ARKANGELO ALI ASSOCIATION-AAA
South Sudan

GLOBAL FUND TBHIV NFM3 YEAR 2 and C19RM (COVID19)

ANNUAL REPORT 2022

Grant I
Global Fund UNDP TBHIV NFM3 Year 2

SR Name
Arkangelo Ali Association - South Sudan

Report for implementation period
01/01/2022 to 31/12/2022

Funds Available:
Approved Budget (After the Amendment No. 3 to the SR Agreement with the PR UNDP in December 2022)
US Dollars 1,339,089.07

Funds Disbursed
US Dollars 1,272,895.50

Funds Utilized
US Dollars 1,311,504.35

Funds Balance
US Dollars 27,584.72 (note that the actual budget balance is USD 27,584.43. There is an immaterial rounding of $0.29 in the updated budget in Amendment No.3 courtesy of software).

Grant II
Global Fund UNDP C19RM (COVID-19) Year 2

Report for implementation period
01/10/2022 to 31/12/2022

Funds Available:
Approved Budget (In line with Amendment No's 2 and 3 to the SR Agreement with the PR UNDP in September and December 2022 respectively)
US Dollars 62,548.00

Funds Disbursed
US Dollars 62,548.00

Funds Utilized
US Dollars 52,800.22

Funds Balance
US Dollars 9,747.78

Project Areas

The project is operational in twenty seven (27) counties, spread across five (5) out of the ten States of South Sudan, namely:

Northern Bahr el Ghazal State

1. **Aweil central County**
   - Aweil State Hospital
   - Aroyo PHCC
   - Aweil Prison PHCC

2. **Aweil East County**
   - Gordhim Hospital
   - Akuem PHCC
   - Malualkon PHCC
   - Wunyiik PHCC
   - Wanjok PHCC

3. **Aweil South County**
   - Panthou PHCC

4. **Aweil West County**
   - Nyamlell Hospital
   - Marialbaai PHCC
   - Udhum PHCC

5. **Aweil North County**
   - Gokmachar PHCC
   - Mayen Ulem

Western Bahr el Ghazal state

1. **Wau County**
   - Wau Teaching hospital
   - Grinty PHCC
   - Sikadid PHCC
   - Wau Prison PHCC
   - Agok PHCC
   - Aljeezera PHCC
   - Bezia Jedid PHCC
   - Hai Dinka PHCC
   - Hai Bafra PHCC
   - Lokoloko PHCC
   - Muktar PHCC

- St Daniel Comboni Hospital, Wau

2. **Raja County**
   - Raja Hospital
   - Deimzeibeir PHCC

3. **Jur River County**
   - Udici PHCC
   - Mapel PHCC
   - Kuarjiena PHCC
   - Thurkueng PHCC
   - Marialbaai PHCC
   - Achongchong PHCC
   - MaryHelp Hospital

Lakes State

1. **Awerial County**
   - Bunagok PHCC
   - Mingkaman PHCC

2. **Yirol East County**
   - Adior PHCC
   - Nyang PHCC

3. **Yirol West County**
   - St Joseph Hospital
   - Mapuordit Hospital
   - Aluakluak PHCC

4. **Cueibet County**
   - Agangrial Hospital
   - Cueibet Hospital
   - Abirieu PHCC
   - Citchok PHCC

5. **Rumbek Central County**
   - Rumbek State Hospital
   - Matangai PHCC

6. **Wulu County**
   - Wulu Hospital

7. **Rumbek East County**
   - Cueicok PHCC
   - Aduel PHCC

8. **Rumbek North County**
   - Maper PHCC

Western Equatoria State

1. **Yambio County**
   - Yambio State Hospital
   - Gangura PHCC
   - Yambio Prison PHCC

2. **Nzara County**
   - Nzara Hospital(St Theresa)

3. **Ezo County**
   - Ezo Hospital
   - Naandi PHCC
   - Yangiri PHCC

4. **Tambura County**
   - Tambura Hospital
   - Source Yubu PHCC
   - Mupoi PHCC

5. **Nagero County**
   - Nagero PHCC

Warrap State

1. **Gogrial West County**
   - Kuacjok State Hospital
   - Gogrial PHCC
   - Alek PHCC
   - Akon PHCC

2. **Gogrial East County**
   - Lounyaker PHCC
   - Liethnom PHCC

3. **Tonj North County**
   - Marial Lou,Comboni
   - Mariallou Rural Hospital

- Warrap PHCC
- Aliek PHCC

4. Tonj South County

- Tonj Don Bosco
- Tonj Hospital

6. Tonj East County

- Rumabuth PHCC
- Ngapagok PHCC

7. Twic County

- St Mother Theresa Hospital
- Wunrok PHCC

Contact persons

Mrs. Natalina Sala
AAA Director/Finance Director

Dr Callixte Minani
Project Manager (TB Expert)

ACKNOWLEDGEMENT

The achievements of Year 2 NFM3 TBHIV programme entitled "Integrating Services for Maximum Impact" and C19RM (COVID-19) project entitled "C19Response Mechanism (Last Mile Delivery)" have been realized because of the financial support and assistance from the Global Fund (GF) and implementation collaboration with the PR UNDP, the Ministry of Health –RoSS - specifically the National TB, Leprosy and Buruli Ulcers Control Program and HIV departments together with the Country Coordinating Mechanism (CCM). AAA appreciates the valuable and worthy partnership with these stakeholders currently as was in the past.

To supplement some financial gaps realized during the implementation of the grant in the course of the year in areas that were not funded by the Global but deemed crucial for TBHIV service delivery, AAA sought financial aid from other well-wishers who stretched their hands with the aim of supporting the programme. For their relentless kindness and generosity towards our course, we say thank you.

It goes without asking that Arkangelo Ali Association (AAA) would also like to extend sincere gratitude to individuals and agencies who have contributed towards the attainment of targets for the program. Special thanks go to the SMoH, County Health Departments in all the AAA areas of operation, NPHL at Central level, the Non-governmental organizations supporting Primary Health Care activities and the AAA dedicated members of staff who have been providing essential services to diagnose and initiate TBHIV treatment promptly. Without their crucial support and commitment, many more lives could have been lost.

The support rendered by all these partners and collaborators have rendered effective and impactful results to our TBHIV Programme and we forever remain indebted.

ACRONYMS

AAA	Arkangelo Ali Association
BHW	Boma health Worker
CCM	Country Coordinating Mechanism
CoS	Continuity of services
CTB DOTS	Community Based DOTS
DOTS	Directly Observed Therapy Short course
EID	Early Infant diagnosis
FR	Funding Request
GF	Global Fund
HCWs	Health Care Workers
HEI	HIV Exposed Infant
HIV	Human Immune deficiency virus
HHPs	Home health promoters
MDR-TB	Multi Drug Resistant Tuberculosis
M&E	Monitoring and Evaluation
NFM	New Funding Model
NSP	National Strategic Programme
NTP	National TB Programme
PHC	Primary Health Care
PHCC	Primary Health Care Centre
RSS	Republic of South Sudan
TB	Tuberculosis
TBMU	TB Management Unit
UNDP	United Nations Development Programme
VL	Viral load

TABLE OF CONTENTS

EXECUTIVE SUMMARY

The Global Fund TBHIV NFM Grant focuses on maintaining the TBHIV services in the existing TB diagnostic and treatment centers by pursuing high quality DOTS expansion, addressing challenges related to multidrug-resistant TB (MDR TB) and strengthening the national management capacity by establishing a National TB care and prevention department in the Ministry of Health in the Republic of South Sudan. All these are aimed towards the reduction of mortality and morbidity caused by both diseases. This also remains a major focus of Arkangelo Ali Association (AAA) TB care and prevention Program. All interventions are based on the revised TB NSP 2020-2024 and HIV NSP 2020-2023 that identified gaps and defined appropriate strategies and has already been operationalized operational. The programs follow the Global Fund performance based funding where specific indicators are used to monitor progress on quarterly basis. During the current reporting period, AAA met most of its set targets as shown in the table 1.4.

The strategies applied to meet the project goals include; on Job training of laboratory assistants, training of health workers in all Primary Health Care, training of Prison health person on TB care and management and strengthening of the PHCCs to be able to offer TB DOTs services so as to carry out sputum microscopy with an aim of increasing case finding and promptly initiating them on treatment with supervised DOTs. AAA provided TA to the TB officers and the CHD staff on supportive supervision and monitoring of programme activities, streamlining and strengthening the logistics management information systems (LMIS) and forecasting and quantifications including the drug ordering system, maintaining minimum-maximum (min-max) levels and inventory maintenance. All forms of TB patients that were registered for treatment (new and relapse) were 6336 patients who were all notified to NTP.

During the implementation of the NFM3 grant, WHO declared COVID-19 a global pandemic? In 2021, AAA being an SR to the NFM3 TBHIV grant under the management of PR UNDP was requested to present a budget proposal to aid in strengthening the Last Mile Delivery of Global Fund health commodities for COVID-19, TB and HIV as this was one of the big gap realized by the COVID-19 pandemic following controlled and limited movements from one point to another. This resulted to AAA being officially engaged for the implementation of C19RM (COVID-19) module under the intervention area of Health products & waste management systems as from October 2022. The activities related to this are for strengthening of Last Mile Distribution (LMD) of COVID-19 and HIV/TB commodities. The COVID 19 Response Mechanism (C19RM) module has seamlessly addressed the challenges of Last Mile Distribution (LMD) of COVID 19 and TBHIV commodities from the hubs to the health facilities and this has greatly contributed to impactful results to the TBHIV programme. The COVID-19 resources are to service 87 health facilities (where 47 are co-located for TB and HIV, 18 stands alone for TB services and 12 stand-alone for HIV services). The LMD also includes some health facilities, which are not allocated to AAA but are within AAA's operational area.

AAA has a team of dedicated staff for TBHIV and C19RM interventions with clear terms of reference and functions. The organizational structure is shown in the organogram in page 13.

CHAPTER 1: INTRODUCTION

1.1: BACKGROUND

Arkangelo Ali Association (AAA) started as an indigenous South Sudanese Non Governmental Organization (NGO) founded in November 2006 and registered under Relief and Rehabilitation Commission and the Ministry of Legal Affairs and Constitutional Development. The chief Registrar, Ministry of Justice following successful TB program collaboration and implementation in South Sudan (SSD), upgraded AAA to International NGO on 27 January 2012. Internationally, AAA is a founder member of the Bakhita Consortium along with 7 other Italian organizations, Kenyan and South Sudanese NGOs/Associations that works for the development of South Sudan. The mission of AAA is to uplift dignity of disadvantaged people through provision of social services with respect of transparency, quality, equity, availability and accessibility with a vision of a community that believes in respect for human dignity. AAA has a Regional office in Nairobi, Kenya under the umbrella of Verona Fathers (Comboni Missionaries Kenya Province) and a country Office in Juba, South Sudan.

As highlighted in the Year 1 annual report, the South Sudan GF TBHIV NFM3 grant was allocated USD 71,526,259 for 3 years (201-2023). AAA signed an SR agreement with PR UNDP on 27/01/2021 with a 3-year budget (2021-2023) of USD 2,239,426. The coverage focused on four Modules of the NFM3 as below cited:

1. TB Care and Prevention; Intervention Area: Case detection and diagnosis.
2. TBHIV; Intervention Area: Engaging all care providers.
3. MDR TB; Intervention Area: Treatment.
4. Program Management; Intervention Area: Grant management.

On 13th of September 2021, AAA further signed the Amendment No.1 to the SR agreement with the PR UNDP increasing the 3 - year budget (2021-2023) from USD 2,239,426 to USD 3,218,673. These changes were effected in order to include activities related to the HIV interventions to ensure TB/HIV integration at health facility and community outreach level. AAA was additionally expected to engage in four additional HIV modules and interventions as from 1st October 2021 (Q4/21). The additional Modules related to HIV were:

1. Differentiated HIV Testing Services; Intervention Area: Facility-based testing.
2. PMTCT; Intervention Area: Prong 3 - Preventing vertical HIV transmission.
3. RSSH: Laboratory systems; Intervention Area: Information systems and integrated specimen transport networks.
4. Treatment, care and support; Intervention Area: Differentiated ART service delivery and HIV care.

It is worth noting that during Year 1 of the implementation of the NFM3 grant, WHO declared COVID-19 a global pandemic. In 2021, AAA being an SR to the NFM3 TBHIV grant under the management of PR UNDP was requested to present a budget proposal to aid in strengthening the Last Mile Delivery of Global Fund health commodities for COVID-19, TB and HIV as this was one of

the big gap realized by the COVID-19 pandemic following controlled and limited movements from one point to another. This resulted to AAA being officially engaged for the implementation of C19RM (COVID-19) module under the intervention area of Health products & waste management systems as from October 2022 after having signed Amendment No.2 on 14th September 2022 for incorporation of COVID-19 module under the intervention area of Health products & waste management systems. The activities related to this are for strengthening of Last Mile Distribution (LMD) of COVID-19 and HIV/TB commodities as proposed in 2021. The COVID-19 resources are to service 87 health facilities (where 47 are co-located for both TB and HIV, 18 stand alone for TB services and 12 stand alone for HIV services) in AAA operation area. The LMD also includes some health facilities, which are not allocated to AAA but are within AAA's operational area. These changes updated the AAA budget from USD 3,218,673 to USD 3,632,817.

Subsequently, on 16, December 2022, the SR AAA received Amendment No. 3 to the SR Agreement for Program Grant Agreement SSD-C-UNDP. The purpose of this amendment was updating the budget by presentation of the actual expenditure from January 2021 to September 2022 (Quarter 1 to Quarter 7) and as well as the forecast from October 2022 to December 2023 (Quarter 8 to Quarter 12) of the grant implementation. Despite the budget revision, the total budget for the SR Agreement between UNDP and AAA remains the same as the previous amendment at US$3,632,817. All other conditions stipulated in the SR agreement between PR UNDP and SR AAA (Grant Agreement SSD-C-UNDP) for period 1 January – 31, December 2023 signed on 27, January 2021 remained the same. It is worth noting that the C19RM budget signed in amendment 2 did not have any updated changes in amendment 3.

Overall, the budget allocated to AAA is to facilitate the running of the programme in the then existing 69 TB units and then integrate and expand TBHIV services to new health facilities by the end of the 2021-2023 grant. At the end of this year, AAA has managed to have 8 health facilities integrated with TBHIV services as a way of expanding TB DOTs in the AAA catchment areas and are all functional.

AAA as a sub-recipient (SR) implemented the TB, TBHIV and C19RM interventions with GFATM funding support under the leadership of the Principal Recipient (PR) United Nations Development Program (UNDP). AAA implemented the eight interventions in the TBHIV programme and it managed to report data from 69 functional diagnostic and treatment centers that are spread across 27 counties in 5 States of South Sudan.

In 2022, AAA managed to integrate TBHIV services in 8 health facilities (i.e Ezo PHCC, Naandi PHCC, Yangiri PHCC in Ezo *county, St Daniel Comboni Wau County, Agok PHCC in Wau County,Raja Hospital, Deimzubeir PHCC in Raja County and Wanjok PHCC in Aweil East county*)

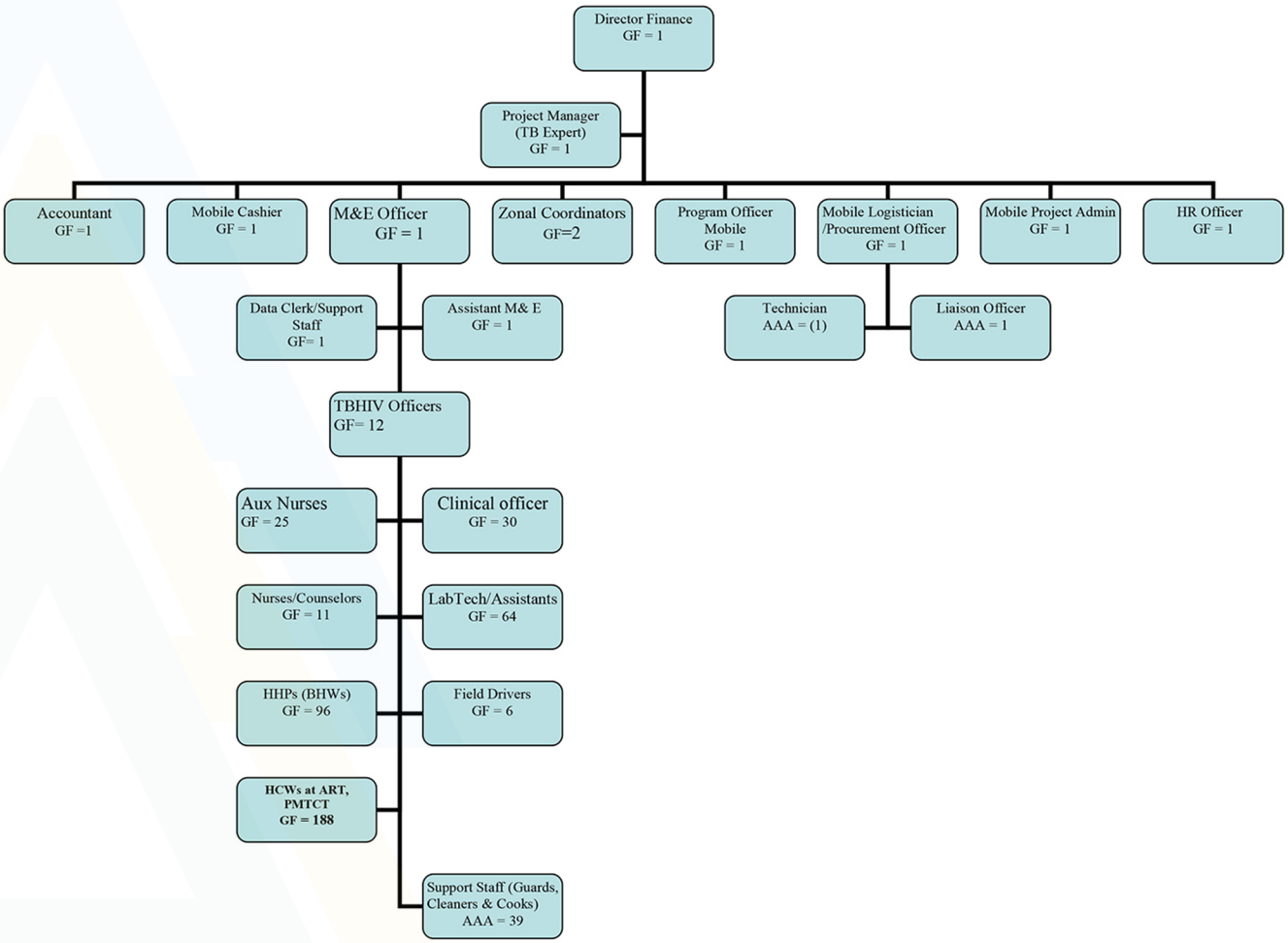
There were 6336 TB patients that were initiated on first line TB treatment in the whole of year 2022. There was a treatment evaluation of the 5786TB patients who were registered in the cohort 2021, and 5232 patients had either cured or treatment completed giving a treatment success rate of 90%.

The grants implementation was in collaboration with the Ministry of Health where the interventions follow the standard Ministry of Health guidelines and protocols with the National

Tuberculosis, Leprosy and Buruli Ulcer (NTLBP) Program and HIV departments providing the Technical guidance and in close collaboration with the County Health Departments (CHD) and State level Ministries of Health in the States where AAA implements. The TBHIV project targets an estimated population of 3,604,589 which is within the AAA catchment areas. This calculation is based on the South Sudan 2008 census result projection factoring in a growth rate of 3% per annum.

The Global Fund NFM3 grant aims to expand TB treatment coverage but at the same time pursuing high quality DOTS expansion and enhancement, addressing challenges related to multidrug-resistant TB and strengthening the national management capacity by strengthening a National TB care and prevention department in the Ministry of Health of South Sudan. As highlighted above, the C19RM grant and activities aim at strengthening of the Last Mile Distribution (LMD) of COVID-19 and HIV/TB commodities. All these are aimed towards the reduction of mortality and morbidity caused by TBHIV and Covid 19. The implementation of the TBHIV and C19RM interventions are carried out at various levels within the AAA organizational structure, right from the headquarters to the health facilities as shown in the organogram below.

AAA ORGANIZATION STRUCTURE FOR TBHIV NFM 3 PROGRAMME 2022



1. 2: OVERALL PROJECT GOAL AND SPECIAL GRANT AGREEMENT

The goals of the Global Fund TBHIV NFM3 Grant are:

1 Reduction of new HIV infections by 50% by 2023 (from 2010 levels)

2. Reduction of deaths among men, women and children living with HV by 50% by 2023 (from 2010 levels)

3. Reduce TB incidence by at least 30% (relative to the 146/100,000 population in 2019) to less than 102/ 100,000 by 2024).

On the other hand, the C19RM project is a COVID-19 response mechanism to aid in strengthening the Last Mile Delivery (LMD) of COVID-19 and HIV/TB commodities - geared towards realization of the above Global Fund TBHIV NFM3 goals.

The Global Fund Grant Agreement signed for the ongoing NFM3 TBHIV Grant between AAA and the Principal Recipient (PR) United Nations Development Programme (UNDP) was signed by both parties on 27/01/2021, with a 3-year budget (2021-2023) of USD 2,239,426 for the purpose of utilization towards running the existing 52TB units and then expand TB DOTs by integrating TB services in 14 new health facilities. The target for ART sites was 69 but AAA managed to get data from 25sites, HTS target was 69 sites but only 27 sites reported data and PMTCT had a target of 65 sites but data was generated from 40 health facilities. Further, on 13th of September 2021, AAA further signed the Amendment No.1 to the SR agreement with the PR UNDP increasing the 3 - year budget (2021-2023) from USD 2,239,426 to USD 3,218,673. These changes were effected in order to include activities related to the HIV interventions to ensure TB/HIV integration at health facility and community outreach level as from 1st October 2021 (Q4).

It was during the implementation of the grant, when WHO declared COVID-19 a global pandemic and AAA being an SR to the NFM3 TBHIV grant presented a budget proposal to aid in strengthening the Last Mile Delivery of Global Fund health commodities for COVID-19, TB and HIV as this was one of the big gap realized by the COVID-19 pandemic following controlled and limited movements from one point to another. The outcome of this was signing Amendment No.2 on 14 September 2022 for incorporation of COVID-19 module under the intervention area of Health products & waste management systems. This further updated the AAA budget from USD 3,218,673 as per amendment No.2 to now USD 3,632,817.

Subsequently, on 16, December 2022, Amendment No. 3 to the SR Agreement was signed for the purpose of updating the budget by presentation of the actual expenditure from January 2021 to September 2022 (Quarter 1 to Quarter 7) and as well as the forecast from October 2022 to December 2023 (Quarter 8 to Quarter 12) of the grant implementation. Despite the budget revision, the total budget for the SR Agreement between UNDP and AAA remained the same as the Amendment No.2 at US$3,632,817. All other conditions stipulated in the SR agreement between PR UNDP and SR AAA (Grant Agreement SSD-C-UNDP) for period 1 January – 31,

December 2023 signed on 27, January 2021 remained the same. It is worth noting that the C19RM budget signed in amendment 2 did not have any updated changes in amendment 3.

1.3: STRATEGIES AND IMPLEMENTATION DURING THE REPORTING PERIOD

The goals of the TBHIV NFM3 Grant are:

2 Reduction of new HIV infections by 50% by 2023 (from 2010 levels)
4. Reduction of deaths among men, women and children living with HV by 50% by 2023 (from 2010 levels)
5. Reduce TB incidence by at least 30% (relative to the 146/100,000 population in 2019) to less than 102/ 100,000 by 2024)

Bearing the above goals in mind, specific strategies for TB and HIV were developed as so to meet the set objectives. The strategies employed by AAA in collaboration with the PR (UNDP) and the NTP during the reporting year so as to achieve the desired results include:

- Re-establishment of the Mupoi and Source Yubu PHCCs in Western Equatoria state to integrate TB services.
- MDR TB cohort review meetings that were clustered in 5 State level hubs.
- Capacity building of the programme staff on supply chain management (SCM)
- Assessment of the health facilities (*Wulu in Wulu County, Cuibet Hospital in Cueibet county, Nyamlell PHCC in Aweil West county, Luanyaker PHCC I Gogrial East county and St Mother Theresa Hospital in Twic county*) for the suitability to install GeneXpert machines.
- Engaging the HIV networks, e.g. NEPWU in series of meetings to forge a common understanding regarding their activities e.g. tracing lost to follow up, HIV awareness creation etc.
- Involving the members of the SSNeP+ and NEPWU in communities as champions and Expert patients for HIV awareness creation and for positive, health, dignity and prevention.
- Intensify HIV awareness so as HIV- related stigma and discrimination is reduced.
- Ensuring that all PLHIV are monitored through viral load for viral suppression
- Engage the networks of PLHIV in communities to promote HTS and to assist with counselling and referral.
- Training of health care workers on EID and Viral load
- Strengthen linkage and referral processes to ensure that pregnant women who test HIV-positive are not lost-to-follow-up.
- Capacity building of the health care workers on TB care and treatment
- Training of the prison health personnel on TB management.
- Training the laboratory staff on LED microscopy
- Training of laboratory staff on EQA and GeneXpert
- Train/retrain county and State level hospital Health care workers on HTS
- Behaviour Change Communication(BCC) in the community and mobilization to increase demand for TB-DOTS services
- Community TB-DOTs and promotion of treatment adherence through TB treatment supporters and TB clubs.

- Conducting TB awareness and health education campaigns.
- Contracting a Courier company for transporting samples from the facilities to the hubs and then shipment of the samples to the NPHL, Juba.
- Ensuring a good TB-HIV collaboration at community, facility, county, payam and boma levels , by engaging the HHPs
- Supporting the TB-HIV co-infected cases while on treatment
- Early retrieval of persons lost to follow up, through the establishment of TB clubs and the involvement of TB ambassadors
- Conducting Door to Door health education and screening of contacts of smear positive TB patients and contacts of children under 5 years
- Systematic TB screening among PLHIV and patients admitted in wards.
- Strengthening community DOTS in the continuation phase and follow up using the HHPs
- Mentoring the Home Health Promoters to link the community with respective PHCCs and PHCUs for TB care.
- Joint Supportive supervision and monitoring of programme activities by AAA TB Expert, M&E officer, the NTP and the PR for on-site training and data management and validations.
- Streamlining the drug ordering system and inventory to strengthen the LMIS, whereby all orders are placed at the beginning of every quarter.
- Health education in the community and mobilization to increase awareness and create self-referral and demand for TB-DOTS services. This included school health, mass media, community theatre and utilizing HHPs to educate the community in administrators' meetings, markets, local community courts and other organized gatherings.
- TBHIV sensitizations in congregate settings like prisons, military barracks, police cells, cattle camps, schools, churches and returnee/IDP camps.
- Continuing with the distribution of IEC materials to Health workers and HHPs together with imperatives like umbrellas, caps, mud boots, motorbikes and bicycles to ease reaching the communities during rainy seasons.
- TB screening among patients admitted in wards and safe referral of sputum to laboratory for microscopy and relaying of results back to patients for treatment initiation within 48 hours.

As highlighted earlier, the C19RM project is a COVID-19 response mechanism to aid in strengthening the Last Mile Delivery (LMD) of COVID-19 and HIV/TB commodities - geared towards realization of the above Global Fund TBHIV NFM3 goals; thus, specific strategies for were also employed so as to meet the grant objectives and goals. The strategies employed include.

- Early preparations and projections of grant implementation: i.e. towards the end of September before the project kick-off in October, AAA started the preparations of LMD activities through:
  - Conducting mechanical assessments and researching of spare-parts quotations for repairing and servicing the existing vehicles and motorbikes.
  - Assessments of the storage facilities at the sub-national and facility levels so as to carry out minor renovations to enable safe storage of the health commodities.

- Seeking quotations from construction companies for renovations and rehabilitation of existing storage promises that were in destitute state.
- Bidding of transport companies for hire to facilitate LMD of TBHIV programme commodities.
- Development of Work Plans for estimation of needed fuel and researching new market prices.
- Pre-orientation of field staff on the expected implementation of CR19 RM activities.

These preparations aided in starting the implementation of the CR19 RM activities in early October at the start of Q8.

- Development of a Distribution Strategic Paper that will be used as a guide/reference during the implementation of the activities related to strengthening Last Mile Delivery of COVID-19, TBHIV commodities and other health products within the linkage of AAA TBHIV Programme.
- Capacity building and feedback meetings to improve on the current Supply Chain Management (SCM) pattern, which could result to an improved distribution of COVID 19, HIV and TB medicines and other supplies.
- Monitoring, evaluation and coordination in the field majorly influenced and guided by the Distribution Strategic Paper developed for SR AAA by an expert consultant at the start of the project.

1.4: RESULTS

5.1 Programmatic TB NFM3 Year 1(January-December 2022) TB indicators versus Targets

Indicator	Reporting Period	Target	Result	% Achievement
DOTS-1a: Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses	Jan- December	9056	6336	70%
DOTS-2a: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all new TB cases registered for treatment during a specified period	Jan-December	85%	5232/5786(90%)	106%
DOTS-3: Percentage of laboratories showing adequate performance in external quality assurance for smear microscopy among the total number	Jan-December	95%	74/85(87%)	92%

of laboratories that undertake smear microscopy during the reporting period				
TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register	Jan-December	93%	6161/6336(97%)	104%
TB/HIV-6(M) Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	Jan-December	90%	593/596(99%)	110%
MDR TB-9 Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated	Jan- December	83%	45/48(94%)	113%
MDR-TB 2 (M): Number of TB cases with Rifampicin-resistant (RR-TB) and/or MDR-TB notified	Jan-December	56	70	125%
MDR TB-3: Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	Jan-December	56	68	121%

HIV Indicators Versus Targets

Indicator	Reporting Period	Target	Result	% Achievement
PMTCT-2.1 Percentage of HIV-positive women who received ART during pregnancy and/or labour and delivery	January to December	10%	125/2632(5%)	50%
PMTCT-3.1 Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth	January to December	5%	180/2632(7%)	140%
TCS-1.1(M) Percentage of people on ART among all people living with HIV at the end of the reporting period	January to December	10%	5141/42,706(12%)	120%
M&E-2a Completeness of facility reporting: Percentage of expected facility monthly reports (for the reporting period) that are actually received	January to December	95%	TB (69)+ART (32)=101/135(75%)	79%
Number of health facilities sending EID samples for testing during the reporting period	January to December	87	50	57%

6.2 Status of Implementation of Approved work plan.

1. TBHIV NFM3

Activity	Year Planned	Status of Implementation	Concise description of the status/results/achievements and challenges
Train/retrain HCWs in State and County level Hospitals on HIV testing	Year 2022	Conducted	Achievements: 100% attendance of 81 participants: - 41 males - 40 females The participants appreciated the training, as it will be used in improving the quality of programme implementation.
Capacity building of health facility health workers on TB care and treatment	Year 2022	Conducted	**Achievements:** 100% attendance of 69 participants: - 62 males - 7 females
Training of lab staff on LED microscopy	Year 2022	Conducted	**Achievements:** 100% attendance of 67 participants: -63 males -4females
Training of lab staff on EQA(Microscopy and GeneXpert)	Year 2022	Conducted	**Achievements:** 100% attendance of 62 participants: -58 males -4 females
Training of prison health personnel on TB and HIV diagnosis and treatment.	Year 2022	Conducted	Achievements: 100% attendance of 78 participants: -68 males -10 females
Training of HCWs on EID and viral load	Year 2022	Conducted	Achievements 100% attendance of 144 participants 89 males 55 females
Annual review meeting for mentor mothers at the state level	Year 2022	Conducted	100% attendance of 203 participants 192 females 11 males
Conduct quarterly EQA support supervisory visits from the State to the peripheral laboratories	Year 2022	Activity carried out	**Strengths/Achievements** - There were 40 joint EQA support supervisory visits from the State levels to the health facilities in the periphery.

			- All reported data for was verified during EQA support supervisory visits and was found corresponding with what had been submitted to NTP and UNDP. **Challenges** There was massive flooding in most of the areas which made accessbility a challenge for supervision visits.
TB contact screening with focus on bacteriologically confirmed TB cases	Year 2022	BHWs were involved in Contact investigations.	**Strengths/Achievements:** ♦ Number of bacteriologically confirmed TB cases on whom Contact Investigations were carried out:897 ♦ Number of people found at home: 2094 ♦ Number of TB contacts screened:1318 ♦ Number of contacts identified with TB symptoms:298 ♦ Number of sputum samples from symptomatic contacts tested in the lab:297 ♦ Number of TB contacts confirmed with TB: 25 ♦ Number confirmed with TB and initiated on treatment :25
Intensify TB case detection	Year 2022	Both Intensified and passive case finding approaches were employed during the quarter	**Strengths/Achievements** - Total of 6420 TB cases (caseload) were diagnosed and initiated on TB treatment. **Recommendations** - All index cases should always have their contacts screened for TB for 3 months. **Challenges** - Some of the GeneXpert machines had faulty modules ,thus only minimal number of presumptive patients could be screened using the Xpert machines.

EQA slide sampling	Year 2022	Done	**Strengths/achievements** - 850 slides were sampled and sent to the NTRL for double-checking. 110 slides had discrepant results which resulted to an EQA result concordance of 87%.
Transporting DST samples from peripheral labs for Gene-Xpert processing at the hub laboratories	Year 2022	Done	**Strengths/Achievements** - 95% (=N209 out of 220) samples were transported from retreatment patients to the nearby hub laboratories for Gene-Xpert processing. Out of these 70 DR-TB patients were diagnosed and 68 patients initiated on SLD.

II. C19RM (COVID-19) - Last Mile Delivery (LMD)

Activity	**Year Planned**	**Status of Implementation**	**Concise description of the status/results/achievements and challenges**
Last Mile Distribution (LMD) of COVID-19 and HIV/TB commodities	Year 2022	Related and linked activities carried out.	**Strengths** a) Early preparations and projections of grant implementation: i.e. towards the end of September before the project kick-off in October, AAA started the preparations of LMD activities through: ♦ Conducting mechanical assessments and researching of spare-parts quotations for repairing and servicing the existing vehicles and motorbikes; ♦ Seeking quotations from construction companies for renovations and rehabilitation of existing storage promises that were in destitute state. ♦ Bidding of transport companies for LMD of TBHIV programme commodities. ♦ Development of Work Plans for estimation of needed fuel and researching new market prices. ♦ Pre-orientation of field staff on the

			expected implementation of CR19 RM activities etc. These preparations aided in starting the implementation of the CR19 RM activities in early October. b) After project start off, the SR ensured exemplary monitoring, evaluation and coordination in the field majorly influenced and guided by the Distribution Strategic Paper developed for SR AAA by an expert consultant at the start of the project. c) The SR facilitated State level capacity building and feedback meetings that were conducted for the purpose of improving the existing Supply Chain Management pattern and devising ways of connecting it to the current Last Mile Delivery programme for improved efficiency and efficacy towards distribution of HIV and TB medicines and supplies. This was done in all the 5 States where AAA implements the TBHIV Programme namely: WBeG, Warrap, NBeG, Lakes and WE. d) Commodities were received timely in the facilities and transport coordination from hubs to sites/final destinations was well effected since there was readily available fuel and most of the motor vehicles were in operating states after being repaired and serviced courtesy of the grant resources. e) Good collaboration with some SMoH especially in Aweil State Hospital. **Results/Achievements** a) There was the development of a Distribution Strategic Paper that will be used as a guide/reference during the implementation of the activities related to strengthening Last Mile Delivery of COVID-

			19, TBHIV commodities and other health products within the linkage of AAA TBHIV Programme. b) There was 2 days State level capacity building and feedback meetings on improvement of the current Supply Chain Management (SCM) pattern and connect it to Last Mile Delivery (LMD) for improved efficiency and efficacy for purpose of distribution of Covid - 19, HIV and TB medicines and supplies. This was conducted in the Capitals of all the 5 States where AAA implements the TBHIV Programme namely: WBeG, Warrap, NBeG, Lakes and WE. c) We were able to provide spare parts and lubricants for general and minor repairs/maintenances and servicing of our AAA motor-vehicles (cars and motorbikes) including those donated under previous Global Fund grants to enable their usage in the implementation of TBHIV Programme activities including those related to strengthening and distribution of Last Mile Delivery of COVID-19, TBHIV commodities and other health products between Drop Point(s) (Hubs); main AAA TBMUs (HFs) and various TBHIV sites in the Peripheries within the 5 States. ♦ The list of cars and motorbikes that benefited from the resources are from the following AAA TBHIV sites: Kuajok, Luonyaker, Nyamlell, Aweil, Gordhim, Rumbek, Yirol, Tambura MarialBaai, GokMachar, Matangai, Cueibet and Adior. d) We were able to provide petrol for active Motorbikes servicing the AAA TBHIV Programme including implementation of activities related to strengthening of Last Mile Delivery of COVID-19, TBHIV

			commodities and other health products between Drop Point(s) (Hubs); main AAA TBMUs (HFs) and various TBHIV sites in the Peripheries. e) We were able to provide diesel for active cars servicing the AAA TBHIV Programme including implementation of activities related to strengthening of Last Mile Delivery of COVID-19, TBHIV commodities and other health products between Drop Point(s) (Hubs); main AAA TBMUs (HFs) and various TBHIV sites in the Peripheries. f) We were able to do minor renovations/rehabilitation of some existing premises for safe storage of commodities. Some of these are: ♦ Dispensing pharmacy (with 2 rooms) where storage of TBHIV and COVID-19 commodities are stored and Pharmacy's waiting bay/shade (initially erected by AAA in 2016) at Wau Teaching Hospital (AAA TBMU). ♦ Lab used by the TB/HIV Department for screening at Yambio Prison PHCC (AAA DTC). The lab is one of the main facility where the TB/HIV supplies that are distributed from time to time during the implementation of Last Mile Delivery are kept and used for the implementation of the TBHIV programme. ♦ TB department room (also used for drugs storage) to enable effectiveness in running the TB health services at Nzara St. Theresa Hospital. ♦ Two main stores to facilitate safe storages in Tambura hospital (AAA TBMU).

			♦ Two storage rooms (Main store and Ex - Food store) in Aweil State Hospital (AAA TBMU). ♦ One Medical store in Nyamlell PHCC (AAA TBMU). ♦ One dispensing pharmacy; and, temporary tent for storage purposes at Gordhim PHCC (AAA TBMU). ♦ One room in Rumbek State Hospital to be used as a hub transit. ♦ One lab used by the TB/HIV Department for screening and storage of commodities at Cueibet Hospital (AAA DTC). The lab is the main facility with a room where the TB/HIV supplies that are distributed from time to time. ♦ One prefab drugs store at St. Joseph Yirol Hospital. g) We were able to hire some transportation enablers for distribution of commodities in some AAA sites as follows: ♦ Hired one car to transport 49 cartons of TBHIV commodities containing drugs and assorted Lab materials for 6 HFs in WE State namely: Nzara St. Theresa, Ezo County and Tambura Hospitals with AAA TBMUs; Yangiri, Naandi and Nagero PHCCs with AAA DTCs. ♦ Hired of one truck from Akoldit Transport Company Ltd for internal transport, loading and offloading of diesel for the sites in NBeG States. ♦ Hired an internal flight to drop medical supplies from Juba to various airstrips namely Rumbek, Yirol, Aweil and Wau (as drop off points) for distributions to various sites within their localities. The

			hiring was essential as the roads were damaged/impassable during heavy rains.

6.3 Financial (Income and Expenditure)

I. NFM3 TBHIV

Module	Budget Line	Activity Description	Year 2 (2022) Budget	Year 2 (2022): Expenditure	Year 2 (2022) Variance
Differentiated HIV Testing Services	10	Train/retrain HCWs in state and county-level hospitals - SR2	6,200.00	6,200.00	-
MDR-TB	160	Conduct quarterly cohort review /performance review meeting at the state level.	4,000.00	4,000.00	-
PMTCT	31	Conduct annual state level review meetings with mentor mothers	54,756.00	54,756.00	-
RSSH: Laboratory systems	260	Provision of service contracts to courier companies for facilitation of sample transportation	150,092.00	150,036.00	56.00
TB care and prevention	138	Scale up LED microscopy services from 62 facilities to 122 facilities by 2024 - Train 1 lab personnel per facility with LED microscopy services	19,458.00	19,458.00	-
TB care and prevention	139	Train at least two lab staff per health	11,160.00	11,160.00	-

		facility on EQA (microscopy and GeneXpert)			
TB care and prevention	140	Conduct quarterly EQA support supervisory visits from State to peripheral laboratories with TB services	7,278.40	7,280.00	(1.60)
TB care and prevention	148	Build capacity of health facility health workers on TB care and treatment - Train 3 per PHCC and 1 per PHCU health workers per facility on TB treatment and care	19,560.00	19,560.00	-
TB care and prevention	298	AAA Field support - Travel cost	19,098.00	19,095.00	3.00
TB care and prevention	339	Provide enablers (transport) to all DR-TB patients during care	21,790.00	17,850.00	3,940.00
TB care and prevention	340	Provide enablers (nutrition) to all DR-TB patients during care	30,581.00	24,990.00	5,591.00
TB care and prevention	341	Establish monthly follow-up clinics of DR-TB patients and track adverse events	3,287.00	3,287.00	-
TB care and prevention	354	AAA Programme Management HR cost	141,920.00	141,920.00	-
TB care and	355	AAA Field support	444,299.52	433,019.00	11,280.52

prevention		HR cost			
TB care and prevention	356	AAA Programme Management - Operating cost	22,208.00	22,160.00	48.00
TB/HIV	342	Train at least four prisons per state prison health personnel on TB and HIV diagnosis and treatment	19,723.00	19,724.00	(1.00)
Treatment, care and support	109	Provide operational support to 130 facilities providing ART/PMTCT	42,974.00	42,910.00	64.00
Treatment, care and support	110	Incentives for HCWs at ART, PMTCT and TB sites - SR1	233,100.00	228,300.00	4,800.00
Program management	357	AAA Programme Management Service ICR	87,603.86	85,799.35	1,804.51
Total			**1,339,088.78**	**1,311,504.35**	**27,584.43**

***Notes to the Financial (Income and Expenditure) illustration for* TBHIV NFM3.**

1) Our budget variance for Year 2 is $27,584.43.
2) The grant balance as of end of Year 2 is USD 27,583.72 (as reflected in the Q8 FACE Report).
3) Between No.1 and No.2 there is a variance of USD 0.71 which was not disbursed to AAA in the Q1-Q3 (Year one) as it was rounded-off in the software.

Explanations on Variances in the various Budget Lines for Budget VS Expenditure:

- ***Budget Line 260: Provision of service contracts to courier companies for facilitation of sample transportation.***

Positive variance of USD 56 remained because it was projected for paying out part of the transportation of December samples as they will be invoiced in January as payment to the courier/transport company is subject to all deliveries and not advances payments.

- ***Budget Line 140: Conduct quarterly EQA support supervisory visits from State to peripheral laboratories with TB services.***

Negative variance of USD (1.60) due to expenditure rounding against the decimals in the budget. The negative variance will be reconciled during implementation as this is a continuous activity.

- ***Budget Line 298: AAA Field support - Travel cost.***

Positive variance of USD 3 remained because of third participation support by AAA towards field travel costs to the programme but it will continue to be utilized during the next quarters of the grant implementation, as this is a continuous activity.

- ***Budget Line 339: Provide enablers (transport) to all DR-TB patients during care.***

Positive variance of USD 3,940 is a result of cumulative positive Balance Brought Forward (BBF) from previous quarters in year 1. Initially, it had accumulated/remained because of registration of less number of MDR patients within our sites due to low disease burden unlike in the assumption that was budgeted for. However, the outcome of registering and enrolling new DR patients for these transport enablers has been overwhelming in Year 2 following application of some strategies shared with the PR in quarterly management letters; thus, very little positive cumulative balance remaining compared to Year 1. Averagely, we had 60 DR patients enrolled for provisions of these enablers in Year 2 unlike in Year 1 where enrolled DR patients were at an average of 35. As of now, the situation looks promising and we still project a tangible number of new DR patients being registered and enrolled in our sites; thus, we envisage absorption of the balance remaining in Year 2 as from Year 3. Further, during our budget analysis, we noted a staggered reduction of quarterly allocations of these resources in Year 3; thus another reason we project absorption of the remaining balance within the rest of the grant period – where unless we view otherwise by mid Year 3, we will share with the PR for propositions of other impactful activities in order to worthily exhaust any possible balance by end of grant.

- ***Budget Line 340: Provide enablers (nutrition) to all DR-TB patients during care.***

Positive variance of USD 5,591 is a result of cumulative positive Balance Brought Forward (BBF) from previous quarters in year 1. Initially, it had accumulated/remained because of registration of less number of MDR patients within our sites due to low disease burden unlike in the assumption that was budgeted for. However, the outcome of registering and enrolling new DR patients for these nutrition enablers has been overwhelming in Year 2 following application of some strategies shared with the PR in quarterly management letters; thus, very little positive cumulative balance remaining compared to Year 1. Averagely, we had 60 DR patients enrolled for provisions of these enablers in Year 2 unlike in Year 1 where enrolled DR patients were at an average of 35. As of now, the situation looks promising and we still project a tangible number of new DR patients being registered and enrolled in our sites; thus, we envisage absorption of the balance remaining in Year 2 as from Year 3. Further, during our budget analysis, we noted a staggered reduction of quarterly allocations of these resources in Year 3; thus another reason we project absorption of the remaining balance within the rest of the grant period – where unless we view otherwise by mid Year 3, we will share with the PR for propositions of other impactful activities in order to worthily exhaust any possible balance by end of grant.

- ***Budget Line 355: AAA Field support HR cost.***

Positive variance of USD 11,280.52 remained by end of Year 2 due to internal remuneration reviews of various cadres of medical staff and less allocations during probation contracts. As it stands, the balance has been projected for:

a) Continued expansion of proposed new sites in the current grant for 2021-2023 by engaging staff under top-up in the new sites that will be functional.

b) To be accommodated in this balance are also the 2 TBHIV Officers engaged in Q5 due to increased workload in the grant following additional activities related to HIV.

The balance is expected to continue being utilized in Year 3 starting Q9 and continuation of the grant period as expansion is time by time. It is worth noting that our projection depicts full absorption of these monies by end of grant period.

- ***Budget Line 356: AAA Programme Management - Operating cost.***

Positive variance of USD 48 remained because of cost sharing of some programme needs like diesel through C19RM grant for linked activities. It has however been projected for utilization in Year 3 (starting Q9) of the grant implementation as this is a continuous activity.

- ***Budget Line 342: Train at least four prisons per state prison health personnel on TB and HIV diagnosis and treatment.***

Negative variance of USD (1.00) caused by price fluctuations of some training materials e.g. stationery - following currency inflation. The small negative variance will be absorbed and reconciled in Q10 (Year 3) as we have similar training then.

- ***Budget Line 109: Provide operational support to 130 facilities providing ART/PMTCT.***

Positive variance of USD 64 remained because of 3rd participation support by AAA towards these operational costs/needs to the programme but it will continue to be utilized during the next quarters of the grant implementation as this is a continuous activity.

- ***Budget Line 110: Incentives for HCWs at ART, PMTCT and TB sites - SR1.***

Positive variance of USD 4,800 reflects courtesy of savings brought forward from Q4 for the HCWs who were not physically verified by end of December 2021 (Year 1). However, this positive variance has already been projected for paying out the identified HCWs for engagement of delivering TBHIV services in the existing and additional ART, PMTCT and TB sites during the rest of the remaining grant implementation. It is worth noting that following these savings accumulated after verification of the actual HCWs at the start of implementation in Q4 (Year 1); AAA was able to engage 188 HCWs by Q8 (end of Year 2). The actual allocated number of the HCWs is 184 as budgeted for per quarter - but in Year 2, we managed to enroll 4 more HCWs in some new sites from these minor savings from Q4. Our projection depicts full absorption of these monies towards payment of these 4 realized HCWs by end of grant period.

- ***Budget Line 357: AAA Programme Management Service ICR.***

Positive variance of USD 1,804.51. This is 7% unutilized ICR up to Q8 - given the various reasons explained in relation to the balances in each budget line and activity.

II. C19RM (COVID-19)

Module	Budget Line	Activity Description	Year 2 (2022) Budget	Year 2 (2022): Expenditure	Year 2 (2022) Variance
COVID-19	83	Last Mile Distribution (LMD) of COVID-19 and HIV/TB commodities - AAA	58,456.00	49,346.00	9,110.00
Program management	291	AAA Programme Management Service ICR	4,092.00	3,454.22	637.78
Total			**62,548.00**	**52,800.22**	**9,747.78**

Notes to the Financial (Income and Expenditure) illustration for C19RM (COVID-19)

1) Our variance for Year 2 is $9,747.78 (as reflected in the Q8 FACE Report).

Explanations on Variances in the various Budget Lines for Budget VS Expenditure:

- ***Budget Line 83: Last Mile Distribution (LMD) of COVID-19 and HIV/TB commodities – AAA.***

The Positive variance of USD 9,110 was realized in the course of the year because of the following reasons:

1) The cost of hiring internal flights for airlifting of commodities in inaccessible times was reduced in that most of the consignments donated and provided by the PR UNDP from Juba warehouse were physically dropped in the various States capitals' ground (drop-off points/hubs) - thus, tangible savings under these costs unlike as projected in the assumption.

2. The cost of hiring Lorries (or equivalent) for distribution of commodities in AAA sites within the five States was greatly reduced because we used most of our vehicles and motorbikes to collect/pick the consignments from drop-off points/hubs to end stations/sites/peripheries. The usage of our motor vehicles was applicable since we were able to have them routinely maintained and serviced through spare parts and lubricants acquired through the C19 RM grant to aid in strengthening Last Mile Delivery activities. Additionally, there was provision of diesel and petrol from the same grant, which enabled our motor vehicles movement.

3) The cost of loading & offloading of commodities at the airports/airstrips like (Yambio, Rumbek, Wau and Aweil) after drop off by the PR UNDP was not incurred from our end because we used our personnel to offload at this first point (airports/airstrips). We further engaged our staff for offloading and loading at the hubs (second point) that service various Health Facilities (with our TBHIV sites including peripheries); and, thereafter, we engaged the cadres at the sites for the same after delivery of the commodities at the final destination. This arrangement attributed to no costs incurred as far as loading & offloading of commodities is concerned.

- ***Budget Line 291: AAA Programme Management Service ICR.***

Positive variance of USD 637.78. This is 7% unutilized ICR up to end of year 2 given the various reasons explained in relation to the balance in the budget line and activities for LMD.

Appendix on the Income & Expenditure:

The bank balance reflected on the Bank Statement as of 31 December 2022 is USD 37,332.19 split as follows:
a) TBHIV NFM3 Programme resources at USD 27,583.72
b) C19RM (COVID-19) Project resources at USD 9,747.78
c) USD 0.69 from closed NFM2 retained for account maintenance as of 31/12/2020 before NFM3 in 2021.

Third Participation:

As highlighted in the acknowledgement, to supplement some financial gaps realized during the implementation of the grant in the course of the year in areas that were not funded by the Global but deemed crucial for TBHIV service delivery; AAA sought financial aid from other well-wishers for the aim of supporting the programme. These additional funds were mobilized by AAA through fundraising thus regarded as third participation towards the programme implementation.

Below are the summarized tables highlighting AA's 3rd participation to the GF TBHIV programme in the course of the year 2022.

1. 3rd Participation towards: AAA support staff servicing the GF TBHIV Programme		
No.	**Area of Intervention**	**Amount in USD**
1	**Payment of Support Staff (Cooks/Cleaners** for intensive care patients to aid in treatment adherence and lab sterilization; and, **day** and **night Guards** for safeguarding assets and other programme valuables) for **All** AAA TBMUs, attached DCs/DTCs and HIV sites. These support staff are crucial for supporting service delivery of GF TBHIV Programme but were not provided for in the GF budget.	38,448.00

2	**Costs associated with TBHIV Officers – Includes Travel related costs:** 1 TBHIV Officer for Yirol TBMU but also overseeing attached AAA Mapuordit DTC; Adior and Bunagok TBMUs and attached AAA Mingkaman DTC; 1 for Gordhim TBMU and overseeing attached DTCs and HIV sites) – for costs like feeding; 1 TBHIV officer (Mobile) Juba-Aweil internal flight costs; 1 Program Officer (Mobile) Juba-Wau Internal flight costs and 1 TBHIV officer for Aweil but also overseeing Nyamlell and attached TBHIV sites Juba-Aweil internal flight costs.	1,640.00
3	**Emergency Fuel: Diesel/Petrol (done before approval of the resources of C19RM):** Provision of these for the sites not sufficed under GF budget e.g. Yirol. There was also supplementary diesel provided for supporting AAA TBHIV programme through joint monitoring & evaluations with SMoH, patients' follow-ups, and running other related programmatic errands.	1,755.00
4	**Emergency rehabilitation of existing facilities (done before approval of the resources of C19RM):** Repair of fence of the staff compound in Yirol where TBHIV programme assets are kept; Purchase of spares and labour for power installation of the Yirol TBMU volunteer compound where the GF assets and other program valuables are accommodated - as an upgrade of power supply for security purposes as the previous lighting was by use of a local lamp; and. repair of the toilet in Agangrial PHCC.	1,890.00
5	**General drugs:** Provisions of these in Gordhim and Agangrial PHCCs.	7,150.00
6.	**General Running Costs:** Like antivirus, hygiene materials, internet for reporting, minor emergency repairs like bulbs, photocopies, internal transport of drugs and program items to sites, programme personnel during supervisions and site visits etc.	1,365.00
7.	**Emergency Maintenance of Motor vehicles done before approval of the resources of C19RM):** Repair and service for the AAA car in Yirol TBMU used for supporting AAA TBHIV programme through monitoring & evaluations, patients' follow-ups, outreaches and running other related programmatic errands.	400.00
8.	**Assets for programme support:** Provision of 27 bicycles for enabling HHPs while conducting programme activities e.g. patients follow-ups, sample transportation etc - as the ones donated by GF in 2017 are almost worn out. These were provided in our TBHIV sites in WBeG, Warrap and NBeG States.	8,710.00
	Total	**61,358.00**

Total 3rd Participation by AAA towards the Global Fund Programme in 2022 was USD 61,358.00

Procurement and supply management

The set standards of procedures by the Global Fund and PR UNDP are that the major assets and equipment should only be purchased directly by the PR, and issued in kind to the implementing

partner. Therefore, depending on budget availability, AAA as an SR only purchases minor purchases to aid in the operations and programme implementation. Examples of these purchases include consumables such as diesel, petrol spare parts for the motor vehicles and motorbikes used in the different sites, minor renovations of existing structures, stationery, hygiene materials etc.

Within the reporting year, there were resources provided under the NFM3 and C19RM (COVID-19) grants for procurement of various programme consumables and others linked with supply management activities especially those on Last Mile Distribution (LMD) of COVID-19 and HIV/TB commodities.

As is norm, the management of items supplies/purchased is well tended and is in accordance with AAA's Finance, Operational Policies and Procedures Manual under Procurement guideline/Procedures as well as in the standards expected and communicated by PR UNDP in workshops and during SR Reviews. From time to time, the manual is updated and upgraded with addendums depending on newly established systems, needs and/or requirements.

Normally, at the beginning of every year, AAA compiles a pre-qualified list of suppliers identified after a market/price surveys. The Procurements/logistics officer through the review of the Project Manager and the Finance Director updates this list regularly.

In the case of C19RM which is a COVID-19 Response Mechanism realized and approved to address the challenges of Last Mile Distribution (LMD) of COVID 19 and TBHIV commodities from the hubs to the health facilities in the midst of the pandemic; tangile procurement and supply chain management of various consumables took place; unlike in the TBHIV grant where only minimal resources (i.e. USD 5,552) was allocated per quarter - for purchasing emergency needs like diesel, petrol and spare parts for the motor vehicles used in serving the TBHIV programme.

It is worth noting that the health commodities supplied to AAA under C19RM were all donated/received in kind as were purchased directly by the PR UNDP; and, in most cases distributed from Juba to AAA drop-off points (hubs) in the five States; for distribution to various sites. The summary of commodities donated for each site was provided by the PR UNDP upon delivery of each consignment at the hub. This packing list is commonly referred to as a waybill and it is the guide that aids in sorting out the commodities for each site and/or health facility for LMD. A copy of the waybill also accompanies the commodities under LMD to each site and another copy is sent to the HQ for monitoring and follow-up of the distribution process or ground.

With the approval of C19RM resources in September 2022, AAA embarked on early preparations and projections of the LMD implementation to enable a successful procurement and supply chain management. The preparation ensued towards the end of September before the project kick-off in October and it entailed:

- Conducting mechanical assessments and researching of spare-parts quotations for repairing and servicing the existing vehicles and motorbikes;

- Seeking quotations from construction companies for renovations and rehabilitation of existing storage promises that were in destitute state.
- Bidding of transport companies for LMD of COVID and TBHIV programme commodities.
- Development of Work Plans for estimation of needed fuel and researching new market prices.
- Pre-orientation of field staff on the expected implementation of LMD activities etc.

These preparations contributed highly to a successful implementation of the LMD activities in early October (at the start of Q8) and in a nutshell, we were able to conduct the following types of procurement:

- Spare parts and lubricants for general and minor repairs/maintenances and servicing of our AAA motor-vehicles (cars and motorbikes) including those donated under previous Global Fund grants to enable their usage in the implementation of TBHIV Programme and LMD activities between Drop Point(s) (Hubs); main AAA TBMUs (HFs) and various TBHIV sites in the Peripheries within the 5 States.
- Petrol for active Motorbikes servicing the AAA TBHIV Programme including implementation of LMD activities between Drop Point(s) (Hubs); main AAA TBMUs (HFs) and various TBHIV sites in the Peripheries.
- Diesel for active cars servicing the AAA TBHIV Programme including of LMD activities between Drop Point(s) (Hubs); main AAA TBMUs (HFs) and various TBHIV sites in the Peripheries.
- Minor renovations/rehabilitation of some existing premises for safe storage of commodities donated and transported under LMD.
- We were also able to contract some transportation enablers for Last Mile Distribution of commodities in some AAA sites as follows:
    - We hired one car to transport 49 cartons of TBHIV commodities containing drugs and assorted Lab materials for 6 HFs in WE State namely: Nzara St. Theresa, Ezo County and Tambura Hospitals with AAA TBMUs; Yangiri, Naandi and Nagero PHCCs with AAA DTCs.
    - We hired of one truck from Akoldit Transport Company Ltd for internal transport, loading and offloading of diesel for the sites in NBeG States.
    - We hired an internal flight to drop medical supplies from Juba to various airstrips namely Rumbek, Yirol, Aweil and Wau (as drop off points) for distributions to various sites within their localities. The hiring was essential, as the roads were damaged/impassable during heavy rain.

To enable an effective and efficient supply chain management of the above procurement and LMD activities, the SR affected the following:

- Through a competitive process that involved interviews, the SR contracted an expert consultant to develop a Distribution Strategic Paper that will be used as a guide/reference during the implementation of the activities related to strengthening Last Mile Delivery of

COVID-19, TBHIV commodities and other health products within the linkage of AAA TBHIV Programme.

- Further, the SR conducted State level capacity building and feedback meetings on improvement of the current Supply Chain Management (SCM) pattern and connects it to Last Mile Delivery (LMD) for improved efficiency and efficacy for purpose of distribution of Covid - 19, HIV and TB medicines and supplies. This was conducted in the Capitals of all the five States where AAA implements the TBHIV Programme namely: WBeG, Warrap, NBeG, Lakes and WE.

As noted in the preamble of this section, there were minimal resources allocated under NFM3 for purchasing emergency needs like diesel, petrol and spare parts for the motor vehicles used in serving the TBHIV programme. These came in handy before the approval and start up of the C19RM resources in September and October respectively.

With these minimal resources under NFM3, there were also other forms of procurement that the SR was involved in such as payment of flights for the M&E officer, programme staff and NPHL consultants during back and forth movements for supervisions, mentorships and other related programme tasks and/or activities.

Further, from the budget linked with HIV modules implementation awarded in Q4/2021, AAA continued to purchase stationery and hygiene materials as part of providing operational support to 130 facilities providing ART/PMTCT.

Additionally, AAA continued its involvement in the provision of service contracts to courier companies for facilitation of sample transportation – still under HIV in the module RSSH: Laboratory systems. Given its effectiveness and efficiency, the contracted company for this service by the name Akoldit Transport Company Ltd was retained from Year 1 (2021) under new agreement, terms and conditions in year 2 (2022).

As was in year one of the continuing grants, AAA made some contributions to the programme through own resources/fundraising as shown in the table in page 34. Some of these costs were linked to minor procurement like emergency diesel, petrol, general drugs, assets like bicycles, infrastructure maintenance /rehabilitation of various structures related to TBHIV programme and some general running costs for the TBMUs.

It is worth noting that for all the procurement and supply chain management, regardless of The Global Fund or AAA's third participation resources, the same system stipulated in the AAA Finance and Operations manual and lessons learnt from continued mentorship by PR was applied. In brief, this is the applied process:

In the usual procedures where procurement is involved, the Project Manager (TB Expert) is the mandated person to analyze the procurement requisitions/work plans presented by the TBHIV Officers from different TBMUs/sites. Upon analysis and approval, he liaises with the Finance

Director who in accordance with the budget approves the procurement of the required requested items.

In accordance with AAA's policy, spares are assessed by a AAA's specialized Consultant Mechanic who signs besides the Activity Report.

In cases where transport is involved, selection of the transport company is usually reached through scrutiny of various quotations from different companies for bid selection. Thereafter, the selected company signs a contract with AAA. The contract sights the expectations of the services and conditions to be adhered subject to payment.

For renovations/rehabilitation of existing structures, AAA involves the selection of the available construction companies. The final decision is usually reached through scrutiny of various quotations from different companies for selection. Note that before any go ahead of the approvals of the renovations of the existing premises in the HFs e.g. storage houses, laboratories etc; the Hospital or PHCC Head/Director(s) or linked CHD/SMoH must send an official endorsed letter highlighting and explaining on the dire need for renovations. This process in enforced to enhance transparency and collaborations with the partners and/or CHDs/SMoH.

As far as hiring of transport companies and renovations/rehabilitation of existing structures is concerned, it is important to note that in the context of South Sudan especially in the remote areas where our programme is operational, there are not a variety of companies available for these services – majorly influenced by monopoly and/or poor infrastructure; thus, we select only the available/existing company(s) whereby a justification of selection is written to support the quotation.

In regards to the stationery and hygiene materials purchases for the ART/PMTCT sites, approval of the next procurement is done after checking the stock card to confirm if there is any sufficient balance from the previous purchase before replenishment. Once it is confirmed that there is need for procurement to take place, the Project Manager (TB Expert) requests for various quotations for review with the logistics/procurement officer and the finance director because of budget availability reference. The best one is selected based on availability of items, cost and convenience.

After the quotation is selected, the logistics/procurement officer raises a purchase order to the selected supplier through the authorization of the finance director. An invoice follows thereafter. Upon provision and the delivery of the items in good order and condition, either cash or cheque pays the supplier and he provides a receipt.

When the items are delivered to the requesting main health facility, they are recorded as in stock first and then distributed to the attached sites according to need through internal delivery notes.

Monitoring of usage continues in order to ensure control, efficiency and efficacy.

In regards to fuel purchases, which are done on a regular basis, as is a necessity for program implementation; approval is after checking the Logbooks to confirm if the usage is in tandem with the activities and distances covered. The supply system entails:

Fuel allocation to the TBHIV Programme:

The fuel allocation is supposedly for carrying out Programme activities such as:

- Supportive supervision visits
- Monitoring
- Tracing of patients Lost to follow-up.
- Last Mile Delivery of COVID-19, TBHIV commodities and other health products between Drop Point(s) (Hubs); main AAA TBMUs (HFs) and various TBHIV sites in the Peripheries.
- Running any other authorized/approved programmatic errands

Prior to the approval of any new fuel procurement to the TBHIV Programs, the Project Manager (TB Expert) must have both copies of the Work plan and Logbook from the various TBHIV Officers.

- **Work Plan:** The document is a reflection of the TBHIV Officer's plan of action during a certain period (in this case quarterly) with specific information on activities, target groups, time frame, anticipated requirement and source of funding. Through this document, the Project Manager (TB Expert) has insight on activities to be undertaken by the TBHIV officer and he can guide and add some input before approving the document.

- **Logbook:** This is a log sheet capturing the day-to-day movement of the motor vehicles with specific entries on mileage, fuel received, fuel used and purpose of travel. The movements of both cars and motorbikes must be either part of the work plan or sanctioned by the Program/ TB Manager.

With both the Work Plan & Logbook, the Project Manager (TB Expert) will make analysis and determine the following:

- Whether the previous fuel allocation was utilized as per the preceding approved Work Plan.
- Whether the amount of fuel reflected in the Logbook in terms of consumption corresponds with the distance of the reflected trip /movement in the Log sheet.
- If the Balance in stock is correct after deducting the total sum of fuel consumed from the initial balance in stock.
- Calculate total Mileage verses the total fuel consumed in the preceding quarter in order to audit whether there was any loss or wastage in that period.
- Check entries in the Logbook, which were not parts of the Work Plan but were sanctioned by the Project Manager (TB Expert) e.g. pick up of drugs donated by NTP.
- Armed with the outcome of the above determinants plus the New Work plan, the Project Manager (TB Expert) can come up with a projection of the number of liters to be allocated for that quarter and present to the Project Administrator/Director.

- The Finance Director will then present the figures to the Logistic / Procurement officer for Quotation from various suppliers.
- On receipt of the various quotations, the Finance Director will then approve the best quote based on the unit cost, quality, and reliability of the supplier, availability of the product and the mode of payment.
- The Project Manager (TB Expert) and Finance Director will come up with the final allocation to the program after going through the available budget by the donor.
- Once the fuel is approved and distributed to the programme, they are recorded as in stock first and then distributed to the attached sites according to need through internal delivery notes.

ASSETS

In the year 2022, AAA did not receive any assets donated by The Global Fund for use in supporting the TBHIV Programme. However, it is worth noting that AAA has maintained the records of all the assets provided in 2017 and formally transferred to the NFM2 and now current NFM3 grant for continuity of project implementation. Focal persons are also in place as custodians of these assets. All assets are evenly distributed in the implementing locations as reflected in the Statement of Assets and Equipment, which also reflects the net value as of 31/12/2022. Signatures of both The PR UNDP and SR AAA endorse this Statement. The assets are 2 Vehicles, 26 Motorbikes and 110 Bicycles.

As such, the SR did not receive any assets under Global Fund within the reporting year; it is worth noting that in 2021, there was an in-kind donation of one new Toyota Land cruiser by PR UNDP, which was placed in Gordhim location. This car continued its usage in servicing the TBHIV Programme therein including in the reporting year 2022.

Methods in place for safeguarding assets:

- AAA has no GF/UNDP asset in Nairobi and Juba offices. All assets are in the field TBHIV Programme locations in South Sudan.
- The three vehicles provided have their fitted tracking devices on. As noted in the assets preamble, appointment of focal persons responsible for safeguarding the assets is in place.
- Through regular physical verification of the assets in the field whereby the HQ always receives, updates on the asset list every 5 months per year (twice per year) from the field through the regional staff in charge but counter –signed by responsible National staff. Assets verification reports are kept in the H/Q for reference of next verification exercise.
- When the H/Q staffs are in mobile for field visits regularly, they also conduct physical verifications of the assets in the locations they visit.
- During the assets verification in the field locations from the focal staff as per AAA policy, in the time of verification, the salaries are withheld until all assets are verified satisfactorily by the mandated verifying persons.
- There is updated Asset Register in place and register per each TBHIV Program location.
- Vehicles and motorbikes have logbooks sent monthly to the H/Q for analysis and verification.

CHAPTER 2: CURRENT PROJECT MANAGEMENT ARRANGEMENT

Project Management:

The Project Manager (TB Expert) manages the Global Fund TBHIV NFM3 grant and C19RM LMD activities. He is the overall overseer of all Program activities. This is made possible through the support of the field staff under the leadership of the TBHIV Officers.

The Project Manager (TB Expert) is responsible for monitoring the programme activities and to ensure that they are in line with the approved work plan in order to achieve the set targets. This is with the support of the M&E Officer.

The Project Manager (TB Expert) is also involved in the decisions pertains the recruitment, retention and capacity building of staff.

He also ensures that the Program needs are met which may include; timely supply of drugs, availing the right equipment and offering technical assistance whenever a need arises.

He also oversees the procurement of items as required and is responsible for forging alliances with other agencies involved in health care delivery in the areas of integration of TB services in the PHCC system. The Project Manager (TB Expert) is the focal contact person for the Program and is the link between the donor agency, the Ministry of Health, NTP and the Program.

The Project Manager (TB Expert) ensures proper management of drug supplied as the entire field TBHIV Officers prepares the drug orders using a standardized format, which is submitted to the Project Manager (TB Expert) for verification and review. The Project Manager (TB Expert) then submits the orders to the NTP, makes follow-up to ensure the drugs are delivered and contacts the field officers regarding delivery and quantities.

The inventories from the field, consumption records etc are also submitted to the Project Manager (TB Expert) for reviews.

To ensure smooth operation, there is a National Program Officer based at the Country office in Juba, the Program Officer is responsible for all the follow up of Program issues in Juba through the Ministry of Health, NTP, UNDP and other partners.

AAA has a Finance Director who is responsible in managing all the Programme funds. The Finance Director in collaboration with the Project Manager (TB Expert) ensures that the funds are utilized as per the work plan to meet the expected end-deliverables. Approval of the expenditures is done in consultation with the Project Manager (TB Expert) and the Project Administrator/Director.

The TBHIV Officers are responsible for all the activity funds disbursed and there is a comprehensive accountability system in place, which involves at least two National staff to verify all the expenditures in conjunction with the TBHIV Officer or Program Officer.

The AAA M&E officer in conjunction with the Project Manager (TB Expert) are responsible for all the data collection and reporting activities, monitoring of the Program activities to ensure that it is in accordance with the set work plan, prioritizing the activities as required, capacity building, verification and analysis of data and submission of the quarterly reports.

The TBHIV Officers also performs various M&E activities such as data verification, ensuring that all staff understands the data collection tools, compiling data from the facilities and offers some trainings and sensitizations on data collection and verification to lower cadres.

Follow - up of the program matters (technically and financially is on a continuous daily basis). Reports submission is on a Monthly basis for evaluations and feedback before the Quarterly compilation for reporting to the PR within the set deadlines.

Finance Management:

The Finance Director is under the leadership of Finance management.

As the Head of the Finance/Procurement, she works in close consultation with the Project Manager (TB Expert). The two parties are charged with the analysis of all the field requests before the approval and release of the funds for implementation of program activities in the field. Cash withdrawals are made through cheques and in accordance with the new requirements by the bank, they are accompanied with the approved copies of support documents (such as Cash Vouchers, Payrolls, Passport copies of the in charge etc) of the prepared and projected withdrawals after analysis and approval of the programme needs by the Finance Director and the Project Manager/TB Expert. Two people; the Project Manager/TB Expert and an external person in Verona Fathers' who is a Volunteer for us but the Administrator there sign cheques. In the reporting year, there was continued liquidity scarcity in the banks of South Sudan for all currencies resulting in an increased use of cash.

After the approval of the resources at the program management level, the TBHIV Officers are responsible for all the activity funds disbursed in the field and there is a comprehensive accountability system in place, which involves at least two National staff to verify all the expenditures in conjunction with the TBHIV Officers and/or Program officer.

Further, during the implementation, the Finance staff (under grant management) as are mobile to the field locations, are in charge of monitoring that funds are used in line with what they were approved for during their field visits to the sites where they verify the expenditures before submission of the original copies to H/Q for analysis and filing to await PR review and audits as only photocopies are retained in the field locations.

The Project Manager (TB Expert) together with the M&E officer also assists in verifying that approved activities were actually implemented through the approved funds.

The Project Accountant with the Finance Director keeps all the financial records. Usually, expenditure entry is on a daily basis. Bank balances follow up is done on a daily basis following occurrence of transactions where a daily statement is sent by the bank. Accompanied by these are the monthly statements. Additionally, bank reconciliations are prepared on monthly basis by the Project Accountant, reviewed by the Project Manager (TB Expert) and approved by the Project Administrator/Director.

There is Quarterly review and approval of expenditure and FACE report by the PR before release of next disbursement. In addition, an external annual audit is conducted after every financial year by the audit firm selected by the PR.

All financial records are maintained by the Finance Director in conjunction with the other Finance Department staff who are charged with proper follow up of grant funds and preparation of financial reports.

Regular back-ups are done in the information systems and the back-up disk stored safely.

As such, there were two sets of resources from The Global Fund (NFM3 and C19RM grants) in 2022; AAA operated one bank account for these Global Fund donations; but accountability, reporting and bank balance reconciliations for each grant was independently presented to the PR UNDP. This mode of operating one bank account specifically for the Global Fund resources continues to ensure transparency in the utilization of the funds as was always in the past.

The Finance Director together with the Project Manager (TB Expert) also oversees the Human Resource involved in the implementation of the Program. In summary, see what is and was entailed under Human Resource within the year:

Human Resources:

AAA had an average of 486 (GF/AAA supported) staff and HCWs involved in the TBHIV and LMD implementation in year 2021 as illustrated in the "organizational organogram" These staff and HCWs services various AAA TBHIV sites situated in across (26) counties and located in five (5) established States in the Republic of South Sudan as stipulated under subtitle "Project areas".

As a way of strengthening and improving on the TBHIV interventions implementation, AAA engaged two Zonal Coordinators to service the entire AAA TBHIV Programme in Lakes, WBeG, NBeG and Warrap States through general supervisions, advising on ways to continue strengthening the TBHIV activities, mentoring of the programme staff on TBHIV interventions among other duties. The resources for engaging this additional work force were facilitated by the Global Fund through the PR UNDP in amendment no.2 of the SR agreement. The inclusion of these two personnel is part of the total number of human resource noted above.

As part of the procedure applied in HR Management, the Program Manager (TB Expert) with the help of the TBHIV Officers is responsible for recruitment and retention of the Staff. Jobs vacancies

are advertised locally and the TBHIV Officers and SMoH through the CHDs have the mandate to select applicants for interviews, conduct interviews and thereafter share the outcome and all the applicants' documents with the Project Manager (TB Expert) and Finance Director for approval. Each staff has either:

1. **Contracts:** These are directly employed by the SR to implement the program after thoroughly capacitating them in order to retain them and make them in charge of the program. These are not under GoSS payroll. Originals of these are kept both in H/O and in the field under custody of TBHIV Officers.
2. **Agreements**: These are under Top-up/motivation by SR as they are under GoSS payroll. The SR maintains them by topping them up in order to offer their services to the TBHIV program. Originals of these are kept both in H/O and in the field under custody of TBHIV Officers.
3. **Internal Arrangements with Internal Agreements:** These are for the HHPs who only get incentives. All these are kept in the field under custody of TBHIV Officers as HHPs report directly to them.

Job descriptions are attached to the employment document.

Under normal circumstances, TBHIV Officers are obligated to evaluate the staffs (through performance score) at the end of every contract period before the Project Manager (TB Expert) renews their contracts.

Each staff is required to sign the attendance sheet on daily basis; the Home Health Promoters sign the attendance sheet on monthly basis when they are submitting their monthly reports. The documents are shared with the Project Manager (TB Expert) and Finance Director for approval of the payment.

Approval of salaries is bound on the TBHIV Officers submission of salary requisitions to the Finance Director for analysis. Thereafter, the HR Officer prepares the payrolls, which are approved by the Project Manager (TB Expert), and Project Administrator/Director.

It is worth noting that from Q4, AAA was tasked with the payment of incentives for HCWs at ART, PMTCT and TB sites. As these HCWs are directly linked to the SMoH, AAA does not keep any agreements related to them. However, before enrolling the HCWs for incentives, AAA first does the verification of the actual number of HCWs at each allocated ART, PMTCT and TB site. The reference documents used during payment the payment are:

- Copies of verified and approved forms with HCWs names and photos from the field HIV sites;
- Copies of approved attendance sheets from the field HIV sites - Presented by the incharge under SMoH and Confirmed by the in charge officers under AAA.

Ongoing traits to improve on quality of work delivered by HR (former) and (newly recruits in new sites):

Capacity Building: AAA Zonal Coordinators, TBHIV Officers and the M&E Officer continued/continues to carry out on site mentorship of the programme staff in the course of the year. The focus is on bench training of TBHIV Management, referral of presumptive TB cases to the nearby TB units and implementation and strengthening of LMD activities.

As illustrated and noted under "**3rd participation**"; in 2022, AAA realized that it was of paramount importance to continue seeking funds from 3rd participants to fill in some gaps essential to aid in the achievement of expected grant results. This meant maintaining some crucial human resource that was not considered in the approved budget for NFM3. These are Support staff like (Cleaners for the Laboratories and TB wards, Cooks who prepare food for the intensive care TB patients to aid in treatment adherence and Guards who safeguard the storage facilities where drugs, programme commodities, microscopes etc are stored). Through 3rd participation, AAA was also able retain some TBHIV Officers through provision of some of their travel related costs etc. Because of these resources from well wishers, AAA was able to maintain all these staff in service of the TBHIV programme and the same recruitment, management and reporting procedures applied for the staff funded under Global fund grant were also applied in these staff supported under 3rd participation.

Other forms of management that continued in the reporting year.

Management on provision of enablers (transport and nutrition) to all DR-TB patients during care:
Data gathering of the existing MDR-TB patients already enrolled for these enablers and any newly registered is usually a daily activity. This ensures updated records (tracking sheet) for reference of which patient is to be enabled and the enabling period too.

Upon the payment of the enablers, the receiving DR-patients fill their names and sign in a payment sheet, which is authenticated by key witnesses.

Further, an attachment of lab results confirming that the patient is indeed DR is provided by the referral health facility, which is also attached to the payment sheet as a supporting document.

Trainings Management:

In 2022, AAA continued with the implementation of the TB and TB/HIV trainings that were approved in the signed agreement in January 2021 and those related to HIV modules, which were part of the amendment No.1 signed in September 2021.

There was also the introduction of some capacity building and feedback meetings at State level on improvement of the current Supply Chain Management (SCM) pattern and connect it to Last Mile Delivery (LMD) for improved efficiency and efficacy for purpose of distribution of Covid - 19, HIV and TB medicines and supplies under C19RM grant.

All the Trainings/capacity building/feedback meetings were/are managed as follows:

- All were/are conducted are in line with the approved budget and topics sent by the PR in relation to the RoSS MoH policy and guidelines.
- The Project Manager (TB Expert) shares with the facilitators the trainings scheduled to be conducted within the quarter. He receives suggestions from them on the No. of attendants that may benefit in each training (depending on ground needs and why) in order to factor in these while working on the trainings schedules.
- After this engagement with the facilitators on ground at the beginning of each quarter, if and where need be, the Project Manager (TB Expert) sends to the Technical team in the PR (UNDP) a detailed worksheet of the intended Trainings to be conducted in each site. This includes the no. of days earmarked for each training, no. of participants and the per diem rates of the participants.
- In major trainings, the Project Manager (TB Expert) may develop concept notes and sends to the PR for review/approval prior to conducting the trainings.
- In some cases, even though it was not applicable in our 2021 trainings, at the inception phase of the trainings, an external ToT may be hired to capacitate the TBHIV Officers and other senior HCWs in the TBMUs in order to empower them train low cadres.
- In addition, in complex trainings and State level meetings/workshops, an external consultant may also be hired based on experience and expertise.
- After reviewing, the facilitator is input for each projected training, the Project Manager (TB Expert) dispatches the training schedules to the facilitators on ground. This document includes the type of training to be conducted, the TBMUs that will conduct the trainings, the period of training (not fixed as change in dates may occur during the preparation), the No. of participants to attend the trainings and the per diem (DSA) each attendant will get.
    - As far per diems are concerned, the rates established for paying out in each training are always within the range of AAA per diem policy. These costs cater for accommodation, meals, training materials, transport and DSA. AAA's training per diem rate is of USD 30 per day for the trainees and USD 50 for the facilitators.
- After dispatching the training schedules, The Project Manager (TB Expert) with the support of the selected technical/finance team prepares the requisitions for the location is where trainings are to take place. The requisition is supported/ accompanied by the Training Schedule (which has the type of training to be conducted, the period of training, the No. of participants to attend the trainings and the per diem each attendant); and the Instructions of how the trainings should be done and documented. The instructions are dispatched earlier to the facilitators for preparations.
- The Project Manager (TB Expert) presents the above documents to the finance director for approval and authorization of the funds to conduct the Trainings.
- There is follow up of how the trainings are being conducted by the facilitators. This includes ensuring involvement of the SMoH, STBHIV Coordinators and CHDs in selection of the participants to be trained and in identification of the qualified national facilitators to conduct the trainings. These key people (SMoH, STBHIV Coordinators and CHDs) are also

involved in the payments as they co-sign the attendance lists and payment sheets for authentication.

- Once the Trainings are completed, the support documents are sent to the Project Manager (TB Expert) and the finance director who together with the technical and selected finance team analyze and verify.
- The reports are also sent upon completion of each training. They are sent to the Project Manager (TB Expert) and M&E Officer for review.
- The Original copies of the documents are retained in the H/Q.
- The replicas of all the trainings support documents are presented to the PR (UNDP) Office for LFA.

CHAPTER 3: SUCCESSES AND ACHIEVEMENTS

The TBHIV and C19RM projects have managed to carry out the planned activities within the period and budget limits provided. The projects' successes were because of having clear terms of reference of the staff, proper delegation of the duties from the head office to the field staff, having specific staff responsible activities and continuous mentoring of the national staff on programme management. The projects' hierarchy is also well established as per the organogram shown on page 12 and interlinked with other departments such as procurement and logistics.

During the just ended year, AAA signed an amended SR agreement in September where HIV modules and interventions had been allocated. The 4 HIV Modules, interventions and activities were carried out as below indicated:

Under the Module of Differentiated HIV Testing Services; Intervention Area: Facility-based testing.
58 HTS sites performed HTS. 58,452 clients were tested using various community and facility based approaches. 1210 clients were diagnosed with HIV infections giving a positivity rate of 2%. 1101 out of the 1210 positive clients were linked to care giving 91% as the linkage percentage.

Under the Module of PMTCT; Intervention Area: Prong 3 - Preventing vertical HIV transmission. Under this Module of PMTCT, the PR had allocated funds to AAA for only Prong 3, which focuses on preventing HIV transmission from women living with HIV to their infants. The 2 newly recruited Zonal TBHIV Coordinators and the AAA HIV Lead worked on the gaps that had been identified during the previous supportive supervision visits in various facilities. Most of the HIV staff had been singled out as having knowledge gap to implement HIV interventions thus hence surged onsite mentorships of the HIV staff were conducted and then the Mentor-mothers were re-deployed to the PMTCT units so as to directly engage with the HIV positive mothers, as initially the mentor mothers had been deployed at the ART sites instead of PMTCT units. It had also been noticed that some mentor-mothers in some of the facilities were staff from the facilities that

could not go to the communities to trace or follow up the clients when needed. It was recommended that going in the future; the mentor mothers were to be selected from the communities in order to help with the follow-up and educating communities about HIV and bring back to the facilities mother-baby pairs. These efforts and arrangements started bearing some fruits as 22 health facilities participated in the exercise of sending out 143 EID samples from the HIV exposed infants to the hub labs (Xpert sites) from the peripheral health facilities .30 HIV Exposed Infants were diagnosed with HIV infections representing 21%. There were 144 health care workers who were trained on EID and Viral loads.89 were males and 55 were females. 203 mentor mothers and fathers attended the Annual review meetings at various state levels. There were 11 males and 192 females.

Under the Module of Treatment, care and support; Intervention Area: Differentiated ART service delivery and HIV care.
Under 2rd 95 target , the newly recruited TBHIV zonal Coordinators worked closely with the programme staff to ensure that all the HTS positive clients were initiated on ARVs. 32 ART sites managed to generate the ART monthly reports at the end of December. The clients currently on treatment (Tx-CURR) were 5141 and Treatment New (TX- New) was 1453 clients at the end of the month of December 2022. Out of the 1210 HIV positive clients diagnosed, 1087 were linked to care
.
Under 3rd 95 targets, the clients who were Alive and on ART but whose samples had not been previously assessed for viral loads had their viral load samples collected and then shipped to the HRL Juba for screening. During the year, 68 sites participated in the exercise of VL sample collection where 1257 viral load samples picked. The results were relayed back to the field sites and showed that 652 clients (52%) had viral load results that were below 1000copies/ml and 297 viral load results had more than 1000 copies/ml 140samples had results indicating higher than 1000 copies/mls. Their respective mentor mothers to be enrolled for Enhanced Adherence Counselling (EAC) sessions immediately traced those clients with higher viral loads results. During the year, the programme activity focus was on the integration of TBHIV services in 8 health facilities that the PR had allocated to AAA. High burden areas like Warrap State health facilities were targeted, the HHPs (BHWs) sensitized the general community on TBHIV and referred the presumptive TB cases to nearby units for diagnoses, mentoring the health care workers in public and private health facilities on TB suspicion, holding feedback meetings with HHPs(BHWs) during TB club meetings so that current and former TB patients could share experiences as a way of encouraging one another thus improved treatment adherence. The WFP was also engaged in the provision of food rations to the TB patients. The TB drug and reagent stock management was improved in all locations through updating of inventories/stock cards, the programme staff intensified Behaviour Change Communication(BCC) in the community, there was an establishment of Internal quality control system and most of the TB sites participated in the sampling and sending out of smear slides for EQA to the NTRL Juba, and the community opinion leaders were sensitized so as to solicit their backup for the TBHIV Control programme in their respective bomas and there was distribution of IEC materials that contained TB messages were successfully undertaken as support activities geared towards improvement of case detection and treatment outcomes. These above efforts above bore some good TB treatment outcomes as all forms of TB patients (new and relapse)in the 2021 were 5786 had their treatment outcomes

evaluated as either cured or treatment completed and 5232 patient that showed a treatment success rate of 90% which is above the WHO End TB Strategy Standard.

- 209 out of 220 (95%)re-treatment cases that had been registered in the course of the year had their sputum samples processed by Gene-Xpert machines in various sites. 70 DR-TB patients were identified out of these samples and had 68 cases were initiated on 2nd line treatment. 48 DR-TB patients that had been registered in the cohort of 2020 had their treatment outcomes evaluated and it showed that 45 patients had completed treatment giving 94% as the treatment success rate.

The project has specific TB and HIV indicators to measure its success, these indicators are used to ensure that project stays on track and program activities are prioritized.

During the TBHIV NFM3 year2 Grant, the following key successes in addition to the above cited, were also recorded:

Deliverables	**Achievements**
HTS Test carried out	**56850**
HTS test positive	**1210**
HTS positive linked to Care	**1087**
Linkage %	**90%**
Current on treatment (Tx- CURR)	**5141**
New on treatment(Tx- New)	**1453**
# VL samples sent out to the NPHL	1257
#VL sample results <1000copies/ml	652
#VL sample results>1000 copies/ml	297
#VL sample results with HIGHER than 1000 copies/ml	140
# of people who received TBHIV messages through health education sessions	119,795
# of Patients with presumptive TB examined in the laboratories	19,334
#of Patients with presumptive TB cases examined with positive bacteriological examination results	3698
# of TB patients(all TB forms) tested for HIV	6161
# of co-infected TB patients	596
#of co-infected TB patients initiated on ART	593
#of Co-infected TB patients provided with CPT	593
% of new smear positive patients whose smears converted at either 2 or 3 months	2888/3265(88%)
# of supportive supervisions and mentorships conducted to the TBMU sites	4
# of Quality Assurance visits conducted from the main TB units to the peripheral health facilities	52

- 25 HHPs (BHWs) monthly feedback meetings were carried out.

- 11 Integrated feedback meetings conducted where all the HHPs (BHWs) and health workers met and discussed challenges they faced and get lists of names of TB patients from the TBMU registers that might have required immediate follow-ups.
- 66 TB club/ambassador meetings were conducted to ensure early retrieval of treatment interrupters, which led to adherence, hence improved treatment success rates among all patients registered.
- Although there was no direct budget line for commemorating the annual **WORLD TB DAY** that is always observed on the 24th of March, some of the AAA TB Sites managed to conduct some TB awareness activities to mark that day whose theme was "**Invest to End TB. Save Lives!**"
As far as the implementation of C19RM LMD activities is concerned, the following activity was marked as also one of the key successes in addition to the achievements highlighted in page 21:
- 41 key people benefited from the State level capacity building and feedback meetings that were conducted for the purpose of improving the existing Supply Chain Management pattern and devising ways of connecting it to the current Last Mile Delivery programme for improved efficiency and efficacy towards distribution of HIV and TB medicines and supplies. They included SMoH, State hospital cadres like Medical Directors, Specialized Lab Managers, and pharmaceutical staffs, AAA personnel serving as hub coordinators and cargo handlers and other cadres of HCWs.
- Through direct implementation by the PR in support of the LMD activities in our catchment area there was main solar systems installation in Kuajok, Tonj, Tambura, Gordhim, Yambio, and Ezo (for the entire hospital) and the ones under GeneXpert site solar electrification.
- 12 MDR–TB treatment sites carried out monthly follow up clinics were conducted for all the patients on 2nd line treatment.
- NPHL staffs were engaged every quarter so as that they could offer technical assistance on EID and VL to AAA sites, through supportive supervisory visits.
- 5 STBHIV coordinators were jointly involved in the supervision visits of their respective state health facilities that were offering TBHIV services.
- The Courier Company that had been engaged to facilitate the sample transportation across AAA sites from the spokes either to the hubs or from the hubs to the NPHL.
- MDR -TB cohort review meetings were conducted in the 4th quarter across all the MDR-TB sites so as to the review MDR-TB performance.
- 2 days-training of the staff on supply chain management was carried out in all the 5 States.
- GeneXpert machines remained functional throughout the year. All re-treatment TB patients and other targeted populations were screened using the installed machines whereby 5464 tests were run, 3798 results indicated No MTB No Rif resistant TB, 1101 showed MTB identified but no Rif, and 70 RR TB cases were detected but 68 of these were RR patients who were initiated on 2nd line treatment.

In the course of the 1st semester of 2022, AAA was invited by the UNDP and NTP to participate in the following:

- AAA was represented in TBHIV programme review meetings (they were 2 review meetings that were organized on different dates, the first one was arranged by the HIV department and then the 2nd one was by Intrahealth under PEPFAR). Some Key recommendations from the TBHIV review meeting were as follows:
  - Improve data quality and data use at the state level
  - Regularize review of data quality in the states
  - Work with partners to support facilities in data entry into the DHIS2 system
  - Distribute revised tools through the implementing partners
  - Establish TB/HIV Coordination meetings at the state level
  - Integration of HIV/TB services into other services including PMTCT and EID in ANC services.
  - Mentorship ad coaching of state HIV/TB Coordinators and M&E Officers.
  - Print and distribute HIV/TB national guidelines to the states and other stakeholders.
  - State HIV/TB Coordinators to be empowered to lead join supportive supervisions to facilities.
- AAA was represented at the Global Fund Grant implementation workshop at PALM Africa Hotel Juba.
- Participated in a Zoom meeting that was convened by the PR so as to discuss the SCM challenges
- AAA was represented at the HIV KAP survey report validation workshop
- Attended the M&E TWG meeting in juba. It was about planning the costing of review meetings and the 5 year forecast budget field visits and review of the key MoH documents.
- Some of the AAA operation areas marked the World Tuberculosis (TB) Day that is always commemorated on 24th March .It had a theme of 'Invest to End TB. Save Lives by increasing awareness about the grave health, social and economic consequences of TB, and scale up efforts to prevent further spread of the disease.
- AAA initiated the power need for the Ezo hospital where UNDP picked it up and had the solar system installed.
- Solar system and sink were installed in Wanjok PHCC in preparation for the integration of TB services.
- Some HIV sites were facilitated with quarterly operational costs, which included procurement of the office stationery, patient, files etc.
- One on One Review meeting via zoom was convened by the PR where by AAA had to share the activities under PMTCT. It attended by NEPWU and SSNeP+ representatives.
- Progress update meetings with the HIV networks were conducted in the course of the quarter.
- AAA was represented on the MOH launching of the Consolidated ART and treatment guidelines at the NPHL grounds.
- There was a joint supportive supervision mission in WBeG state. The UNDP, SMOH and AAA programme officer visited 3-health facilities i.e Wau Teaching Hospital, Sikadid PHCC and St Daniel Comboni Hospital. The Mission report highlighted some of the strengths and weak areas in each facility visited. On HR, incentives it was made clear that AAA had already paid the allocated staff their incentives as from October onwards. The complaint from the staff that they had not been paid some month's up to September 2021 was to be addressed by the PR and SMOH, as AAA started implementing HIV interventions as from the 4th quarter of 2021.

The issue of more BHWs for tracing the LTFU was discussed as it was a concern but there were no additional funds to engage more BHWs as of now.

In the course of the 2nd semester of 2022, AAA was invited by the UNDP and NTP so as to participate in the following:

- Invited and attended the results and validation workshop on the comprehensive Joint review of the National TB/HIV programmes .
- Participated in the TBHIV programme review meeting in Juba, where the State TB HIV coordinators were invited to share their state level situations.
- AAA was represented in the development workshop for Health Sector Strategic Plan in Juba
- The NPHL staff were engaged for support supervision and mentorship visits in (*Gangura, Nzara, Yambio Prison, Yambio State Hospital,St Daniel Comboni Hospital, Kuajok State Hospital ,St Mother Theresa Turalei, Udhum, MayenUlem, Gokmachar Marialbaai,Rumbek, Wulu, Aduel, Yambio, Wau and Nyamlell*). The main aim was to strengthen the lab EQA networks and HIV EID/Viral load sample collection, preparation, storage and transportation from the periphery to the hubs and then shipment of the same to NPHL,Juba.
- AAA was represented at the TBHIV programme review meetings in the course of the 2nd semestre
- There was a supportive supervision visit carried out by the AAA M&E officer in Yambio State hospital.
- Progress update meetings with the HIV networks were conducted in the course of the quarter.
- Supply Chain Management meetings were conducted in Aweil, Kuajok, Yambio , Wau and Rumbek
- AAA was represented on the MOH launching of the Consolidated ART and treatment guidelines at the NPHL grounds.

In order to strengthen TB and HIV activities and improve on the quality of the services rendered; AAA recruited 2 Zonal TBHIV coordinators who were deployed in different states so as to support and strengthen the TBHIV intervention implementation, all the staff were capacity built TBHIV improvement strategies , the NPHL staff were engaged so as to conduct onsite mentorship in AAA supported facilities and the focus was EQA , IED and Viral load, there were intensified supportive supervision activities for mentorship and on-site trainings that were carried out by the M&E officer, the Project Manager (TB Expert) and a Program Officer Mobile to ensure alignment to the South Sudan TB and HIV NSP and PMDT programmatic and treatment guidelines.

The supportive supervisory activities included on-job training, assessment of the project activities, follow-up of the recommendations from the previous visits and discussions on the practical ways of meeting the set targets and also strategies to accelerate implementation during the dry seasons prior to the prolonged rainy seasons. These supervisory visit activities were carried out following the approved MOH checklist. During the visits, on bench trainings were conducted with

emphasis on proper data collection that encompasses complete and accurate recording in the various TBMU registers, compiling quarterly data, verification of the data and the filing of all support documents required.
A filing system was introduced in all the TB and HIV sites centers that ensure all the programmatic and financial reports were inter-linked to ensure that the budget is utilized as planned and create a clear account of the expenditures.

In conclusion, the programme staff made many efforts to achieve the set targets in the ended year. The targets that were not met had to have the programme staff re-strategizes to up the implementation in the first quarter of the first year; there were several mentorship exercises that were carried out among the programme staff and others in the private sector, which helped in the TB HIV awareness creation. This led to a higher rate of referral of presumptive TB cases that were then examined in the laboratory for diagnosis.
The HHPs (BHWs) were assigned patients in their catchment areas to ensure that none got lost to follow up, Door to Door screening of the contacts of the index cases for both drug susceptible and drug resistant TB was carried out.

Success Story:

Name of Patient: Adhol Alit Nguac F/24 years TBMU No. 002/2022,

Adhol Alit was brought to St Joseph TBMU on 4/01/2022 being supported by the relatives as she could not stand or sit without support. For walking, could not even try a little because the lower part of her body was very very weak for the last 8 months while at her husband's place- Bor before she was returned to her mother in Yirol.
On Hx taking of presenting complaint plus past medical, this was it; Adhol was already on ART for 11 months when she developed a gradual mild painful swelling on lower part of the backbone for 5 months where she began noticing weakening of the legs.
She informed the husband who took her to state hosp Bor where there was no improvement, after 3/52 was taken back home unable to walk completely. The in-laws resorted to witchcraft where cattle, goats, chicken and cash were spent but condition kept on worsening, this was done for 3 months. Once the in-laws saw that, no progress in anything they decided to take the woman back to her parents.
Adhol's mother upon reception of her daughter in bad condition was given an idea of visiting st. Joseph as many such conditions have been managed successfully which she listened to.
At St.Joseph, Adhol was received on 4/1/22, very weak, had lost appetite and weight, couldn't, sit/stand/walk at all,had a painless protrusion at lower part of backbone. She was diagnosed as EP (TB of the spine), weighed like 50kgs. The mother on counseling agreed to be admitted.
Instantly Adhol was started on Tb RHZE + 1C as DOTs. The patient showed total adherence to both TB/HIV drugs. At 1month and 3 weeks on RHZE, Adhol could walk with support- both sides, appetite had improved.

At 6th month, Adhol could walk steadily unsupported and since then she is picking each morning drugs by herself, weighed 56.8kg. Currently is remaining with more 6 months to complete the 12-month course (2RHZE + 10RH). The mother and Adhol are so grateful to AAA for bringing her life back to normal following all the lost property at the witchcraft. They promised to be ambassadors in the community to save other lives for FREE as hers was saved free.

Mrs. Adhol at 1.5months on TB treatment

Mrs Adhol at 6 months of TB treatment in St Joseph Yirol TB units

Lessons Learned:

Under TBHIV NFM3 implementation, the following lessons were learnt:

1. Integrated messaging by the BHWs in the community greatly aid in the sensitization of the general community on both TBHIV and COVID 19 diseases.
2. Onsite mentorship exercises have direct positive impact to the health service providers(they understand better and faster when met at the facility for one on one session mentorships), when compared with refresher trainings where health care workers are pulled away from facilities for refresher trainings.
3. Index contact testing, community testing and TB PITC testing are some of the HIV testing modalities that give highest yield. Efforts should be made so that funds are allocated to each implementer to utilise such HIV testing approaches.

During the implementation of C19RM LMD activities, the following lessons were also learnt:

1. Lesson 1 - Distribution at any opportunity: Routine or emergency, the quantities of products to be requested or delivered to any opportunity are guided by the max-min inventory control parameters, which are average monthly consumption, review period, minimum and maximum stock levels. Capitalizing on every opportunity to travel to remote and difficult-to-access settings to ensure delivery of health products is the best way to improve access to care.
2. Lesson 2 – Pooling Resources: Regardless of the source of funding, pooling financial resources allows donors to share the often-high costs of distribution required to overcome geographic, road and communication infrastructure challenges. In addition, sharing terms of reference with all stakeholders and integrating multi-skilled provincial and zonal managers who can provide formative supervision and active data collection for decision-making makes a distribution mission more cost-effective.
3. Lesson 3 – Integrated Distribution: Integrated distributions of health products more efficiently and effectively meet the needs of hard-to-reach communities. During the COVID-19 pandemic, our motor vehicles and those that we hired on two instances transported a variety of commodities such as TB and HIV commodities, vaccines, essential generic drugs, protective equipment and more.

CHAPTER 4: CHALLENGES and BOTTLENECKS

There were no major challenges in the project management as the system structures are well established and functional at Arkangelo Ali Association (AAA).
A comprehensive plan with the budget and targets are done during proposal development stage, with strict timelines to be followed. These are reviewed on a quarterly basis, underperforming activities that require strengthening are identified, and way forward developed.
However, some of the challenges encountered at the implementation stage of the TBHIV activities included:

1. HR remained a challenge, as the allocated resources could not cover all new facilities that had been targeted for the integration of TBHIV services. The staff in the targeted sites demanded for incentives like their colleagues who were getting monthly incentives when involved in TBHIV intervention implementation.
2. Massive flooding in areas of operations that hampered the planned supportive supervisory visits.
3. Ordered HIV R&R tools were not always timely supplied to the field sites, as some facilities still lack crucial HIV R&R tools on ground, yet the orders had been placed.
4. GeneXpert machines functionality was a challenge, as not all Xpert modules functioned (only 1-3 remained functional) leading to minimal utilization of the GeneXpert machines, as presumptive patients could not be screened.
5. Mentor mothers in AAA areas were getting monthly incentives but very difficult to plan with them as they were not getting incentives directly from AAA. Th incentives were to remain performance based!
6. Inadequate power (Backup) for the running of the GeneXpert machines e.g. in Yambio State Hospital and Tonj Hospital the GeneXpert machines were run only when there was a patient for operation. At times, the operation is over before the samples are screened and therefore the generator was switched off, leading to many invalid/error GeneXpert results.

Way Forward

- AAA should be allocated the incentives for all the Mentor mothers in its areas of operation, as this will make it easier to control the HIV network members (Performance based incentives).
- The PR should think of additional incentives for the HR in facilities that had been targeted for TBHIV service integration.
- The PR for GeneXpert sites that have power challenges should procure backup solar systems.
- The AAA M&E officer will make a close follow up for the HIV R&R tools… to ensure that all the HIV sites have adequate tools.

As much as the implementation of the LMD activities under C19RM was successful, the following challenges were also encountered:

- Limited or insufficient storage rooms of commodities in some health facilities. Some TBMUs have sufficient space for facility but insufficient for storage as transit for neighbouring

facilities f.e. Wau teaching Hospital. Other health facilities with insufficient storage spaces are Gordhim PHCC, Aweil and Rumbek State Hospitals.

- Insufficient power supply in some health facilities, which may contribute to poor storage of some sensitive health commodities especially those, supplied in the laboratories. Some of the health facilities with these power hitches and continued interruptions are Rumbek State Hospital, Cueibet Hospital and Agangrial PHCC.
- Some health facilities specifically Nzara Hospital and Nzara PHCC reported not-so-good working relationships and coordination.
- Some health facilities received less HIV test kits, small quantities of TB medicines and no Covid19 test kits and there was no scheduled supply time.
- In some instances, there was abrupt delivery of consignments by the PR without prior sharing of schedule with the SR for pre-planning purposes on Last Mile Delivery once the commodities are on ground.
- Most of the AAA cars that supported the implementation of the LMD services are old, thus requiring regular maintenance and services. One critical case is the current car the SR has in Rumbek TBHIV programme which is very old as was acquired in 1999; thus, needing repairs and servicing constantly thus not a worthy resource investment in support of the programme and the LMD activities.

To aid bridge the realized challenges, the following recommendations have been thought of as ways forward:

- The SR to continue sustaining the facility level mentorship by the team for continued implementation success.
- The SR to accelerate the renovation and rehabilitation of the unfinished storage spaces in the coming quarters as planned for 2023.
- The SR to engage the collaborators of the programme and other partners in the needful health facilities for resource contributions towards sufficient power supply.
- The PR to be collaboratively sharing in advance with the SR a quarterly scheduled supply time for pre-planning purposes.
- The SR to request the PR for the donation of a car in kind for the Rumbek HIVTB programme. Should the PR lack resources for provision, AAA to request a proposition to have the vehicle purchased from part of the savings realized under C19RM budget – especially where costs are not incurred during implementation because of cost sharing with other partners, stakeholders and NFM3 grant. As such, this is a recommendation; the SR before end of Q8 has already done the action point.

CHAPTER 5: BEST PRACTICE

The Project Manager (TB Expert) focused on improving communication with various locations as a way of ensuring that the programme activities were implemented according to the set work plan. Devising practical methods of meeting the needs of the programme such as transferring of experienced staff to locations where there are weaknesses and on-job mentorship of the national staff on programme management. The work plans were disseminated to all the locations with clear targets to be met in every quarter. There exists a strong link between the finance, logistics and program departments to ensure that all the activities are carried out according to the budget and work plan. There are both regional and national staffs working in these programs. Regional expatriate staffs had specific management duties and are deputized by the National staff.

The implementation of the programme activities followed strictly the set work plan and involved all the staff. Information sharing among the field staff and the Headquarters was excellent, despite the existing challenges. The implementation process involved advance planning of various activities at the field level, making requisitions for funds and supplies in advance analysis/approval by the project administrator and project manager and finally carrying out the activity and reporting.

Monitoring of these activities is carried out at various levels, the job descriptions of some of the staffs were revised to include monitoring and evaluation functions. Despite the added responsibility, their main activities remained supervision, data collection, verification, quality assurance of the procedures such as laboratory performance and clinical evaluation. A guideline for M&E was developed and a standardized checklist is available for supervision. The guideline and the checklist are both used in monitoring of these activities. The M&E officer provided regular feedback after the supervisory visits, always ensured that the tools for data collection were provided to all sites and performed on-job mentorship and trainings as required. The lessons learnt during the monitoring exercise are always used to improve the programme performance.

There is efficient data storage and archiving system. The system ensures availability and easy access of both aggregated and disaggregated data. Bi – the M&E officer and the project manager do annual supervision. Other best practice should be the door-to-door screening and referral of specimen and timely treatment initiation. We devolved finance management to the locations with budgeting and practical interventions being determined by the location staff.
Transparency is ensured by crosschecking and countersigning by two persons the expenditure.

CHAPTER 6: RECOMMENDATIONS

As far as the implementation of TBHIV and LMD activities is concerned, the following are recommended:

- Most of the TBHIV and C19RM commodities should be supplied from the medical Warehouse in Juba to the hubs during the dry season when accessibility to the facilities is good. This will make it easier for the LMD activities from the hubs to the health facilities in the periphery
- The HIV network members (mentor mothers) should be recruited in each PMTCT site, so that they will be linked up directly with the HIV positive pregnant mothers. This will make it easier to assign the HIV positive mothers to the mother–baby pairs so that they could be reminded on when to get back to the facility for collection of EID samples.
- The Zonal TBHIV coordinators should intensify supportive supervisory visits and onsite mentorship missions to all HIV sites, to improve the knowledge of the HIV staff.
- The HIV department should ensure that the revised policy guidelines, Job Aids, SOPs etc are timely printed out and disseminated to the field.

Annex 2: Some photos that were taken in 2022 when TBHIV and C19RM LMD activities were being carried out:

I. ***Below set is an illustration of Last Mile Delivery facilitated under C19RM resources.***

Some health commodities delivered in Yambio drop-off point from Juba warehouse as donated/provided by GF through PR UNDP.

Sorting process in Yambio drop off point for LMD to various sites as per waybills.

Set for journey to deliver the commodities at last mile (to various sites in WE State) – through hired vehicle.

LMD at first site St. Theresa Nzara Hospital (AAA TBMU). Hospital admistration receiving commodities.

LMD at second site Ezo Hospital (AAA TBMU). Hospital admistration receiving commodities.

LMD at third site Yangiri AAA DTC. PHCC admistration receiving commodities.

II. Below set is some photos taken during the implementation of TBHIV activities…

MDR-TB cohort review meeting session in WAU.

Verification of HIV data in Bunagok PHCC

The Aweil BHWs receiving new bicycles to facilitate their movements in the community

Participants posing for a group after an EID and Viral load training in Kuajok state hospital

ARKANGELO ALI ASSOCIATION-NAIROBI-KENYA
Ms Natalina Sala /Dr. Callixte Minani
C/o Verona Fathers
Shalom House
Ngong Road at Comboni road
P. O. Box 21102-00505 NAIROBI (KENYA)
Telephone
Cell phone +254 (0)722 708935 or 0722 672932
Office phone +254 (020) 2025299

ARKANGELO ALI ASSOCIATION- JUBA-SOUTH SUDAN
Location: Jebel Kujur, Behind Imatongaz Petrol Station, Juba-Yei Road
Cell phone: +211 (0) 927 997 997
E-mail addresses: director@arkangeloaliassociation.org or health@arkangeloaliassociation.org
www.arkangelo.org