



UNCLASSIFIED

May 27, 2021

MEMO FOR LARRY ANDRE, U.S. AMBASSADOR TO SOUTH SUDAN

SUBJECT: PEPFAR South Sudan Country Operational Plan 2021 Approval

This memo represents the successful completion of the PEPFAR South Sudan Country Operational Plan (COP) 2021 planning, development and submission. PEPFAR South Sudan, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2021 in alignment with the directives from the COP 2021 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval for the PEPFAR South Sudan Country Operational Plan (COP) 2021 with a total approved budget of \$42,000,000, including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

	New Funding (All Accounts)	Pipeline	Total Budget FY 2022 Implementation
TOTAL	42,000,000	-	42,000,000
Bilateral	42,000,000		42,000,000

The total FY 2022 outlay for COP 2021 implementation shall not exceed the total approved COP 2021 budget of \$42,000,000 without additional written approval. Any prior year funds that are not included within this COP 2021 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2022 without additional written approval. The new FY 2021 funding and prior year funds approved within this memo as a part of the total COP 2021 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates (OPU) and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2022– must be submitted to and approved by S/GAC.

Approved funding will be made available to agencies for allocation to country platform to implement COP 2021 programming and priorities as outlined below and in the appendix.

Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, local and global stakeholders and partners during the April 15-16, 2021 virtual planning meetings and participants in the virtual approval meeting; the final COP 2021 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

Program Summary

Funding and targets for South Sudan's COP 2021 are approved to support PEPFAR South Sudan's vision to increase national Antiretroviral (ART) coverage through improving the quality of HIV care and treatment services across all ages and sexes and retaining clients on life-long ART along with viral load suppression. There are an estimated 182,550 persons living with HIV (PLHIV) in South Sudan, with only 23% of all PLHIV nationwide on treatment in FY2020. PEPFAR will assist the Republic of South Sudan (RSS) to move towards epidemic control, with the goal of having 18,688 new HIV patients on ART and 60,808 total patients on ART by the end of FY 2022 in 23 PEPFAR-supported counties and the military. 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 2022.

The PEPFAR South Sudan strategy for programming to be implemented in FY 2022 will focus on: (1) aggressively scaling-up targeted HIV testing approaches to achieve high volume and high yield HIV testing, such as safe and confidential index testing services; (2) reaching all populations with key HIV services, including full coverage of TB preventative therapy and scaling work with key populations (KP); (3) tracking and retaining patients on ART, especially maintaining high coverage of six-month multi-month antiretroviral medication (ARV) dispensation and community drug dispensation achieved in COP 2019 and COP 2020; (4) completing the transition of ART clients to optimized ARV regimens, including tenofovir disoproxil fumarate, lamivudine and dolutegravir (TLD); (5) continued scale-up of viral load testing and improvement in viral load suppression rates across all populations; (6) identification of children and adolescents living with HIV for linkage to the Orphans and Vulnerable Children (OVC) program to support ART adherence, retention in services and viral load suppression; (7) strengthened community engagement to improve patient literacy, retention, viral load suppression and community-led monitoring; (8) strengthened coordination and collaboration with stakeholders like the Global Fund (GF) who provides all HIV-related commodities at the national level and (9) accurate and complete reporting of data from sites where services are provided.

During COP 2021, PEPFAR South Sudan will launch the pre-exposure prophylaxis (PrEP) intervention once commodities are available from Global Fund. Targets have been set across three United States Government (USG) agencies targeting different sub-populations. PEPFAR South Sudan will work with the prevention technical working group, agency headquarters and Global Fund/United Nations Development Program (UNDP) to coordinate activities around mobilization and demand creation, training of providers, budgeting, reporting, and selection of specific sites where PrEP will be offered. Global Fund will also be providing commodities for HIV self-testing and the pediatric transition from Lopinavir/ritonavir (LPV/r)-based regimens to Dolutegravir 10mg. While the Voluntary Medical Male Circumcision (VMMC) program will

experience budget growth in COP21, there will be no expansion beyond current sites. Changes will be focused on enhancing site/service safety, conducting comprehensive training for providers and field officers, using the scaled-up Zoom-based technology (ECHO), and other supportive methods. In Bor South county where there is no PEPFAR treatment partner operating, PEPFAR's Advancing HIV/AIDS Epidemic Control program that implements the KP activities will collaborate with UNDP and the Ministry of Health (MOH) to ensure ARV supplies for beneficiaries are always available. KP individuals diagnosed at the community level will receive treatment at Bor state hospital which is directly supported by MOH with technical assistance coming through UNDP/GF funding.

During COP20, PEPFAR South Sudan introduced community-led monitoring to identify barriers and enable treatment retention. In COP21, PEPFAR South Sudan will help build an independent community-led monitoring group from select PLHIV networks in catchment areas of high-volume facilities. This group will gather and document information from health facilities and local communities by using standard check lists to monitor quality of services being provided and stock outs of essential commodities. In COP21, South Sudan will continue to implement the DREAMS program within Juba County and not expand to additional sites. This HIV prevention program is expected to provide services to 2,300 adolescent girls and young women (AGYW) ages 15-24. The South Sudan DREAMS program will focus on economic strengthening activities planned in COP20 and will strengthen post gender-based violence (GBV) services and referrals. In COP20, Last mile delivery was to be conducted by one agency, but in COP21 these resources will be distributed to all three PEPFAR care and treatment partners to conduct their own last mile delivery, as they are uniquely placed to do so. This will cover shipment from Juba to health facilities within and transportation from regional hubs where UNDP deposits commodities to final destinations.

An Human Resource for Health (HRH) analysis was undertaken in the first quarter of COP20 and staffing needs for COP20 were revised based on 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 COP21 on top of current COP20 plans. However, site-specific decisions will continue to be made based on the comprehensive HRH analysis and re-alignment recommendations.

In COP21, improvements in Early Infant Diagnosis (EID) will occur through procurement and complementary placement of point of care (POC) laboratory instruments at more facilities through all-inclusive pricing mechanism, provision of literacy sessions for mothers, assigning of EID focal points at children entry points, strengthening maternity and post-birth collaboration, use of technology for tracking HIV Exposed-Infants (HEI), incentives for mothers, and timely documentation. In addition, these POC instruments will further enhance scale-up testing for viral load among pregnant and breastfeeding women, infants, children, the non-suppressed populations, and COVID-19 in the context of diagnostic integration and multiplex testing.

PEPFAR South Sudan will align and coordinate its client-focused community engagement plan with the Government of South Sudan's community health program, which is designed to bridge the gap between the facility and the community with particular focus on prevention and health promotion. This will include prevention, demand creation, counselling, testing, linkage to

treatment, referral from community to facility and referral from one community to another community.

American Rescue Plan Act (ARPA) of 2021 Summary Description

This memo approves \$2,000,000 in ARPA funds in the Economic Support Fund (ESF) account to be implemented for activities during COP 2020 and COP 2021. Of the total \$2,000,000 in ARPA funds, \$2,000,000 is expected to be implemented in COP 2021; these funds are included in the other tables found in this memo. The remaining \$0 is expected to be implemented in COP 2020. The table below shows the estimated breakout of outlays in COP 2021 versus COP 2020 by implementing agency and operational division.

<u>Agency/OPDIV</u>	<u>ARPA Funds Programmed in COP21 FAST for COP21 Outlay</u>	<u>ARPA Funds To be Added to COP20 for COP20 Outlay</u>	<u>TOTAL ARPA Funds</u>
TOTAL	\$2,000,000	\$0	\$2,000,000
DOD	\$87,000	\$0	\$87,000
HHS/CDC	\$1,535,000	\$0	\$1,535,000
HHS/HRSA	\$0	\$0	\$0
PC	\$0	\$0	\$0
USAID	\$378,000	\$0	\$378,000
USAID/WCF	\$0	\$0	\$0

Any ARPA funds not outlayed in COP 2020 will be allowed to outlay in COP 2021, and this will be accounted for in the End of Fiscal Year exercise in the Fall of 2021. The entire ARPA amount must be obligated by September 30, 2022 and should, except in extraordinary circumstances, be outlayed during COP 2021.

These ARPA funds are being provided specifically to address the intersection of HIV and COVID to mitigate COVID-19 impact on PEPFAR programs and beneficiaries and support PEPFAR program recovery from the impacts of coronavirus. Over the course of COP 2020 and COP 2021, the ARPA funds will support:

In South Sudan, COVID-19 has only served to exacerbate the myriad of challenges already existing in the difficult operating environment. The rapid spread of COVID-19, acceleration of severe symptomatic cases, and the alarming death toll has caused the PEPFAR program to experience multiple lockdowns (complete and partial), and movement restrictions leading to interruptions in patient treatment. Environmental controls in health facilities have been difficult to implement given the physical constraints, limited screening and separation, airflow capacity, and other such measures. Currently, there is no host government support or funding into COVID-19 response efforts, and the scale of infection prevention implementation does not adequately cover the country. For the past several years, scale up of laboratory machines have been significantly limited. An urgent scale up is ongoing as part of COVID-19 efforts, but further decentralization is necessary and urgent to continue support of PEPFAR activities.

To mitigate the impact of COVID-19, the South Sudan PEPFAR Interagency team proposes to focus on site level enhancements in the community and particularly in the implementation of the PEPFAR program in COP 21. The proposed site level enhancements are targeted towards improving infection prevention and control (IPC) measures to prevent the transmission of COVID; to protect frontline health care workers, ensure that health facilities do not become sources of infection transmission, and to provide uninterrupted care and treatment services to People Living with HIV/AIDS that are on lifelong treatment. The team also proposes to improve viral load testing scale-up at sites to ensure laboratory systems are in place for patient follow-up, prevent interrupted treatment, and maintain viral suppression. This will also support improved Early Infant Diagnosis, Tuberculosis and COVID-19 diagnostic systems in the context of multiplex testing. These investments will also support data management, quality assurance, and specimen collection at laboratory sites across the region. Additionally, funds will be used to improve viral load coverage in key populations through targeted activities to train providers to collect, prepare, and transport blood samples to the National Public Health Laboratory, from key population sites across the country.

Funding Summary

All COP 2021 funding summarized in the charts below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in all PEPFAR systems and summarized in the appendix.

	of which, Bilateral									Total COP21 Budget (Bilateral + Central)	
	Total	New Funding							Applied Pipeline		
		Total	FY 2021				FY 2020	FY 2019			
		Total	GHP-State	GHP-USAID	GAP	ESF	GHP-State	GHP-State			
TOTAL	42,000,000	42,000,000	42,000,000	39,800,000	-	200,000	2,000,000	-	-	-	42,000,000
DOD Total	3,574,389	3,574,389	3,574,389	3,487,389	-	-	87,000	-	-	-	3,574,389
DOD	3,574,389	3,574,389	3,574,389	3,487,389	-	-	87,000	-	-	-	3,574,389
HHS Total	26,906,124	26,906,124	26,906,124	25,171,124	-	200,000	1,535,000	-	-	-	26,906,124
HHS/CDC	26,906,124	26,906,124	26,906,124	25,171,124	-	200,000	1,535,000	-	-	-	26,906,124
STATE Total	750,000	750,000	750,000	750,000	-	-	-	-	-	-	750,000
State	577,368	577,368	577,368	577,368	-	-	-	-	-	-	577,368
State/AF	172,632	172,632	172,632	172,632	-	-	-	-	-	-	172,632
USAID Total	10,769,487	10,769,487	10,769,487	10,391,487	-	-	378,000	-	-	-	10,769,487
USAID, non-WCF	10,769,487	10,769,487	10,769,487	10,391,487	-	-	378,000	-	-	-	10,769,487

1/*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.*

2/*Economic Support Fund (ESF) funding is authorized in the American Rescue Plan Act of 2021 and must be used for a combined HIV and COVID purpose.*

	of which, Central									Total COP21 Budget (Bilateral + Central)	
	Total	New Funding							Applied Pipeline		
		Total	FY 2021				FY 2020	FY 2019			
		Total	GHP-State	GHP-USAID	GAP	ESF	GHP-State	GHP-State			
TOTAL	-	-	-	-	-	-	-	-	-	-	42,000,000
DOD Total	-	-	-	-	-	-	-	-	-	-	3,574,389
DOD	-	-	-	-	-	-	-	-	-	-	3,574,389

HHS Total	-	-	-	-	-	-	-	-	-	-	26,906,124
HHS/CDC	-	-	-	-	-	-	-	-	-	-	26,906,124
STATE Total	-	-	-	-	-	-	-	-	-	-	750,000
State	-	-	-	-	-	-	-	-	-	-	577,368
State/AF	-	-	-	-	-	-	-	-	-	-	172,632
USAID Total	-	-	-	-	-	-	-	-	-	-	10,769,487
USAID, non-WCF	-	-	-	-	-	-	-	-	-	-	10,769,487

1/*Applied Pipeline* refers to funding allocated in prior years, approved for implementation in FY 2022.

2/*Economic Support Fund (ESF)* funding is authorized in the American Rescue Plan Act of 2021 and must be used for a combined HIV and COVID purpose.

Pending Congressional Approval

GHP-State Funds: Upon the clearance of a FY 2021 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo’s appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency’s internal process.

CDC GAP Funds: With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo’s appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

ARP ESF Funds: ESF funds must have both an HIV and COVID related purpose as laid out in relevant S/GAC guidance. Upon the clearance of a FY 2021 PEPFAR ESF Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo’s appendix. Upon receipt, agency headquarters will move the funds to the country platform via each agency’s internal process.

Applied Pipeline Funds: With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo’s appendix. Additional or remaining pipeline from previous year’s activities that are not currently captured in the COP 2021 total budget level and documented within COP 2021 partner budgets are not to be executed or outlayed without written approval from S/GAC.

Earmarks: South Sudan has planned for programming for FY 2021, FY 2020, and/or FY 2019 GHP-State funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during COP may exceed the original controls assigned to the South Sudan. Upon approval of this memo, the amounts below will become the new earmark controls for South Sudan. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmarks	COP21 Funding Level			
	TOTAL	FY 2021	FY 2020	FY 2019
Care & Treatment	26,428,636	26,428,636	-	-
Orphans and Vulnerable Children	2,811,628	2,811,628	-	-
Preventing and Responding to Gender-based Violence	255,533	255,533	-	-
Water	-	-	-	-

* Only GHP-State and GHP-USAID will count towards the Care and Treatment and OVC earmarks

** Only GHP-State will count towards the GBV and Water earmarks

AB/Y Earmark	COP21 Funding Level				Applied Pipeline
	TOTAL	FY 2021	FY 2020	FY 2019	
TOTAL Prevention Programming	1,859,544	1,859,544	-	-	-
Of which, AB/Y	969,306	969,306	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	52.1%	52.1%	N/A	N/A	N/A

1/Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.

AB/Y Earmark Budget Justification

AB/Y Requirement Met.

Initiatives by Agency

	Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Bilateral - New Funding	Total COP21 Budget
TOTAL	-	-	-	42,000,000	42,000,000
<i>of which, Community-Led Monitoring</i>	-	-	-	280,000	280,000
<i>of which, Core Program</i>	-	-	-	38,642,765	38,642,765
<i>of which, DREAMS</i>	-	-	-	1,577,235	1,577,235
<i>of which, VMCC</i>	-	-	-	1,500,000	1,500,000
DOD Total	-	-	-	3,574,389	3,574,389
<i>of which, Core Program</i>	-	-	-	2,074,389	2,074,389
<i>of which, VMCC</i>	-	-	-	1,500,000	1,500,000
HHS Total	-	-	-	26,906,124	26,906,124
<i>of which, Core Program</i>	-	-	-	26,906,124	26,906,124
STATE Total	-	-	-	750,000	750,000
<i>of which, Core Program</i>	-	-	-	586,500	586,500
<i>of which, DREAMS</i>	-	-	-	163,500	163,500
USAID Total	-	-	-	10,769,487	10,769,487
<i>of which, Community-Led Monitoring</i>	-	-	-	280,000	280,000
<i>of which, Core Program</i>	-	-	-	9,075,752	9,075,752
<i>of which, DREAMS</i>	-	-	-	1,413,735	1,413,735

FY 2022 Target Summary

FY 2021 funds are released and COP 2021 applied pipeline is approved to achieve the following results in FY 2022.

South Sudan		SNU Prioritizations					Total
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15	-	-	24,681	275	-	25,099
	15+	-	-	18,345	1,029	-	20,955
	Total	-	-	43,026	1,304	-	46,054
HTS_TST	<15	-	-	65,516	3,015	-	68,739
	15+	-	-	283,354	24,718	-	324,309
	Total	-	-	348,870	27,733	-	393,048
HTS_TST_POS	<15	-	-	3,022	258	-	3,296
	15+	-	-	13,660	1,622	-	16,299
	Total	-	-	16,682	1,880	-	19,595
TX_NEW	<15	-	-	2,933	259	-	3,212
	15+	-	-	12,979	1,537	-	15,476
	Total	-	-	15,912	1,796	-	18,688
TX_CURR	<15	-	-	4,874	514	-	5,442
	15+	-	-	46,044	5,863	-	55,366
	Total	-	-	50,918	6,377	-	60,808
TX_PVLS	<15	-	-	3,429	371	-	3,837
	15+	-	-	36,059	4,585	-	43,353
	Total	-	-	39,488	4,956	-	47,190
CXCA_SCRN	Total	-	-	-	-	-	-
OVC_SERV	<18	-	-	3,571	-	-	3,571
	18+	-	-	662	-	-	662
	Total	-	-	4,233	-	-	4,233
OVC_HIVSTAT	Total	-	-	2,721	-	-	2,721
PMTCT_STAT	<15	-	-	117	39	-	157
	15+	-	-	57,766	5,032	-	65,433
	Total	-	-	57,883	5,071	-	65,590
PMTCT_STAT_POS	<15	-	-	1	-	-	1
	15+	-	-	3,444	140	-	3,733
	Total	-	-	3,445	140	-	3,734
PMTCT_ART	<15	-	-	1	-	-	1
	15+	-	-	3,434	140	-	3,722
	Total	-	-	3,435	140	-	3,723
PMTCT_EID	Total	-	-	3,341	135	-	3,620
PP_PREV	<15	-	-	-	-	-	-
	15+	-	-	7,374	-	-	7,374
	Total	-	-	7,374	-	-	7,374
KP_PREV	Total	-	-	10,000	356	-	10,356
KP_MAT	Total	-	-	-	-	-	-
VMMC_CIRC	Total	-	-	-	-	-	7,957
HTS_SELF	<15	-	-	-	-	-	-
	15+	-	-	7,900	-	-	8,600
	Total	-	-	7,900	-	-	8,600
PrEP_NEW	Total	-	-	1,973	-	-	2,673
PrEP_CURR	Total	-	-	1,973	-	-	2,673
TB_STAT	<15	-	-	547	60	-	613
	15+	-	-	5,743	584	-	6,454
	Total	-	-	6,290	644	-	7,067

South Sudan		SNU Prioritizations					Total
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
TB_ART	<15	-	-	23	3	-	26
	15+	-	-	643	40	-	706
	Total	-	-	666	43	-	732
TB_PREV	<15	-	-	3,020	326	-	3,377
	15+	-	-	23,715	2,982	-	28,475
	Total	-	-	26,735	3,308	-	31,852
TX_TB	<15	-	-	4,155	418	-	4,614
	15+	-	-	31,819	3,998	-	38,200
	Total	-	-	35,974	4,416	-	42,814
GEND_GBV	Total	-	-	1,859	26	-	1,885
AGYW_PREV	Total	-	-	1,380	-	-	1,380

* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

Partner Management and Stakeholder Engagement:

Agreements made during COP 2021 discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with the this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15 percent of target achievement at 3 months or (2) less than 40 percent of target achievement at 6 months must have a complete review of performance data (including trends in performance) and expenditures to date by program area, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX_CURR) performance should be between 98 percent and 100 percent of the target. This can be adjusted in country context where HIV treatment services are still scaling up and the treatment new target is greater than 10 percent of treatment current. OVC programs are also similar in that there are clients continuing services from the previous year; if the IP is less than 80 percent of their target at Q2 performance review should be triggered.

For key populations programming, per MER Guidance and program requirements, HIV testing is a required element of the KP_PREV indicator. HIV testing services (HTS) or referring an individual to HTS is required to be offered (at least once during the reporting period and/or in accordance with WHO/national guidance) unless the individual had previously been tested positive for HIV. HIV prevention services must be tailored to individual risks. If the individual is self-identified as HIV positive, then HTS provision or referral to HTS will not be a required element of this indicator. Workplans for IPs should reflect these HTS requirements for key populations programming. Additionally, where referral to HTS is made, IP workplans and program design should incorporate measures to follow through on HTS with KP clients to ensure referral completion. These elements (i.e. review, remediation, and follow-up) should be incorporated into the existing IP work plans.

A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85 percent. If the issue is retention it should be net new on treatment equal to 90 percent of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC the options the agency is implementing to address partner non-performance, including options for a shift to new partners. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout COP 2021 implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. This continued engagement will ensure all parties' understanding of South Sudan's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.