing is done in-country.

Figure 2.4.2 FY19 ART and Viral Load Coverage by Counties



PEPFAR will continue to focus resources in the highest burden counties. Figure 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 seven sustained SNUs by working closely with stakeholders, including MOH in order to scale-up viral load testing in priority counties and facilities for COP20.

PEPFAR South Sudan will continue to align investment in highest disease burden areas, targeting sub-national units with the highest number of PLHIV and high unmet need. Table 2.5.1 below shows ART coverage for all ages in Juba County. ART coverage for PLHIV under 40 years is below 80% for all age bands/sexes and ranges from 29% for ages 01-04 to 73% for 35-39 years. By targeting Juba and other similar SNUs, PEPFAR South Sudan will be addressing current gaps and ensure progress towards 90-90-90 for the supported SNUs.

Table 2.5.1 ART Coverage in Juba County

South Sudan, Juba County

	PLHIV Estimates			Current on ART			ART Coverage			Remaining Needing ART		
Age	PLHIV Female	PLHIV Male	PLHIV Total	Current ART Female	Current ART Male	Current ART Total	ART Coverage Female	ART Coverage Male	ART Coverage Total	Remaining Needing ART Female	Remaining Needing ART Male	Remaining Needing ART Total
<01	31	32	63	9	9	18	29%	28%	29%	22	23	45
01-04	122	127	249	35	36	71	29%	28%	29%	87	91	178
05-09	120	124	244	69	71	140	58%	57%	57%	51	53	104
10-14	92	94	186	47	48	95	51%	51%	51%	45	46	91
15-19	185	110	295	87	62	149	47%	56%	51%	98	48	146
20-24	526	293	819	196	90	286	37%	31%	35%	330	203	533
25-29	812	506	1,318	401	180	581	49%	36%	44%	411	326	737
30-34	868	598	1,466	583	277	860	67%	46%	59%	285	321	606
35-39	761	562	1,323	642	324	966	84%	58%	73%	119	238	357
40-44	587	455	1,042	579	313	892	99%	69%	86%	8	142	150
45-49	403	319	722	451	263	714	112%	82%	99%	-48	56	8
50+	576	448	1,024	749	436	1,185	130%	97%	116%	-173	12	-161

< 70%
70-80%
80-90%
90%+

Source: COP20 Data Pack

2.6 Stakeholder Engagement

Building on the productive relationships established with stakeholders and in preparation for COP20, 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 PEPFAR Oversight, Accountability and Review Team (POART) 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 and consultations throughout the year to address specific issues such as supply chain challenges.

In addition, PEPFAR South Sudan conducted a formal, four-day stakeholders meeting in Juba, South Sudan January 27-31, 2020. Unlike previous years, the meeting witnessed extensive engagement of key stakeholders. Participants from all implementing partners, representatives from several CSOs, and UN agencies including UNDP, MOH senior leadership, S/GAC Chair were present in 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 APR19 and FY20 Q1 performance

and by PEPFAR on COP20 programmatic priorities and the COP process/timing. The presentations were followed by two days of topical/thematic small group discussions to come up with COP20 challenges and solutions. The last day was devoted to finalizing how South Sudan would address COP20 priorities.

Furthermore, stakeholders were an important part of the COP20 Planning Meeting held in Johannesburg from March 2-6, 2020 where they gave significant input into COP design, particularly on community-led monitoring. During the meeting they presented their vision and proposed implementation model for community-led monitoring, advocated for increased use of CSOs for improved capacity building and sustainability, and to strengthen community engagement as a way of improving index testing. They emphasized the importance of a human-rights based approach for index testing and ensuring that measures are put in place by programs for accountability, upholding quality standards which ultimately translates into improved retention and preventing loss to follow-up. They also urged the PEPFAR team to commit "serious resources" to community-led treatment literacy and support groups, prioritize models of easy access and bring community treatment models to scale. In addition, a key recommendation by the stakeholders was to analyze and address program funding dynamics between IP and the sub-grantees. Finally, stakeholders advocated for policy decisions and clarity around MMD by the MOH and recommended that the Ministry work closely with PEPFAR and Global Fund teams to improve coordination at all levels as far as forecasting/quantification, delivery and prepositioning of HIV commodities were concerned.

3.0 Geographic and Population Prioritization

SNU prioritization for COP20 was determined by 2017 ANC sentinel surveillance survey; preliminary 2019 Spectrum estimates; and 2019 PEPFAR ART, HTC and PMTCT program data. The 2019 Spectrum estimates were also compared with 2018 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.

Figure 2.4.1 above shows PLHIV estimates by county. PEPFAR is present mainly in the Equatoria regions that have the darkest shades as well as Rumbek Center, Yirol West and Wau Counties outside the Equatoria region. As of 2019, 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.

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 the Western Bahr el Ghazal and Lakes States.

In COP20, HTS, TST, PMTCT, ART, VL services and health strengthening activities will continue at all PEPFAR sites. PEPFAR will cover 15 SNUs out of the total 80 SNUs in the country. These 15 SNUs constitute approximately 42% of PLHIV (78,758) in the country. Among these 15 are eight scale-up aggressive SNUs and seven sustained SNUs. Within the 15 PEPFAR-supported SNUs, 79% of the 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, FY19 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 a rapidly increasing trend in the ART coverage with a cumulative targeted coverage for FY20 of 78% in these SNUs.

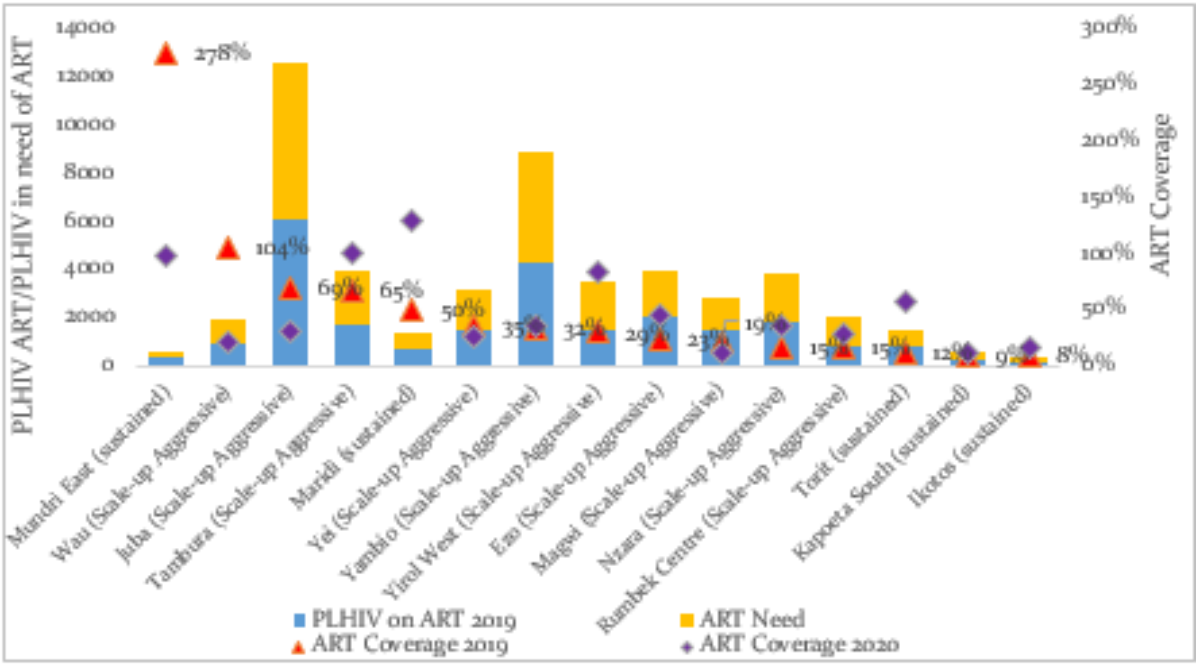
Table 3.1 Current Status of ART Saturation

Table 3.1 Current Status of ART saturation				
Prioritization Area	**Total PLHIV/% of all PLHIV for COP20**	**# Current on ART (FY19)**	**# of SNU COP19 (FY20)**	**# of SNU COP20 (FY21)**
Scale-up Aggressive	73,128 (38%)	21,869	8	10
Sustained	5,630 (3%)	2,097	7	5
Mil_SNU		1,172	1	1

Figure 3.2 below shows the current levels of program saturation for PEPFAR supported SNUs as of 2019, as well as the expected FY20 coverage. PEPFAR continues to prioritize service delivery in the highest burden SNUs in order to increase ART coverage and have the highest impact on the epidemic. Most of the PEPFAR-supported counties have ART coverage above the 17% national coverage. More than twenty other counties provide ART services with direct support through MOH or other partners supported by Global Fund.

Based on FY19 results, the ART coverage for 2019 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 2019



Based on FY20 Q1 results, ART coverage in Juba for FY21 is expected to reach 100%, as Juba is highly populated with possibly underestimated PLHIV. With the exception of Wau, Juba and Tambura Counties, all scale-up aggressive counties have PLHIV coverage of ≤ 50% in 2019. FY19 ART coverage in sustained counties ranges from 8% in Ikotos County to 1,278% in Mundri East County. In FY20, efforts will be undertaken to increase ART coverage in scale-up aggressive and some sustained counties, especially Kapoeta South, Ikotos, Torit and Maridi East.

Given the large ART coverage gap, PEPFAR South Sudan intends to apply 64% of its COP20 budget on care and treatment in order to scale-up ART coverage and provide ART to 60,808 people by the end of FY21.

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
- Improving viral load suppression
- Rapid scale up of six-month multi-month drug dispensation
- Addressing security and access issues in the Equatoria states
- Leveraging Global Fund commodities

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

Based on current program data, although coverage rates are low among men and women, the rates are particularly low among adult men (20-49). The reach of services to adult men is low in high burden SNUs with both low testing volume and low yield. In COP20, 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 Client-Centered Program Activities for Epidemic Control

4.1 Finding the Missing, Getting Them on Treatment

Case finding remains key to improving HIV ART coverage in South Sudan. With only 17% of PLHIV on ART in 2019 and the highest coverage nationally at 28% among people aged 50 years and above, the country is missing everyone (Table 4.1). HTS will focus on targeted demand generation and community demand, while at the same time, using risk assessment tools to strategically target HIV testing. 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.

Table 4.1 Unmet Need for PLHIV on ART

	Estimated PLHIV 2019			PLHIV Currently on ART			Current ART Coverage			Remaining PLHIV that need ART		
Distribution by Age	Estimated Male PLHIV	Estimated Female PLHIV	Total PLHIV	Males on ART	Females on ART	Total PLHIV on ART	Males	Females	Overall	Males	Females	Overall
0-4	3,291	3,170	6,462	471	444	915	14%	14%	14%	86%	86%	86%
9-May	2,657	2,572	5,230	278	267	545	10%	10%	10%	90%	90%	90%
14-Oct	2,099	2,042	4,141	59	158	217	3%	8%	5%	97%	92%	95%
15-19	2,523	4,180	6,702	340	498	838	13%	12%	13%	87%	88%	87%
20-24	6,682	11,974	18,656	543	498	1041	8%	4%	6%	92%	96%	94%
25-29	11,529	18,468	29,997	1067	2387	3454	9%	13%	12%	91%	87%	88%
30-34	13,519	19,552	33,071	1586	3319	4905	12%	17%	15%	88%	83%	85%
35-39	12,386	16,652	29,038	1794	3497	5291	14%	21%	18%	86%	79%	82%
40-44	9,912	12,784	22,696	1700	3114	4814	17%	24%	21%	83%	76%	79%
45-49	6,954	8,859	15,813	1405	2420	3825	20%	27%	24%	80%	73%	76%
50+	9,965	12,958	22,923	2347	4044	6391	24%	31%	28%	76%	69%	72%
All Ages	**81,518**	**113,212**	**194,730**	**11,590**	**20,646**	**32,236**	**14%**	**18%**	**17%**	**86%**	**82%**	**83%**

Source: Spectrum data

PEPFAR South Sudan accounts for approximately 85% of national ART coverage and is expected, in COP20, to identify over 28,000 new cases, putting over 27,000 on treatment.

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

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

High-yield modalities such as index testing and TB/TB presumptive remain low in volume. Index testing, in particular, has shown good progress, contributing 10% to case finding in Q1 of FY20, up from about 5% in Q3 of FY19. Index testing is targeted for scale-up in COP20, with over 45% of new cases projected to be identified through this modality alone.

South Sudan will scale up index testing, ensuring consent procedures and confidentiality are protected and assessment of intimate partner violence (IPV) becomes routine and mandatory. All sites will be expected to implement index testing with fidelity, and all children under age 19 with an HIV-positive biological parent will be tested for HIV. Despite the fact that only 10% of new cases were identified through index testing, FY19 and FY20 program data have shown improvement. A larger number of index clients offered index testing services are accepting and consenting to provide contacts.

During the remaining two quarters of COP19, South Sudan will address gaps in index contact testing. PEPFAR South Sudan will improve the quality of index testing, ensuring fidelity across all sites while emphasizing the WHO 5 Cs (consent; confidentiality; counselling; correct test results; and connection to treatment and prevention services).

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

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

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

HIV case finding strategies will include the following:

- Voluntary Counselling and Testing (VCT) – In COP20, PEPFAR will continue to provide VCT services at all PEPFAR-supported sites. VCT services will be integrated into the outpatient department (OPD) with targeted community/mobile testing reaching adolescents, men, key and priority populations. No stand-alone VCT services will be provided.

- Provider-Initiated Testing and Counselling (PITC) – With the use of a screening tool, PITC will be provided in various treatment units in the facility. These units include TB; OPD; ANC; STI; malnutrition through therapeutic feeding centers (TFCs); and medical and pediatric inpatient wards. Emphasis will be put on TB units, TFCs, and medical and pediatric wards.
- Index Testing (and partner notification) – In COP20, partner notification and index testing will continue to be aggressively scaled up across all PEPFAR-supported sites targeting sexual partners of index patients and their biological children less than 15 years. This will focus on patients with documented high viral load and newly diagnosed HIV positive patients.
- To address issues of disclosure and partner notification, PEPFAR treatment partners will work closely with community outreach volunteers to ensure partner notifications are done ethically and in a confidential manner without any violence. Training and certification will be conducted to ensure adherence to standards to reduce risk of violence.
- HIV testing of presumptive TB patients – PEPFAR will continue to scale-up HIV testing of presumptive TB patients, i.e., individuals with symptoms consistent with TB. PEPFAR-supported facilities will continue to identify presumptive TB patients using the TB symptom screening tool that is used both in the facility and in the community (by the community volunteers). IPs will incorporate a simple questionnaire for patients who present at the facilities or are encountered in the field by community volunteers.
- PEPFAR clinical partners will continue to address client flow issues that prevent TB presumptive patients from accessing HTS. PEPFAR clinical partners will continue to address client flow issues that prevent TB presumptive and TB confirmed patients from accessing HTS. Where feasible, partners should integrate HTS within TB screening points by deploying HTS volunteers who test and record results in TB registers.
- Integrate HTS within TB screening areas so that health personnel can provide HTS.
- Early Infant Diagnosis (EID) – PEPFAR South Sudan will prioritize and maximize pediatric HIV testing, care and treatment, especially through the ANC/PMTCT and therapeutic feeding center programs. In COP20, EID will be scaled up to all PEPFAR-supported facilities with PMTCT services. At the end of FY19, 38 PEPFAR facilities collected Dried Blood Spot (DBS) samples from infants and sent them to the laboratory for EID. In order to improve access to HIV testing services and reduce turn-around-time, PEPFAR, together with Global Fund, will be placing GeneXpert near point-of-care devices at 17 select facilities. By the end of FY21, PEPFAR South Sudan plans to test 2,982 exposed infants for HIV, with 84% of the infants being within the age group of 0-2 months.

By end of Q1 FY20, there were 152 testing points at PEPFAR-supported facilities that participated in rapid HIV proficiency testing, with a 93% response rate and 89% pass rate. In FY21, All PEPFAR South Sudan will improve the quality of HIV rapid testing through training and certification of HIV testers (counselors); supportive supervision and mentorship; and enrolling HIV testers into a HIV rapid test proficiency testing program. PEPFAR-supported HTS sites in the scale-up aggressive SNUs, will participate in rapid HIV test proficiency testing program activities to ensure minimum standards of laboratory quality and accuracy of results. Program

monitoring activities will be implemented including SIMS visits to sites, quarterly reporting and one-on-one partner meetings.

4.2 Retaining Clients on Treatment and Ensuring Viral Suppression

Linkage to Care and Treatment

In COP20, PEPFAR will continue with strategies ensuring effective linkage of HIV positive clients to treatment and support services in nearby facilities. This includes escorted linkage to ART clinics using community volunteers; follow-up and linkage of clients who decline same-day escort using SMS reminders or phone calls; and use of two-way referral systems. Designated facility staff members will be responsible for receiving and tracking referrals from HTS and working closely with testing staff to proactively follow-up on expected new clients.

In COP20, PEPFAR South Sudan partners will strengthen linkage to care and treatment and community services intended to improve treatment adherence and outcomes.

This will be done through:

- Continuing provision of "Test and Start" services to all individuals testing HIV positive
- Transitioning all adults and adolescents > 30kgs to TLD-based regimens and phasing out Nevirapine-based regimens
- Continuing implementation of differentiated models of service delivery (MMD for stable patients/those who are likely to travel, fast track ART refills, community ART refills, and family member refills)
- Provision of integrated delivery of TB/HIV services, i.e., one stop shops to reduce waiting time
- Use of appointment registers (logbook and SMS), ART registers, missed appointment and LTFU 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
- Greater involvement of PLHIV groups in index testing and linkages to facilities, quality assurance, adherence support/treatment literacy, and community-based distribution models
- Strengthening facility-community structures and linkages by utilizing CSOs and community networks, especially for tracing those patients lost to follow-up

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

- Escorting newly diagnosed individuals to HIV care
- Treatment navigation by expert clients or peer navigators
- Telephone follow-up, reminder calls, or text messaging
- Psychosocial support, informational/motivational counseling on the benefits of disclosure, testing of partners and biologic children, and ART initiation and adherence

- Use of risk assessment tool to mitigate real and perceived barriers to HIV care and retention
- Systematic monitoring and evaluation of enrollment in HIV care and ART initiation outcomes
- Interventions to link from testing to treatment services through implementation of linkage registers

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

In COP20, 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 levels. From Q2 of COP17, this was further refined to looking at granular data at the site level. Over COP18 and COP19 Q1 implementation period, PEPFAR South Sudan recognized poor retention as the biggest challenge in the South Sudan program. Retention issues were cross cutting across all care and treatment implementing partners. The same has been highlighted in the COP20 planning level letter (PLL) with recommendations to prioritize this in COP20.

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

These include:

1. Site-level data use for problem identification and use of retention analysis tools at the IM/SNU level
2. Prioritization of sites based on scale and magnitude of the problem
3. Use of weekly dashboard and site-level treatment collaborative for root cause analysis and identifying remedial measures
4. Periodic data quality assessments and use of tools to look at DQ issues on a more frequent basis to ensure accurate reporting of data from the sites where services are provided
5. Retention analysis using time-cohorts and site-level dynamics (transfer in, transfer out, death, true LTFU, etc.) by age and sex

6. Facility team concept involving facility level staff/POCs, IP supervisors, MOH field officers and PEPFAR staff
7. Enhanced monitoring and reporting tools (e.g., checklists and supervision tools, client tracking register, missed appointment and LTFU registers)
8. Documented transfer-ins and transfer-outs
9. Six-month multi-month dispensing to all patients on ART, regardless of stability criteria
10. Decentralized ART provision through six-month drug dispensation and community ARV dispensation
11. TLD transition to all eligible ART patients
12. Enhanced site level supervision, mentoring and monitoring through Field Officers
13. Community interventions
    a) Community outreach work through community volunteers
    b) Treatment support groups
    c) Engagement of support networks, including local community level PLHIV networks
14. Enhanced client treatment literacy

In COP20, the PEPFAR South Sudan program proposes to scale as well as continue to focus on the quality of community interventions to address implementation issues around the cascade, with particular attention to retention issues. With the goal of targeted demand generation at the community level, enhancing linkage to treatment and improving retention, PEPFAR will continue to identify new and creative ways of scaling up community interventions across all its sites.

These will include, but not be limited to:

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

Treatment and Viral Load Suppression

Adult ART

In COP20, PEPFAR will continue to scale up the transition of TLD, initiated under COP18, as the preferred option for ART for all adults (including women of reproductive potential) and adolescents weighing > 30kgs. Women of reproductive potential will be provided appropriate information to make informed decisions about their HIV treatment.

The government has adopted Dolutegravir-based regimens as preferred first line and has revised the July 2017 ART Guidelines to capture the new recommendations. South Sudan will continue to implement rapid ART initiation (Test and Start); TLD transition; differentiated service delivery models; and six-month MMD. PEPFAR will support training of ART providers in delivering consistent counseling messages (about Neural Tube Defects and all potential risks and benefits of available ART), so that a woman can choose from available ART options in South Sudan. Community volunteers/health workers will be engaged to provide current and up-to-date

information on DTG. Patients receiving treatment for TB, with rifampin-containing regimens, will be provided additional DTG 50mg when taking TLD.

Additional activities to support adult ART will include the following:

- Ensuring provision of cotrimoxazole prophylaxis
- Screening and management of common Opportunistic Infections (OIs)
- Scaling up viral load monitoring across the country while incrementally scaling up in-country VL testing throughout COP20
- Developing and reviewing client literacy materials for demand creation
- Establishing multiple sample collection points within facilities to improve access and increase coverage
- Providing additional on-site training and mentoring for clinical and laboratory staff, including support to nurture a multidisciplinary team approach to patient management
- Engaging CSOs to conduct contact tracing and return clients to treatment
- Improving supply chain management of ARVs and OI drugs as well as laboratory supplies

In COP20, PEPFAR will continue to support one ICAP/MOH staff to provide technical assistance to support quantification and forecasting; financial analysis and planning for TLD transition; pediatric ARV optimization; 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, 23,160 new patients will be initiated on ART in FY 21. In the sustained SNUs, 2,192 new patients will be initiated on ART in FY 21. There will be a total of 25,352 new patients on treatment in both the aggressive scale-up and sustained SNUs in FY 21.

In FY21, as mentioned in Section 1, PEPFAR South Sudan will finalize the COP20 site list after conducting a DQA/SQA before COP20 implementation begins. PEPFAR South Sudan will also provide treatment services at Protection of Civilian (POC) sites.

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

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

1. Supportive supervision and mentorship at the site level through Field Officers, who will build and strengthen the national field supervision program (this will be part of the HRH realignment efforts)
2. Establish 13 new ECHO sites and maintain the 11 ECHO project sites. In COP20, the total number of ECHO sites will be 24. There will be five additional sessions per month dedicated to continuous quality improvement practices, including data quality.

3. Enhance national level capacities for program monitoring, data review and analysis, review of HIV/AIDS program at the national level, policy analysis and decision making and development of technical guidelines. PEPFAR will make systems investments at the MOH level and strengthen the national level HIV Department by providing direct technical assistance as well as staffing and technical support.
4. Support and strengthen the national M&E Technical Working Group to increase use of quality site-level granular data for data-based decision making
5. Support the Annual National HIV Care and Treatment Review and Planning Meeting, which includes the MOH, the State Ministries of Health, hospital directors, and ART providers in charge at each treatment site
6. 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 Adolescent Services, including ART

South Sudan has adopted optimized pediatrics ART regimens which have been 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 COP20, for pediatric and adolescent HIV services, PEPFAR South Sudan will focus on:

1. Supporting the MOH with the optimized pediatric ART transition plan and roll out of updated pediatric and adolescent treatment guidelines
2. Supporting scale up of index testing of biological children (below 15 years) of PLHIV
3. Supporting activities that widen access, utilization, and uptake by families and adolescents to testing
4. Increasing activities to support the needs of adolescents with HIV up to age 15 (prevention with PLHIV, support groups, support for transitioning into adult services, adherence support, reproductive health services, refer to the OVC program for adherence support, viral load monitoring, disclosure support, appointment tracking, and other support services)
5. Increasing pediatric ART coverage, retention rates, monitoring, and quality of services, in addition to the provision of other pediatric care and support interventions

6. Increasing direct linkages to the community to improve communication between facilities and community services for HIV positive children and youth
7. Implementing EID services (sample transport and results return for pediatric specimens implemented), mainly at the PMTCT and nutritional therapeutic feeding centers
8. Ensuring access to Cotrimoxazole prophylaxis for all HIV exposed and infected children
9. Enhancing linkage and retention of children by reviewing the pediatric cascade from identification to retention and follow-up of HIV exposed infants and children on ART
10. Facilitating provision of psychosocial support of children and adolescents, including age- and developmentally appropriate disclosure as described in the South Sudan guidelines
11. Supporting scale-up of adolescent HIV treatment by ensuring the provision of adolescent-friendly services in both facilities and communities
12. 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)
13. Improving linkages and referrals between facility and community services and ensuring adequate, bi-directional linkages between OVC and pediatric care and treatment services
14. Fast-tracking children for VL sample collection and non-suppression management
15. Improving VL coverage in children through use of near point-of-care GeneXpert devices

Orphans and Vulnerable Children (OVC)

Beginning in COP19 and continuing into COP20, the OVC program will strongly prioritize enrollment of children and adolescents living with HIV (C/ALHIV) and their households, especially those who are newly on treatment, LTFU, or with poor viral suppression. The OVC program will also prioritize children of HIV positive FSW and children of HIV positive women who are newly enrolled on treatment, LTFU, or with poor viral suppression. The OVC program will implement a geographic expansion in COP20 in order to offer enrollment to 90% of TX_CURR <15 throughout Juba. The program will expand beyond its current four blocks within Juba in order to serve CLHIV throughout Juba. OVC beneficiaries will primarily be identified through pediatric ART facility rosters as well as ANC, labor and delivery clinics, and referrals from the KP program. The OVC program will provide a comprehensive package of services to children and caregivers, including adherence counseling; disclosure counseling, appointment tracking; viral load monitoring through clinical confirmation of viral load results; HIV testing referrals to ensure that siblings and caregivers of CLHIV know their status; transportation reimbursements to attend appointments; referrals to other clinical services; and other support such as education stipends or economic strengthening activities, as needed.

In order to make space to increase enrollment of CLHIV and their households, at the start of COP20, the OVC program will responsibly graduate or exit without graduating approximately 300 existing beneficiaries who do not fall within the current priority subpopulations. The program will begin preparing these beneficiaries immediately in COP19 for either graduation or exit. They will develop transition plans, beneficiaries will receive final services, and will be referred to other

programs or services as available. The program will ensure that all exiting or graduating beneficiaries know their HIV status and any newly identified HIV positive beneficiaries will not be graduated or exited.

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

In addition to a comprehensive package of services to support beneficiaries, in COP20 the OVC program will further support index testing of all biological children of HIV positive mothers and EID at risk of LTFU. The OVC program will jointly develop SOPs with clinical partners and facilities so the OVC program can provide supplement follow-up to complete index testing for biological children of HIV positive mothers and EID tracing efforts. The program will prioritize these newly identified positive children and their households for enrollment and ensure that they are initiated on treatment and remain supported by the OVC program.

Prevention of Mother to Child Transmission of HIV (PMTCT)

In COP20, PEPFAR plans to provide PMTCT services in all PEPFAR-supported comprehensive HIV/AIDS service delivery sites. Of these sites, most will be in the five aggressive scale-up counties with a select number in the sustained SNUs. PEPFAR South Sudan will continue to integrate PMTCT services into ANC, Labor and Delivery (L&D) and postnatal services, in all sites using models of integration of PMTCT services to ensure at least 95% of ANC clients are tested for HIV and 100% of those diagnosed as HIV positive are registered in care and have access to ART.

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

In COP20, 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 FY21, PEPFAR will continue to improve coverage and quality of integrated PMTCT and EID, and better track newly enrolled maternal and infant outcomes.

PEPFAR IPs will:

1. Scale up PMTCT implementation, targeting pregnant and lactating women, HIV-exposed infants (HEI), male partners, and the community

2. Support HIV testing services for all pregnant and breastfeeding women and their partner(s), including first tests at ANC1 visits as well as additional tests conducted throughout the pregnancy and breastfeeding window
3. Support delivery of ARV prophylaxis for newborns and provide EID services to the infant
4. Train clinical and other personnel supporting PMTCT activities (e.g., lay counselors, mentor mother programs, data clerks) and services for HEI
5. Enhance facility-community linkages and utilize community support groups (mentor mothers, traditional birth attendance, etc.) to improve 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 positive pregnant and breastfeeding women newly initiating ARVs
7. Build capacity of local PLHIV organizations to operationalize innovative approaches to enrolling HIV positive pregnant/lactating mothers, children and their spouses in care and treatment
8. Integrate HIV care and treatment for the mother-baby pair into maternal/child health (MCH) units until the baby attains 18 months of age (regardless of HIV status)
9. Monitor PMTCT program quality improvement at the site level by establishing monitoring and QI activities supportive of the continuum of care through pregnancy, labor/delivery, and post-partum periods to ensure effective services uptake across the PMTCT cascade
10. Improve access to EID services for children less than two months by tracking mother-baby pairs and ensuring mothers bring exposed infants back for testing
11. Enhance client education through community structures, using tier one and two facilities for sample collection and use of point-of care-instruments at selected facilities
12. Conduct joint supportive supervision/mentorship with CHTs (County Health Teams), focusing on capacity building of midwives, nurses, and data clerks
13. Encourage male partner services, including HTS, linkage to VMMC services, sero discordant couple services and condom provision
14. Prioritize pregnant and breastfeeding mothers for viral load test within three months of ART initiation
15. Screen HIV positive pregnant and lactating mothers for TB using the TB screening questionnaire

TLD and MMD Scale-Up

Rapidly transitioning all remaining adult patients and scaling up MMD to six months are key minimum requirements of COP20 and OGAC directives. South Sudan's transition to TLD planned in COP18 was guided by available TLE stock predicted to last till December 2019. TLD transition formally began in Q4 in August 2019 and 80% of projected clients numbers were planned to transition by December 2019. However, by the end of Q1 of COP19, only 68% of clients in PEPFAR-supported sites were on TLD. The slowdown was caused by a substantial quantity of

legacy ARV stock that was being consumed concurrently with TLD transition. With a significant reduction in TLE, all PEPFAR-supported sites are expected to be at 90% transition in FY20 Q2. All clients will be on TLD by the end of COP19, with the possible exception of a limited number of cases.

South Sudan's MOH approved multi-month dispensing of six months in 2019 and by end of Q1 of COP19, 82% (21,951/26,669) of all adult clients in PEPFAR-supported sites were on MMD. This is a good progress, however the majority of these were three-month MMD, six-month MMD accounting for only 29%. As more TLD 90 quantities become available, more clients are expected to be on six-month MMD.

TB/HIV

The 2019 WHO Global TB report estimates the incidence of TB disease in South Sudan at 146/100,000 population, translating to TB burden of 10,000-23,000 new TB cases, including 2,300 TB cases and 870 TB deaths among PLHIV. Routine program data captured by the National Tuberculosis Program (NTP) between 2012 and 2016 showed the prevalence of TB/HIV co-infection ranging from 11% to 15%.

Ending HIV-associated TB among PLHIV is possible through the combination of ART coverage, early TB identification and treatment, and TB preventive treatment (TPT). In COP18Q4, due to a lack of TPT commodities in-country, only 54 eligible PLHIV adults were initiated on TPT and 48 (89%) completed. However, in FY20, approximately 12,000 doses of six-month full course TPT commodities lasting up to July 2020 were procured through a USAID procurement mechanism. In COP20, PEPFAR South Sudan has the opportunity through resources dedicated towards TPT facility service delivery to address TB/HIV priorities that address the following challenges: low rates of TB screening among PLHIV; limited provision of TPT services across facilities; data quality and documentation issues; and weak TB specimen referral system. COP20 will result in 19,457 people on TPT, as per COP20 targets.

COP20 interventions include the following:

- Work collaboratively with the Global Fund principal recipient (UNDP) and the MOH to ensure inclusion of funds for the procurement of TPT and TB diagnostic supplies and funds for specimen referral in the 2021-2023 Global Fund cycle. South Sudan requires TPT supplies for 19,457 eligible PLHIV, 150 GeneXpert MTB/RIF ultra-test kits and 100 TB LAM kits.
- Scale-up TPT quality services to all PEPFAR facilities providing ART and achieve universal TPT coverage for all eligible PLHIV with at least 90% completion rates. PEPFAR clinical partners will be required to report monthly TPT initiations in COP20.
- Strengthen screening of all PLHIV for symptoms of TB disease using the national TB screening tool at every encounter, with clear results captured in medical records with the goal of attaining at least 90% TB screening coverage among PLHIV. Improved quality of TB screening in facilities through focused training and mentorship will be supported. There is also a need to strengthen the referral of specimens collected from patients who

screen positive for any of the four TB symptoms for GeneXpert MTB/RIF ultra TB testing and linking those who test positive to TB treatment. The frequency of TB specimen's referral from spokes to the nearest hub currently done by Amref through UNDP funding will be increased from twice a week to five times a week. Increasing the specimen referral frequency will however, be subject to the availability of funds from the next GF cycle. Use of sputum smear for TB testing has unacceptably low sensitivity in PLHIV and should not be used as the initial diagnostic test, except in rare circumstances when the more sensitive GeneXpert MTB/RIF Ultra test is not available.

- Utilization of point-of-care TB lipoarabinomannan (TB LAM) testing as a "rule-in" test where available for PLHIV who are seriously ill or have a CD4 count less than 100 cells/ml.
- Inclusion of the use of three months of weekly high-dose isoniazid and rifapentine (3HP) for PLHIV and children at least 2 years of age as an alternative to the current six months of isoniazid monotherapy in South Sudan's ART Guidelines and TB NSP 2020-2024.
- Advocacy by PEPFAR South Sudan for the use of the fixed-dose combination of INH/cotrimoxazole/pyroxidine for PLHIV who weigh >25 kg and are on cotrimoxazole.
- Utilization of CQI and SIMS for quality assurance and quality improvement. PEPFAR clinical partners will be required to conduct daily and weekly TB cascade monitoring at TB clinics and performance review to identify issues to drive facility-specific CQI activities with facilitation by the MOH HIV/TB field supervisors.
- Assurance of implementation fidelity by PEPFAR South Sudan clinical partners for facility-based training using updated training materials, SOPs, and job aids (registers and IPT cards) to reinforce the guidelines.
- Improved TB/HIV data capture, recording, and reporting through supervision, mentorship, training by IP facility focal persons, field officers and SIMS visits and update of reporting tools.
- CQI for service delivery and the accurate and complete capture in TPT tools, TPT registers, medical files including screening for presumptive TB, potential adverse events (AEs) and adherence during refills.
- Support for HRH at facilities through designated TB-HIV officers at high volume sites.
- Community and client awareness to reduce stigma and discrimination around TB-HIV and increase knowledge about benefits of TPT among providers and patients. Utilization of PLHIV networks to create demand for TPT services.
- Improved client treatment literacy around TB symptoms, TPT, potential side effects, TB diagnosis and treatment options during facility health education sessions and community outreach supporters for PLHIV to improve TB screening coverage, diagnosis and treatment.
- Continued support for last mile delivery of TPT commodities to facilities.
- Integration of the timing of TPT refills with ART community refills
- Conducting DQAs with the inclusion of TB indicators.
- Monitoring for the assurance that PLHIV on TB treatment with rifampin and on TLD receive an extra dose of dolutegravir (DTG) 50mg per day (taken 12 hours apart) for the

duration of their TB treatment course (PLHIV on TLD and 3HP do not need an extra dose of DTG).

Project ECHO

The implementation of Project ECHO in South Sudan began in February 2018, with the aim of creating a community of practice amongst HIV service providers in South Sudan who were not reachable through traditional methods for mentorship due to contextual conditions. The platform functions to build health care workers (HCW) capacity and knowledge across areas such as HIV management and data use and quality. It also helps to build HCW confidence, allows for experience sharing, and alleviates the sense of alienation experienced by many health workers in remote facilities. It has provided a platform for mentorship, site monitoring/management, and dissemination of best practices. ECHO currently serves as the only source of continuing medical education in the country.

In COP20, PEPFAR South Sudan proposes to scale-up the platform through the use of Zoom technology to an additional 13 sites (based on the criteria of having > 100 ART patients), for a total of 24 sites. The goals of scale-up will be to ensure minimum site-level competencies across the HIV cascade; opportunities for regular communication between site staff cadres (e.g., health providers, counselors, lab, M&E) community cadres, field officers, implementing partners, and USG to discuss regular performance review; quality improvement activities; and ensure best practices and lessons learned are shared more broadly and actions taken more expeditiously and efficiently. The advantages of the video-conferencing technology with its relatively simple hardware requirements via satellite internet connection will continue to be used. In addition to the weekly clinical mentorship sessions with subject matter experts at Juba Teaching Hospital, College of Physicians and Surgeons, additional opportunities for more flexible interaction as mentioned above will be carried out to support the quality of services. All PEPFAR treatment partners will have participating remote sites within the network.

Table 4.2.1 Current and Proposed New Project ECHO Sites

Current (COP19) Sites	COP20 Sites
1. Juba Teaching Hospital (ICAP, Hub)	1. Wau Teaching Hospital (ICAP)
2. Al Sabah Children's Hospital (ICAP)	2. Yirol Hospital (ICAP)
3. Juba Military Hospital (RTI)	3. Yei State Hospital (ICAP)
4. Munuki PHCC (JHPIEGO)	4. Lui County Hospital (ICAP)
5. Yambio Hospital (CMMB)	5. Maridi State Hospital (ICAP)
6. Torit Hospital (ICAP)	6. Kapoeta State Hospital (ICAP)
7. Nzara Hospital (CMMB)	7. Kator PHCC (JHPIEGO)
8. Nimule Hospital (ICAP)	8. Ezo Hospital (ICAP)
9. Rumbek Hospital (ICAP)	9. Magwi PHCC (ICAP)
10. Tambura Hospital (JHPIEGO)	10. St. Theresa Hospital (ICAP)
11. Mapuordit Hospital (ICAP)	11.Wau Military Hospital (RTI)
	12. Gurei PHCC (JHPIEGO)
	13. Yambio PHCC (ICAP)

Returning Refugees

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

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

	Country	Source	# of South Sudanese Refugees	Estimated PLHIV
1	Uganda	Office of Prime Minister	861,590	24,986
2	Sudan	UNHCR, IOM, SRCS, COR, HAC	811,452	No data
3	Ethiopia	UNHCR	334,014	No data
4	Kenya	UNHCR	119,895	3,476
5	Democratic Republic of the Congo (DRC)	UNHCR	88,203	2,557
	Total		2,215,154	31,019

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

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

PEPFAR South Sudan, working with ICAP, will engage and facilitate collaboration among the different stakeholders involved in repatriation of refugees (IOM and UNHCR), other NGOs, and local health authorities for pre-repatriation mobilization and dissemination of information on available services at entry points and destination points. This includes registration of PLHIV, mapping their final destinations and following up with active linkage upon arrival.

PEPFAR will support demand generation for HIV/TB services during the pre-repatriation period and continue through the resettlement period. PEPFAR will work with and through national civil society organizations and beneficiary groups (e.g., South Sudan Network of People Living with HIV and Network of Positive Women United) and mobilize PLHIV to provide HIV services information for the continuation of HIV treatment upon return. PEPFAR South Sudan, through

its partnership with national PLHIV networks, will support training and deployment of community outreach workers in the resettlement locations for continued mobilization and linkage to services.

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

Facility Friendly Environment as an Intervention for Client-Centered Care

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

In COP20, PEPFAR South Sudan proposes to emphasize and support client-friendly quality HIV care and treatment services. Being a largely direct service delivery program, PEPFAR in South Sudan has the opportunity to introduce site level impactful measures to accomplish the same. Long waiting hours, poor quality of care provided by the clinician, nurses, or ancillary healthcare staff, and lack of privacy are a few of the factors that lead to patient dissatisfaction. Many patients walk between two to four hours to reach the health centers. The absence of client-centered approaches may negatively impact the patients' willingness to return to care. Although there are no data to show the number of patients leaving select health facilities without being seen by a clinician/nurse or the decision to transfer their care to another facility due to poor treatment, evidence from SIMS and site visits reveal that in most of the PEPFAR-supported facilities, the average wait time in the PMTCT/ART clinic is over two hours.

With support from CDC, ICAP designed a conducive environment for the delivery of Enhanced Adherence Counseling, play area for children living with HIV, and the support of ART adherence clubs within JTH and ALS. Early experience of caretakers of the children attending care at these facilities revealed that such environments improve facility drug pick-up, family refills, tracking of ART defaulters, and male mobilization activities. Therefore, such friendly facility interventions are proposed for scale-up to all PEPFAR-supported facilities in South Sudan.

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

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

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

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

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

4.3 Prevention, Specifically Detailing Programs for Priority Programming

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

a. Orphans and Vulnerable Children (OVC)

Per the COP20 Guidance, the South Sudan OVC program will prioritize OVC comprehensive programming for C/ALHIV, children of HIV positive FSW, EID at risk of LTFU, and children of HIV positive mothers focusing on those who are newly on treatment, LTFU, or with poor viral suppression. The OVC Comprehensive program will continue limited provision of the HIV and violence prevention curriculum, Sinovuyo Teen, as part of the comprehensive package of services for beneficiaries but will not specifically target additional beneficiaries ages 9-14 for prevention activities, per the COP20 Guidance.

b. Key Populations: Female Sex Workers (FSWs)

The Key Population program will continue to apply community HIV service strategies to reach; identify and test FSWs and their clients; and link them to treatment. Over the last four years, a total of 1,232 FSWs were active on treatment and 1,405 FSWs were retained on treatment by Q1 FY20. The program continued to improve on viral load testing tracking. In Q4 FY19 and Q1 FY20, 547 and 340 samples were collected, respectively, and of those, 95.4% and 91% were virally suppressed among the returned results. From FY16 to Q1 of FY20, 18,943 HIV tests were conducted among KPs. The Key Population program has prioritized urban centers and towns in transport corridors, primarily in the Equatoria region where female sex work continues to take place, but in COP19, with the prospect of peace and stability, the program expanded to support increased numbers of FSWs, including their clients (largely considered to be men in uniform), in other key towns and centers such as Wau, Rumbek and Bor where high prevalence has emerged and where KP size has been estimated or on process of being estimated.

Despite the harsh environment, commercial sex work continues to flourish in South Sudan and with implementation of the signed peace agreement of 2018, it is expected to grow even further. South Sudan's economic situation remains dire and continues to drive young, local girls and women into commercial sex work as evidenced by 2019 KP program data and the IBBS done in Wau and Yambio.

With the peace agreement and process generally expected to hold, the program expects to see improvements in the economic situation and consequently, population movements of refugees and IDPs, including FSWs. Given this scenario, 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 in COP19 primarily targets FSWs and in collaboration with DOD, targeted major army barracks in Juba and Wau. It also incorporates new FSW "hot spots" in a few selected locations considered to be under-served, including the busy transport corridor between Juba and Nimule where services were previously interrupted due to violence. COP20 targets are set to reflect KP scale up. The program will support a comprehensive HIV package of prevention, testing and linkage to ART targeting 9,416 FSWs. About 80% will be tested and an estimated 603 newly identified HIV clients are expected to be linked to ART. The remaining 20% not tested is expected to be composed of known positives and those who have been tested in the last three months.

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

c. Priority Populations: Clients of FSWs (cFSWs)

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

In COP20 due to the difficulty in reaching and or identifying the cFSWs, the program intends to reach 7,366 clients of female sex workers in all sites and test 5,156 people. With the projected 3-4% positivity of HIV among this group, 155 to 206 new cases are expected to be identified and every effort will be made to link all new cases to treatment.

d. Voluntary Medical Male Circumcision (VMMC)

Provision of a comprehensive prevention package to the military is critical in addressing the challenge of new infections. In the last two years, the SSPDF HIV program continued to provide limited VMMC services at Juba Military Hospital (JMH) targeting men within their forces. In addition to ensuring the availability of targeted HIV prevention services for the military and their families, the program has also continued linking identified PLHIV to available treatment services.

Military leadership recognizes the importance of male circumcision as an intervention for HIV prevention. VMMC, as an important component of a comprehensive HIV prevention package, is prioritized in the inaugural SSPDF HIV Policy document and the SSPDF HIV/AIDS Strategic Plan (2018-2022). The service is integrated into the HIV prevention continuum including age-appropriate sexual risk reduction education, HIV counseling and testing, condom promotion, screening and treatment of sexually transmitted infections, among other interventions. FY19 results demonstrated a successful scale up of VMMC services and a strategic reach among the key age band of 15-30 year old males. The commitment and political buy-in by military leadership prioritizing VMMC as a low-cost, one-time intervention to tackle the HIV epidemic among the organized forces is central to the success. Outlined in their strategic plan, the SSPDF commits to "ensure[ing] high quality and safe VMMC services are accessible and available to military male troops (and their families) on voluntary basis."

Robust demand creation remains key for sustained service uptake and meeting targets. While the current model of recruiting commanders as VMMC champions leading a non-coercive sensitization campaigns in their respective units has demonstrated successes, the program will explore more evidence-based methods and context specific interventions as part of its wider communication strategy in COP20. For instance, locally generated evidence by UNICEF on the media landscape has shown that the most effective ways of disseminating information is combining multiple interventions such as radio messaging, cultural edutainment, use of community health promoters and community gatekeepers. Such knowledge will be used to inform demand creation strategies and develop tailored messages that resonate well with the targeted age groups.

Since its inception, the VMMC program has prioritized patients' safety and invested significantly in trainings, development of SOPs and formation of Notifiable Adverse Event (NAEs) reporting mechanism and NAEs taskforce structures in partnership with the military and MOH. To maintain quality and standards of care, the program will continue with facility-based service delivery model in COP20, distributed through a client-centered, three-pillar implementation approach that comprises of the following:

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

Given the scarcity of data on Medical Circumcision coverage in the country, expansion to new geographical areas will be guided by disease burden using appropriate program data and availability of basic infrastructure at the sites to reduce start-up cost and maximize resources for service delivery. In summary, VMMC will adopt the following changes/interventions to enhance the program in COP20:

a) Undertake a comprehensive review of the current communication strategies, including revisiting of messaging, designing and printing of job aids and tools
b) Roll-out comprehensive training plans for service providers on the new WHO recommended VMMC procedures
c) Strengthen supervision and mentoring at site level using HIV/TB Field Officers
d) Use the scaled-up Zoom-based technology (ECHO) to enhance continuous in-service training for service providers
e) Scale-up service at JMH and expand to two new locations based on disease burden and presence of basic infrastructure
f) Upstream support to adopt policies and develop national VMMC guideline in partnership with MOH and the SSPDF HIV Secretariat
g) Strengthen NAEs reporting and response mechanisms, including establishment of NAEs taskforce in the new sites
h) Maximize the procurement of reusable VMMC commodities

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

In COP20, South Sudan will begin to implement DREAMS activities within Juba county. The DREAMS program will provide services to 2,005 adolescent girls and young women (AGYW) ages 15-24. Per the COP20 Planning Level Letter, South Sudan will not implement the full DREAMS package of services or develop a layering database. The DREAMS interventions that will be implemented in COP20 include: economic strengthening and strengthening post-GBV response and referrals.

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

The DREAMS program will primarily implement economic strengthening activities for AGYW ages 15-24. The economic strengthening package will include BRAC International's Empowerment and Livelihood for Adolescents (ELA) curriculum for financial literacy and life skills. This curriculum has been implemented previously in South Sudan, so it is already adapted to the context and target population. PEPFAR South Sudan will work with BRAC to ensure that the life skills portion of the curriculum is in line and/or incorporates the three PEPFAR-supported curricula modules. The ELA model will be facilitated by young women of similar age or slightly older than the AGYW enrolled, with demonstrated leadership, confidence and experience. These groups will be facilitated in safe spaces, wherever the groups of AGYW are comfortable, including homes, compounds, churches, mosques, mentoring groups, etc. This curriculum will be

supplemented with basic literacy education for those who need it, provided either directly by the IP or preferably through referrals to other basic literacy programs already being implemented in Juba.

Economic strengthening activities will also include an assessment of business opportunities and labor market, as well as income generating activities and self-employment. BRAC is currently conducting a labor market and business opportunity assessment and will share their results well before COP20 implementation begins. The program will be careful to avoid duplication of efforts and will use the results of this assessment to inform the DREAMS programming but may supplement this assessment if necessary. Income generating activities and self-employment opportunities will be identified both through BRAC and in collaboration with other donors and organizations. For AGYW who are able to receive start up support through other projects, the DREAMS program would provide follow-up and mentoring to support AGYW.

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

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

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

Driven by data, national priorities, and stakeholder recommendations, the strategic direction of PEPFAR South Sudan's program for COP20 is to maximize efficiencies by focusing resources on where the program can get the highest yield and volume (across populations and geography), with the overall goal of maximizing identification, linkage, and retention, and minimizing lost to treatment/follow-up. To accomplish this, in COP20, the PEPFAR South Sudan team will scale up HIV treatment services in high volume and high yield facilities, e.g. all hospital settings with high patient loads, and among the sickest newly identified PLHIV. The program will continue to focus

on and use high-yield testing modalities, including index testing (focusing index testing on index case sexual partners), provider-initiated testing and counseling (PITC), e.g., at tuberculosis clinics. The community-based Key Population program will be scaled up and will also deepen its interventions in existing sites by, for example, providing community-based treatment; aligning interventions with military sites; and providing technical assistance in treatment and retention to Global Fund partners.

In order to improve performance and cost efficiencies, PEPFAR South Sudan will consolidate its portfolio of IMs: CDC will transition out sites from CMMB to ICAP in Western Equatoria to both address performance issues as well as consolidate care and treatment services to reduce program management costs. USAID will consolidate its own portfolio in order to reduce costs and streamline operations; this move will combine its care and treatment and key populations portfolios into one complementary project in COP20.

In order to address high 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 site level analysis and three-month retention analysis.
- Conduct "surge operations" and intensive collection of accurate and complete data, use of data, facility team led weekly excel-based analysis of the data, monthly reviews with PEPFAR, and quarterly stakeholder-led reviews.
- Implement treatment collaboratives to identify challenges and possible solutions at facility level.
- Engage CSOs and community networks to strengthen linkage to treatment, treatment retention and tracking of LFTUs, targeted demand generation and partner notification.
- To enhance treatment adherence, COP20 will also continue differentiated service delivery models and six-month multi-month dispensing.

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

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

- Explained how to identify eligibility for index testing at each clinical visit and develop a plan for testing sexual and biological contacts of index cases.

4.5 Commodities

In COP19 PEPFAR South Sudan, USG staff and care and treatment partners have played leading roles in the commodities technical working group to ensure that HIV commodities such as test kits and optimized ARVs regimens are appropriately quantified and planned to support MOH procurement through UNDP. Throughout COP19 implementation, South Sudan has continued to undertake key activities in support of the transition to TLD, optimization of pediatric ART, and roll out of multi-month dispensing. In COP20, PEPFAR South Sudan will continue to work closely with UNDP, Global Fund and key stakeholders to ensure all HIV commodities are quantified correctly, budgeted adequately and procured in a timely manner to avoid national stockouts.

In COP20, PEPFAR will not be procuring laboratory commodities and reagents to support early infant diagnosis, viral load monitoring, blood safety or quality assurance activities as all commodities are expected to be procured under the Global Fund grant. With the exception of VMMC commodities, PEPFAR South Sudan will rely 100% on Global Fund procurement for commodities.

In FY20, Global Fund will procure 348 Abbott m2000 viral load kits to cover the period March 2020 to March 2021. This quantity is estimated to test 30,132 VL samples. An additional order of 121 kits will be placed in September 2020 to cover the period of April 2021 to June 2021. In addition to the VL reagents, Global Fund plans to procure 12 Abbott kits for EID to test 940 samples and 287 EID GeneXpert kits for 2,870 tests. The quantifications factors in five percent failed runs, two percent repeat tests and quality assurance/training supplies. An additional 112 EID GeneXpert cartridges will be ordered in September 2020 to cover the period April 2021 to June 2021.

USAID South Sudan is hiring two new Foreign Service Nationals (FSNs), one of whom will be coordinating supply chain activities. He/she will be expected to lead PEPFAR South Sudan's effort to coordinate with commodity and supply chain stakeholders including MOH, UNDP, NPHL and others to ensure all issues related to supplies are managed in a timely manner.

Last Mile Delivery

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

In COP20, PEPFAR South Sudan has new resources to work with implementing partners, UNDP and other key stakeholders to enhance and improve last mile delivery of critical HIV commodities, in close collaboration with current PEPFAR implementing partners, Global Fund, and other stakeholders. During COP20 implementation, PEPFAR South Sudan will work closely with agency headquarters and S/GAC (as needed) to identify a mechanism through which last mile delivery will be efficiently addressed ensuring all ART and testing sites receive commodities needed to deliver quality services.

4.6 Collaboration, Integration and Monitoring

During stakeholder meetings held in January 2020, pre-COP MOH consultations, and 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 Global Fund/UNDP more engaged and involved in the national-level quarterly review meetings.
2. De-duplication of efforts and resources across MOH, GFATM and PEPFAR, specifically, to ensure that PEPFAR partners do not overlap their efforts and resources in support services at national and sub-national level by ensuring that PEPFAR IPs and GF primes de-duplicate their efforts.
3. Strengthening of collaboration with civil society and local NGO partners.
4. Ensuring all parties have a complete understanding of the data quality and service quality landscape at the site level.

For streamlined program planning, implementation and monitoring of HIV/AIDS program activities in South Sudan, the Ministry of Health has delegated the routine management and operations functions of HIV/AIDS program to the Department of HIV/AIDS, within the Directorate of Medical Services. All HIV/AIDS programs/interventions come under the purview of Department of HIV/AIDS, headed by the Program Manager. PEPFAR has been supporting the Department complementing the interventions with Global Fund in a de-duplicated manner. In COP20, this support will continue to provide technical and management support to the Department for enhanced coordination and collaboration amongst the various partners and stakeholders. The goal of this support will be to ensure that PEPFAR and Global Fund supported interventions are complementary to each other and to support the Ministry of Health. It will ensure that the PEPFAR IPs and GF prime partners are supporting a common national plan rather than individual partner interests.

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

1. Continue to engage with MOH and all stakeholders in program planning and designing during the COP processes through stakeholders' workshops and one-on-one interactions with different stakeholders.

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

Ministry of Health and Stakeholder-Led Review of PEPFAR Program

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

Technical Working Groups

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

PEPFAR Programming with Deduplication

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

The site-level rationalization exercise undertaken as part of the COP18 planning process is paying dividends, allowing for deduplication of resources by ensuring there is one implementing partner per SNU (county level). In order to increase efficiencies and decrease costs by ensuring one implementing partner per SNU and limit any multi-partner overlap at the SNU and State levels, PEPFAR South Sudan undertook a geographic rationalization exercise during the COP18 planning process, which is currently being executed with the following objectives:

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

This exercise has led to a reallocation of sites amongst the implementing partners. In consultation with Global Fund and MOH, site-by-site mapping of services and resources was undertaken, particularly for integration of TB-HIV services, which is a work in progress due to continued challenges with the TB program.

Enhanced Field Supervision and Monitoring

In COP18 PEPFAR supported an HIV/TB Field Officers program to improve quality of HIV services at the sites. This was in response to limited SIMS conducted by the PEPFAR team and no well-organized joint national supervision and mentorship plan with implementing partners providing their own supervision with limited accountability. In COP20, PEPFAR will increase the number of HIV/TB Field Officers (final numbers are dependent on results from the HRH realignment efforts to increase facility contact hours). The Field Officers will work with implementing partners and the PEPFAR team to address facility retention issues. They will provide mentorship and monitoring and ensure that all minimum program requirements are maintained.

Particularly challenging are also the limitations the USG PEPFAR team has on travel to sites due to insecurity and poor access issues. In COP20 PEPFAR South Sudan will support additional Field Officers to provide intense on-site, field level mentoring, monitoring and supervision, traveling in the field for 20 days per month at the rate of two to three days per site. Data from COP18 and COP19 Q1 shows that this has established an intensive, on-site supportive supervision and mentoring system for all PEPFAR sites with each supervisor spending roughly 20 days at the facility level, including up to five dedicated days per site particularly for high volume 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 since COP19 is to maximize efficiencies by focusing resources, with attention to retention issues that standout as the biggest challenge. Using accurate and complete site-level granular data, by volume, yield, testing modality, gender and age-band, PEPFAR proposes to identify and scale up to high volume and high yield interventions (across population and geography), maximize retention and minimize loss to treatment/follow-up with the goal of achieving the three 90s.

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

1. At least quarterly one-on-one and more frequent IP review that is data driven, including site-level program performance, data quality, and fiscal data review to ensure all data are reported from the sites where services were provided along with a follow-up on action points from prior review/s.
2. Quarterly stakeholders' meetings that precede the interagency POART reviews and involve data-driven reviews of IPs along with external stakeholders.
3. Quarterly program performance reports as a narrative of the program performance submitted by the IP.
4. Field supervision and SIMS visits.

The quarterly administrative management visits will continue to be undertaken to review fiscal data and compare the same with program performance, i.e., results achieved against the targets set. Particular attention will be paid towards quarterly expenditure/spend-downs and forecasted annual spend-down to watch for possible over-outlays in order to identify and alert the partner as well as the agency of such possibility.

Strengthen National Health Management Information System (HMIS)

In October 2018 South Sudan introduced DHIS-2 reporting for all health data. PEPFAR in collaboration with other partners, mainly Global Fund and GAVI, has supported the DHIS-2 roll out process. PEPFAR focused its support at the national level to enhance coordination and resource mobilization and at the county and site level through PEPFAR-supported counties to improve timeliness and completeness of reporting. By December 2019 DHIS-2 reporting at PEPFAR-supported sites was 70%, compared to 43% at other non-PEPFAR supported sites. Main challenges of the DHIS-2 roll out are inadequate staff and high turnover at county and facility levels, poor data quality, limited internet access, late reporting and uncoordinated supportive supervision.

COP19 activities that will continue through COP20 include ensuring availability of data collection tools; providing targeted facility and county level joint support supervision and mentorship, including data quality; support development of national monthly HIV program dashboard; and support annual HIV /TB program data review meetings.

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

In January 2019, PEPFAR supported a DQA in 13 high volume PEPFAR-supported sites contributing to 60% of PEPFAR supported PLHIV on ART. Overall there was over reporting of 3% for TX_CURR and 67% for PMTCT-ART with variation across facilities. Since then, there has been variation in TX_CURR reported in FY19 when compared with the TX_CURR reported via MOH data alignment initiative. Moreover, there was a sharp rise in TX_CURR reported in December 2019 at national level of 35,149 and changes in TX_CURR definition of loss to follow-up from 90 days to 28 days. In order to better understand both the service quality and data quality landscape in South Sudan, PEPFAR will conduct a nationwide SQA/DQA before COP20 implementation begins and repeat the DQA portion in FY21. This will also be conducted to ensure that data are being reported from sites that provide relevant HIV services.

Community/Civil Society Engagement

The recent formation of the unity government opens the opportunity for PEPFAR South Sudan to scale up community engagement and focus on improving retention, treatment and finding at-risk populations. PEPFAR South Sudan will align and coordinate its client-focused community engagement plan with the Government of South Sudan's community health program designed to bridge the gap between the facility and the community with particular focus on prevention and health promotion.

PEPFAR South Sudan will prioritize building the capacity of community CSO groups (including key populations-led groups) to participate in the community engagement TWG at the national level. This is an important platform for community engagement on issues and an opportunity for CSOs to meaningfully engage in national HIV/AIDS technical discussions. PEPFAR South Sudan will continue to implement and improve on the differentiated service delivery models for clinically stable clients and ensure choice between facility and community ART refill pick-up

locations. Peer-supported linkage and navigation extension support services will also be encouraged.

PEPFAR South Sudan will structure patient information systems for the rapid identification of clients who miss their clinic appointments or drug pickup dates and designate a community volunteer to track and assess client status since their last recorded clinic visit. Community volunteers will also help in identification and understanding of the often-complex dynamics driving stigma, discrimination and HIV/AIDS-related violence in the community and implement innovative evidence-based, community-led approaches to address the specific types of stigma and return to treatment of clients whose treatment has been interrupted.

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

PEPFAR South Sudan recognizes the well-structured faith communities with deep intimate networks in the country and will leverage this to accomplish two objectives: (1) to reach into the community in a very targeted fashion and help find people at risk for HIV and bring them into care and treatment services and (2) build communities of PLHIV among the congregation who will focus on mitigating stigma and encouraging clients to stay on treatment through treatment literacy.

Community-Led Monitoring

CSOs and patients/beneficiaries in the HIV/AIDS programs can help PEPFAR and health institutions diagnose and pinpoint persistent problems, challenges and barriers to service objectively. It can also help to create a platform by which clients can provide feedback on the challenges and quality of service at the facility. This will in turn drive solutions to the identified challenges in a friendly and respectful environment that fosters patient retention and adherence to treatment.

In COP20, PEPFAR will provide financial support for independent and objective community-led monitoring activities as per the COP20 Guidance. PEPFAR South Sudan will use the following principles to guide this work:

- CSOs or network of CSOs that will win the open competition award, will gather and document information from health facilities and local community through means using a standard checklist that probes quality of services, patient privacy, patient wait times, availability of commodities, user fees hindrance, poor provider attitudes, health and rights violations, and stockouts/shortages of diagnostics and treatment.
- Will work with the PEPFAR SIMS team and a prime partner to develop shared understanding of the enablers and barriers to treatment retention in a manner that is

productive, collaborative, respectful and solutions-oriented and foster community ownership of the program.

- Will present their findings quarterly to PEPFAR and IPs in a manner that will foster honest and genuine discussion of results.
- The ultimate beneficiaries of this initiative will be PLHIV groups who will be empowered to conduct data driven and focused sensitization, demand creation, advocacy and protection of the rights of its members.

Human Resources for Health

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

To successfully implement the differentiated care models and scale-up MMD, PEPFAR South Sudan, together with the IP and MOH, analyzed the large human resource challenges facing the delivery of HIV services in the country. The exercise involved categorizing the existing staff by level: above site, site level and community. The cadres were linked to relevant MER indicators. It also involved establishing the minimum set of staff/numbers to fulfil establishment of a standalone facility and fulfill care and treatment service delivery functions. Recognizing continuing challenges in the HRH arena, additional staffing needs for COP20 will be based on the above-mentioned HRH re-alignment activities, Field Officers' and other staff recommendations, data-driven needs and targets proposed. The size of a service delivery unit will be site-specific depending on the volume of PLHIV, targets and performance of a facility. At this point, PEPFAR South Sudan does not propose additional incentivized staff for COP20. However, site-specific decisions will be made based on the outcome of the comprehensive HRH analysis and re-alignment planned to be carried out prior to COP20 implementation.

4.7 Targets by population

About 86% (23,160) of the COP20 Treatment New targets (27,004) 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 21) *HTS_TST***	**Newly Identified Positive (APR FY 21) *HTS_TST_POS***	**Newly Initiated on ART (APR FY 21) *TX_NEW***
Total Men	146,683	9,610	9,152
Total Women	238,300	14,715	13,999
Total Children (<15)	34,415	1,163	1,146
Adults			
TB Patients	5,755	905	867
Pregnant Women	53,723	1,676	1,596
VMMC Clients	NA	NA	NA
Key Populations	7,533	603	NA
Priority Populations	NA	NA	NA
Other Testing	283,646	20,015	19,551
Pediatrics (<15)			
HIV Exposed Infants	2,612	236	236
Other Pediatric Testing	31,803	927	910

The VMMC targets for COP20 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, Yambio and Wau.

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	*VMMC_CIRC* (in FY19)	Expected Coverage (in FY20)
Military SNU	Military with a focus on 15-30 age band	250,000	NA	1,031	5,303
	Total			1,031	5,303

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 FY20)	FY21 Target
PP_PREV *KP_PREV*	28,500 18,894	5,200 7,284	7,373 9,092
TOTAL	47,394	12,484	16,465

The OVC program in COP20 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_HIVSTAT
Juba County	3358	3,848	2,187
TOTAL	3358	3,848	2,187

4.9 Viral Load and Early Infant Diagnosis Optimization

South Sudan started using VL for treatment monitoring in FY17 Q2. By the end of FY19, 13,980 patients had documented VL results with adult viral load suppression of 82% suppression and coverage of 59%. VL suppression and coverage among children who are less than 15 years old was 45% and 59% respectively. Viral load coverage among pregnant and breastfeeding women is 25%.

In order to improve VL coverage, PEPFAR South Sudan has proposed the following strategies in COP20:

1. Conduct active demand creation through dissemination of VL messages at the facility and community level through involvement of community volunteers.
2. Train more health care workers on the VL cascade, including sample collection and enhanced adherence counseling skills.
3. Establish multiple sample collection points including at PMTCT clinics.
4. Use GeneXpert instruments for VL testing among pregnant and breastfeeding women.
5. Active follow-up of unsuppressed clients through regular monitoring of HVL registers, appointment logs and physical tracing by community health volunteers.
6. Weekly data review of VL site level data and implementing quick actions at facility and community level.

PEPFAR South Sudan will also implement the following strategies in COP20 to improve VL suppression:

1. Complete TLD transition and pediatric ARV optimization.
2. Ensure 100% of clients are receiving six months of ART.
3. Create child/adolescent friendly environment at ART sites and use youth groups to conduct VL community awareness.
4. Integrate parent/child-centered care into HIV care and treatment services.
5. Utilize mentor mothers and community health workers to support enhanced adherence counseling.
6. Use field supervisors to monitor and mentor counselors on EAC quality and non-suppressed client management.
7. Utilize data for site level quality improvement activities.

Early infant diagnosis of HIV in South Sudan started in Q4 of FY2016, and by the end of FY19 2,429 infants from 38 facilities had received an HIV test by 12 months. The overall EID coverage in infants by two months and by 12 months was 39.8% and 72.7%, respectively. The proxy positivity in infants less than two months was 5.7% and in the infants two to 12 months was 8.9% in FY19. In-country testing of EID samples started in June 2019 using Abbott m2000.

There is currently one Abbott m2000sp/rt procured by Global Fund. This equipment was operationalized in May 2018 for VL testing. At the end of Q2FY2019, the laboratory started using the same Abbott equipment for EID. Abbott m2000 has a capacity to test 17,112 tests per year if operated at 80% for eight hours, five days a week. By the end of FY19, the machine tested 17,659 VL samples and 674 EID samples, in excess of the intended capacity. With an increased VL target

of 43,563 in COP20, the country has started discussing with Global Fund the possibility of obtaining a high throughput machine.

South Sudan Ministry of Health, with support from PEPFAR, has developed a roadmap for implementation of GeneXpert platforms for multi-disease diagnosis. Through this initiative, EID and VL testing will be integrated onto the GeneXpert platforms that are currently used for TB diagnosis and rifampicin resistance testing. There are currently 35 GeneXperts in the country, 20 are already installed and functional. By the end of FY20, 25 facilities will be having functional GeneXpert equipment. The planned facilities for point-of-care EID/TB integration are Nzara Hospital, Yambio Hospital, Mapuordit Hospital, Tambura Hospital, Nimule Hospital, Torit Hospital, Yei Hospital, Wau Hospital, Kapoeta State Hospital, Yirol State Hospital, Rumbek Hospital, Maridi Hospital, Juba Teaching Hospital, Munuki PHCC, Ezo Hospital, Lui Hospital, Maban/Bunj Hospital, Malakal POC Hospital, Tonj South Hospital, Aweil State Hospital, Hope PHCC Pamir, Gordhim Hospital, Bentiu POC, Agok Hospital and the HIV reference laboratory. Sixteen of the facilities planned for EID testing on the GeneXpert are PEPFAR-supported facilities, and they contributed to 80% of the EID numbers in FY19.

Each GeneXpert 4 modular platform has an estimated capacity of 12 tests per eight hours. 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 EID into the existing GeneXpert platforms. Integration of HIV with TB diagnosis on the same platform will neither disrupt nor overwhelm facility laboratory staff. PEPFAR partners will support the training of users, results return, development of standard operating procedures and data collection tools and monitoring of equipment performance.

Due to the increase in the number of VL samples and the limited work hours to ensure all samples are tested within a reasonable time frame, South Sudan has transitioned EID testing from the conventional Abbott m2000 to GeneXpert devices. Testing of EID using GeneXpert is currently happening at the HIV reference laboratory at National Public Health Laboratory. EID testing using GeneXpert at the selected facilities is planned for Q3 FY20. Locations that do not have GeneXpert will continue sending samples to the Public Health Laboratory for testing.

Viral load coverage among the pregnant and breastfeeding women is at 25%. In order to improve this coverage, PEPFAR is proposing to use near point-of-care GeneXpert for VL testing at the selected facilities for POC placement. Besides the use of GeneXpert at select facilities, PEPFAR South Sudan will establish VL sample collection points at PMTCT clinics, use and closely monitor appointment registers for those due for VL, trace clients through community volunteers, use Field Officers to conduct mentorship on quality enhanced adherence counseling and non-suppressed client management and utilize site level data for quality improvement.

In FY20 PEPFAR will scale-up EID and VL services to 23 new facilities (i.e., Sakure, Lirangu, Basukangbi, Andari, Ringasi, Gumbo, Malakia, Lutheran, Aru Junction, St. Theresa Isoke, Nagero,

Mupoi, Aluak Luak, Malualbab, Kirr Mayardit, Cuiebet, Sign of Hope, Abara, Lobone, Obbo, Owingkibul and Pajok PHCCs). All these new sites are expected to provide comprehensive HIV treatment services. In FY21, the following additional facilities are planned to start providing EID and VL services: Riwoto, Nank Nak, Abang, Nyang, St. Joseph, Kaya, Morobo, Mvolo, Kuelkuech, Malou, Pacong and Yeri.

PEPFAR South Sudan has set aside about $120,000 for training, mentorship and supportive supervision to support scale-up of EID and VL services and implementation of GeneXpert EID and VL integration with TB. PEPFAR also plans to support improvement of the Laboratory information management system for result transmission. Global Fund is expected to procure all reagents and supplies for EID and VL. Global Fund and the Ministry of Health are also expected to support equipment installation and maintenance, infrastructure improvement and specimen referral.

There are no plans to transition POC instruments owned by other stakeholders at PEPFAR-supported facilities.

To ensure continuity of HIV-related services, as per COP20 agreements, the Central Public Health Laboratory in Uganda will serve as a 'back-up' for any HIV-related lab services that cannot occur in South Sudan.

5.0 Program Support Necessary to Achieve Sustained Epidemic Control

(Please see associated Excel file for complete Table 6/ SRE-Tool information, detailing COP20 activities)

COP20 proposes to identify and support systems investments that address:

1. Epidemic control priorities.
2. System gaps as identified through SID 4.0 and SIMS.
3. Systems strengthening by leveraging other development and MOH investments.

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

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

At the facility level HIV/AIDS interventions have three key aspects as identified under the three 95s, identification of PLHIVs, linkage and retention in treatment and viral load suppression.

Accomplishing this at the facility level will require systems level investments to build current and sustainable capacity at an institutional level as well as technical assistance in policy making, developing guidelines, support for program monitoring and overall program management.

The Government of South Sudan does not have reliable population-based data, and program-based health data is limited with quality issues which make targeting PEPFAR interventions accurately and appropriately a challenge. The reporting of HIV indicators from health facilities through the MOH District Health Management and Information System (DHIS) is improving but not complete enough to provide realistic sub-national unit coverage figures.

The VL and EID testing program has gradually scaled up to 38 facilities. As the programs scale-up to more facilities to meet the increasing targets and improve coverage, the capacity to test the samples is diminished. Successful improvement of coverage will require significant investment in training, supportive supervision, data reporting, provision of reagents and supplies, adequate and skilled human resource and well performing equipment. PEPFAR will continue to make systems investments in strengthening overall laboratory capacities both at the national level as well as site level to both scale up and improve HIV testing, EID, TB screening and viral load monitoring capacities. In order to save costs, create efficiencies and minimize duplication of efforts, PEPFAR will strengthen coordination with MOH, other donors and implementing partners. PEPFAR will hire a laboratory coordinator to ensure that laboratory program tasks are implemented in a coordinated fashion. PEPFAR will lead technical assistance provision for laboratory services while Global Fund will procure the necessary reagents and supplies.

In FY19, PEPFAR established an integrated HIV and TB specimen transportation system. The current system is implemented by the PEPFAR laboratory partner using Global Fund resources. This system has enabled EID, VL and TB samples to be transported within a short time period. In COP20, resources for strengthening the specimen referral system will be provided by Global Fund.

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

Detailed below are the key systems barriers, COP20 activities to address them, COP20 benchmarks and expected outcomes.

A. The laboratory key systems barriers and proposed COP20 activities include the following:

1. <u>Inefficient specimen transportation and result transmission system for VL, EID and TB</u>

The planned COP20 activities to address the above barrier include:

- Contracting reliable transport companies for sample transportation
- Increasing the frequency of sample transportation and number of transporters

- Assigning staff as hub coordinators to assist with monitoring the sample transportation network
- Developing an electronic system to expedite result transmission to facilities

The expected outcome for COP20 activities is a reliable and efficient system for specimen and result transmission that will ensure 75% of HIV and TB samples are transported by a nationally coordinated system and results delivered to caregivers within four weeks.

The COP20 benchmark is that 75% 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 COP20 activities planned to address the above barrier include:

- Continuous participation in quality improvement activities at two hospital laboratories
- Participation in professional in-service trainings
- Mentorship and laboratory audits at HIV laboratory to support ISO15189 accreditation
- Enrollment of hospitals in external quality assessment schemes
- Certification of HIV rapid test staff through participation in proficiency testing programs and annual assessments
- Certification of HIV testing sites through assessments using stepwise process for improving rapid HIV testing

The expected outcome for COP20 is improved quality of HIV rapid tests, EID, VL and TB diagnosis.

The COP20 benchmark is that the HIV laboratory will be at star five based on the Stepwise Lab Improvement Process towards Accreditation (SLIPTA) checklist; 20 facilities are enrolled into external quality assessment scheme; two hospital labs are implementing quality improvement activities based on WHO AFRO Strengthening Lab Management towards Accreditation (SLMTA) program; and all HIV testers are participating in proficiency testing program for HIV rapid tests.

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

The COP20 activities planned to address the above barrier include:

- Support establishment of a laboratory regulatory board through development of policies and guidelines
- Support monthly technical working groups to plan and monitor program implementation

The expected outcome for COP20 is an approved National Laboratory Policy and Strategic Plan and functional laboratory regulatory body.

The COP20 benchmark is the establishment of a lab regulatory body and initiation of licensing laboratory practice.

4. <u>Low coverage for EID and VL services</u>

The COP20 activities planned to address the above barrier include:

- Supportive supervision of facilities by program staff
- Procurement of storage containers for EID and VL supplies
- Bi-annual maintenance and calibration of minor equipment
- Provision of fuel for generator to provide power to the laboratory for nine months
- Installation of laboratory information management system and dashboard for quick result transmission and data visualization
- Printing and dissemination of laboratory-related EID and VL tools
- Provision of human resource to provide management and coordination support and day-to-day operations of the HIV laboratory
- Storage and transportation of used EID and VL GeneXpert cartridges

The expected outcome for COP20 is increased EID coverage for zero to two months to 80% and VL coverage of 70%.

The COP20 benchmark is 80% PMTCT_EID coverage for zero to two months and 70% VL coverage.

B. The strategic information key systems barrier and proposed COP20 activities include the following:

1. <u>Limited reliable program data to track progress towards 90-90-90 and to guide program planning</u>

The COP20 activities planned to address the above barrier include:

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

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

The COP20 benchmarks are that all facilities providing HIV services in PEPFAR-supported counties provide timely and complete data through DHIS-2 and conduct routine ANC sentinel surveillance.

C. The human resources, supportive supervision and mentorship key systems barriers and proposed COP20 activities include the following:

1. <u>Inadequate supportive supervision, mentorship and dissemination of best practices at national level</u>

The key COP20 activity to address the above barrier is to scale-up and maintain project ECHO at 24 facilities.

The expected outcome for COP20 is an integrated national Project ECHO system that is used for mentorship and best practices dissemination.

The COP20 benchmark is to enroll 13 more ART sites to ECHO and maintain the former eleven sites.

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

The key COP20 activity is to support key positions at MOH HIV Department and National Public Health Laboratory.

The expected outcome for COP20 is improved and capacitated human resource at the HIV Department leading to improved oversight and supportive supervision.

The COP20 benchmark is that two technical staff will be supported, one at the MOH HIV Department and one at the National Public Health Laboratory.

D. The Key Populations key systems barrier and proposed COP20 activities include the following:

1. <u>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</u>

The COP20 activities planned to address the above barrier include:

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

The expected outcome for COP20 is that the Mayor's Office and National Security and Police Forces support the provision of KP services.

The COP20 benchmark is that the Mayor's Office and security and law enforcement agencies are supportive of KP activities.

Surveys, Evaluation and Research

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

PEPFAR South Sudan will support the routine ANC sentinel survey in COP20, which began in COP18 but was not completed. Currently, PEPFAR plans to support two rounds (2020, 2021) of the routine ANC sentinel survey to build local capacity and improve quality of PMTCT data. After this, routine program data will be used with periodic data quality checks.

6.0 USG Operations and Staffing Plan to Achieve Stated Goals

6.1 Staffing Plan

PEPFAR South Sudan Program is implemented by three USG agencies: CDC, USAID and DOD. The program goal for COP20 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 COP19, PEPFAR South Sudan has twelve 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 ten locally employed staff (seven from CDC, two from USAID and one from DOD). The ten locally employed staff provide support for budget and finance, administrative and logistics, care and treatment, prevention, HSS (laboratory and strategic information), KP, OVC and commodities management.

During COP19 implementation, USAID has two program management specialists who are activity managers for three implementing partners for (1) KP, (2) OVC 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 oversee two implementing partners for (1) strategic information and (2) care and treatment and laboratory services. The staff levels of effort are spread across all program areas.

To maximize effectiveness and efficiency of the USG staffing footprint and interagency organizational structure, during COP19 implementation, 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 elevated to Laboratory, Strategic Information, and Clinical Team Leads, respectively. The recruitment of three additional technical staff in the areas of laboratory, strategic information and clinical services was completed, and the staff are on board. Hiring for two new USAID positions under COP19 is ongoing; the positions are expected to be filled before the end of the COP19 implementation period. DOD currently has one Program Manager who leads the HIV program.

COP20 PEPFAR Staffing Changes

During COP20, 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. In COP20, PEPFAR South Sudan proposes three new positions. All three positions are subject to approval from the Embassy Juba Front Office. Positions will not move forward without explicit Front Office approval.

1) ***Prevention Specialist (CDC):***

   The incumbent will be responsible for the design, implementation, coordination, and evaluation of a broad range of agency-funded HIV prevention program activities and studies required to implement PEPFAR programming. The Prevention Specialist will serve as a public health advisor to the host country ministries, including the Ministries of Health and Education; partners, including those funded by the host government or the Global Fund; and NGOs in the implementation of prevention program activities and studies. The incumbent will represent PEPFAR on HIV prevention issues at technical, policy and strategic planning meetings, including meetings with collaborators and donor agencies.

2) ***Administrative Assistant (CDC):***

   CDC technical staffing has doubled since COP19 to six staff. Despite the limited administrative support, there have also been an increase in SIMS and site visits. Due to this limitation, the administrative support activities have been shared among the current staff. Given the volume of the technical work and partner oversight required, the technical staff are overextended, affecting the quality of work. This position is crucial in ensuring that adequate administrative and logistical support is being provided to enhance PEPFAR programming.

3) ***PEPFAR Coordinator (State)****:*

   This position is proposed to sit under the Department of State.

6.2 Cost of Doing Business

The overall Cost of Doing Business (CODB) for PEPFAR South Sudan has increased by 11% compared to COP19. This is attributable to the two proposed positions under CDC, the proposed PEPFAR Coordinator position and an increase in ICASS cost.

APPENDIX A – PRIORITIZATION

Continuous Nature of SNU Prioritization to Reach Epidemic Control Table A1

			COP20 TX_CURR coverage by age/sex																								
			<1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50+		TX_CURR Coverage by County
SNU	COP	Prioritization	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	
Ezo	COP19	scale-up Aggressive	10%	10%	9%	9%	18%	17%	16%	16%	22%	25%	17%	14%	22%	16%	30%	21%	38%	26%	45%	31%	51%	38%	59%	44%	**25%**
	COP20	scale-up Aggressive	0%	0%	0%	0%	0%	0%	11%	10%	28%	31%	23%	18%	30%	20%	39%	26%	49%	33%	56%	39%	62%	45%	71%	52%	**27%**
Ikotos	COP19	sustained	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	**0%**
	COP20	sustained	0%	0%	0%	0%	0%	0%	0%	0%	9%	7%	7%	5%	10%	6%	13%	8%	16%	10%	18%	13%	20%	15%	22%	16%	**8%**
Juba	COP19	scale-up Aggressive	29%	28%	29%	28%	58%	57%	51%	51%	47%	56%	37%	31%	49%	36%	67%	46%	84%	58%	99%	69%	112%	82%	130%	97%	**60%**
	COP20	scale-up Aggressive	0%	0%	0%	0%	0%	0%	16%	16%	28%	30%	22%	17%	29%	20%	38%	25%	48%	32%	55%	37%	60%	44%	69%	51%	**27%**
Kapoeta	COP19	sustained	0%	0%	3%	3%	6%	6%	4%	4%	6%	7%	5%	4%	7%	5%	10%	7%	13%	8%	15%	10%	17%	12%	20%	15%	**8%**
	COP20	sustained	0%	0%	0%	0%	0%	0%	4%	4%	8%	10%	6%	5%	8%	6%	10%	7%	13%	9%	15%	10%	17%	12%	19%	14%	**7%**
Magwi	COP19	scale-up Aggressive	4%	4%	5%	6%	11%	10%	9%	9%	11%	14%	9%	8%	12%	9%	17%	11%	21%	14%	24%	17%	28%	20%	32%	24%	**14%**
	COP20	scale-up Aggressive	0%	0%	0%	0%	0%	0%	4%	4%	9%	10%	7%	6%	9%	6%	12%	8%	15%	10%	18%	12%	20%	14%	22%	16%	**8%**
Maridi	COP19	sustained	20%	20%	26%	25%	47%	53%	43%	47%	28%	29%	21%	18%	28%	21%	38%	26%	47%	32%	56%	39%	63%	47%	74%	55%	**38%**
	COP20	sustained	0%	0%	0%	0%	0%	0%	53%	51%	86%	86%	66%	54%	86%	59%	114%	75%	143%	96%	163%	113%	183%	129%	206%	152%	**80%**
Mundri East	COP19	sustained	0%	0%	100%	100%	200%	200%	300%	300%	100%	100%	100%	75%	127%	86%	167%	113%	200%	138%	250%	183%	250%	225%	325%	250%	**162%**
	COP20	sustained	0%	0%	0%	0%	0%	0%	60%	59%	59%	73%	51%	37%	66%	48%	88%	59%	111%	74%	130%	87%	139%	106%	161%	117%	**64%**
Nzara	COP19	scale-up Aggressive	5%	5%	5%	5%	10%	9%	9%	9%	12%	15%	10%	8%	13%	9%	18%	12%	22%	15%	26%	18%	29%	22%	34%	26%	**14%**
	COP20	scale-up Aggressive	0%	0%	0%	0%	0%	0%	9%	9%	20%	22%	16%	13%	20%	14%	27%	18%	34%	23%	39%	26%	43%	31%	49%	36%	**19%**
Rumbek Centre	COP19	scale-up Aggressive	6%	6%	7%	7%	15%	14%	14%	13%	16%	19%	13%	11%	17%	12%	23%	16%	30%	20%	34%	24%	39%	29%	46%	34%	**19%**
	COP20	scale-up Aggressive	0%	0%	0%	0%	0%	0%	8%	7%	20%	23%	16%	12%	21%	14%	27%	18%	34%	23%	39%	27%	44%	31%	49%	36%	**19%**
Tambura	COP19	scale-up Aggressive	33%	33%	31%	31%	63%	61%	58%	56%	38%	44%	30%	25%	40%	29%	55%	38%	69%	47%	80%	56%	91%	66%	106%	79%	**52%**
	COP20	scale-up Aggressive	0%	0%	0%	0%	0%	0%	39%	38%	57%	63%	46%	36%	59%	41%	78%	52%	98%	65%	112%	77%	124%	90%	141%	103%	**55%**
Torit	COP19	sustained	5%	4%	3%	3%	6%	7%	6%	6%	6%	8%	5%	4%	6%	5%	9%	6%	11%	7%	13%	9%	14%	10%	17%	12%	**8%**
	COP20	sustained	0%	0%	0%	0%	0%	0%	15%	14%	36%	42%	30%	23%	39%	26%	51%	35%	64%	43%	73%	50%	82%	58%	92%	68%	**35%**
Wau	COP19	scale-up Aggressive	33%	33%	50%	46%	92%	92%	89%	89%	68%	82%	55%	45%	73%	53%	99%	68%	125%	86%	146%	102%	168%	122%	191%	142%	**90%**
	COP20	scale-up Aggressive	0%	0%	0%	0%	0%	0%	9%	9%	15%	16%	12%	9%	16%	11%	21%	14%	26%	17%	30%	20%	33%	24%	37%	27%	**14%**
Yambio	COP19	scale-up Aggressive	15%	15%	15%	15%	30%	29%	27%	27%	21%	25%	17%	14%	22%	16%	30%	21%	38%	26%	44%	31%	50%	37%	59%	44%	**28%**
	COP20	scale-up Aggressive	0%	0%	0%	0%	0%	0%	11%	10%	18%	20%	15%	11%	19%	13%	25%	17%	31%	21%	36%	24%	40%	29%	45%	33%	**17%**
Yei	COP19	sustained	13%	13%	15%	15%	29%	30%	27%	26%	20%	24%	16%	13%	21%	15%	29%	20%	36%	25%	42%	29%	48%	35%	56%	42%	**27%**
	COP20	scale-up Aggressive	0%	0%	0%	0%	0%	0%	18%	17%	17%	19%	14%	11%	18%	12%	23%	15%	29%	19%	34%	23%	37%	27%	42%	31%	**17%**
Yirol West	COP19	sustained	18%	17%	14%	15%	29%	30%	27%	26%	20%	24%	16%	13%	21%	16%	29%	20%	37%	25%	43%	30%	49%	36%	56%	42%	**27%**
	COP20	scale-up Aggressive	0%	0%	0%	0%	0%	0%	9%	9%	24%	26%	19%	15%	25%	17%	33%	22%	41%	27%	47%	32%	52%	37%	59%	44%	**22%**
Overal ART coverage by sex/age			**6%**	**6%**	**10%**	**10%**	**20%**	**21%**	**31%**	**31%**	**28%**	**32%**	**23%**	**18%**	**30%**	**21%**	**41%**	**27%**	**51%**	**34%**	**59%**	**41%**	**65%**	**49%**	**76%**	**57%**	**33%**

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Table A.2 COP20 ART Targets by Prioritization for Epidemic Control						
Prioritization Area	Total PLHIV	Expected current on ART (APR FY20)	Additional patients required for 80% ART coverage FY20	Target current on ART (APR FY20) *TX_CURR*	Newly initiated (APR FY20) *TX_NEW*	ART Coverage (APR FY20)
Scale-Up Aggressive	73,125	29,673	28,827	54,508	13,335	41%
Sustained	5,633	3,383	1,123	6,300	1,102	60%
Total	78,758	33,056	29,950	60,808	14,437	42%
Mil_SNU		1,9992		3,424	1,058	

APPENDIX B – Budget Profile and Resource Projections

B1. COP20 Planned Spending in alignment with planning level letter guidance

Table B.1.1 COP20 Budget by Program Area

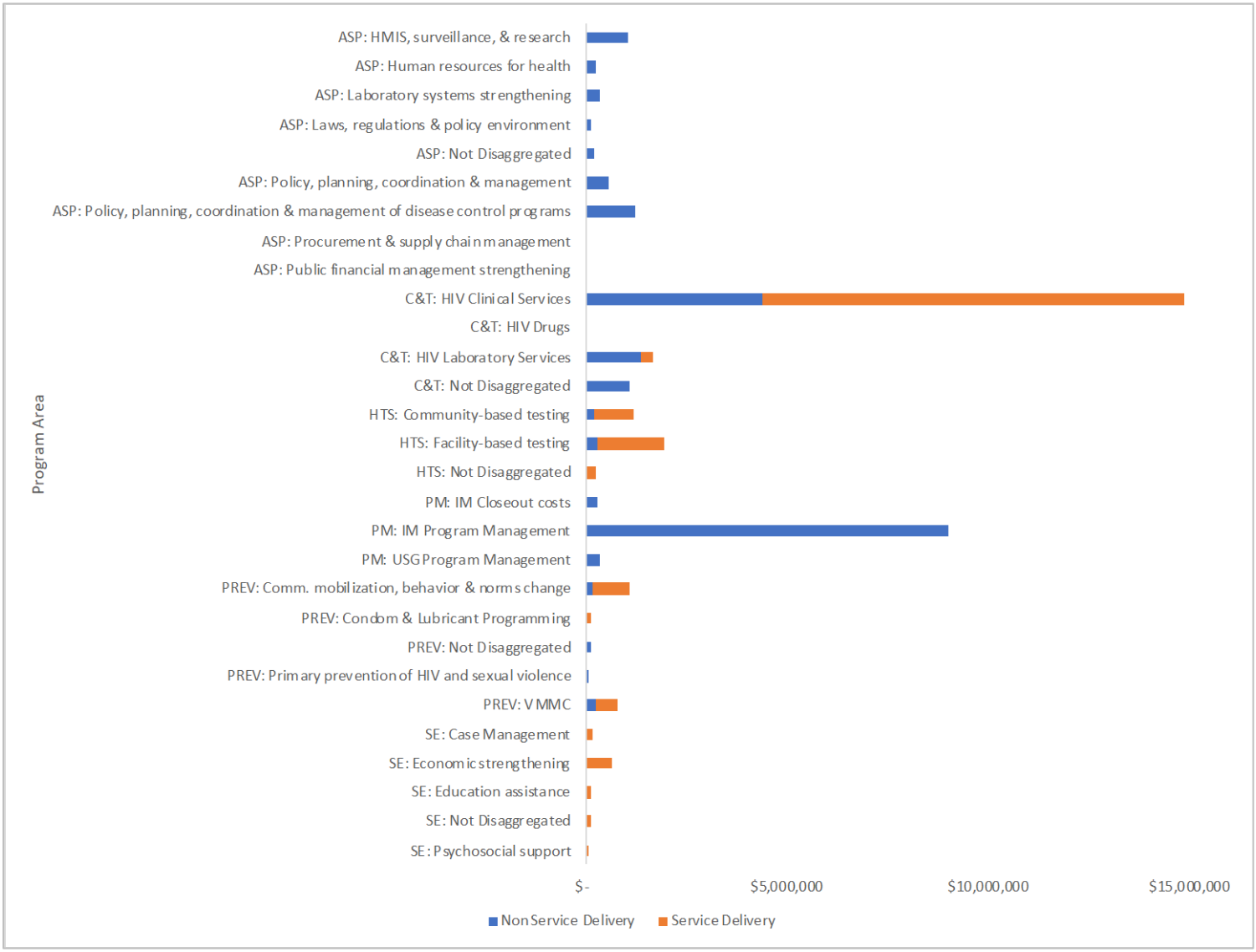

Table B.1.2 COP20 Total Planning Level		
Applied Pipeline	**New Funding**	**Total Spend**
$881,034	$38,704,966	$ 39,586,000

Table B.1.3 Resource Allocation by PEPFAR Budget Code (new funds only)		
PEPFAR Budget Code	**Budget Code Description**	**Amount Allocated**
MTCT	Mother to Child Transmission	$ 1,014,155
HVAB/Y	Abstinence/Be Faithful Prevention/Youth	$ 256,037
HVOP	Other Sexual Prevention	$ 1,501,930
IDUP	Injecting and Non-Injecting Drug Use	0
HMBL	Blood Safety	$ 80,276
HMIN	Injection Safety	0
CIRC	Male Circumcision	$ 1,314,621
HVCT	Counseling and Testing	$ 6,951,111
HBHC	Adult Care and Support	$ 3,059,012
PDCS	Pediatric Care and Support	$ 795,582
HKID	Orphans and Vulnerable Children	$ 1,500,034
HTXS	Adult Treatment	$ 15,426,507
HTXD	ARV Drugs	0
PDTX	Pediatric Treatment	$ 950,460
HVTB	TB/HIV Care	0
HLAB	Lab	$ 346,775
HVSI	Strategic Information	$ 1,367,810
OHSS	Health Systems Strengthening	$ 2,320,853
HVMS	Management and Operations	$ 1,819,803
TOTAL		**$ 38,704,966**

B.2 Resource Projections

PEPFAR South Sudan used incremental and intervention-based budgeting methods. The technical team identified PEPFAR's Fiscal Year 2021 priorities and goals to address PEPFAR South Sudan program challenges. Relevant interventions and initiatives were identified to achieve Fiscal Year 2021 goals and priorities. Based on Fiscal Year 2019 budget and expenses reported Fiscal Year 2021 budgets are adjusted either upward or down for each program area.

There are three data sources used to project the Fiscal Year 2021 resources. The Annual Program Results (APR) was used to determine the capacity of partners to achieve results in Fiscal Year 2021. Based on this, resources were projected for the partners. Fiscal Year 2019 Expenditure Reporting (ER) guided the decision to adjust resources upward or downward to ensure resources are maximized for Direct Service Delivery (DSD), as opposed to Above-Site programs. Finally, COP19 interventions and budgets informed the decision on whether to continue or introduced an intervention that is relevant to PEPFAR South Sudan priorities, as stipulated in the Planning Level Letter (PLL).

APPENDIX C – Tables and Systems Investments for Section 6.0

Table 6_E

Table 6-E (Entry of Above Site Programs Activities)								
Funding Agency	PrimePartner	COP20 Program Area	COP20 Beneficiary	COP20 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP20 Benchmark
HHS/CDC	INTRAHEALTH INTERNATIONAL, INC.	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	Surveillance	Limited reliable program data to track progress towards 90-90-90 and to guide program planning	COP18	COP21	All facilities providing HIV services in PEPFAR supported counties provide timely and complete data through DHIS-2. Conduct one routine ANC sentinel survey
HHS/CDC	INTRAHEALTH INTERNATIONAL, INC.	ASP: Policy, planning, coordination & management of disease control programs-NSD	Non-Targeted Pop: Not disaggregated	Assessing impact of policies and regulations on HIV	Limited reliable program data to track progress towards 90-90-90 and to guide program planning	COP18	COP21	Over / under-reporting not exceeding 5%

Table 6_SRE Tool-E

SRE Tool-E (Entry of Surveillance, Surveys, Research and Evaluation Activities)								
SRE Tool-E (Entry of Surveillance, Surveys, Research and Evaluation Activities)								
Funding Agency	Prime Partner	COP20 Program Area	COP20 Beneficiary	Project Title	Primary evaluation or study questions	Project Start COP Year	Project End COP Year	Current Stage of project (as of COP20)
HHS/CDC	INTRAHEALTH INTERNATIONAL, INC.	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	Routine ANC Sentinel Survey in South Sudan	What is the HIV prevalence in women attending ANC 1 in South Sudan			Confirmed in COP

APPENDIX D – Minimum Program Requirements

POLICY ISSUE	STATUS	COMMENTS
COP20: Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups, with direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups	policy in place and partially complete	Clients from outreach/mobile testing initiated within a week by referral but not all sites are doing physical escorting of clients
COP19-20: Adoption and implementation of differentiated service delivery models, including six-month multi-month dispensation (MMD) and delivery models to improve identification and ARV coverage of men and adolescents	Partially complete	Moving from three-month to broader six-month MMD
COP20: Rapid optimization of ART by offering TLD to all PLHIV weighing >30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children weighing >20kg, and removal of all nevirapine-based regimens	Partially complete	TLD transition – roughly 68% complete Pediatric optimization – 35% of children transitioned to optimized regimen; 65% remain on NVP or EFV-based regimen
COP20: Scale up of index testing and self-testing, ensuring consent procedures and confidentiality are protected and assessment of intimate partner violence (IPV) is established. All children under age 19 with an HIV positive biological parent must be tested for HIV	Complete	Implemented across all PEPFAR partners
COP20: All eligible PLHIV, including children, should complete TB preventive treatment (TPT) by end of COP20, and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient	Partially complete	Implemented in 41 sites in COP19, with targets for increased coverage set in COP20
COP20: Completion of Diagnostic Network Optimization activities for VL/EID, TB, and other coinfections, and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups, including 100% access to EID and annual viral load testing and results delivered to caregiver within 4 weeks	Policy in place	All PEPFAR-supported sites and six MOH sites receiving VL services
COP20: Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and related services, such as ANC and TB services, affecting access to HIV testing and treatment and prevention	NA	No user fees for HIV services in the public sector in South Sudan
COP19-20: Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity	Incomplete	

COP20: Direct and immediate assessment for and offer of prevention services, including pre-exposure prophylaxis (PrEP) to HIV-negative clients found through testing in populations at elevated risk of HIV acquisition (PBFW and AGYW in high HIV-burden areas, high-risk HIV-negative partners of index cases, key populations and adult men engaged in high-risk sex practices	Policy in place	
COP20: Evidence of host government assuming greater responsibility of the HIV response, including demonstrable evidence of year after year increased resources expended	Incomplete	
COP20: Scale-up of case-based surveillance and unique identifiers for patients across all sites	Incomplete	
COP20: Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on 1) actively facilitating testing for all children at risk of HIV infection, 2) facilitating linkage to treatment and providing support and case management for vulnerable children and adolescents living with HIV, 3) reducing risk for adolescent girls in high HIV-burden areas and for 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV	Partially complete	Strategic shift proposed for COP19 FY20 Q3, and revised package of services will be implemented through COP20
COP19-20: Clear evidence of agency progress toward local, indigenous partner prime funding	Incomplete	Current partners have sub-prime mechanisms with local partners for service delivery and outreach activities
COP20: OUs assure program and site standards are met by integrating effective quality assurance and Continuous Quality Improvement (CQI) practices into site and program management. CQI is supported by IP work plans, Agency agreements, and national policy	Partially complete	Prioritized in COP20 to full and complete implementation
COP20: Evidence of treatment and viral load literacy activities supported by Ministries of Health, National AIDS Councils and other host country leadership offices with the general population and health care providers regarding U = U and other updated HIV messaging to reduce stigma and encourage HIV treatment and prevention	Partially complete	Prioritized and funded in COP20 with both CSOs and Implementing partners

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