

# Global Fund Project for South Sudan

2014 Annual Report

December 2014



H.E. the president of South Sudan and Global Fund portfolio manager opening the first blood bank and public Health Laboratory in Juba, July 2014

<b>Project Summary</b>	<p><b>Country: South Sudan</b></p> <p><b>Project Duration:</b></p> <ol style="list-style-type: none"><li>1. R4 HIV TFM (1 August 2006 to 31 December 2015),</li><li>2. R5 TB-HIV COP (1 October 2006 to 28 February 2015),</li><li>3. R7 TB TFM (1 January 2009 to 31 December 2015) and</li><li>4. R9 HSS (1 October 2010 to 30 September 2015)</li></ol> <p><b>Project Current Budget:</b></p> <ol style="list-style-type: none"><li>1. HIV TFM (US\$6,685,480.83), Expenditure (US\$ 6,382,674.73)</li><li>2. R5 TB-HIV CoP (\$ 840,333.24), Expenditure (US\$ 325,773.68)</li><li>3. TB TFM ( US\$ 4,800,384.93) Expenditure (US\$ 3,462,176.37)</li><li>4. R9 HSS (\$16,537,527.64) Expenditure (US\$ 4,020,654.60)</li></ol> <p><b>Donor:</b> The Global Fund to Fight AIDS, Tuberculosis and Malaria</p> <p><b>Contact Persons:</b> Biplove Choudhary Team Leader, Human Development and Inclusive Growth Unit Tel. +211959000918 Email: <a href="mailto:biplove.choudhary@undp.org">biplove.choudhary@undp.org</a></p> <p>Global Fund Portfolio Coordinator, Challa R. Negeri Tel. +211956930011 Email: <a href="mailto:ruda.negeri@undp.org">ruda.negeri@undp.org</a></p>
<p><b>Responsible Parties:</b> <i>Ministry of Health, World Health Organization, UNICEF, Catholic Diocese of Torit, Arkangelo Ali Association</i></p>	

## Table of Contents

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Acronyms .....	iv
1. Executive Summary .....	v
2. Progress towards Development Results .....	8
3. Partnerships .....	23
4. Monitoring and Evaluation .....	24
5. Challenges / Issues .....	25
6. Lessons Learned and Way Forward .....	26
7. Risks and Mitigation Measures .....	26
8. Financial Summary .....	28

## Acronyms

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AAA	Arkangelo Ali Association
AIDS	Acquired Immunodeficiency Virus Syndrome
AFB	Acid Fast Bacillus
ANC	Antenatal Care
ART	Antiretroviral Treatment
ARV	Antiretroviral
CCM	Country Coordination Mechanism
CD <sub>4</sub>	Cluster of Differentiation 4
CPT	Co-trimoxazole Preventive Therapy
DHIS	District Health Information System
DOTS	Directly Observed Treatment Short-course
DST	Drug Susceptibility Test
EID	Early Infant Diagnosis
EmONC	Emergency Obstetrics and Neonatal Care
GF	Global Fund
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HEI	HIV Exposed Infant
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSS	Health System Strengthening
IMAI	Integrated Management on Adults and Childhood Illnesses
LMIS	Logistics Management Information System
LoA	Letter of Agreement
MDR	Multi Drug Resistance
M&E	Monitoring and Evaluation
MNCH	Maternal Newborn and Child Health
MoH	Ministry of Health
MSG	Mother to Mother Support Group
NTP	National TB Control Programme
OI	Opportunistic Infections
OSDV	Onsite Data Verification
PCR machine	Thermal Cycler/DNA Amplifier
PMTCT	Prevention of Mother to Child Transmission
PR	Principal Recipient
RSQA	Rapid Service Quality Assessment
RSS	Republic of South Sudan
SMoH	State Ministry of Health
SR	Sub-Recipient
TB	Tuberculosis
TFM	Transitional Funding Mechanism
UNICEF	United Nations Children's Fund
WHO	World Health Organization
UNDP	United Nations Development Programme

## 1. Executive Summary

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Since 2004, the Global Fund to Fight Acquired Immunodeficiency Virus (AIDS), Tuberculosis (TB) and Malaria (GFATM) has been supporting the Government of South Sudan by providing resources to fight three devastating diseases: Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), TB, and Malaria. In 2014, the United Nations Development Programme (UNDP) continued to serve as the Principal Recipient (PR) of the last resort on behalf of the Government for three GF grants namely; the Transitional Funding Mechanism (TFM) for HIV (SSD-405-G05-H), TFM TB (SSD-708-G11-T) and the Round 9 Health System Strengthening (HSS) (SSD-910-G13-S). UNDP has a management role of the grant including procurement and management of supplies, timely financing of all activities, and ensuring grant implementation in accordance with the approved work plan and internationally acceptable procedures. This annual report presents a description of the achievements, challenges and lessons learned between January and December 2014 for the three grants.

### Major achievements

From the estimated 190,000 eligible HIV positive people requiring Anti-Retroviral Therapy (ART), 10,767 (7%) adults and 543 (3%) of children were put on treatment resulting in a 7% overall ART coverage for the country<sup>1</sup>. About 1,793 (18%) of HIV-positive pregnant women received ART to reduce the risk of mother-to-child transmission. Of these, 964 were from Global Fund supported Prevention of Mother to Child Transmission (PMTCT) facilities. The estimated percentage of mother-to-child infections from HIV-infected women delivering in the past 12 months was 29% (including the breastfeeding period). Cohort data analysis by the World Health Organization (WHO) depicted a 75 percent survival rate of ART patients after 12 months of initiation of treatment; an improvement from the survival rate of 62.5 percent reported in 2012. Through the HIV TFM Grant, 18,671 people living with HIV received opportunistic infection (OI) prophylaxis and 91 percent of ART facilities submitted timely and complete reports. Two hundred and sixty-nine health workers (clinical officers, counsellors, data clerks, lab technicians, pharmacists/dispensers and expert patients) received HIV related trainings based on the national ART guidelines. Seventeen PMTCT facilities formed Mother to Mother Support Group (MtMSG) networks with 677 members. The overall performance of the HIV grant is 94% with a grant rating of A2<sup>2</sup>.

The 2014 WHO Global TB report estimated incidence, prevalence, and mortality rate for South Sudan at 14.6 (2012 baseline 14.6), 266 (2012 baseline 267), and 40 (2012 baseline 29) per 100,000 population respectively. According to the 2014 National TB Control Programme (NTP) report, the case notification rate for all forms of TB cases is at 75 (2012 baseline 72) and for bacteriologically confirmed TB cases including relapses is at 32 (2012 baseline 29) per 100,000 population. The treatment success rate for bacteriologically confirmed TB was 76% (2012 baseline 75%); for all forms of TB was 75% (2012 baseline 69%); and mortality among all HIV positive TB patients enrolled on treatment, was 10% (2012 baseline 10%). About 3,700 (87% of the set target) bacteriologically confirmed TB patients including relapses and 8,730 (66% of the set target) of all

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<sup>1</sup> UNAIDS spectrum estimate for South Sudan, 2014

<sup>2</sup> LFA GF Grant rating – A1 (> 100%), A2 (90-100%), B1 (60-89%), B2 (30-59%) and C (<30%)

forms of TB patients were notified to the national health authority. Of the total 8,730 TB patients detected during the year, 5,965 (68%) were tested for HIV and 751 (12.6%) were found to be co-infected with HIV. Among the TB/HIV co-infected patients 684 (91%) were put on Co-trimoxazole Preventive Therapy (CPT) and 428 (57%) on ART. More than 150 health workers were trained on TB. Drugs, lab reagents, and supplies were procured and distributed to 72 TB sites. There were 414 mobile TB outreach events reaching out to 198,730 people in hard to reach areas with health education. The overall performance of the TB grant is 91% with a grant rating of B1 due to the under-achievement of the indicator on Drug and Susceptibility Testing (DST).

The national proportion of public health facilities with all five vaccines was 50%, a significant improvement from the 2011 baseline of 29%. The overall rate for delivery by skilled birth attendant (SBA) is still only about 6%, which is substantially below the Health Sector Development Plan (HSDP) target of 30% for 2016. In partnership with the Global Fund and Ministry of Health, UNDP established the first blood bank and public health laboratories enabling most sample testing in-country. Three M&E offices, two laboratories and one ante-natal care (ANC) clinic were completed and the construction of six maternity wards and four ANC clinics is in progress. Seven International UN Volunteers were deployed to the teaching institutions in Juba, Wau, and Yei, where 233 students (94 female and 139 male) were enrolled for the 2014 nursing and midwifery streams.

The Ministry of Health (MoH), with UNDP's technical support revised the HIV and TB recording and reporting tools based on WHO recommendations. This followed feedback from 83 supervision visits by UNDP, WHO, and MoH and two data quality assessments of HIV/TB/HSS project sites. In 2014 9,600 data collection tools and registers were printed and distributed to the health facilities, improving standardized recording and reporting in the country. The project conducted annual review meeting in December 2014 with Sub Recipients (SRs), MoH, partners and state TB, HIV, M&E coordinators and Director Generals to assess the performance of TB, HIV and HSS interventions.

Furthermore, the PMU team supported the MoH in making quality submissions under the GF New Funding Model (NFM). This resulted in two potential multi-year pipeline funding to South Sudan for TB and HIV/AIDS, and health systems strengthening. In line with its capacity building mandate, UNDP supported the MoH/CCM to develop a capacity development action plan that was mainstreamed in the NFM grants for TB and HIV. Consequently, UNDP, Global Fund, Ecobank, Population Services International (PSI), Accounts for International Development (AfID) and other stakeholders joined hands to implement this capacity development plan. AfID seconded two international accountants for three months to the MoH to strengthen the capacity of the finance officers in setting up financial system.

### **Main challenges**

Initially, UNDP planned to construct 30 facilities; 10 maternity wards, 10 antenatal clinics, five monitoring and evaluation offices, two state laboratories, two teaching institutions and one warehouse, all with the objective of reducing maternal and child mortality in the country by contributing to strengthening the health services. However, following the violent conflict that erupted on 15 December 2013, three states; Unity, Upper Nile and Jonglei, where many of the construction were planned, became inaccessible due to insecurity. Thus, UNDP and the Global Fund

Country Coordination Mechanism (CCM) agreed to re-programme the funds to 2015 and reduce phase II targets to 17 facilities.

Due to insecurity after the December 2013 crisis, government staff relocated from the conflict affected states to the capital, Juba whilst UNDP evacuated staff outside of South Sudan until March 2014 and most donors relocated to neighbouring countries. As a result, 25% of the project implementation period was lost, while the rainy season in the middle of the second quarter slowed down project implementation.

Only 55% facilities have established functional community HIV care teams, while no virological testing has been conducted due to the absence of the Polymerase Chain Reaction (PCR) lab – which is in the process of remodelling. Additional challenges were also noted around the coordination of supply chain, tracking of patients from the HIV and TB treatment centres in the three conflict affected states, looting of assets that had been handed over to the government in these states as well as vandalization of some of the GF supported infrastructure.

### **Lessons learned**

It is important to involve relevant stakeholders in project planning and implementation. The involvement of CCM members, government engineers, local authorities and other stakeholders in the site selection and supervision of civil works contributed a lot in improving the quality of facilities. In 2015 the PR will continue to involve all relevant stakeholders at all levels of the implementation of the civil works. In drug supply management assigning focal person for customers, using an order processing standard operating procedure and rolling out Logistical Management Information System (LMIS) in TB and HIV facilities enhanced drug utilization, data management and reporting which in turn reduced incidence of stock-outs and expiry. During the December 2013 crisis accessing the mSupply software was a challenge which makes difficult to monitor stock status. An alternative strategy has been established to access mSupply from a remote location out of the warehouse and this helped a lot in managing the warehouse. The implementation of regular supportive supervision, monthly M&E TWG meetings, and annual review meetings with stakeholders contributed to an improvement in the quality of reporting and reporting.

The total financial resource available for implementation of the four grants including the R5 Close out Plan (CoP) was US\$28,863,726.64 with cumulative annual expenditure of US\$14,394,866.09 (49.87%).

## 2. Progress towards Development Results

### 2.1 Progress towards CPAP outcome targets

**Relevant Country Programme Action Plan (CPAP) Outcome:** Key service delivery systems are in place

#### Summary achievement based on CPAP Outcome 3 targets for 2014

CPAP output target (2014)	Summary achievement during the year	Status
30% of births attended by skilled birth attendants (SBA)	Only 6% of the deliveries were attended by SBA	Not achieved
Reduction of HIV infection in infants born to HIV+ women from 30% to 26%	29% of infants born from HIV+ mothers were estimated to be HIV+ (estimated mother-to-child transmission)	Not achieved
<b>Overall status</b>		<b>Not achieved</b>

The overall rate for delivery by SBA is still only about 6%, which is substantially below the HSDP target of 30% for 2016. The estimated percentage of child infections from HIV-infected women delivering in the past 12 months (estimated mother-to-child transmission) was at 29% (the total rate including breastfeeding period).

### 2.2 Progress towards CPAP output targets

**CPAP Output 3.1: Increased national capacity to provide access to essential service delivery systems for scaling up HIV and TB interventions**

#### HIV summary achievement based on CPAP Output 3.1 targets for 2014

CPAP output target (2014)	Summary achievement during the year	Status
70% of HIV-infected pregnant women on ARV Prophylaxis/ART	1,793 (18%) of HIV-positive pregnant women received ARV therapy to reduce the risk of mother-to-child transmission.	Partially achieved
16% of eligible adults and 10% of eligible children currently receiving ARV therapy in accordance with the nationally-approved treatment protocol	7% of eligible adults and 3% of eligible children received ART in 2014.	Partially achieved
<b>Over all status</b>		<b>Partially achieved</b>

In 2014, 1,793 (18%) of HIV-positive pregnant women received ART to reduce the risk of mother-to-child transmission. A total of 964 women received ART from GF supported PMTCT facilities. From the estimated 190,000 eligible HIV positive people requiring ART 11,310 (7%) of them were put on ART, 10,767 (7%) adults and 543 (3%) children, resulting in a 7% overall ART coverage for the country<sup>3</sup>.

<sup>3</sup> UNAIDS spectrum estimate for South Sudan, 2014



### TB summary achievement based on CPAP Output 3.1 targets for 2014

CPAP output target (2014)	Summary achievement during the year	Status
70% of Tuberculosis patients and suspects undergoing provider initiated HIV counselling and testing	68% of TB patients were counselled and tested for HIV	Achieved
<b>Over all status</b>		<b>Achieved</b>

Out of the 8,730 TB patients detected in the reporting period 5,965 (68%) were counselled and tested for HIV in all TB units across the country.

### CPAP Output 3.2: Strengthened institutional and technical capacity of the health systems at national and sub-national levels

#### HSS summary achievement based on CPAP Output 3.2 targets for 2014

CPAP output target (2014)	Summary achievement during the year	Status
Eight maternity wards, 16 antenatal, 10 laboratories, one M&E office, three teaching institutions, and three blood banks renovated	The rehabilitation of three M&E offices, two laboratories and one ANC clinic was completed in 2014. The rehabilitation of six maternity wards and four ANC clinics is in progress. The rehabilitation of the two teaching institutions has been reprogrammed by the CCM.	Partially achieved
45% of public health facilities without stock-outs of essential medicines and vaccines	The national proportion of public health facilities with all five vaccines was 50% which is considerably better than the 29% proportion found in the 2011.	Achieved
<b>Overall status</b>		<b>Achieved</b>

The overall implementation of rehabilitation was affected by the current crisis and the phase II civil works targets had to be revised down from 31 to 17 facilities. The rehabilitation of facilities in the three states of Unity, Jonglei, and Upper Nile were cancelled and rehabilitation of the two teaching institutions (Yei and Maridi) was reprogrammed to 2015. Rehabilitation of three M&E offices, two laboratories and one ANC clinic was completed in 2014 whilst rehabilitation of six maternity wards and four ANC clinics was in various stages and are expected to be completed in 2015. The national proportion of public health facilities with all five vaccines was 50% which is considerably better than the 29% proportion found in the 2011 assessment.

### 2.3 Progress towards GFATM key performance indicators and AWP targets

#### Transitional Funding Mechanism (TFM) for HIV Grant

Round 4 HIV grant seeks to halt and reverse the spread of HIV and AIDS in South Sudan. Main objectives include improving knowledge and practice of HIV and sexually transmitted infection prevention measures in the general adult population, youth and vulnerable population sub-groups; developing and expanding treatment, care and support services for people and families living with HIV and AIDS; and building the capacity of the New Sudan National AIDS Council,

nongovernmental organizations and local institutions to effectively manage and monitor HIV and AIDS programmes. The current GFATM Transitional Funding Mechanism (TFM) grant was established to protect the gains achieved under the main HIV grant and ensure that essential programs are maintained. The grant provides funding for the continuation of essential prevention, treatment and/or care services for HIV which include treatment, care, and PMTCT. Under the TFM grant policy which runs from December 2013 to June 2015, only limited scale up is possible.

### TFM HIV project performance of key impact/outcome/output indicators

According to UNAIDS 2014 Global HIV/AIDS Report, the estimated percentage of child infections from HIV-infected women delivering in the past 12 months (estimated mother-to-child transmission) was at 29%.

#### Performance of project impact/outcome indicators, 2014

Impact/outcome indicators	2014 Target	2014 Achievement	% achievement (achievement/target)
Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy (HIV-16)	70%	75%	107%
Estimated percentage of child infections from HIV-infected women delivering in the past 12 months - estimated mother-to-child transmission (HIV-17)	-	30%	N/A

Retention at 12 months is 75%, while 22% were lost to follow up and 3% were reported dead. The results of the cohort analysis are much similar to achievements of previous years. However the retention at 60 months (42%) is lower than global results and the national strategic plan targets of 82%, 79%, and 75% for 12 months, 24 months, and 36 months respectively by 2017. The factors include the current crisis and lack of additional facilities to improve access for treatment over the last one year. There is also a huge difference (30%) in retention among the different health facilities. The table below shows that among the 10 programmatic indicators selected for performance evaluation by the GFATM, three performing at A1 (above 100 %), three at A2; two at B1 and one at B2. The overall performance of the grant is 94% with a grant rating of A2.

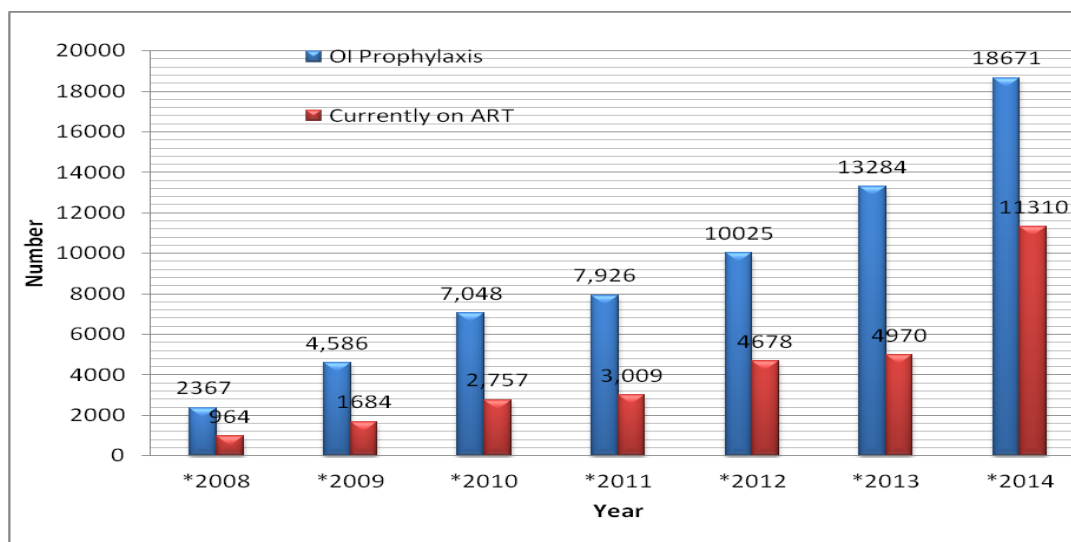
#### Performance of TFM HIV output indicators, 2014

Output indicators	2014 Target	2014 achievement	% achievement
Number of eligible adults and children who are currently receiving ART	10,546	11,310	107%
Number of adults and children enrolled in HIV care currently receiving co-trimoxazole prophylaxis	14,281	18,671	131%
Number of HCPs and PLHIV trained on new national consolidated ART guidelines (disaggregated by cadre, training type)	200	191	96%
Number of Laboratory technicians trained on Laboratory diagnostics	44	38	86%
Number of people trained on Supplies Management	22	19	86%
Number of Data Management staff trained in HIV/AIDS data	22	21	95%

Output indicators	2014 Target	2014 achievement	% achievement
collection tools			
Number and Percentage of ART facilities submitting complete and timely reports per national guidelines	21/22 (95%)	20/22 (91%)	91%
Number and Percentage of health facilities providing ART/HIV care with functional community care teams	15/22 (68%)	6/22 (27%)	55%
Number and Percentage of HIV-positive pregnant women who received anti-retrovirals therapy to reduce the risk of mother-to-child transmission	720/8000 (9%)	964	134%
Number and Percentage of infants born to HIV-infected women who receive a virological test for HIV within 2 months of birth	595/744 (80%)	0	0%

From the 22 ART sites, 20 facilities provided the services in 2014 including Bor and Malakal which resumed the services in June and September respectively. Nine-hundred and sixty four HIV-positive pregnant women (134% of the set target) received ARV therapy to reduce the risk of mother-to-child transmission.

#### Trends in ART and OI uptake (2008 -2014)



#### TFM HIV AWP Project Output 1: Treatment, care and support services for people and families living with HIV/AIDS maintained

##### Summary achievement based on HIV AWP Output 1 targets for 2014

AWP output target (2014)	Summary achievements during the year	Status
3 SRs for PMTCT and 2 SR for ART supported	Three SRs namely MoH, UNICEF and Caritas Torit for PMTCT; and two namely WHO and MoH for ART were supported for ART activities.	Achieved

<b>AWP output target (2014)</b>	<b>Summary achievements during the year</b>	<b>Status</b>
22 ART sites and 41 PMTCT supported	20 ART and 33 PMTCT sites were supported. 2 ART and 8 PMTCT sites in the 3 conflict affected sites were not supported	Achieved
First line, second line, and paediatric ARVs including PMTCT prophylaxis procured for 22 ART and 41 PMTCT sites	All drugs and consumables for ART and PMTCT have been procured and distributed to 20 ART and 33 PMTCT sites	Achieved
OI drugs, CD4 consumables, Lab Reagents, PCR reagents, HIV test kits, procured for 22 ART and 41 PMTCT sites	All OI drugs, test kits, reagents and consumables for ART and PMTCT have been procured and distributed to facilities	Achieved
CD4 machines, haematology and chemistry analyzers maintained for 22 ART sites	CD4 machines in 16 accessible ART sites were maintained except the 4 sites affected by the crisis	Achieved
<b>Overall status</b>		<b>Achieved</b>

### **3 SRs for PMTCT and 2 SR for ART supported**

WHO as a SR for GFATM works in collaboration with UNDP and MoH to provide technical support for grant implementation that includes ART planning, programming and resource mobilization for sustainability of the ART programme; review and updating of technical tools and guidelines; advocacy and policy formulation; ensuring quality through clinical mentoring; support supervisions and monitoring of implementation; quantification of HIV commodities and drugs to ensure regular and uninterrupted supply; strengthening acquisition and use of strategic information; and mobilizing resources for the country HIV response.

UNICEF as a SR for GFATM supported PMTCT services for MoH. PMTCT services were greatly affected by the ongoing crisis. The crisis started at the time of the initiation of the TFM HIV project. Provision of health care services was disrupted in most of the supported health facilities with the total breakdown of health sector in some states. Eight supported PMTCT sites in Jonglei, Unity, and Upper Nile are no longer functioning. Health facilities were damaged; health workers of implementing partners were evacuated; and some government staff left the area for security reasons. In addition, the SR's focus in 2014 was shifted towards humanitarian response.

### **22 ART sites and 41 PMTCT supported**

Several supervision and clinical mentoring visits were conducted to 20 of the 22 ART sites in 2014 (with the exception of Renk and Mapourdit) by UNDP and WHO. Four ART sites affected by the conflict in the greater Upper Nile region received minimal visits. The visits focussed on assessing ART services in IDP camps and provide refresher ART trainings go health care workers.

**OI drugs, CD4 consumables, Lab Reagents, PCR reagents, HIV test kits, procured for 22 ART and 41 PMTCT sites:** All quantified drugs and consumables for ART and PMTCT were procured and distributed to the 16 accessible facilities.

### First line, second line, and paediatric ARVs including PMTCT prophylaxis procured for 22 ART and 41 PMTCT sites

The Exposed Infant Diagnosis (EID) programme was established in 2013, starting with the EID strategy, and training of health workers from pilot sites. The EID programme did not fully taken off in 2014 as planned due to the delay in completing renovations to the PCR laboratory now targeted to be completed by August 2015. Sample collection is scheduled to start in April 2015 by UNICEF, to enable immediate testing when the PCR laboratory becomes operational. Community-based activities targeted at People Living with HIV and AIDS (PLWHA) were only implemented in six ART sites managed by NGOs that have been carrying out these activities without full support from the grant. UNDP could not engage the SR that was selected to implement the TFM activities pending addressing of issues identified through micro-capacity assessments.

### CD4 machines, haematology and chemistry analyzers maintained for 22 ART sites

To support ART and PMTCT sites, CD4 machines in 16 accessible ART sites were serviced and maintained in the reporting period. All 13 haematology and nine chemistry analysers were maintained by the end of 2014. Maintenance started at the end of 2013 but was disrupted by the conflict, and resumed in the last quarter of 2014.

## TFM HIV AWP Project Output 2: Management of TFM Strengthened

### Summary achievements on HIV AWP output 2 targets for 2014

AWP output target (2014)	Summary achievement during the year	Status
32 PMU staff maintained	The existing PMU staff were maintained in the reporting period	Achieved
24 field visits for supportive supervision	24 supervision has been conducted to all ART and PMTCT sites	Achieved
<b>Overall</b>		<b>Achieved</b>

All 32 PMU staff were maintained and 24 supportive and supervision conducted to all ART and PMTCT sites.

## R5 TB-HIV Close out Plan (CoP)

The Round 5 grant closure included activities to finalise installation of four X-ray machines in four state hospitals (Yambio, Malakal, Juba, and Wau) and renovation of the molecular laboratory/PCR laboratory within the National Public Health Laboratory.

## R5 TB/HIV Project Output 1: Grant closure activities

### Summary achievement based on TB/HIV CoP targets for 2014

Project output target (2014)	Summary achievement during the year	Status
One Grant closure plan implemented	Overall, all grant closure activities were disrupted by the crisis that started on 15 December 2013, delay in the start-up of renovation works and inability to find a	Not achieved

	qualified and experienced Biomedical Engineer	
Four X-ray machines procured and installed at four state hospitals	X-ray machines in Juba and Wau have been installed and are operational. X-ray machine in Yambio is installed but not yet tested, and Malakal not yet installed due to insecurity and looting of the generator.	Partially achieved
<b>Overall status</b>		Partially achieved

All grant closure activities were disrupted by the crisis. The overall management and implementation of the grant was severely affected until mid-2014. Part of the delay in the start-up of renovation works was because the budget for renovation of the TB lab comes from the reprogrammed R9 HSS budget that was only approved in August 2014. The R9 HSS reprogrammed budget includes funding for the air-filter system that will be shared by both the TB and PCR labs. Modification of the PCR lab is dependent on the budget for the TB lab. Another challenge was the inability to find a qualified and experienced biomedical engineer until November 2014. The engineer was required to revise the Bill of Quantities (BoQs) and drawings for both the PCR and TB labs as per the GF recommendations and coordinate the contracting process for the contractor and supervise the civil works. X-ray machines that were installed in Juba and Wau and are operational. The X-ray machine in Malakal was not installed due to continued insecurity whilst the one for Yambio (Western Equatoria State) was installed but not tested for functionality.

### Transitional Funding Mechanism (TFM) for Tuberculosis Grant

Tuberculosis (TB) is a major public health problem in South Sudan. Round 7 TB grant began in January 2009 and ended in December 2013. Transitional Funding Mechanism for TB started in January 2014 and is expected to end in December 2015 to be implemented through its SRs namely: WHO, AAA, NTP, and Caritas Torit. The goal of the TFM is to continue contributing to the improvement of the quality of life of the people of South Sudan by reducing dramatically the burden of the TB by 2015 in line with the MDGs and Stop TB Partnership Targets.

#### TFM TB project performance of Key impact/outcome/output indicators

According to the 2014 WHO Global TB report the estimated incidence, prevalence and mortality rate for South Sudan is at 146, 266, and 40 per 100,000 population respectively. The table below summarises details on TB impact/outcome indicators including case notification rate and treatment success rate for all forms of TB and bacteriologically confirmed TB cases.

#### Performance of Key TB Impact/Outcome Indicators

Impact/outcome indicators	2014 Target	Achievement	%
TB incidence rate per 100.000 population	-	146	N/A
TB mortality rate per 100.000 population	-	40	N/A
TB Prevalence Rate per 100.000 population	-	266	N/A

Impact/outcome indicators	2014 Target	Achievement	%
Case notification rate for all forms of TB per 100.000 population	133	75	56%
Case notification rate for bacteriologically- confirmed TB (include new and relapse cases) per 100.000 population	43	32	74%
Treatment success rate bacteriologically confirmed TB	82%	76%	93%
Treatment success rate -All Forms TB	77%	75%	97%
Mortality among all HIV positive TB patients enrolled on treatment	8%	10%	125%

The table below shows that among the 10 programmatic indicators selected for performance evaluation by the GFATM, four are performing at A1 (above 100%), while three indicators were performing at A2; two indicators were at B1 and one is at B2. The overall performance of the grant is 92% with a grant rating of B2 due to the under achievement of the indicator on DST.

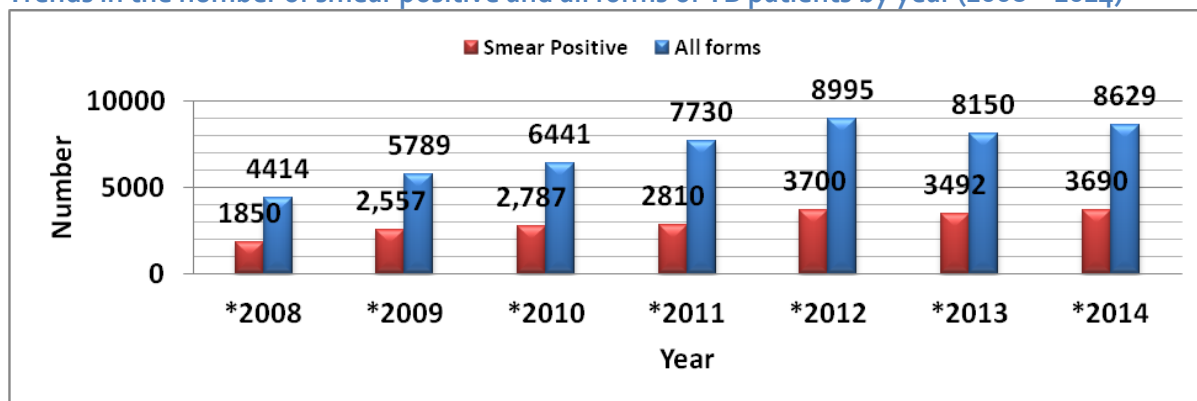
### Performance of key TB output indicators

Output indicators	Target	Actual Result	%
Number of bacteriologically confirmed TB patients including relapses notified to the national health authority (NTP)	4,254	3,700	87%
Number of all forms of TB patients notified to the national health authority (NTP)	13,131	8,730	66%
Number and percentage of laboratories showing adequate performance in external quality assurance for smear microscopy among the total number of laboratories that undertake EQA during the reporting period	66	85	129%
Number and percentage of bacteriologically confirmed TB patients including relapses successfully treated (cured plus completed treatment) among new sputum smear positive registered during a specified period.	82%	2,560/3,353 (76%)	93%
Number and percentage of TBMU submitting complete and timely reports according to national guidelines	70/70	71/72 (98%)	101%
Number and percentage of bacteriologically confirmed TB patients including relapses successfully treated among the new sputum smear positive TB patients managed or supervised by the community-based treatment supporter at any time during treatment.	90%	1,212/1,431 (85%)	94%
Number and proportion of samples from TB re-treatment cases subjected to culture and DST	315	98	31%
Number and proportion of TB patients with known HIV status	9,176/13,109 (70%)	5,965/8,730 (68%)	99%
Number and percentage of TB/HIV co-infected patients initiated on CPT among the total number of TB/HIV patients registered	1,252/1,376 (91%)	684/751 (91%)	100%
Number and proportion of HIV-positive registered TB patients given antiretroviral therapy during TB treatment	690/1,379 (50%)	428/751 (57%)	114%

The TFM grant for TB is currently supporting 72 TB diagnostic and treatment centres in South Sudan providing diagnosis, treatment, prevention and care to TB patients and those at risk in the community. Seventy one out of 72 TB units submitted complete and timely quarterly reports to

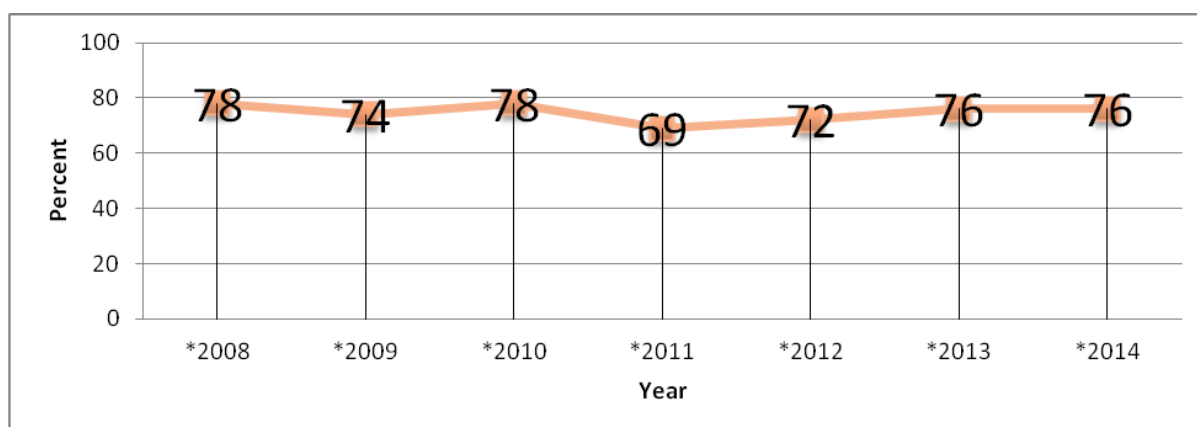
NTP with the necessary supporting documents. The reported number of bacteriologically confirmed TB patients including relapse and all forms of patients performed below the 2014 targets. This was mainly due to the disruption of services in three conflict states (Upper Nile, Jonglei, Unity) which made it difficult to get reports from some of the Tuberculosis Management Units (TBMUs) due to the crisis, and the rainy season has severely affected access to some TB sites.

#### Trends in the number of smear positive and all forms of TB patients by year (2008 – 2014)



Since 2008, there has been a consistent increase in the detection of new smear positive cases and all forms of TB with the support of the GF. In 2013 and 2014 the trend is stable due to the current conflict and limited expansion of services. In TB control programme, treatment success rate is one of the indicators used to measure the status of the interventions at outcome level. The treatment success rate was reported at 76%, lower than the WHO standard rate of at least 85%.

#### Trends in treatment success rate by year



One of the qualities of success of TB control programme is the proportion of smear positive TB cases among other forms of TB. According to WHO, in countries with high prevalence of TB like South Sudan, 70-80% of patients are expected to be smear positive TB patients. In 2014 the overall smear positivity rate was at 43% at national level.

Seventy-eight percent of the 85 TB laboratories that underwent External Quality Assurance (EQA) using blind re-checking of Acid Fast Bacilli (AFB) slides showed adequate performance for smear



microscopy<sup>4</sup>. A total of 5,965 (68%) out of 8,730 TB patients detected in 2014 were tested for HIV. Twelve percent (715) of TB patients tested for HIV were co-infected with HIV, and 684 of them were put on CPT whilst 428 (57%) were put on ART, surpassing the 50% target for the reporting period.

### TFM TB Project AWP Output 1: Improved Diagnosis of Tuberculosis

#### Summary achievement based on TB AWP Output 1 targets for 2014

AWP output target (2014)	Summary achievement during the year	Status
85% of microscopy centres with 100% concordance external quality assurance blinded rechecking	66 out of 85 (78%) of TB units showed adequate performance on external quality assurance	Achieved
88 of lab personnel doing TB microscopy in South Sudan	All the 88 lab personnel participated in TB smear microscopy	Achieved
4,254 TB patients diagnosed with smear microscopy	3,700 smear positive TB patients were diagnosed smear microscopy and treated in the TB units	Achieved
Number and percentage of laboratories showing adequate performance in external quality assurance for smear microscopy among	66 laboratories show adequate performance in external quality assurance for smear microscopy	
<b>Overall status</b>		<b>Achieved</b>

### R7 TB AWP Output 2: High Quality DOTS

#### Summary achievement based on TB AWP Output 2 targets for 2014

AWP output target (2014)	Summary achievement during the year	Status
13,131 all forms of TB patients notified to the national health authority (NTP)	8,730 all forms of TB patients were notified to NTP	Partially achieved
85% of bacteriologically confirmed TB patients including relapses successfully treated	76 % of bacteriologically confirmed TB patients including relapses successfully treated	Achieved
100% of TBMU submitting complete and timely reports according to national guidelines	71/72 (98%) of the TBMUs submitted complete and timely reports to NTP	Achieved
70 TB facilities with no stock out of essential TB drugs	There was no major stock out of anti TB drugs except lab reagent.	Partially achieved
1TB program reviews conducted	TB programme review was not conducted by NTP and the some of the budget has been used from TB CN development and strategic plan development.	Not achieved
<b>Overall status</b>		<b>Achieved</b>

<sup>4</sup> >95% no false positive and no false negative, NTP EQA protocol

All the necessary TB supplies were procured and supplied to the TB units. There was stock out of TB laboratory reagents at health facility level in the reporting period. There was a delay in delivery of the reagents from the manufacturers.

### R7 TB AWP Output 3: Strengthened Community TB Care

#### Summary achievement based on TB AWP Output 3 targets for 2014

Project AWP output target (2014)	Summary achievement during the year)	Status
20 CBOs trained on community TB care	45 CBOs and 90 community opinion leaders were trained on community TB care	Achieved
18 CBO DOTS reviews and data collection conducted	45 CBOs conducted DOTS review and data collection in the reporting period	Achieved
36 bicycles replaced for community mobilizers 25	25 bicycles were replaced for community mobilizers	Partially achieved
<b>Overall status</b>		Achieved

There were 414 (over achieved the set target) mobile TB outreach events organized by AAA to mobilize the community in hard to reach areas and 198,730 population reached with health education. Outreach activities and mobile microscopy increased access to service in high-risk and congregate settings i.e. IDPs, cattle camps, fisher folk community, prisons, and army camps/barracks. Sixty five TB treatment supporters (45 male and 20 female) have been trained on community based TB care by NTP with emphasis on case identification, referral, and follow up of treatment defaulter which has increased treatment success rate in Juba. All the 65 treatment supporters were being supported through provision of monetary incentives/stipends. Forty five community based organizations and 90 community opinion leaders were sensitized on TB by AAA. AAA also replaced 25 bicycles (set target 36) to facilitate the movement of the TB mobilisers when tracing treatment defaulters and creating awareness in the community.

To detect TB in underserved population groups, AAA's good collaboration with Aweil prison administration has facilitated TB screening initiative which is helping in the control of TB in the prison. Additionally AAA has provided health promotion through mass media and other communication channels that increased awareness, created demand and promoted healthy behaviour change leading to early seeking of diagnosis for TB and adherence to TB treatment. AAA also conducted door-to-door education and screening of contacts of smear positive TB patients and contacts of children under 5 years on TB treatment. Community engagement for early retrieval of persons interrupting TB treatment by TB mobilizers, TB club and TB ambassadors for patient follow ups and monthly feed-back meetings and enhancement of community DOT through treatment support promoted adherence to achieve 90% treatment success in AAA supported sites<sup>5</sup>.

### R7 TB AWP Output 4: Multi-drug resistant TB controlled & prevented

<sup>5</sup> AAA annual report for GF supported TB activities, 2014

### Summary achievement based on TB AWP Output 4 targets for 2014

Project output target (2014)	Summary achievement during the year	Status
315 sputum specimens transported for culture and DST	In the reporting period 98 samples from TB re-treatment cases collected and submitted for DST	Partially achieved
All health products and health equipment procured	All the required health products and health equipment were procured	Achieved
<b>Overall status</b>		<b>Partially achieved</b>

In the reporting period 98 samples from TB re-treatment cases were collected and submitted for DST achieving 31% of the set target. Ministry of Health/NTP, WHO, and the PR did not have essential staff (including laboratory staff) for the first two months of 2014 and the target was set high with the assumption that the national reference laboratory will start in 2014. Moreover; tracing each MDR TB suspect and timely collection and transportation of sputum samples from the field to Nairobi (via Juba) has been challenging even during the peaceful times. Given the challenges associated with logistics in times of war, it has been difficult to transport samples to Juba on a daily basis. In the three states (Unity, Malakal, and Jonglei), security remains volatile, rendering the sites inaccessible. In addition, the health workers are also in great ethical dilemma as they know that if the person after culture and DST turns to be an MDR TB patient, they will not be able to treat due to drugs being unavailable. Thus, there is a great deal of reluctance from health workers to send sputum samples for culture and DST in the absence of second line drugs.

### R9 Health Systems Strengthening Grant

The Round 9 HSS Phase 1 Grant began in October 2010 and ended in September 2012. Phase 2 started in October 2012 and is expected to end in September 2015. The grant was aimed to address the four main constraints identified by the National Health Policy: lack of appropriate equipment and supplies; lack of well-functioning disease surveillance and response systems; and poor infrastructure and support services. The goal is to strengthen the health system of South Sudan to scale up HIV/AIDS, TB, and Malaria services.

### R9 HSS project performance of key impact/outcome/output indicators

All impact/outcome indicators for the HSS were not measured in 2014 as the data was to be collected through the Health Facility Survey (HFS). However, the survey was not conducted. The PR is consulting with MoH and partners such as WHO and UNICEF through the M&E-TWG forum to identify a way forward in 2015. The data on maternal and under five mortality rate in South Sudan is collected every five years and reporting of the two indicators will be in 2015.

Regarding the project output among the 12 programmatic indicators selected for performance evaluation by the GFATM, five are performing at A1 (above 100 %), while one indicator was performing at A2; six indicators related to construction were not implemented in the reporting period. The overall performance of the grant is 87% with a grant rating of B1 due to the under achievement of civil work indicators.

### Performance of key HSS output indicators, 2014

Output indicators	Target	Actual Result	%
Number of Teaching Institutions renovated	2	0	0%
Number of Health Workers trained on Pharmaceutical Management	25	30	120%
Number of Pharmaceutical and Hospital Waste Incinerators installed	1	0	0%
Number of State M&E Officers trained on HMIS	33	33	100%
Number of State M&E offices renovated	5	1	20%
Number of State Laboratories renovated	2	0	0%
Number of health workers trained on blood safety	30	31	103%
Number of Health Workers and Auxiliary staff trained on Universal Precautions and Infection Control	60	62	103%
Number of Maternity wards renovated	10	0	0%
Number of ANC Clinics renovated	10	0	0%
Number of health workers trained on MNCH service provision including PMTCT	50	53	106%
Number and Percentage of Counties submitting complete and timely reports to the national level HMIS	80/80 (100%)	67/80 (84%)	84%

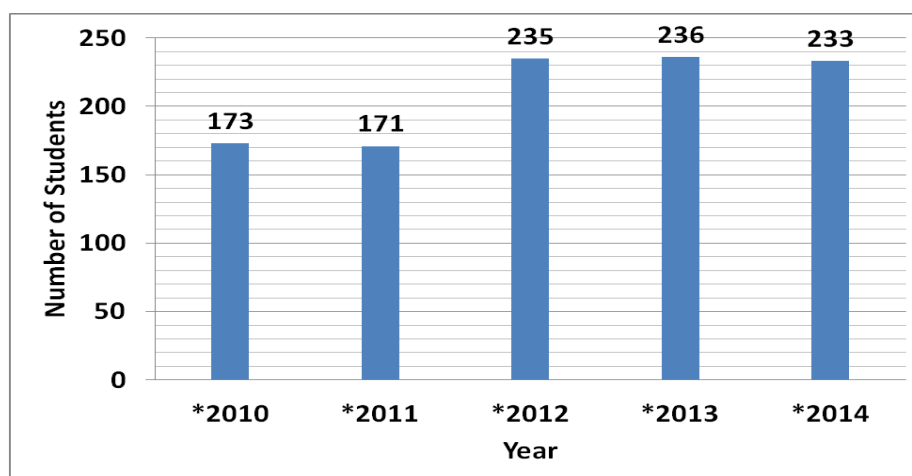
### R9 HSS Project Output 1: South Sudan health systems workforce capacities strengthened

#### Summary achievement based on HSS AWP Output 1 targets for 2014

AWP output target (2014)	Summary achievement during the year (provide gender disaggregation, and number of beneficiaries/population reached where applicable)	Status: <i>Achieved, partially achieved, not achieved</i>
5 health institution rehabilitated	3 health institutions rehabilitated	Achieved
Teaching aids procured for 2 teaching institutions	In February 2014 teaching aids were procured and distributed to Yei and Maridi teaching institutions.	Achieved
18 national & international tutors recruited	Seven international tutors are engaged in three teaching institutions (Yei, Juba and Wau) and one national tutor has been recruited by MoH	Partially achieved
<b>Overall status</b>		Partially achieved

To build the capacity of the national training institutions seven international tutors are engaged in three teaching institutions (Yei, Juba, and Wau). Out of a further 13 planned to be recruited by the government only one national tutor has been recruited by MoH through the support of the GF, while the other two are in process. The remaining 10 national tutors will be recruited in 2015. The project managed to complete three teaching institutions and Wau and Juba nursing and midwifery schools are operational with 233 (94 female and 139 male) student enrolment in 2014. Malakal teaching institution is not functional due to the current conflict and because the furniture and teaching aids were looted.

### Trends in student population Wau, Juba, and Yei institutions (201-2014)



### R9 HSS Project Output 2: South Sudan have access to safe and effective drugs

#### Summary achievement based on HSS AWP Output 2 targets for 2014

AWP output target (2014)	Summary achievement during the year)	Status
Riverside warehouse is extended	The plan to extend riverside warehouse in Juba was delayed due to the redesign issue and it is in bid evaluation stage.	Not achieved
One incinerator procured and installed	Incinerator not procured	Not achieved
<b>Overall status</b>		Partially achieved

Installation of one incinerator for the national reference laboratory was not implemented due to the delay in the procurement. In the reporting period 84 waste collection boxes were purchased and distributed to hospitals for safe disposal of medical wastes to avoid cross contamination of diseases.

### R9 HSS Project Output 3 Health Information System strengthened at national and state level

#### Summary achievement based on HSS AWP Output 3 targets for 2014

AWP output target (2014)	Summary achievement during the year (	Status
10,000 data collection tools and registers printed	9,600 data collection HMIS tools printed and distributed to health facilities	Achieved
4 M&E supervision visits conducted for all HSS interventions	Four supervision visits have been conducted to 83 facilities providing HIV, TB and HSS activities	Achieved
One annual M&E review workshop conducted	Annual M&E review meeting has been conducted with TB and HIV grants	Achieved
One data quality assessment conducted	Data quality assessment has been conducted on	Achieved

AWP output target (2014)	Summary achievement during the year (	Status
	quarterly basis with supervision visits	
<b>Overall status</b>		Achieved

The project conducted quarterly supervision visits to TB, ART, PMTCT, and HSS facilities by involving MoH, CCM, and SRs. The project conducted regular data quality assessments by integrating the activity with all supervisions for selected indicators with the MoH and feedback was provided at all levels (achieving over 100% of set target). The project conducted annual review meeting in December 2014 with SRs, MoH, partners, and state TB, HIV, M&E coordinators and Director Generals to assess the performance of TB, HIV, and HSS interventions.

### R9 HSS Project Output 4 Health systems related service deliveries including laboratory service, safe blood banks, ANC /PMTCT and Community Resource centres strengthened

#### Summary achievement based on HSS AWP Output 4 targets for 2014

AWP output target (2014)	Summary achievement during the year	Status
3 blood banks operational in Juba, Wau and Malakal	Wau and Juba blood banks are operational.	Partially achieved
3 national blood bank officers recruited	Three national blood bank officers were recruited and deployed to run the blood banks.	Achieved
Technical assistance provided to directorate of Curative and preventive medicine	No technical assistance provided to MoH (Technical assistance has been given to MoH by WHO)	Not achieved
1 programme Evaluation conducted	End of project evaluation will be conducted in 2015.	Not achieved
4 community resource centres established, equipped and managed	All the four resource centers were established and equipped in 2012 but not functional in the reporting period.	Partially achieved
<b>Overall status</b>		<b>Partially achieved</b>



South Sudan's first Blood Bank and the National and Regional Public Health Laboratories were launched in Juba on 8 July, coinciding with the country's third independence anniversary. The facilities were established by UNDP through the Global Fund, at the total cost of \$1.5m, to strengthen the country's overall health system. The Global Fund, through UNDP has already committed an additional fund for the completion of interior works of the TB and HIV

laboratories. In the reporting period reagents were procured and distributed to the national reference laboratory and the two blood banks (Wau and Juba) as well as the state labs supported by this grant. The Malakal lab and blood bank are still under review due to the conflict that resulted in vandalization of these structures and looting of equipment.

Torit and Kimba community resource centres were not operational due to the delay in the recruitment of SR (ACHI) and the project is following up the approval of the SR with the GF. Yambio

resource centre is located in a new area where there are no government services and that makes it difficult to operate. One of the resource center in Upper Nile (Nasir) is in conflict area and PR has received reports of damage to the building and looting of assets during the crisis in December 2013. The renovation of one state M&E office in Juba (Central Equatoria) was completed and handed over to State Ministry of Health. M&E offices in Torit (Eastern Equatoria) and Kuajok (Warrap) are expected to be completed in 2015. All M&E offices will be equipped with the necessary furniture.



MNCH practical session in Wau, Nov 2014

UNDP in collaboration with MoH trained 62 health care providers (26 female) on various aspects of universal precautions and infection control in Wau and Kajo Keji. Training on MNCH/PMTCT was conducted for 52 health workers (26 female) in Torit and Wau. Additionally 31 health workers (16 female) were trained on blood safety in Yambio. All the trainings were facilitated by the MoH and after the training the participants are expected to practice in their respective health facility and improve the quality

of services in their respective health facilities.

### 3. Partnerships



Stakeholders meeting to discuss on the way forward, September 2014

UNDP as a PR for the GF implemented all activities in partnerships with MoH, WHO, UNICEF, and Caritas Torit. The organizations fully participated in project planning, implementation, monitoring, and evaluation. UNDP provided technical support and timely disbursement of funds to execute and enhance programme delivery based on the project work plan.

UNDP, Global Fund, Ecobank, Population Services International (PSI), Accounts for International

Development (AfID) and other stakeholders collaborated to build capacity of the Ministry of Health (MoH) to enable them to manage the global fund grants in the future. AfID seconded two international accountants for three months to the MoH to strengthen the capacity of the finance officers in setting up financial system. Under the new capacity development initiative, national counterparts (National TB, HIV/AIDS and Malaria control Programmes) were trained on handling programmatic, technical, governance and financial aspects of the Global Fund grants, which will result in national implementation, ownership, and accountability.

#### 4. Monitoring and Evaluation

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Annual Review Meeting, December 2014

UNDP in collaboration with Directorate of Policy, Planning and Budgeting Department in MoH conducted a comprehensive and systemic annual review meeting in Juba in December 2014. Participants (57 in total) were drawn from SRs, MoH-RSS, partners and state MoH (DGs, M&E coordinators, HIV directors and TB coordinators). The meeting assessed the achievement of TB, HIV, TB/HIV and HSS grants at PR and SRs levels. Additionally, the meeting also contributed to the development of draft HMIS/M&E policy, strategic and operational plan.



DQA Mupoi in WES, August 2014

UNDP facilitated two routine data quality assessments in all the seven states with the involvement of MoH at the national and state level. Additionally, joint quarterly M&E was conducted to 83 TB, ART, PMTCT, and HSS facilities. Timely feedback was provided to the state MoH and the visited health facilities which contributed to an improvement in the accuracy of reports. The Local Fund Agents (LFA) conducted an on-site data verification (OSDV) in selected TB, ART and PMTCT facilities in Central and Western Equatoria. TB and HIV sites (eight each) were selected and verification was undertaken for results reported for period 1 January – 30 June 2014. Key HIV and TB (three each) performance indicators were selected. Based on the findings of each of the assessed indicators, the data quality was overall good except for one PMTCT indicator which was below the GF standard. There was under reporting by most of the PMTCT sites due to the delay in the transition from Option A to Option B+. Some facilities were updating the monthly report at facility level after submission to the next level.

The project provided technical assistance to the MoH in strengthening the HMIS by supporting the development of health information policy and strategic plan in collaboration with IntraHealth and WHO. The PMU M&E unit supported the MoH in producing the monthly HMIS bulletin, coordination and facilitation of the monthly M&E TWG, cleaning of District Health Information Software (DHIS) data, on the job training of health facilities' staffs on DHIS and HMIS tools, participation in the state health assembly and the development of the concept note for the NFM.

UNDP supported the MoH in revising the HIV and TB recording and reporting tools based on the WHO recommendations. TB policy, guideline, recording and reporting tools are in the process of revision and will be fully implemented in 2015. UNDP in collaboration with WHO and partners has supported MoH in developing/updating patient monitoring tools and clinical guidelines. Updated



tools and guidelines were printed and those now in use include: consolidated clinical guidelines on use of antiretroviral drugs for HIV treatment and prevention; ART registers; continuation ART registers; pre-ART registers; ART/HIV care cards; and training materials (over 20 different documents adapted according to new WHO guidelines). In 2015, focus will be on capacity building through supervisory visits and formal trainings needs to continue to ensure proficiency in use of the tools.

## 5. Challenges / Issues

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Destruction of Assets in Malakal in Upper Nile State August

Looting of project assets: The ongoing conflict is accompanied by the widespread destruction and looting of assets belonging to, or managed by the Government, international organizations, and NGOs, as well as UN entities including UNDP. UNDP received reports from counterparts and partners in Bor, Bentiu, and Malakal hospitals, as well as in Nasir and Renk Counties, about looting of assets in these facilities. The assets in question included those temporarily transferred by UNDP to Government counterparts under the Grant Agreements. This affected delivery of TB and HIV

services to the health facilities in the 3 conflict affected states. Due to the current security situation UNDP is unable to verify the extent of damage and looting of assets in Bentiu, Renk and Nasir due to persistent security issues and once the situation is stable, UNDP will conduct its verification and determine the status of assets in these locations.

The absence of a molecular biology laboratory including PCR machine and delay of implementation of EID activities negatively affected the testing of HIV exposed infants. UNDP will support the MoH in the finalization of the set-up of the molecular laboratory and launch of EID activities within the third quarter of 2015. The National Reference Laboratory has not been made fully functional, with the result that there is no capacity to carry out Drug Sensitivity Tests in country. UNDP is currently finalizing agreement with the GF to finalize the renovation and operation of this PCR and TB labs.

Infrastructure challenges remain a major constraint in the distribution of drugs, in addition to the ongoing crisis. The poor state of the roads resulted in increased reliance on WFP's humanitarian air services, although these are also limited by the volume and category of supplies they can carry. There are also challenges in delivery of commodities to the three conflict affected states. For the Rg HSS grant the key challenges were lack of skilled manpower at civil work sites, and very poor road access for supervision and transporting required non local materials to site.

There was significant staff turnover within Caritas Torit which compromised financial and programmatic management of the grant. The PR is engaging with Caritas to address these weaknesses.

## 6. Lessons Learned and Way Forward

It is important to involve relevant stakeholders in project planning and implementation: The involvement of CCM members, government engineers, local authorities and other stakeholders in the site selection and supervision of civil works contributed a lot in improving the quality of facilities. In 2015 the PR will continue to involve all relevant stakeholders at all levels of the implementation of the civil works.

In drug supply management assigning focal person for customers, using an order processing standard operating procedure and rolling out Logistical Management Information System (LMIS) in TB and HIV facilities enhanced drug utilization, data management, and reporting which in turn reduced incidence of stock-outs and expiry. During the December 2013 crisis accessing the mSupply software was a challenge which makes difficult to monitor stock status. An alternative strategy has been established to access mSupply from a remote out of the warehouse and this helped a lot in managing the warehouse.

## 7. Risks and Mitigation Measures

Risks	Mitigation Measures
<b>TFM HIV</b>	
Delayed functionality of Central PCR Reference Laboratory will affect early infant diagnosis.	<ul style="list-style-type: none"> <li>i) GF approved the use of R5 funds to modify the lab to bring it to international standards;</li> <li>ii) Biomedical engineer contracted, updated BoQs &amp; drawings submitted to GF for approval;</li> <li>iii) Once GF approved, ITB to be issued &amp; company to start modification work by end Jun'15</li> <li>iv) All minor and major equipment, accessories and consumables received</li> </ul>
The full implementation of the project ended on 30 November 2011, and it is the main source of funding for HIV/AIDS interventions in South Sudan and the main source of funding for ART services	The new funding model concept note has been submitted and approved in 2014 which will support the full implementation of the HIV/AIDS programme for the country. With the introduction of the new ART guidelines, which has led to the increase in enrolment of patients on ART – there is a need to engage partners and provide up to date forecasting and quantification information in order to fill the gap. Additionally HIV test kits provided by this grant and PEPFAR are only for PMTCT sites, leaving the general population without tests kits except at functional PEPFAR VCT sites, which are mainly in Western Equatoria.
TB/HIV collaborative activities weakened	<ul style="list-style-type: none"> <li>i) Ensure provision of non-interrupted provision of CPT to TB centres, liaise with other donors to provide the HIV test kits; ii) Coordinate with state HIV coordinators to strengthen collaborative work; and iii) Ensure the New Funding Model (NFM) is comprehensive and covers all these activities when TFM phases out.</li> </ul>
<b>TFM TB</b>	

Risks	Mitigation Measures
Delayed functionality of Central TB Reference Laboratory.	i) Savings under R 9 HSS grant identified to cover costs of renovation; ii) re-programming of the budget for the works; iii) Biomedical engineer hired for drawings and BoQs have been submitted to the GF and approved. Work will start in June 2015
Community TB Care not fully delivered	i) The project tried to identify CBOs already operating in the villages; ii) identified highly motivated community mobilizers iii) provision of incentives for CBOs and mobilizers
HSS	
<p>The project aims to construct/ renovate a total of 17 health facilities in a challenging physical environment and may not be completed as per the plan. Security risks might also be a potential problem in some of the states due to inter-tribal conflicts or border conflicts. Difficulty in renovation of health facilities in the three conflict affected states</p>	<p>Early approval of designs of the various facilities to be renovated after advertised in local newspapers and UNDP website in December 2013. Early Bid opening, evaluation, and contract award. The renovation of all 11 facilities in Greater Upper Nile was cancelled and reprogrammed. Careful selection of competent contractors and proper planning of various constructions is critical to ensure civil works is not disrupted or delayed due to the rainy seasons and other environmental factors. All civil works have been contracted except for two maternity wards that have been retendered. However due to the rainy season and the poor road conditions in several parts of the country, civil works in Western Bahr el Ghazal and parts of Warap could not begin immediately but had to wait until the dry season in January 2015.</p>
Over all	
Risk mitigation measures in crisis affected areas	There is a need to establish a robust risk mitigation plan to safeguard Global Fund assets in conflict affected areas

## 8. Financial Summary

**Table 1 Financial Summary by Grants, December 2014**

Service Delivery Areas	2014		
	Budget	Expenditure	Variance
<b>R4 HIV Grant</b>			
STI Diagnosis & Treatment	720,344.68	322,830.36	397,514.32
Treatment: Antiretroviral treatment (ARV) and monitoring	5,965,136.15	6,059,844.37	-94,708.22
<b>Total</b>	<b>6,685,480.83</b>	<b>6,382,674.73</b>	<b>302,806.10</b>
<b>R5 TB-HIV Grant</b>			
Provision of treatment for latent TB infection for HIV+	840,333.24	325,773.68	514,559.56
<b>Total</b>	<b>840,333.24</b>	<b>325,773.68</b>	<b>514,559.56</b>
<b>R7 TB Grant</b>			
Improving diagnosis	170,453.00	112,731.75	76,215.75
Standardized treatment, patient support and patient charter	0.00	0.00	10,349.96
Procurement and supply management	0.00	0.00	71,035.75
Improving monitoring and evaluation through community TB care	155,830.00	141,231.97	104,341.64
Prevention and control of multidrug resistant tuberculosis in Southern Sudan	211,095.32	6,749.72	4,700.00
Improving monitoring and evaluation through TB/HIV collaborative activities	19,600.00	13,499.68	31,460.88
Strengthening drug management (HSS) - Pursuing high quality DOTS expansion and enhancement	4,243,406.61	3,187,963.26	-233,092.11
<b>Total</b>	<b>4,800,384.93</b>	<b>3,462,176.38</b>	<b>65,011.87</b>
<b>R9 HSS Grant</b>			
SDA1:HSS Health Workforce	663,469.66	497,799.67	165,669.99
SDA2:HSS Medical Products, vaccines and technology	270,618.95	106,157.11	164,461.84
SDA3:HSS Information System	468,592.90	232,515.50	236,077.40
SDA4:HSS Service Delivery	15,134,846.13	3,387,769.02	11,747,077.11
<b>Total</b>	<b>16,537,527.64</b>	<b>4,224,241.30</b>	<b>12,313,286.34</b>
<b>Grand Total (All Grants)</b>	<b>28,863,726.64</b>	<b>14,394,866.09</b>	<b>13,195,663.87</b>