Global Fund Project for South Sudan

2015 Annual Report

April 2016

Fluorescence Microscopy (LED illumination) in Wau Teaching Hospital's TB unit

The Global Fund
To Fight AIDS, Tuberculosis and Malaria

Project Summary	**Country: South Sudan** **Project Duration:** 1. R4 HIV TFM (1 August 2006 to 30 September 2015), 2. HIV NFM (1 October 2015 to 31 December 2017), 3. R7 TB TFM (1 January 2009 to 31 December 2015), 4. TB NFM (1 June 2015 to 31 December 2017) and 5. R9 HSS (1 October 2010 to 30 September 2016) **Project Current Budget:** 1. HIV TFM (US$1,601,721.00), Expenditure (US$ 1,894,639.00) 2. HIV NFM ($ 6,267,746.26), Expenditure (US$ 1,114,324.22) 3. TB TFM (US$ 3,921,528.00) Expenditure (US$ 1,205,943.00) 4. TB NFM (US$ 3,785,275.51) Expenditure (US$ 2,031,255.50) 5. R9 HSS ($16,081,459.00) Expenditure (US$ 4,468,986.00) **Donor:** The Global Fund to Fight AIDS, Tuberculosis and Malaria **Contact Persons:** Blaise Karibushi Global Fund Portfolio Coordinator Advisor Tel. (+211) 954319630 Email: blaise.karibushi@undp.org Temesgen Birara Aynie Global Fund Portfolio M&E specialist Tel. (+211) 954228030 Email: temesgen.aynie@undp.org
Responsible Sub Recipient's: *Ministry of Health, World Health Organization, UNICEF, Catholic Diocese of Torit, Arkangelo Ali Association*	

Table of Contents

Acronyms

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_4	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
NFM	New Funding Model
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
NFM	New Funding Mechanism
UNICEF	United Nations Children's Fund
WHO	World Health Organization
UNDP	United Nations Development Programme

1. Executive Summary

Global Fund to Fight Acquired Immunodeficiency Virus (AIDS), Tuberculosis (TB) and Malaria (GFATM) has been supporting the Government of South Sudan since 2004, by providing resources to fight three devastating diseases: Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), TB, and Malaria. In 2015, 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), the Round 9 Health System Strengthening (HSS) (SSD-910-G13-S), New Funding Models (NFM) for HIV (SSD-H-UNDP) and NFM for Tuberculosis (SSD-T-UNDP). UNDP had 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 key achievements, challenges and lessons learned between January and December 2015 for HIV, TB and HSS grants.

During the reporting period the GF project supplied medicines and diagnostics to 100% of 84 TB and 24 ART sites and 50% of the 72 Prevention of Mother to Child Transmission (PMTCT) sites. This enabled 15,674 People Living with HIV (PLHIV) to receive treatment. More over forty-one percent of the estimated 9,000 HIV+ pregnant women received ART prophylaxis to prevent Mother to Child transmission of HIV Transmission (11% in 2014) and 13% of 168,790 PLHIVs in need of ART received treatment (7% in 2014). The estimated percentage of mother-to-child infections from HIV-infected women delivering in the past 12 months (estimated mother-to-child transmission) was at 21% (29% in 2014)[1]. Cohort data analysis by the World Health Organization (WHO) depicted a 76 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. Additionally 20,229 women and men aged 15+ received an HIV test and 12,122 pregnant women know their HIV status. HIV/AIDS activities related to sex workers; other vulnerable population; community systems strengthening; men having sex with men; policy and governance; and health and community workforce modules were not implemented due to the delay in selection of sub-recipients.

The 2015 WHO Global TB report estimated incidence, prevalence and mortality rate for South Sudan is at 146, 319, and 29 per 100,000 population respectively. The 2015 report from National TB Control Programme depicted the case notification rate for all forms of TB cases is at 96 (2012 baseline 72) and for bacteriologically confirmed TB cases including relapses is at 41 (2012 baseline 29) per 100,000 population. The treatment success rate for bacteriologically confirmed TB was 78% (2012 baseline 75%); for all forms of TB was 80% (2012 baseline 69%); and mortality among all HIV positive TB patients enrolled on treatment, was 9.3% (2012 baseline 10%). About 4,456 (3,700 in 2014) bacteriologically confirmed TB patients including relapses and 10,613 (8,730 in 2014) all forms of TB patients were detected in the reporting period. Of the total 10,613 TB patients detected during the year, 7,865 (74%) were tested for HIV and 928 (12%) were found to be co-infected with HIV. Among

[1] UNAIDS HIV Spectrum Estimate for South Sudan, 2015

the TB/HIV co-infected patients 836 (90%) were put on Co-trimoxazole Preventive Therapy (CPT) and 615 (66%) on ART.

UNDP in partnership with the Global Fund and Ministry of Health built 5 Ante Natal Care (ANC) clinics, 5 maternity wards and 2 state laboratories which benefited 239,301 mothers and contributed to the improvement of ANC coverage to 53% in the country from 34% in 2012. Through these resources, UNDP also supported nursing and midwifery training institutions in the two medical teaching institutions (Wau and Juba); 47 (29 male and 18 female) nursing and 39 midwifery (17 male and 22 female) students graduated from Juba teaching institution in December 2015. Three M&E offices and two laboratories were completed and the construction of one warehouse in Gumbo is in progress.

The programme managed to store and manage TB and HIV commodities worth an average 2.4 million USD and the warehouse continued to provide support to 22 ART, 72 PMTCT, 84 TB, 9 state laboratories, blood banks and the national public health reference lab with regular deliveries of drugs and lab commodities. Supervision and on site mentoring has be provided to ART, TB and PMTCT sites supported by the GF. Annual review meeting has been conducted with SRs, partners, national and state MOH TB, HIV and M&E coordinators. All activities were implemented in partnerships with MoH, AAA, WHO, UNICEF, and Caritas Torit and new sub-recipients are expected to be involved in 2016.

The main challenge in the implementation of the grant were the worsening economic situation of the country and widespread insecurity and inter-communal fighting in many parts of the country which interrupted or slowed down service provision in some part of the country. 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. Infrastructure challenges remain a major constraint in the distribution of drugs, in addition to the ongoing crisis.

The coverage of TB and HIV services is due to lack of integration of services in the existing PHC facilities. Hence integration and expansion of TB and HIV services in the general health services increases access to services and reduces distance travelled to health facilities which in turn increase chance of early diagnosis and treatment.

According to the GF approved budget and work plan; the total financial resources available for implementation of the three grants including the NFM grant in 2015 were $31,657,729.77 USD with cumulative annual expenditure of $17,858,633.72 USD (56%).

2. Progress towards Development Results

2.1 Progress towards Country Programme Action Plan (CPAP) outcome targets

Relevant CPAP Outcome 3: Key service delivery systems are in place

UNDP in partnership with the Global Fund and Ministry of Health built 5 Ante Natal Care (ANC) clinics, 5 maternity wards and 2 state laboratories which benefited 239,301 mothers and contributed to the improvement of ANC coverage to 53% in the country from 34% in 2012. UNDP continued to support the National Blood Transfusion Center in Juba and Wau as well as the establishment of the National public health reference laboratory which has helped with the in-country testing of samples as opposed to the transportation of samples to neighbouring countries (Kenya and Uganda). The support to the National Public Health Laboratory has greatly improved diagnostic capacity and turn around and quality of care for patients. Through these resources, UNDP also supported nursing and midwifery training institutions in the two medical teaching institutions (Wau and Juba); 47 (29 male and 18 female) nursing and 39 midwifery (17 male and 22 female) students graduated from Juba teaching institution in December 2015.

During the reporting period the GF project supplied medicines and diagnostics to 100% of 84 TB and 24 ART sites and 50% of the 72 Prevention of Mother to Child Transmission (PMTCT). This enabled 15,674 People Living with HIV (PLHIV) and over 10,613 TB cases to receive treatment. More over forty one percent of the estimated 9,000 HIV+ pregnant women received ART prophylaxis to prevent Mother to Child transmission of HIV Transmission (11% in 2014) and 9% of 168,790 PLHIVs in need of ART received treatment (7% in 2014).

UNDP also trained 353 (2,325 since 2012) health workers strengthening their capacity on TB, HIV, maternal health, and management of drugs, record keeping and reporting raising service uptake. Additionally, 46 M&E staff (37M: 9F) improved their use of Health Management Information Systems and District Health Information Software increasing completeness of reporting at county level from 42% in 2012 to 84% in 2015.

Progress made towards achieving gender equality results

As the Principal Recipient of the Global Fund in South Sudan, UNDP contributed to strengthening gender-responsive health system delivery and increasing women's access to services. A total of ~239,301 pregnant mothers accessed services through 20 Ante Natal Care (ANC) clinics, 8 maternity wards and 10 laboratories. As a result, the ANC coverage expanded to 53% (34% in 2012). Furthermore, a total of 41% HIV+ pregnant women received ART prophylaxis through 72 Prevention of Mother to Child Transmission sites across South Sudan (11% in 2014). A total of 677 mothers enrolled in the Mother to Mother Support Group scaled up to 22 sites in 2015 (11 sites in 2014). Mother to Mother mentors conducted health education sessions on various maternal health topics to pregnant and postpartum women including PMTCT. Going forward in order to improve resource allocation for gender equality and women's empowerment actions will be undertaken to increase collaboration with UNFPA and other partners. The HIV new funding model grant provides additional resources to scale up existing interventions on SGBV and women's access to health services in the next two years (up to 2017).

Targeting: HIV/AIDS and TB interventions targeted and benefited key affected populations including female sex workers, Men having Sex with Men, IDPs, truck drivers and people living in congregate settings like prisons.

Sustainability: All health programmes are based on national needs and priorities which are aligned to the National Health Sector Development Plan (HSDP). Hence in the New Funding Model proposals all the interventions and outcomes of the interventions are based on the nationally approved strategic plans and all the benefits of the achieved results have the potential to last beyond the duration of UNDP intervention.

National capacities: During the reporting period in addition to the fund management function; 3 international finance consultants were deployed to the HIV and TB departments which helped to establish financial system and build the financial management capacity of Ministry of Health to manage Global Fund resources in the future. During the reporting period 2,325 health workers (1,502 male and 823 female) were trained on different health topics including TB and HIV in collaboration with the different directorates of the Ministry of Health in an effort to improve the capacity of the MoH and the quality of services at health facility level. UNDP also seconded one M&E analyst to the M&E Directorate in the Ministry of Health to manage the HMIS/DHIS and the MoH managed to produce monthly reports regularly. Building the capacity of M&E Directorate resulted in the use of the data for evidence based decision making. UNDP also supported the Ministry of Health to develop Health Information System policy and guideline which is expected to be endorsed in early 2016.

2.2 Progress towards GFATM key performance indicators and AWP targets

2.2.1 Transitional Funding Mechanism (TFM) for HIV Grant

Round 4 HIV grant sought to halt and reverse the spread of HIV and AIDS in South Sudan. Main objectives included 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 South Sudan National AIDS Commission (SSAC), nongovernmental organizations (NGOs) and local institutions to effectively manage and monitor HIV and AIDS programmes. The GFATM Transitional Funding Mechanism (TFM) grant was established to protect the gains achieved under the main HIV grant and ensure that essential programs were maintained. The grant provided funding for the continuation of essential prevention, treatment and/or care services for HIV which include treatment, care, and PMTCT.

TFM HIV project performance of key output indicators

The Transitional Funding Mechanism of Global Fund for HIV/AIDS grant supported 22 ART sites and 37 PMTCT sites in South Sudan; providing care and treatment to people living with HIV and Prevention of Mother to Child Transmission (PMTCT) of HIV. The grant started on 1 December 2013 and ended on 30 September 2015 after a 3 months of no-cost extension. The TFM grant achieved a Quantitative Indicator rating of A2 throughout the TFM period. For this reporting period the good

performance was underlined with an achievement of 87% (B1) for "All Indicators" and 112% (A1) for top ten indicators[2].

During this period, targets for treatment related activities were achieved; with 108% adults and children on ART, 92% adults and children receiving cotrimoxazole prophylaxis, 86% facilities submitting timely and complete reports and 113% of HIV+ women received antiretroviral therapy to reduce MTCT. Out of six indicators with targets for the reporting period two indicators remained underachieved. The indicator "Number and Percentage of infants born to HIV-infected women who receive a viral test for HIV within 2 months of birth" continued to not report results due to the delayed installation of PCR machines at the National Public Reference Laboratory. Performance of the indicator "Number of health facilities providing ART/HIV care with functional community care teams" remained below the set target because no Sub-Recipient agreements were signed to implement the activities due to the imminent end of the grant. It is expected that progress will be achieved under the NFM HIV grant, which started on 1 October 2015.

Table 1 Performance of TFM HIV output indicators, 2015

Output indicators	2015 Target	2015 achievement	% achievement
Number of eligible adults and children who are currently receiving ART	14,000	15,674	108%
Number of adults and children enrolled in HIV care currently receiving co-trimoxazole prophylaxis	20,000	18,353	92%
Number and Percentage of ART facilities submitting complete and timely reports per national guidelines	22/22 (100%)	19/22 (86%)	86%
Number and Percentage of health facilities providing ART/HIV care with functional community care teams	18/22 (82%)	6/22 (27%)	33%
Number and Percentage of HIV-positive pregnant women who received anti-retroviral therapy to reduce the risk of mother-to-child transmission	1800/6000 (30%)	2082/6,000 (35%)	113%
Number and Percentage of infants born to HIV-infected women who receive a viral test for HIV within 2 months of birth	595/744 (80%)	0	0%

The process of remodelling the National Public Health Laboratory (NPHL) is still in progress and was expected to be concluded by September 2015, but has been extended to July 2016 due to delays in the delivery of laboratory equipment and furniture that had to be imported. The medical equipment arrived in Juba hence will be installed in May 2016 while the furniture is still expected to be installed by June 2016. The instalment of PCR Laboratory equipment will take place once the anticipated Laboratory Furniture arrives in May 2016. Completion and re-calibration of the air handling system for the TB Laboratory will follow the installation and commissioning of the furniture and equipment to create a complete environment controlled BSL3 Lab.

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

For quality control purposes, a biomedical engineer has been on board starting from designing of the lab, facilitating the civil works, air handling system, and follow up of medical equipment and furniture procurement process. The PCR lab will be a BSL2 Lab, located in the first floor, with capacity of becoming negative-pressured room and the air is filtered to control disease outbreaks just for emergency situation.

2.2.2 New Funding Model (NFM) for HIV Grant

The NFM grant aims to reduce new adult HIV infections, and mortality among adults and children living with HIV by 50% by 2017. The objectives are: 1) to intensify HIV prevention efforts across key populations, vulnerable populations and populations of humanitarian concern. 2) To increase access to and improve quality of HIV care, treatment, treatment as prevention and TB/HIV collaboration across key, general and humanitarian populations. 3) To create a sustainable, enabling environment for intensified HIV prevention, treatment, care and management. The NFM grant provides an opportunity for comprehensive HIV/AIDS interventions including prevention programmes for Sex Workers and their clients, MSM, populations of humanitarian concern (IDPs and Refugees), HCT and PMTCT. The NFM grant also supports the expansion of quality HIV care and treatment services, community systems strengthening, programme management, HSS, and HIS and M&E.

All the nine modules are being implemented by Sub Recipients. The Sub Recipients (SR) identified to implement these projects are the Ministry of Health (MoH), South Sudan HIV and AIDS Commission (SSAC), World Health Organization (WHO), International Organization for Migration (IOM) and Inter-Church medical Assistant (IMA) World Health.

NFM HIV project performance of key impact/outcome indicators

The HIV NFM grant started on 1 October 2015 and will end on 31 December 2017. The NFM grant continues the work of the R4 HIV/AIDS and R5 HIV/TB grants. The country has been implementing the continuation of service (COS) and TFM grants for the past 4 years from December 2011 to September 2015. The COS and TFM grants were of limited scope and only supported the provision of comprehensive ART and PMTCT services.

According to UNAIDS Global HIV/AIDS 2015 Report, the estimated percentage of child infection from HIV-infected women delivering in the past 12 months (estimated mother-to-child transmission) was at 21% (29% in 2014). Data from 2015 LQAS report showed that mothers who had at least one ANC visit attended by skilled health personnel during the last pregnancy was at 53.9% which is higher than the 2011 LQAS report of 44.6% and achieved the set target for the reporting period of 50%. For the details on impact and outcome indicators refer the table below.

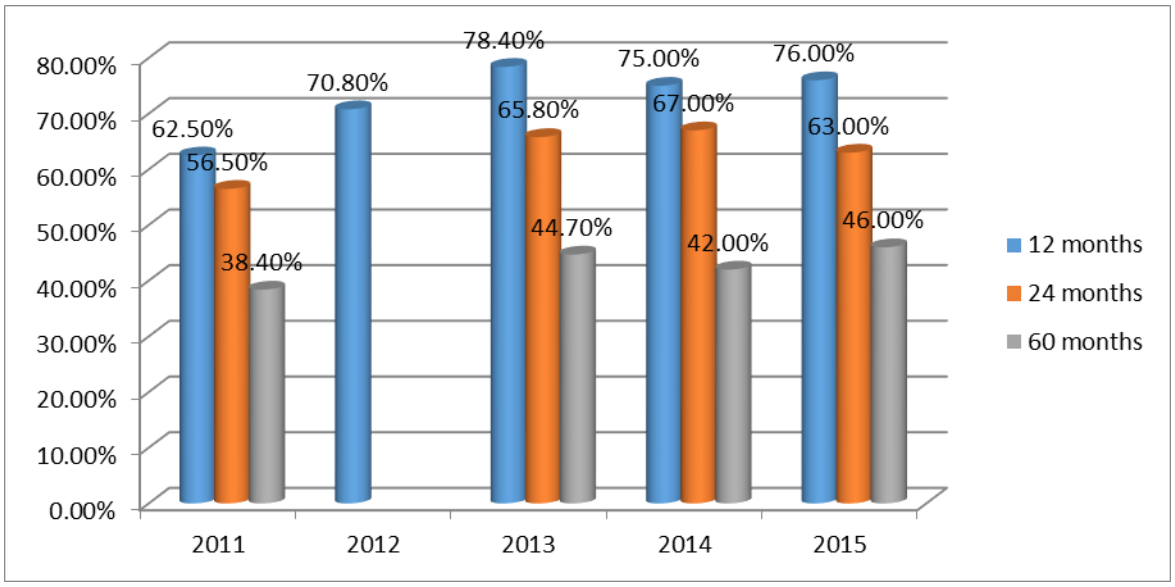
Table 2 Performance of NFM HIV project impact/outcome indicators, 2015

Impact/outcome indicators	2015 Target	2015 achievement	% achievement
HIV I-1: Percentage of young people aged 15–24 who are living with HIV			
HIV I-4: AIDS related mortality per 100,000 population	96	102	95%
HIV I-10: Percentage of sex workers who are living with HIV			
HIV I-6: Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months	20%	21%	105%
HIV O-5: Percentage of sex workers reporting the use of a condom with their most recent client	45%	No data	
HIV O-3: Percentage of women and men aged 15-49 who had more than one partner in the past 12 months who used a condom during their last sexual intercourse			
Percentage of men and women 15+ years with comprehensive and correct knowledge about HIV prevention			
HIV O-1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	78% (12 Months); 60% (24 Months); 45% (60 Months)	76% (12 Months); 63% (24 Months); 45% (60 Months	98%
HSS O-1: Percentage of women attending antenatal care	50%	53.90%	108%

Retaining people living with HIV across the continuum of care is essential for optimal health outcomes. The mean retention at 12 months was 76%, declining to 63% at 24 months and 46% at 60 months[3]. Multiple factors relating to the humanitarian situation in the country, health care delivery systems and patients specific factors were noted to facilitate or hinder retention on ART. Given the broad range of challenges across different geographical areas and settings, multiple approaches are in use and other strategies recommended to address the issues. For the details on ART retention trend analysis see the graph below.

[3] WHO cohort analysis study, 2015

Figure 1 Graph Showing Trends in ART retention, 2015



All impact and outcome indicators should be measured through national surveys every 3-5 years. Due to the South Sudan country context, the national IBBS for Sex Workers (SWs) has never been conducted. Partners have conducted surveys in targeted areas. The Global Fund grant does not have a budget for the national IBBS for SWs and there is no national survey for sex workers conducted during the reporting period. IntraHealth is conducting an IBBS for female SWs in Juba, Nimule and Yambio. Juba has been completed, Nimule is next, while Yambio will start as soon as security improves. However, the country plans to conduct the AIDS Indicator Survey (AIS) in the first semester of 2016 and preparatory work has already started with financial support from the GF and other partners. Due to the country context, the only data available for impact and outcome indicators is based on the 2015 HIV Spectrum estimates which might not be a true representation of the country real epidemiologic pattern.

NFM HIV project performance of key output indicators

South Sudan has done well in achieving targets related to ART and PMTCT programme. Out of 13 indicators with set targets for the reporting period, five exceeded the set targets, two met their targets, four performed inadequately and two were not implemented during the reporting period. The targets were not met due to start up activities implemented before actual implementation takes place (Modules 1, 2, 3, 4 and 4/5 CSS activities). Additionally, HTC targets for the general population and PMTCT have been set based on the NSP targets, which are overly ambitious and unrealistic to reach. Start-up activities such as PITC trainings and rollout of PITC are still being implemented. Additionally the HIV testing Algorithm is also being reviewed, starting with the validation exercise for test kits. The validation exercise is very important especially that the country has experienced a stock out of Unigold because service providers seem to be using the parallel testing algorithm instead of the serial method. Overall the grant continued to demonstrate good results. The average performance of all Indicators was 81% (B1). For the details please see the table below.

Table 3 Performance of NFM HIV output indicators, 2015

Output indicators	2015 Target	2015 achievement	% achievement
KP-1c: Percentage of sex workers reached with HIV prevention programs - defined package of services	5,449/74,602 (7%)	2,495/74,602 (3%)	43%
KP-3c: Percentage of sex workers that have received an HIV test during the reporting period and know their results	5,449/74,602 (7%)	942/74,602 (1%)	14%
Percentage of sex workers clients reached with standardized HIV prevention interventions	6,848/400,000 (2%)		
KP-1e: Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services	56,636/1,614,220 (4%)		
PMTCT-1: Percentage of pregnant women who know their HIV status	65,000/92,500 (70%)	12,122/92,500 (14%)	19%
PMTCT-2: Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	325/8,505 (4%)	592/8,505 (7%)	183%
TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	16,000/168,790 (9%)	15,674/168,790 (9%)	100%
GP-1: Number of women and men aged 15+ who received an HIV test and know their results	112,500	20,229	18%
Percentage of sex workers clients reached with standardized HIV prevention interventions	8/25 (32%)	6/24 (25%)	78%
M&E-1: Percentage of HMIS or other routine reporting units submitting timely reports according to national guidelines	21/25 (85%)	24/24 (100%)	118%
TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register	1,807/2,581 (70%)	2,020/2,689 (75%)	107%
TB/HIV-2: Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment	136/271 (50%)	144/231 (62%)	124%
TB/HIV-3: Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings	14,400/16,000 (90%)	15,262/19,509 (78%)	87%

It is very crucial to note that this is the first time the Global Fund is supporting prevention activities after 4 years of managing the COS and TFM grants in South Sudan and as a result, the PR had to implement start up activities including procurement of supplies, competitive SR selection process, SR capacity assessment, SR budget negotiations, SR agreement signature and disbursement of funds before activities can be implemented. Implementation of start-up activities for new indicators meant there were limited or no activities implemented in the first quarter since the HIV programme is mainly funded by GF and PEPFAR.

Selection of SRs has been delayed due to the very limited pool of potential SRs, as well as the PR's procedures for selecting SRs. IOM has been selected as SR for Modules 1, 2, and 3, while IMA has been selected as SR for Modules 4 and 6 (plus Module 5 CSS activities). The two SRs were selected by mid-November 2015 after the 2nd call for proposals. SRs capacity assessment was conducted in the last week of November 2015 and the SR approval was received on 18 December 2015. Negotiation of SRs HR and admin budgets started in January 2016 and concluded at the end of February for IOM, while IMA received its headquarters' approval of the budget in the 2nd week of March 2016. The SRs are expected to accelerate implementation and the PR expects to report better results on related indicators in the January-June 2016 PUDR.

Other SRs include WHO, MoH and SSAC. The MoH SR agreement was signed in October 2015 and the WHO agreement was signed in January 2016. SSAC's SR agreement was submitted for signature in mid-December 2015 but it is not yet signed due to salary issue. The PR has developed an SR management plan to ensure adequate management of SRs. The PR will ensure timely disbursements to eligible SRs to facilitate implementation of activities.

Module 1: Prevention programs for sex workers and their clients

The interventions on module one have not been implemented through GF funding due to the delay in selecting an SR to implement this module. In the reporting period 42% of the targeted sex workers have been reached through the support of IntraHealth International Linkages programme. The sex workers were reached either through peer education, condom promotion and distribution or HIV testing and counselling activities. Additionally 942/5,449 (14%) of the targeted sex workers have been tested for HIV and 122 (13%) of these sex workers are HIV positive. The activity on sex workers clients reached with standardized HIV prevention interventions has not been implemented by IntraHealth under the PEPFAR funded programme.

All the targets for sex workers module were set based on the HIV spectrum estimates which is high compared to the real context in South Sudan. Additionally the target was set from the NSP, which is over ambitious and unrealistic to reach. The figures will be revised after IntraHealth completes the IBBS and size estimates for sex workers in hot spot areas of Juba, Nimule, and Yambio in mid-2016. It is very crucial to note that this is the first time the Global Fund is supporting HIV prevention activity for sex workers after 4 years of managing the COS and TFM grants in South Sudan and as a result, the PR has to implement start up activities including procurement of supplies, competitive SR selection process, SR capacity assessment, SR budget negotiations, SR agreement signature and disbursement of funds.

Module 2: Prevention programs for other vulnerable populations

This activity has not been implemented through GF funding due to the delay in selecting the SR to implement this module. IOM is the SR for this module and activities will be implemented starting from April 2016.

Module 3: Prevention of Mother to Child Transmission of HIV

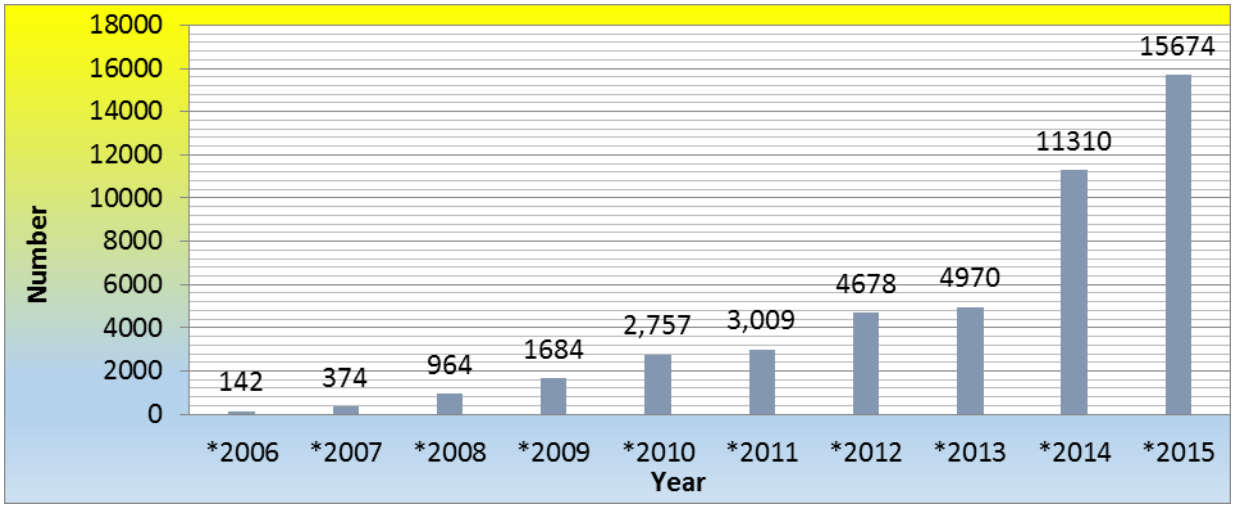
During the reporting period, 592 (276 previously known and 316 newly identified) HIV+ pregnant mothers were put on ARV prophylaxis to prevent mother to child transmission of HIV which exceeded the set target for the reporting period. This indicator continues from the TFM grant which ended in September 2015, hence the targets have been achieved.
In the reporting period 12,122 pregnant women were tested for HIV and know their HIV status which performed only 19% of the set target for the reporting period. The target for this indicator has not been met due to the delayed selection of SR for this module. Additionally the target was set from the NSP, which is over ambitious and unrealistic to reach. The current conflict and insecurity also disrupted services in most of the health facilities.

The SR selection process was finalised after the 2nd call for proposals in November 2015. The capacity assessment was approved in December 2015. It is very crucial to note that this is the first time the Global Fund is supporting the NSP targets for this activity after 4 years of managing the COS and TFM grants in South Sudan - COS did not provide HIV test kits, while TFM provided very limited test kits for PMTCT ($110k/2yrs).

Module 4: Treatment, care and support and testing of general population

A total of 15,674 (M: 5,311 and F: 10,363) people living with HIV are currently receiving antiretroviral therapy as compared to the set target of 16,000 for the reporting period. Of the total PLHIV's on ARV therapy 726 (5%) of them are children under the age of 15 years. The target for the reporting period has been achieved although the ART coverage in general or overall is low (13%) including those on PMTCT. With implementation of the new WHO guidelines recently adapted by South Sudan, all ART facilities , the majority of PMTCT facilities have started initiating treatment at <CD4 500. TB patients and children at <5 years irrespective of CD4 and all pregnant women irrespective of CD4 count (Option B+) have also been initiated on treatment. The number newly initiated on antiretroviral therapy (ART) has increased since 2014, and is expected to increase as funds become available and new facilities are opened during the NFM. Necessary measures should be put in place to retain the increased load while maintaining the quality of care. This indicator also continues from the TFM grant which ended in September 2015, hence the targets have been achieved.

Figure 2 Trends in ART uptake (2008 -2015)



A total of 20,229 women and men aged 15+ were tested for HIV and known their status as compared to the set target of 112,500 for the reporting period and 499 (2.5%) of those tested are HIV positive. The target was not achieved possibly due to underreporting, and also due to the fact that the full HTC programme is being supported for the first time in 4 years after implementing COS and TFM grants which ended in September 2015. The current conflict and insecurity disrupted services in the health facilities. Start-up activities such as procurement and distribution of HIV test kits, PITC trainings and rollout of PITC are still being implemented. Additionally the testing algorithm is also being reviewed, starting with the validation exercise for test kits. The validation exercise is very important especially that the country has experienced a stock out of unigold because service providers seem to be using the parallel testing algorithm instead of the serial method. Additionally the HTC target was set from the NSP, which is ambitious and unrealistic to reach at the start of the programme.

Module 5: Community systems strengthening

During the reporting period 6/8 (80%) of ART facilities provided ART/HIV care with functional community care teams and the target has been achieved. Health facilities providing ART with regular community outreach programmes conducted by PLHIV included Nimule, Mapourdit, Tambura, Ezo, Kapoeta and Maridi, which have been supporting this activity during the TFM grant. These 6 facilities are owned/managed by NGOs that have additional resources to conduct outreach services. This activity has not been fully implemented as outlined in the NFM grant due to the delay in selecting the SR and signing the SR agreement.

Module 6: HSS Health information systems and M&E

All 24 (100%) functional ART sites submitted complete and timely reports and this indicator has been achieved for the reporting period. The five satellite ART sites during the TFM period has now become full ART sites and reported for the NFM period. Renk, Malakal and Bentiu ART sites are not providing the services due to the current crisis that started in December 2013 and didn't report.

Module 7: TB/HIV collaboration

A total of 2,020 (75.0%) patients were tested for HIV out of the 2,689 TB patients detected in the reporting period and the target has been exceeded (75% / 70%). A total of 144 (62.0%) out of the 231 TB/HIV co-infected patients were put on ART and the target for this indicator is exceeded during the reporting period (62% / 50%). One factor for the over achievement is the opening of 5 new ART sites which increased access to ART services. A total of 15,262 (78.0%) PLHIV were screened for TB in the ART sites out of the 19,509 PLHIV on care. This indicator is substantially achieved due to the continuous mentoring of ART sites, which is now a standard follow up procedure in most ART sites.

Module 8: MSM, policy & governance and health & community workforce

The activities in these modules has not been implemented as outlined in the NFM grant due to the delay in selecting the SR and signing the SR agreement. IOM has been selected for MSM and SSAC for policy and governance modules and activities will be implemented starting from April 2016.

2.2.3 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. TFM for TB started in January 2014 and end in July 2015. The goal of the TFM was 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.

Out of 10 indicators with set targets for the reporting period, one exceeded the set targets, five met their targets and three performed adequately. Throughout the TFM period the indicator "number and percentage of samples from TB re-treatment cases subjected to culture and DST" has not achieved the set targets. The difficult logistics of sputum transportation continues to contribute to the underachievement of this indicator and during the period under review collected sputum of only 54 out of 211 reported re-treatment cases were submitted for DST and culture. We expected that DST testing will improve when the National Public Reference Laboratory is fully functional.

Overall the grant continued to demonstrate good results. The TB TFM grant reached a Quantitative Indicator rating of B1 for the period under review. The average performance of all indicators was 85% (B1) while the top ten indicator rating was 73% (B1).

Table 4 Performance of key TFM TB output indicators, 2015

Output indicators	Target	Actual Result	%
Number of bacteriologically confirmed TB patients including relapses notified to the national health authority (NTP)	2,446	2,040	83%
Number of all forms of TB patients notified to the national health authority (NTP)	7,878	4,761	60%

Output indicators	Target	Actual Result	%
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	53/53	49/58 (85%)	84%
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.	85%	1,336/1,724 (78%)	92%
Number and percentage of TBMU submitting complete and timely reports according to national guidelines	70/70	67/70 (96%)	96%
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%	664/748 (88%)	98%
Number and proportion of samples from TB re-treatment cases subjected to culture and DST	190/224 (85%)	54/211 (26%)	31%
Number and proportion of TB patients with known HIV status	6292/7878 (80%)	3,675/4,744 (79%)	99%
Number and percentage of TB/HIV co-infected patients initiated on CPT among the total number of TB/HIV patients registered	878/944 (93%)	391/430 (91%)	98%
Number and proportion of HIV-positive registered TB patients given antiretroviral therapy during TB treatment	603/1005 (50%)	276/430 (64%)	117%

2.2.4 New Funding Model (NFM) for Tuberculosis Grant

Although South Sudan is not listed among the top 22 high burden countries in the world, Tuberculosis is (TB) considered as a serious public health challenge in the country. The incidence of the disease is estimated at 146/100,000 population and TB related mortality at 30/100,000 population (WHO report, 2014). Moreover, routine surveillance data shows increasing case notification rates which occurs in parallel with the establishment of new diagnostic and treatment facilities for TB (currently at 84 facilities from 32 in 2009). To respond to this threat of TB the Government of South Sudan established TB control activities within the National TB, Leprosy, and Buruli Control Program (NTLBP).

The Global Fund has been the most important partner in TB control in South Sudan by providing three TB-related grants (Rounds 2, 5 and 7). The country has successfully applied for the GF New Funding Model (NFM) which will cover a period of two and half years (June 2015 to December 2017). With a total budget of 16 million USD, the NFM is expected to cover the existing gaps in financing the TB control efforts in the country while at the same time expanding services to additional 30 facilities in course of implementation.

The TB NFM grant will contribute towards the reduction of TB prevalence from 257/100,000 (WHO estimate 2012) to 180/100,000 (30%) by 2030. The objectives of the grant include the following: 1) to increase the number of Tuberculosis cases to 15,150 by 2017; 2) increase treatment success rate from 72% to 85%; 3) decrease death rate from 11% to 5% in HIV co-infected Tuberculosis patients; 4) to enrol on second line Tuberculosis drug treatment 15 MDR TB patients by 2017; and 5) to improve and reinforce the technical and managerial capacities of the national program.

TB project performance of Key impact/outcome indicators

According to the 2015 WHO Global TB Report the estimated incidence, prevalence and mortality rate for South Sudan is at 146, 319, and 29 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.

Table 5 Performance of Key TB Impact/Outcome Indicators

Impact/outcome indicators	2015 Target	Achievement	%
TB I-2: TB incidence rate (per 100,000 population)	-	146	N/A
TB I-3: TB mortality rate (per 100,000 population)	-	29	N/A
TB I-1: TB prevalence rate (per 100,000 population)	-	319	N/A
TB O-1a: Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	105	96	91%
TB O-1b: Case notification rate per 100,000 population-bacteriologically-confirmed TB, new and relapse	44	41	93%
TB O-2b: Treatment success rate - bacteriologically confirmed TB cases	80.0%	78.0%	75.5%
TB O-2a: Treatment success rate - all forms of TB	80.0%	80.0%	100%
Death rate in TB/HIV patients on TB treatment (custom)	9.0%	9.3%	103%

NFM TB project performance of key output indicators

Out of 10 indicators with set targets for the reporting period, five exceeded the set targets, three met their targets and two performed adequately. In the NFM period the indicator "percentage of previously treated TB patients receiving DST" has achieved 67% of the set targets. The difficult logistics of sputum transportation continues to contribute to the underachievement of this indicator. We expected that DST testing will improve under the full implementation of the new grant and when the National Public Reference Laboratory is fully functional. Overall the grant continued to demonstrate good results. The average performance of all indicators was 108% (A1).

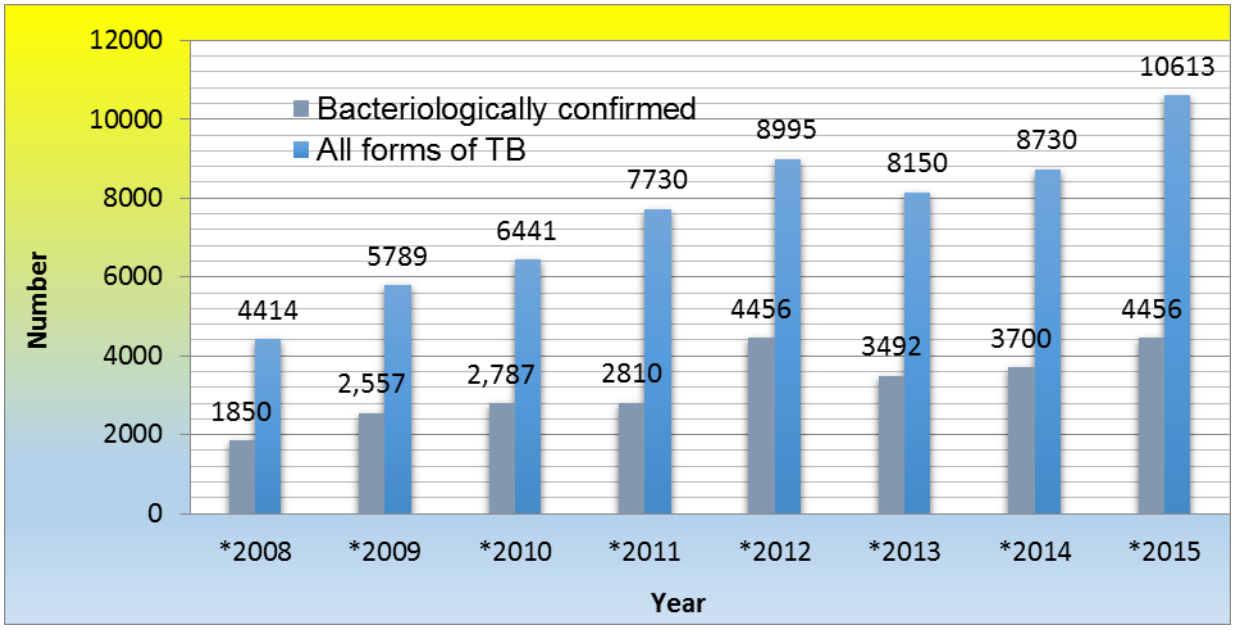
Table 6 Performance of key NFM TB output indicators, 2015

Output indicators	Target	Actual Result	%
DOTS-1a: Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses	5,162	5,875	114%
DOTS-1b: Number of notified cases of bacteriologically confirmed TB, new and relapses	2,656	2,414	91%
DOTS-2a: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period	3,452/4,315 (80%)	3,590/4,561 (79%)	98%
DOTS-2b: Percentage of bacteriologically confirmed TB cases successfully treated (cured plus completed treatment) among the bacteriologically confirmed TB cases registered during a specified period	1,480/1,850 (80%)	1,376/1,749 (79%)	98%
DOTS-3: Percentage of laboratories showing adequate performance in external quality assurance for smear microscopy among the total number of laboratories that undertake smear microscopy during the reporting period	38/40 (95%)	61/73(84%)	88%
TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register	3,613/5,162 (70%)	4,146/5,875 (71%)	101%
TB/HIV-2: Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment	271/542 (50%)	320/474(68%)	136%
TB/HIV-3: Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings	5,318/10,635 (50%)	15,262/19,509 (78%)	156%
MDR TB-1: Percentage of previously treated TB patients receiving DST (bacteriologically positive cases only)	74/245 (30%)	46/238 (20%)	67%
MDR TB-3: Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	0	0	0
M&E-1: Percentage of HMIS or other routine reporting units submitting timely reports according to national guidelines	130/174 (75%)	148/151 (98%)	131%

Module 1: TB care and prevention

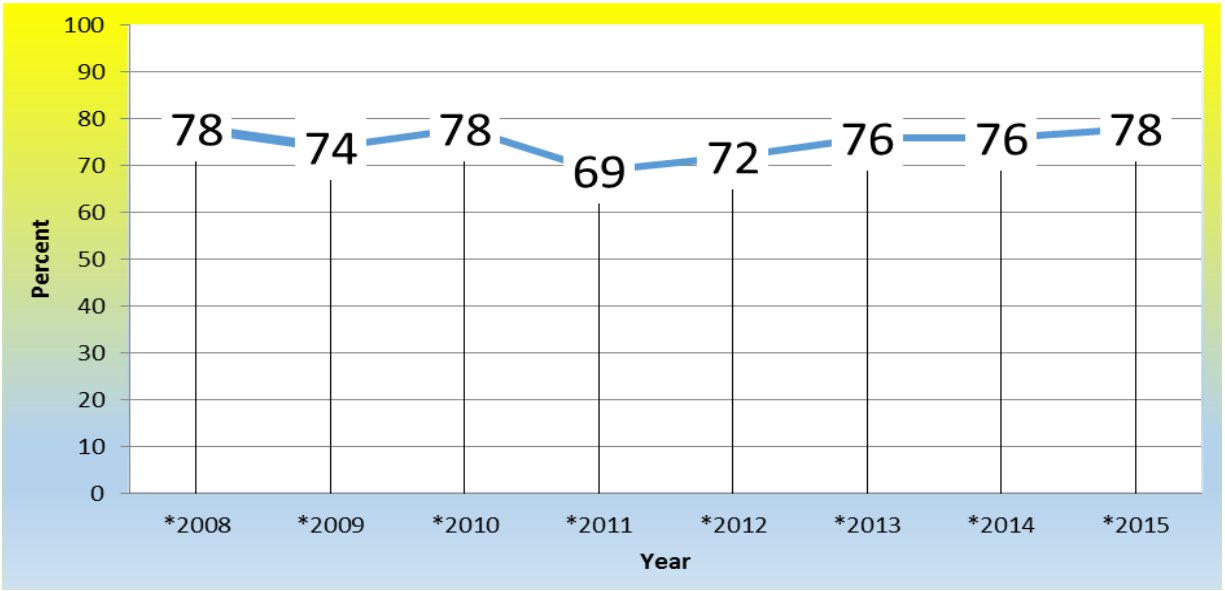
For the reporting semester, the reported number of all forms of TB patients notified to the national health authority (NTP) is 5,875 (113.8%) as compared to the set target for the reporting semester. The reported number of bacteriologically confirmed TB patients including relapse patients is 2,414 (90.9%) as compared to the set target for the reporting period. As presented in the graph below, 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 since 2008.

Figure 3 Graph Showing Trends in bacteriologically confirmed and all forms of TB patients, 2015



The treatment success rate for all forms of TB for NFM period is 3,590/4,561 (79%) which is close to the set target of 80% for the reporting period. Moreover the treatment success rate for bacteriologically confirmed TB cases of TB for this semester is 1,376/1,749 (79%) which achieved the set target of 80% for the reporting period. 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 is lower that the WHO standard rate of at least 85% and measures will be put in place to reach WHO standard target.

Figure 4 Graph Showing Trends in treatment success rate by year (2008 – 2015), 2015

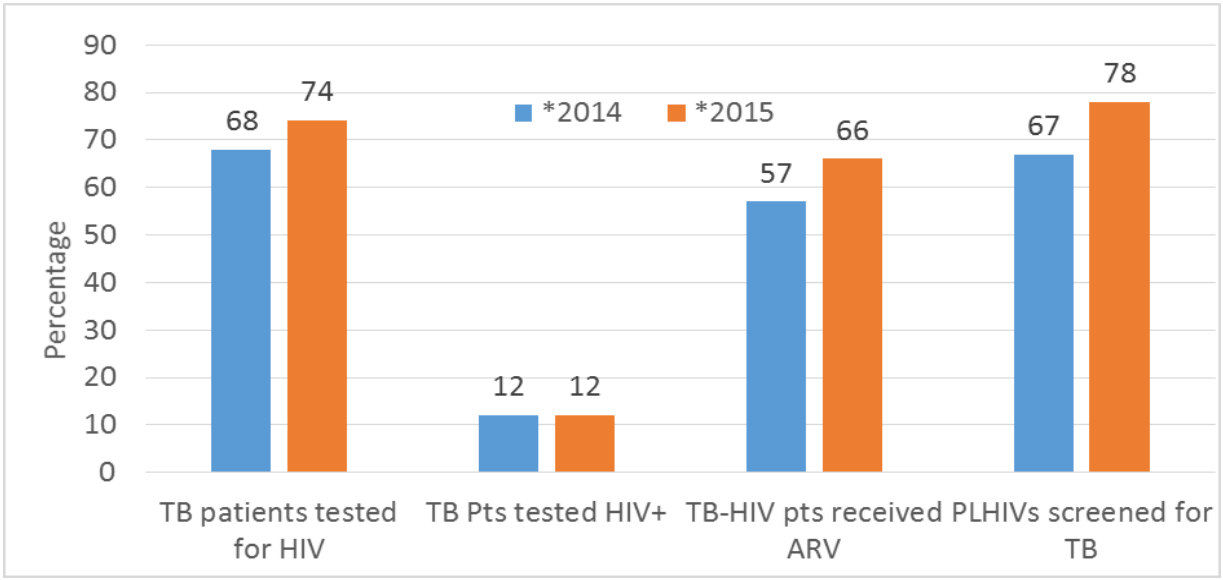


In the NFM reporting period 73 TB facilities underwent external quality assurance using blind re-checking of Acid Fast Bacilli (AFB) slides of which 61 (83.6%) showed adequate performance. AAA reported (35/39 (89.7%) and NTP 26/34 (76.5%)[4]. The concordance rate is below the national target of 95% due to inappropriate preparation of reagents, issue with microscopy, inadequate internal control and in adequate skills of the lab personnel with high staff turnover. NTP with MSH TB challenge project is supporting TB laboratories to improve the quality of smear microscopy through on the job mentoring, training and supportive supervision.

Module 2: TB/HIV

From the total 5,875 TB patients detected in the reporting period 4,146 (71.0%) of them were tested for HIV and this indicator was over achieved for the set target of 70% for the reporting period. The percentage of TB/HIV co-infection was 474/4,146 (11.0%). From the total 474 TB/HIV co-infected patients 320 (68.0%) of them were put on ART and this indicator was over achieved as compared to the 50% set target for the reporting period. One factor for the over achievement of this indicator is the opening of five new ART sites which increased access to ART. According to the HIV/AIDS department report; from the total 19,509 PLHIVs on care 15,262 (78.0%) of them were screened for TB. This indicator is over achieved as compared to the set target of 50% due to continuous mentoring of ART sites which is now a standard follow up procedure in most of the ART sites.

Figure 5 Graph showing Performance of TB/HIV collaborative activities (2014 Vs 2015), 2015



Module 3: MDR-TB

During the reporting period 722 DST samples were collected from all forms of TB cases from July to December 2015. For the same period 46/238 (20%) samples from TB re-treatment cases (bacteriologically positive only) were collected and submitted for DST which gives 67% against the set

[4] >95% no false positive and no false negative, NTP EQA protocol

target for the reporting period. In the reporting semester. AAA reported 31/51 (60.8%) and NTP 15/187 (8.0%) samples for DST. This indicator performed below the target due to the current crisis (widespread insecurity in most parts of the country) which prevented movement to the states to collect samples from the re-treatment cases. 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 four states (Unity, Malakal, Jonglei and Western Equatoria), security remains volatile, rendering the sites inaccessible. There was no target for the indicator 'number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment' and this target will be implemented in 2016 and 2017.

Module 4: HSS - Health information systems and M&E

Regarding TB reporting units submitting timely reports according to national guidelines; the programme received 148 TB quarterly report out of the expected 151 quarterly reports from the existing functional TB facilities which gives 97% achievement for the NFM period. TB facilities in Upper Nile (1), Jonglei (5), Unity (1), Central Equatoria (1) and Western Equatoria (1) are not functional due to insecurity and didn't submit reports. Please see the summary completeness and timeliness of reports by quarter for 2015 from the below table.

Table 7 Percentage Completeness of Reports by quarter, 2015

TB Facilities	2015			
	Q1	Q2	Q3	Q4
Total # of reports received	73	73	73	75
Total # of TB units	84	84	83	84
Total # of functional TB units	74	74	75	76
Completeness from all	87%	87%	88%	89%
Completeness from functional	99%	99%	97%	99%

2.2.5 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 end in September 2015 with a six month close out period until March 2016. The grant was aimed at addressing 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 was 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 indicators

Most of the impact/outcome indicators for the HSS grant showed an improvement from the baseline but lower than the set target for the reporting period as presented in the below table. 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 2016.

Table 8 Performance of key HSS impact/outcome indicators, 2015

Indicator Description	Baseline		Target	Performance	
	Value	Year	Year 5	Year 3	Year 5
General service readiness score for health facilities	N/A	N/A	80%	61%	73%
The ratio of nurse/midwives per 10,000 population	0.2	2010	1	1	3.5
Proportion of births attended in health facility by skilled birth professionals	12.30%	2010	30%	N/A	7%
% of pregnant women attending at least 4 ANC visits in health facilities	10.00%	2010	40%	N/A	24%
Outpatient health facility attendance - number of people seeking services at outpatient departments per 10 000 population	N/A	N/A	1	0.4	0.6
Percentage of states with functional M&E/HMIS capacity	(5/10)50%	2012	(10/10)100 %	80%	(8/10) 80%
Percentage of counties with M&E/HMIS capacity	(41/80)50 %	2012	(64/80)80 %	66%	86%
Average availability of antimalarial, TB & antiretroviral drugs in public health facilities	N/A	N/A	85%	65%	68%

R9 HSS project performance of key output indicators

According to the recent GF grant performance assessment for April to September 2015; among the six programmatic indicators selected for performance evaluation by the GFATM, three indicators are performing at A1 (above 100%), while one indicator substantially achieving its targets A2 (>90%); and two indicators related to construction failed to achieve the set target 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.

Table 9 Performance of key HSS output indicators, 2015

Output indicators	Target	Actual Result	%
Number of Teaching Institutions renovated			
Number of Health Workers trained on Pharmaceutical Management	25	25	100%
Number of Pharmaceutical and Hospital Waste Incinerators installed	1	0	0%
Number of State M&E Officers trained on HMIS	33	27	82%

Output indicators	Target	Actual Result	%
Number of State M&E offices renovated	3	3	100%
Number of State Laboratories renovated	2	2	100%
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	64	107%
Number of Maternity wards renovated	6	5	83%
Number of ANC Clinics renovated	5	5	100%
Number of health workers trained on MNCH service provision including PMTCT	25	28	112%
Number and Percentage of Counties submitting complete and timely reports to the national level HMIS	80/80 (100%)	67/80 (84%)	84%

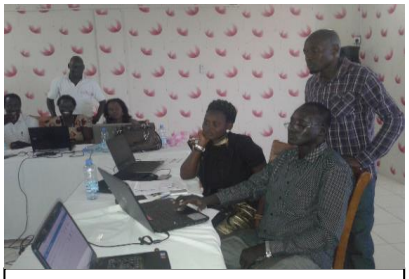
SDA 1: HSS - Health Workforce

The plan to construct 2 teaching institutions were cancelled by the CCM and reprogrammed for other HSS activities. To build the capacity of the national training institutions three international tutors were engaged in three teaching institutions (Yei, Juba, and Wau) until September 2015. The project managed to complete three teaching institutions and Wau and Juba nursing and midwifery schools are operational. During the reporting period, through the support of the GF resources to the reaching institutions, 47 (29 male and 18 female) nursing and 39 midwifery (17 male and 22 female) students graduated from Juba nursing and midwifery training institution in December 2015. Malakal teaching institution is not functional due to the current conflict and because the furniture and teaching aids were looted.

SDA 2: HSS - Access to safe and effective drugs

The grant trained 25 (100%) health workers on pharmaceutical management and achieved targets set for the reporting period. Installation of one incinerator for the national reference laboratory was not implemented due to the delay in the procurement. The construction of warehouse in Gumbo is at 52% and the warehouse annexure is at 10% and expected to be completed in 2016. The six incinerators procured in phase I have been installed but waiting for commissioning.

SDA 3: HSS – Health Information system



DHIS training in Juba, August 2015

UNDP in collaboration with MoH policy, planning and budgeting directorate trained 27 state and County M&E officers (5 female) on HMIS tools use and 19 M&E officers (4 female) on DHIS 2 in Juba. The construction of three M&E offices (Juba, Torit and Kuajok) have been completed, furnished with the necessary equipment. The three M&E offices were handed over to State Ministry of Health and all are functional. 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. The project conducted annual review meeting in December 2015 with SRs, MoH, partners, and state TB, HIV, M&E coordinators and Director Generals to assess the performance of TB, HIV, and HSS interventions.

SDA 4: HSS – Health systems related service deliveries

South Sudan's first blood bank and the national and regional public health laboratories were opened in 2014 and staff salaries have been supported by the HSS grant in 2015. Additionally, reagents were procured and distributed to national reference laboratory and the two blood banks (Wau and Juba), as well as the state labs, are supported by this grant. The Malakal lab and blood bank are still non-functional due to the conflict that resulted in vandalization of these structures and looting of equipment.

Raja ANC in WBeG State

The construction of five ANC clinics (Imatari in Eastern Equatoria; Warrap, in Warrap state; Aduel, in Lakes state; Cueicok; and Raja in Western Bar el Ghazal state also in Lakes state) have been completed in December 2015. Additionally the construction works of five maternity wards in (Aduel in Lakes; Cueicok in Lakes; Mapel in Western Bar el Ghazal; Wanjok, in Northern Bar el Ghazal state and Deim Zubeir, in Western Bar el Ghazal states) have been completed except Mayen Abun, in Warrap State which is at 90% at the end of 2015. The renovation of Torit and Kuajok state laboratories have been completed and handed over to the state MoH in the reporting period.

With UNDP support MoH trained 64 health care providers (29 female) on various aspects of universal precautions and infection control in Nimule and Torit. Training on MNCH/PMTCT was conducted for 28 health workers (23 female) in Yei. Additionally 33 health workers (11 female) were trained on blood safety in Torit. All the trainings were facilitated by the MoH and after the training the participants are expected to improve the quality of services in their respective health facilities.

3. Procurement and Supply Chain Management (PSM)

The PSM activities implemented in 2015 carried out in a complicated environment. In addition, the limited scope of the TFM grants also limited the activities that could be carried out with regards to Procurement and Supply chain Management. Procurement activities were limited to sustaining current patients on treatment and completion of outstanding activities such as setting up the PCR and TB laboratories. In the reporting period UNDP as a Principal Recipient for the GF, resources managed to store and manage TB and HIV commodities worth an average 2.4 million USD. In addition to that, the warehouse continued to provide support to 22 ART, 72 PMTCT, 84 TB, 9 state laboratories, blood banks and the national public health reference lab with regular deliveries of TB, HIV and Lab commodities worth approximately 3.9 million USD.

UNDP South Sudan managed to make use of Long Term Agreements set up by the UNDP and manufacturers of Tenofovir, Lamuvidine, Efavirenz (TLE) fixed dose combination to secure very competitive prices for the products and achieve savings that were reprogrammed for other activities.

In an effort to streamline procurement processes and improve efficiency and lead-times, the Procurement unit came up with a consolidated Procurement plan for all the grants. Adherence to the execution of this plan has helped to improve procurement efficiency and support programme implementation. During the reporting period, UNDP managed to procure TB and HIV commodities worth 2.6 USD which were delivered to the country. UNDP continued to monitor the quality of the products supplied by the grants by submitting samples of TB and HIV commodities for Quality Control checks with a WHO prequalified laboratory in Zimbabwe. All the samples assessed were found to be compliant.

Substantial efforts were made to improve the capacity of the TB and HIV programmes through participation in training and networking events such as the 1 week UNDP PSM Training held in Goa, India as well as on-the-job mentoring. Support was provided with setting up an HIV Supply Chain Working Group with relevant stakeholders. The working group under the auspices of the Pharmaceutical Technical Working Group was responsible for monitoring the stock situation in facilities (through the support of ICAP), review of orders and distribution of commodities as well as commencing the revision of Standard Operating procedures and relevant tools for the management of commodities. In 2016, priority will be given for the establishment of a functional LMIS system; training of health facility staff on pharmaceutical management; review and update of quantification of commodities and pipeline monitoring and continued execution of the procurement plan.

4. Partnerships

UNDP as a Principal Recipient for the Global Fund implemented all activities in partnerships with MoH, AAA, 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. The Principal Recipient has been also working with CCM and LFAs in the implementation of the grants. The Principal Recipient is fully participating and supporting MoH in different TWGs including HIV, TB, M&E, HSS and PSM. Additionally new SR selection has been completed for NFM TB (IMC and Cordaid) and HIV (SSAC, IOM and IMA) grants and UNDP will work with these organizations.

5. Monitoring and Evaluation

Annual review meeting, Sep 2015

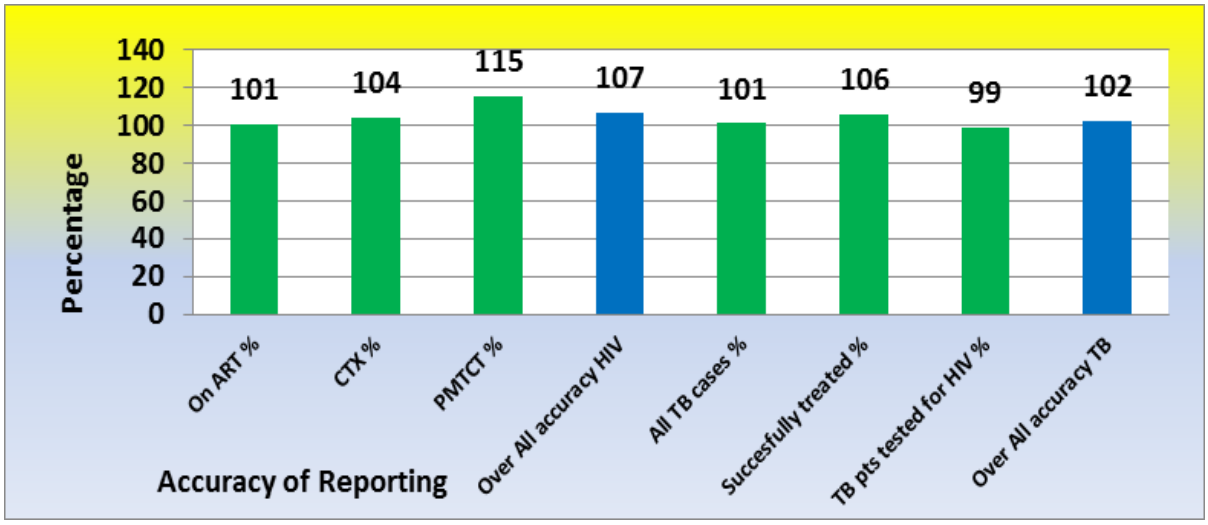
UNDP in collaboration with Directorate of Policy, Planning and Budgeting Department in MoH conducted a comprehensive and systemic annual review meeting in Juba from 28-30th September 2015. In total 50 participants (7 female and 43 males) were drawn from SRs, MoH-RSS, partners and state MoH (DGs, M&E coordinators, HIV directors and TB coordinators). The meeting

assessed the achievement of TB, HIV, TB/HIV and HSS grants at Principal Recipient and SRs levels. Additionally, the meeting also contributed to the development of operational plan for TB, HIV and HMIS/M&E for state MoH. UNDP M&E participated in TB and TB/HIV training for Health Workers in states namely CES (Juba), EES (Torit and Nimule), and NBGS (Aweil).

As part of routine M&E activities, several supervisory visits and routine data quality assessments to GF supported TB, ART and PMTCT sites were carried out by the PMU team jointly with government counterparts despite the challenges of security in most of the states. The performance of some of the sub-recipients has been assessed through the sites supported and office visits. Feedback on programme and finance reports was also provided to the SRs and TB/HIV facilities that reported during this period. The joint quarterly M&E visits contributed to an improvement in the accuracy of TB reports.

The Local Fund Agents (LFA) conducted an on-site data verification (OSDV) in selected TB, ART and PMTCT facilities in Central Equatoria, Western Behr El Ghazel and Warrap states. Nine TB and HIV sites were selected and verification was undertaken for results reported for period 1 January – 30 June 2015. 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 PMTCT indicator which was below the GF standard as presented in the graph below. 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.

Figure 6 Table showing over all accuracy for TB and HIV indicators, 2015



The project provided technical assistance to the MoH in strengthening the HMIS 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; MMR survey TWG and financially supported the MMR survey in pretesting of the survey tools. UNDP supported the MoH in revising the HIV and TB recording and reporting tools based on

the WHO recommendations TB data has been updated in the DHIS 2 software. TB policy, guideline, recording and reporting tools are in the process of revision and will be fully implemented in 2016. UNDP in collaboration with WHO and partners has supported MoH in printing and distribution of patient monitoring tools and clinical guidelines. Capacity building through visits and formal trainings needs to continue to ensure proficiency in use of the tools.

6. Challenges / Issues

The worsening economic situation of the country has negatively affected implementation of the grants. The devaluation of the local currency and the inflation has resulted in staff of MoH TB and HIV to lose interest in timely implementation and monitoring of the progress of the grant.

Widespread insecurity and inter-communal fighting in many parts of the country have interrupted or slowed down service provision in some part of the country. In six states (Unity, Upper Nile, Jonglei, Western Equatoria, Lakes state, Western Bahr el Ghazal), security remains volatile, rendering many sites inaccessible. For example, the Greater Equatoria region was the most secure region but periodic security incidences have occurred in these areas.

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 is supporting the MoH in the finalization of the set-up of the molecular laboratory and launch of EID activities in June 2016. 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. For the R9 HSS grant the key challenges were lack of skilled manpower at civil work sites, and very poor road access and insecurity for supervision and transporting required non local materials to site.

The lack of a functional Logistics Management Information System (LMIS) to gather consumption and stock on hand data from sites has proved to also be a challenge. This has made it difficult to monitor stock status of commodities at the site level.

7. Lessons Learned and Way Forward

1. **Health service delivery** – Few underutilized and often dilapidated HF infrastructure, weak integration and linkages between TB, HIV and related programmes, frequent breakdown of laboratory diagnostic and monitoring equipment such as CD4, like DNA PCR and Viral Load technologies not functional yet, undeveloped community care systems affected retention and adherence. Support for the MoH Boma Health Initiative could ensure increased coverage and ownership.

2. **Expanding access to HIV testing services** – Lack of funding for HIV testing services in last 4 years including funds for partner support, HIV test kits, training and few health facilities offering HIV testing. Only <4% of population know their HIV status due to awareness [DHS 2010]; there is need for new policy direction, updated guidelines, and HIV testing expansion plan. WHO supported the MoH in updating the HIV testing and counselling policy, strategy,

guidelines and protocols tailored to population groups and epidemic types, and will be fully rolled out to health facilities.

3. **Health promotion and awareness creation** – An evaluation on the reach and effectiveness of TB education and messaging in increasing awareness and promoting positive health-seeking behaviour chance has been conducted by AAA. The result from the sampled TB patients and other persons seeking services at the TBMUs; showed that there was sufficient knowledge transfer with 88% respondents correctly knowing TB is treated for six months and is curable. 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.

4. **Lack of health service integration** – The root causes of delay in seeking medical attention for coughs among females having presumptive TB at various TB units in AAA locations were lack of integration of TB service in the existing PHC facilities and distance to be covered by medical care seekers (coughers). Hence integration of TB services in the general health services reduces distance travelled to health facilities, increase chance of early diagnosis and treatment.

5. **Community involvement** – Community engagement for early retrieval of persons interrupting TB treatment by home health promoters, TB club and TB ambassadors for patient follow-ups and monthly feedback meetings and enhancement of community DOT through treatment support promoted adherence to achieve 91% treatment success.

8. Risks and Mitigation Measures

Risks	Mitigation Measures
TFM HIV	
Delayed functionality of Central PCR Reference Laboratory will affect early infant diagnosis.	i) GF approved the use of R5 funds to modify the lab to bring it to international standards; ii) Biomedical Engineer on board and civil work and air handling system completed; iii) All minor & major equipment, accessories & consumables received iv) The PMU is waiting for furniture and equipment from PSO
TB/HIV collaborative activities weakened	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) Expedite the implementation of the New Funding Model (NFM) from both TB and HIV grants.
TFM TB	
Delayed functionality of Central TB Reference Laboratory.	i)Savings under R 9 HSS grant identified to cover costs of renovation and budget re-programmed for the remodelling of the reference lab; ii) Biomedical Engineer on board and civil work and air handling system completed;

Risks	Mitigation Measures
	iii) The PMU is waiting for furniture and equipment from PSO
Community TB Care not fully delivered	i) The project tried to identify CBOs already operating in the villages; ii) The Principal Recipient worked with partners like MSH TB challenge that are implementing community TB programme through CBOs iii) The PR in collaboration with NTP is expediting the selection of Sub-recipients to implement NFM activities including community TB
HSS	
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.	In 2015, all 3 M & E offices were completed in Juba (Central Equatoria), Torit (Eastern Equatoria) and Kuajok (Warrap State). The 2 Labs have also been completed in Torit and Kuajok. Five ANCs have been completed in Imatari (near Torit), Raja (Western Bahr el Ghazal State), Kuajok (Warrap State), Cuiecok and Aduel (both near Rumbek – Lakes State). Of the 6 maternities whose construction began in 2015, only one in Daem Zubeir (Western Bahr el Ghazal) was completed in December 2015. The remaining 5 will be completed in 2016. The warehouse, amongst the 17 facilities originally contracted, will also be completed in 2016. A warehouse annexure (joining the existing warehouse and the new warehouse) and a new office block for the Riverside warehouse complex, both additionally considered and approved in 2015, will also be completed in 2016. Insecurity in Western Equatoria and parts of Greater Bahr el Ghazal hampered the delivery of construction materials to all construction sites in Greater Bahr el Ghazal, leading to delay in completing the 5 maternities. All trainings were completed by 2015 before the end of HSS Phase 2 on 30 September 2015. On-going activities are being implemented under the HSS extension which is approved up to September 2016. Funds from the cancelled facilities in Greater Upper Nile (due to conflict) have been reprogrammed for activities that are to be implemented during the extension period.

9. Financial Summary

Table 10 Financial Summary by Grants, December 2015

Service Delivery Areas	2015		
	Budget	Expenditure and Commitments	Variance
R4 HIV Grant 81101			
Antiretroviral therapy and monitoring	1,407,881	1,770,344	-362,462
Prophylaxis for opportunistic infections	193,840	124,295	69,545
Total	**1,601,721**	**1,894,639**	**-292,917**
HIV NFM 96503			
Module 1 Prevention programs for MSM and TGs	4,335.60	-	4,335.60
Module 2 Prevention programs for sex workers and their clients	672,365.89	267,957.06	404,408.83
Module 3 Prevention programs for other vulnerable populations (please specify)	53,865.00	-	53,865.00

Service Delivery Areas	2015		
	Budget	Expenditure and Commitments	Variance
Module 4 PMTCT	1,015,486.11	15,500.00	999,986.11
Module 5 Treatment, care and support	2,713,593.14	359,354.24	2,354,238.90
Module 6 HSS - Health information systems and M&E	90,870.00	-	90,870.00
Module 7 HSS - Health and community workforce	216,000.00	-	216,000.00
Module 8 HSS - Financial management	-	-	-
Module 9 HSS - Policy and governance	127,290.35	-	127,290.35
Module 10 Community systems strengthening	81,500.00	-	81,500.00
Module 11 Programme management	333,430.00	53,295.17	280,134.83
PMU	959,010.17	418,217.75	540,792.42
Total	6,267,746.26	1,114,324.22	5,153,422.04
R7 TB Grant 81103			
Improving diagnosis	167,913	49,857	118,056
Standardized treatment, patient support and patient charter		-	-
Procurement and supply management		-	-
Improving monitoring and evaluation through community TB care	139,900	146,329	-6,429
Prevention and control of multidrug resistant tuberculosis in Southern Sudan	5,000	5,232	-232
Improving monitoring and evaluation through TB/HIV collaborative activities	14,700	3,751	10,949
Strengthening drug management (HSS) - Pursuing high quality DOTS expansion and enhancement	3,594,015	1,088,908	2,505,107
Total	3,921,528	1,205,943	2,509,395
TB NFM 96034			
Module 1 TB care and prevention	1,472,077.67	705,434.69	766,642.98
Module 2 TB/HIV	167,682.00	136,328.16	31,353.84
Module 3 MDR-TB	13,079.21	2,900.00	10,179.21
Module 4 HSS - Health information systems and M&E	213,486.80	61,153.71	152,333.09
Module 5 Programme management	872,196.23	489,764.36	382,431.87
PMU	1,046,753.60	635,674.58	411,079.02
Total	**3,785,275.51**	**2,031,255.50**	**1,754,020.01**
R9 HSS Grant 81104			
SDA1:HSS Health Workforce	712,468	618,346	94,122
SDA2:HSS Medical Products, vaccines and technology	1,253,925	700,829	553,096
SDA3:HSS Information System	562,150	399,658	162,492
SDA4:HSS Service Delivery	13,552,916	9,893,640	3,659,276
Total	**16,081,459**	**11,612,472**	**4,468,986**
Grand Total (All Grants)	**31,657,729.77**	**17,858,633.72**	**13,592,906.05**

10. Success Story

Bridging the Gap in Nursing and Midwifery

According to the Southern Sudan National Health Facility Mapping 2009-2010, the number of registered midwives and registered nurses were estimated to be 19 and 83 respectively in the entire country. Coupled with this, the maternal mortality rate in South Sudan was estimated at 2054 deaths per 100,000 live births, the infant mortality rate was 102 deaths per 1,000 live births, and under-five mortality rate was 135 deaths per 1,000 live births. In 2015, UNDP supported and supplemented government efforts to increase the number of trained health professionals especially midwives and nurses.

The Juba College of Nursing and Midwifery (JCONAM) trains students for diploma in nursing and diploma in midwifery. UNDP Global Fund HSS project supported the college in construction of dormitory, supplying furniture, anatomical model, teaching aids and equipment. Four midwife tutors were also seconded to college and they are involved in imparting knowledge, skills and attitude through classroom teaching, hands-on clinical teaching, research supervision, seminars, case studies and encouraging students' self-directed learning. The training entails both theoretical and practical teaching and learning for a period of three years for both the nurses and midwives.

Together with other tutors, the UNDP midwife tutors contributed greatly in the development of the college's master rotation plan (MRP), annual plan, guild operational guidelines, and revision of several documents such as the rules and regulations and clinical assessment tools. The UNDP midwife tutors were also actively involved in the revision of the Registered Midwifery Curriculum and are currently actively participating in the revision of the Registered Nursing Curriculum. These two curricula are national documents for the Republic of South Sudan. In August 2013, the college had graduated 30 students for the first time: 17 Midwives (13 females) and 13 Nurses (6females). The school also graduated the second batch of 47 (29 male and 18 female) nursing and 39 midwifery (17 male and 22 female) students in December 2015. After graduation all health professionals are employed in various States in healthcare service delivery points to improve quality of health service.

"UNDP has tremendously contributed in the training of midwives and nurses because all the students that have undergone our training are efficient and capable of delivering and managing patients' healthcare, said Petronella Wawa, Principal Tutor at JCONAM.

"...we the students are very grateful to our tutors who work with us throughout the training both in classrooms and in practical areas," said Elizabeth Lamunu, a third-year midwifery student. "We love them, and need them to continue teaching and even more to come to JCONAM."