ARKANGELO ALI ASSOCIATION-AAA

South Sudan

AAA Global Fund-UNDPGC7 HIVTBRSSH and C19PO Annual Report

Period (January-December 2025)

Project Summary	**Sub Recipient:** Arkangelo Ali Association (AAA) – South Sudan

Total Project Budget:

1. Gc7 (2024-2026): USD 5,201,422.15

2. C19PO (2021-2025): USD 463,671.00

2025 Budget:

1. GC7: USD 1,718,820.82

2. C19PO: USD 98,233.49

Donor	Budget in USD	Expenditures
Global Fund – UNDP_ GC7 HIV/TB/RSSH Year 2	USD 1,718,820.82	USD 1,698,405.65
Global Fund – UNDP C-19PO Year 5	USD 98,233.49	USD 102,745.66
TOTAL	**USD 1,817,054.31**	**USD 1,801,151.31**

Cumulative expenditure (January – December 2025):

GC7: USD 1,698,405.65

C19PO: USD 102,745.66

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Sub-Sub Recipient (If any)

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Acronyms

AAA	Arkangelo Ali Association
BHI	Boma Health Initiative
BHW	Boma health Worker
CCM	Country Coordinating Mechanism
CoS	Continuity of services
C19RM	Covid 19 Resilient Mechanism
C19PO	Covid 19 Project Optimization
CTB DOTS	Community Based DOTS
DOTS	Directly Observed Therapy Short course
DR-TB	Drug Resistant Tubercusis
EID	Early Infant diagnosis
eTBr	electronic TB Register
FR	Funding Request
GF	Global Fund
GC7	Grant Cycle 7
HCWs	Health Care Workers
HEI	HIV Exposed Infant
HIV	Human Immune deficiency virus
HHPs	Home health promoters
LMD	Last Mile Delivery
MDR-TB	Multi Drug Resistant Tuberculosis
M&E	Monitoring and Evaluation
MMD	Multi Month Dispensing
NFM	New Funding Model
NSP	National Strategic Programme
NTP	National TB Programme
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
PHCC	Primary Health Care Centre
RSS	Republic of South Sudan
RSSH	Resilient Sustainable System of Health
STI	Sexually Transmitted Disease
TB	Tuberculosis
TBMU	TB Management Unit
UNDP	United Nations Development Programme
VL	Viral load

1. Executive Summary

In 2025, with continued support from the Global Fund, Arkangelo Ali Association (AAA) sustained its critical role in strengthening South Sudan's public health system by addressing gaps in HIV and TB service delivery within government-run health facilities. Through community-led services, advocacy, and innovative approaches, AAA advanced progress toward ending TB by 2030 and achieving the UNAIDS 95-95-95 targets. Under Grant Cycle 7 (GC7), interventions were aligned with the national HIV and TB strategic plans, which aim to:

- Reduce new HIV infections by 25% by 2026 (from 2022 levels)
- Reduce AIDS-related deaths by 25% by 2026
- Reduce HIV-related stigma and discrimination to <10%
- Increase TB case detection by 40% and reduce TB mortality by 35% by 2028.

During 2025, GC7 underwent strategic grant revisions, including pausing selected lower-priority activities (such as outreach campaigns and non-critical trainings) and earmarking 2024 savings to focus on high-impact interventions. These adjustments strengthened TB case detection, expanded DOTs services, improved laboratory and supply chain systems, integrated HIV, syphilis, and hepatitis B testing for pregnant women, and enhanced health worker capacity through continuous quality improvement, contributing to strong performance across most indicators.

2025 also marked the conclusion of the COVID-19 Portfolio Optimization (C19PO), which since 2022 had supported last-mile delivery of HIV and TB commodities and reinforced integrated service delivery across 90 sites. The legacy of C19PO endures through strengthened supply chains, improved service continuity, and enhanced community and health system resilience.

AAA's achievements were made possible by dedicated staff, strong leadership, and effective partnerships with government, civil society, and development partners. Moving forward, AAA remains committed to sustaining gains, supporting government ownership, and advancing innovative, community-centered solutions that ensure equitable access to quality health services across South Sudan.

Key achievements(Summary):

- New and relapse TB patients that were notified in 2025 :8190
- New and relapse TB patients who were successfully treated were:7180/7861(91%)
- TBHIV collaboration: 8038/8190(98%)
- TBHIV Co-infection: 599/634(94%)
- Numer of MDR TB patients notified in 2025 : 167

- Percentage of the MDR TB patients that were enrolled on 2nd line treatment :167/167(100%)
- Percentage of the MDR TB patients who were enrolled in 2023 that were successfully treated with second line drugs:97/97(100%)
- Number of persons who were counselled and offered HTS:139,513
- Number of HIV positive patients:927
- Number of the HIV positive that were linked to care:743
- Newly enrolled on ART in 2025: 773(meaning 30 clients were linked through proxy)
- Treatment current by end of December: 4343(Male : 1635 and Female:2708)
- Last-mile delivery of commodities: Strengthened across 90 HIVTB sites through C19PO.
- Health worker capacity built: Continuous quality improvement trainings, mentoring, on-the-job support.
- AAA participated in the validation of the TB Community Gender Right Assessment report that had been conducted in the country.
- AAA worked closely with the state levels to organize the commemoration of World TB Day on the 24th of March and World AIDS Day on the 1st of December 2025 in the 5 States.
- Conducted outreach activities in Mobile populations e.g. prisons, Refugees/returnees/IDP camps whereby people were reached with TB messages.

Key challenges (Summary):

Low PMTCT performance

Mitigation measures:

- Focused 1st ANC attendees to ensure that all pregnant women who attended the 1st session of the ANC were tested for HIV.

- Worked with closely EPI to make sure that mothers who had missed the HIV testing while pregnant were tested.

- Outreach services/ANC services to the busy facilities in the periphery. The pregnant mothers who tested HIV positive were referred for retesting and then enrolled at the ART registers at the main ART site

Non -Printing out of Revised TB treatment register

Mitigationn measures:

- Urged the staff to use the available old version of the TB treatment register as the revised version had not been printed out. This possed a challenge to staff when the time for data collection came , as not all variables were in the old version

- No TPT register for documentation of TB contacts screened for TB symptoms and then enrolled on TPT/IPT

Mitigation measures:

Urged the staff to document the number of contacts enrolled on TPT in counter books.

- HSTP rollout in different States resulted in the recruitment of experienced TBHIV staff and then posted to other facilities .

Mitigation measures:

The challenge was discussed with the County health Department who in turn managed to second unexperienced staff to the TBHIV programme . The key staff had to go back and started mentoring staff about TB and HIV management.

- **Delay in getting sputum culture results from the NTRL Juba.** 8 sputum samples were collected in Lakes State and then transported to the NTRL forculture in Q2 2025 but by the end of Q4 2025, no results had been sent back to the field.

Mitigation measures:

The field staff were advised to stop collecting and sending the sputum samples to the NTRL until that time there will be an official communication as regards resumption of the culture /DST at the NTRL.

Key lessons learned (Summary):

- Linkage of HIV+ pregnant women to HIV network members(mentor mothers) helps to increase the proportion of HIV Exposed Infants who are tested before end of 2 months.

- Demand creation for EID services in the community ,can played a big role in ensuring that mother-baby pairs are timely returned for 1st DNA PCR sample collection.

- To address the challenge of poor patient retention rates,there must be a strengthened system for the prevention of interruption in treatment.

- Timely Appointment reminder services eg calls and SMS
- Timely client tracing by use by mentor mothers expert clients

- The coverage /performance of Viral load is low due to the knowledge gap among health care workers in regard to the eligibility assessment and low demand for VL services. Some clients always return to treatment after IIT and they are not eligible for VL sample collection. Clients receiving multi month dispensing(MMD) in the community as this leads to no VL sample collection.

2. Situational Background

In the course of the just ended year, AAA mainained its presence in 90 health facilities that are spread across 31 counties of the 5 out of 10 States of South Sudan.The 90 facilities have been integrated with TBHIV services. 12 of these facilities are stand alone for HIV services.The Light microscopy, fluorescence or GeneXpert machines/TB LAM were put in use in the screening of 30,379 presumptive TB patients.5355 were bacteriologically confirmed TB patients and were either enrolled on TB therapy in the original facilities or referred out to other facilities near the TB patient respective homes. The GeneXpert machines were utilized in screening 15,695 samples that had either been collected fromwithin or transported from the pepripher facilities. 3085TB patients were diagnosed using GeneXpert machines. In total there were 8275 TB patients that were identified in 2025. 8190 were incidental TB (new and relapse) patients who were notified in the course of the year. 8038 out of the 8190 notified TB patients representing 98% were counselled and tested for their HIV status. 634 TB cases were TBHIV co-infected representing 7.8%.The 599 out of the 634 TBHIV co-infected patients representing 94% were counselled and enrolled on ART and CPT.

There were 167 MDR TB patients that were identified and all of them were initiated on 2nd line treatment. 635 MDR TB patients (148 old and 167 newly enrolled) benefitted from the transport and nutritional support in the course of year.There were 97 MDR-TB patients that had been registered in the cohort of 2023 and their treatment evaluation showed that 97 out of 97 (100%) were successfully treated.

The 7861 susceptible TB patients that had been registered for TB treatment in 2023, had their treatment outcomes evaluated and 7180 TB patients had either cured or treatment completed giving a treatment success rate of 91%.

By the end of December 2025, the project area had 4343 PLHIV who were active on ARVs (TX CURR). The HTS had 139,513 clients who were counselled and tested for HIV and 927 were diagnosed with HIV infections giving a yield of 0.6%. Out of the 927 HIV infected clients, 743 were linked to care giving 81% as rate for linkage . It is worthy mentioning that there were 30 HIV positive clients who were enrolled on ART through proxy as the total number of new clients on ART in the course of 2025 were 773.

Total attendance by pregnant women at the ANC site were 165 ,689 mothers benefitting from the ANC services. Out this number there were 70, 020 pregnant woemen who visited the sited for first time . Out of these 1st ANC attendees, there were 63,347 mothers that were counselled and then tested for HIV. 149 were diagnosed with HIV infections and 49 of them were enrolled on Option B+.

EQA network for monitoring adequate AFB microscopy performance

All TB labs are supported to be sampling 10 slides at the end of every quarter for EQA. These slides are first controlled at the hub labs and any slide with discrepant EQA results is then re-examined by the 2nd controller at the NTRL. This practice of hub lab conducting 1st control is meant for lessening the load burden at the NTRL. This established system is dependent on a network of local laboratories that provide accurate and reliable direct acid-fast bacilli (AFB) microscopy testing for diagnosis, treatment, and monitoring. The availability and quality of AFB microscopy relies on national support, refresher training, and monitoring the testing performance of individual laboratories. It has always been premised on this that the NTRL has always requested for 10 slides per lab to be randomly selected and then shipped to NTRL Juba so that they are re-checked, as away of assessing the laboratory performance as regards to the quality of AFB microscopy. During the reporting year,facilities were involved in the random sampling of EQA slides each facility sampling 10 slides and were first controlled at the hub laboratories and then shipped to the NTRL for double checking.

In the course of the year, the AAA M&E officer made 4 quarterly visits to the programme sites eg Yambio, Wau and Rumbek TB control programmes for joint supportive supervisions. The aim was to verify data and then mentor the community actors(peer navigators, mentor mothers) and other programmae staff on data management.

In the course of the year there were several stakeholders (NMOH and UNDP)who conducted joint supportive supervision visit ctivities in AAA project sites. The NPHL team visited Warrap and Western Barh Ghazal State facilities for follow up of the EQA feedback. The mission targeted facility laboratories that had randomly sampled EQA slides and then shipped them to the NTRL for double s=checking.The NTRL rechecking

showed that there were some discrepancy in the smear slide results and there were EQA major errors and this necessated for follow up visit and coaching of the lab staff at the facilities.

Most of the approved activities under various TB and HIV interventions were carried out during the just ended year. They included the following: Health care worker trainings, conducting outreach activities in Key and Vulnerable Populations, Supporting the DR-TB individuals undergoing DR-TB treatment, DR-TB supportive supervision missions to enhance coverage, conducting MDR-TB cohort review meetings in 5 States, Quarterly review meetings for DR-TB patients that required individualised second line drugs, routine field supervisions by programme staff, Enablers were paid out to 635 MDR-TB patients(167 newly diagnosed in the quarter and 468 on continuation phase) who were on 2nd line treatment as part of their monthly transport refund and nutrition support. The Concilium of Experts managed to track adverse events in all MDR-TB patients who attended follow up clinic meetings.

Capacity building of the programme staff was conducted through onsite trainings. Faciity staff were selected by the SMOH/CHD and sent to hub for the planned trainings. Some of the main trainings carried out were as listed below:-

- Training on Psychosocial Interventions for Children and Adolescent on ART where 17 participants(12 males and 5 females) benefitted. It was carried out in Wau.

- ToT Piloting Of Community Led HTS of Presumptive TB Cases, where 30 participants (29 males and 1 female) benefitted. It was carried out in Aweil.
- Semi Annual Regional Meetings For Mentors where 4 States were involved by jointly organizing and conducting a one day work for 39 participants.
- AAA through its 3rd participation facilitated the training of the programme staff on how to screen malnutrition in TB and co-infected TBHIV patients as this was meant to lead to treatment adherence. This training was carried out in NBeG, Warrap and WBeG states where by the participants were drawn from different TB units. It was a good opportunity as well as the CHD and WFP were involved so that it could be easier to request nutritional support for such TBHIV patients.

The main challenges encountered in the course of the year were:

- Delays in supplying TPT (INH300mg) to the facilities which resulted to low performance.
- No microscope slides at the Warehouse. It posed a challenge as there was no sputum smear microscopy(AFB) done as a follow up (2 months, 5th months and end of treatment)for TB patients on TB drugs.
- Massive flooding , which resulted to some roads being cut off. The programme staff managed to preposition the TB and HV supplies before the onset of the long rains.
- No Printing of the REVISED TB treatment register for the last 8 months. Old version was used to document all TB patients, which posed a challenge in extracting TB quarterly reports.

3. Progress Towards Development Results

CPD Indicators	Summary achievement to date
Indicator one:	
Indicators two:	

3.1 Progress Towards Project Outputs

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	January to December	8187	8190	100%
DOTS-2a: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus	January to December	87%		108%

treatment completed) among all new TB cases registered for treatment during a specified period			7180/7861(91%)	
TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register	January to December	95%	8038/8190(98%)	105%
TB/HIV-6 (M) Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	January to December	95%	599/634(94%)	103%
TBDT-4 Percentage of new and relapse TB patients tested using WHO recommended rapid diagnostic (***mWRD***) tests at the time of diagnosis.	January to December	40%	3992/8190(49%	123%
TB/HIV-7.1 Percentage of people living with HIV currently enrolled on antiretroviral therapy who started TB preventive treatment **(TPT)** during the reporting period	January to December	63%	4010/4343(92%)	147%
MDR-TB 2 (M): Number of TB cases with Rifampicin-resistant (RR-TB) and/or MDR-TB notified	January to December	80	167	184%
MDR TB-3: Percentage of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	January to December	95%	167/167(100%	106%
MDR TB-9 Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated	January to December	91%	97/97(100%)	119%
DOTS-3: Percentage of laboratories showing adequate performance in external quality assurance for smear microscopy among the total number of laboratories that	January to December	91%	169/182(94%)	103%

undertake smear microscopy during the reporting period				
RSSH/PP M&E-1 Completeness of reporting: Percentage of expected monthly reports (for the reporting period) that are actually received	January to December	90%	78/78(100%	111%

HIV Indicators Versus Targets

Indicator	Reporting Period	Target	Result	% Achievement
TCS-10 Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of vertical transmission of HIV	January-December	5%	219/6088(4%)	80%
VT-2 Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth	January-December	1%	87/6088(1.4%)	140%
TCS-1.1$^{(M)}$ Percentage of people on ART among all people living with HIV at the end of the reporting period	January-December	3%	4343/144018(3%)	100%
TCS-1b Percentage of adults (15 and above) on ART among all adults living with HIV at the end of the reporting period	January-December	3%	4089/131798(3%)	100%
TCS-1c Percentage of children (under 15) on ART among all children living with HIV at the end of the reporting period	January-December	2	254/12,220(2%)	100%

Description of Results:

Key indicator targets Vs Achievements

DOTs 1a: Number of notified cases of all forms of TB-bacteriologically confirmed plus clinically diagnosed,new and relapse: Target :8178 Vs achieved:8190. Achievment is attirubuted to TB awareness and sentitization at community level which enabled persons with presumptive TB visit TB units for diagnosis and care.

-Availability of GeneXpert cartridges MTB/Ultra that led to optimal utulization of GeneXpet machines.

-AFB reagents were available in all the peripheral facilities that enabled steady flow of sample processing and examinations.

DOTS-2a:Percentage of TB cases, all forms bacteriologically confirmed plus clinically diagnosed successfully treated(cured plus treatment completed) among all new TB cases.Target 87% Vs achievement of 91%

- Availability of drugs in the facility prevented interruption in the treatment course leading to good treatment outcomes.

- Presence of Laboratory reagents enabled timely 2 or 3 months, 5 and 6 sputum follow up examinations to declare patients cured.

- Involvement of BHws in following up of patients who had interrupted treatment and timely retrieving them back on treatment .

TB/HIV-1:Percentage of TB patients who had an HIV test result recorded in the TB register. Target:95% Vs Achievement 98%**:** Attributed to staff being allocated to control PICT in the TB units across the board

-Availabilty of HIV test kits on ground.

TB/HIV-2:Percentage of HIV + registered TB patients given ARVs during TB treatment. Target was 95%, Achieved 94%

Due to the availability of ARVs , the adequate counselling given to HIV clients but some of the clients decided to opt out but there was continued counselling sessions in the course of TB treatment .

MDR-TB 2 (M): Number of TB cases with Rifampicin-resistant (RR-TB) and/or MDR-TB notified

Target 80 Vs Achievement : 167

- Attributed to Intensified MDR-TB contact investigations

-GeneXpert machines installed in far-flung facilities

- No stock out of cartridges in the GeneXpert sites

MDR TB-3: Percentage of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment. Target 95% Vs 100%

- Health education to newly diagnosed MDR TB patients, reassuraing them that MDR TB is treatable and curable.

- Enablers(transport and nutrition support) acted as a motivation for treatment.

MDR TB-9 Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated ; Target 91% Vs 100%

- Availability of 2nd line drugs on ground
- Enablers(transport and nutrition support)
- Monthly meeting with other MDR TB patients

TBDT-4 Percentage of new and relapse TB patients tested using WHO recommended rapid diagnostic (*mWRD*) tests at the time of diagnosis. Achievement of 49%

Due to increased demand creation among clinicians who refer presumptive Tb patients for Gene Xpert machine screening**.**

TB/HIV-7.1 Percentage of people living with HIV currently enrolled on antiretroviral therapy who started TB preventive treatment (TPT) during the reporting period. Target 63% Achievement 92%

- There was an increment in the number of HIV clients who were evaluated and then enrolled on TPT.

- Staff commitment to ensure that all PLHIV were evaluatd and eligible ones enrolled on TPT

4. Cross Cutting Issues

4.1 Gender Results

Gender results	Evidence
Capacity building	• Training reports (male and female involved in all training conducted in AAA support locations)
HIV network members	• Involving females in the HIV/TB programme to track TB/HIV patients
AAA has a PSEA policy that is rolled out in all AAA supported facilities.	• The PSEA guidelines are always incorporated in all trainings. All participants are always taken through PSEA notes.
AAA gives priority to females whenever there is any vacancy	• Gordhim PHCC in Northern barh Ghazal state is one of the stopover centres for refugee/returnees from SUDAN. Ladies are the ones taking the lead as regards nutrition programme .

4.2 Partnerships:

AAA worked closely with the NMOH/SMOH/CHD in carrying out programme activities. Most of the programme staff are GOSS seconded. All activities eg trainings and supportive supervisions were always jointly planned and executed by the SMOH/NMOH.

In 2025 , AAA is working in close collaboration with 2 National organizations ie. NEWPU and SSNeP+. The Expert clients for SSNeP and mentor mothers from NEPWU were paid money for airtime and transport in addition to their monthly incenttives..

AAA partners with ICAP and CMMB as tregards TB and HIV integration across the board

4.3 Strengthening Local/CSOs capacity *(any capacity building activities and achievements)*

Results achieved	Institution	Local capacity strengthened
		•

5. Monitoring and Evaluation

Key M&E activity	Key outcomes	Recommendation	Action taken
Data collection and reporting (tools	-Patient details entered correctly into the TB treatment register	Keep it up	All programme staff
Crosschecking TBHIV data entry into the eTBr and DHIS2	-Some incompete data entry into the eTbr	-Staff urged to ensure that TB treatment register is cross checked woith the eTbr	TB officers
Quarterly TB/HIV data verification with source documents during field visits	All reported data corresponding with what had been reported	Keep it up	All of the programme staff
TBHIV Data Quality checks during field visits	Minor error noted in the registration TB patients	-The affected facilities to be conducting weekly data audit	All programme staff

6. Risk Management

Risks	Mitigation Measures
Massive flooding in some areas	• Early planning so as to carry out activities before the onset of the long rains • Prepositioning of the medical supplies so that the cut off areas do not experience treatment interruptions during flooding
Insecurity in operation areas	• Liaiase the SMOH/CHD / local leadership before venturing out to any area. • Replan activities to safer and secure locations
Delay of medical supplies	• Follow up with the Warehouse for timely processing and dispatch of commodities to the field sites. • Sharing surplus supplies with other facilities that were low in their stocks.
High staff turn over in AAA supported areas, as some of the	• Linking up with the SMOH/CHD to second other less experienced staff t the programme to fill in

experienced staff are occassionaly recruited by HSTP	the created gap. This forces the key staff to bench train the seconded staff so as to be well inducted into the programme.

7. Challenges

1. Delay in printing out the REVISED TB treatment register which led to documentation of the newly diagnosed TB patients in the old version of the treatment register which posed a challenge in the generation of quarterly TB report.
2. Provision of MDR TB enablers (Transport and Nutrition) to all MDR TB patients on care. It was inadequate which led to a backlog of MDR TB patients on care, hence the current number being carried forward to the next quarter
3. INH300mg (adult)as TPT was not timely supplied to the facilities that led to low TPT enrolment of the HIV clients on ART
4. There was a shortage of anti-TB drugs (adults formulations) at the Waehouse . The situation forced the MOH to advise the Warehouse to ration the supplies and then supply paediatric TB formulations(due to Global shortage of Rifampicin). This occurrence forced the health providers to dispense paediatric formulations to the adult TB patients (by doubling the doses) which caused a scare to the TB patients due to pill burden.
5. TB Community mobilization was low as some of the congregate settings were disbanded after the pulling out of WFP e.g Mingkaman IDP camp in Lakes was closed leading to IDPs returning back to their former homes which led to very few host community benefitting from the TB services hence thus reduced number of presumptive TB patients were screened at the laboratory, leading to the overall less TB case detection.

8. Lessons Learned

8.1.1.1 The donor's financial support towards Last mile delivery improves the timely distribution of health commodities from hub stores to the peripheral facilities.

8.1.1.2 Engagement of the Zonal TBHIV officers in the programme improves its performance as regards capacity building(on-bench coaching of staff)data quality , recording and reporting.

8.1.1.3 Creation of WHATSAPP Groups at the state levels facilitates the daily, weekly and monthly online catch-up meetings and the general coordinations for imprveing service delivery....eg NBeG state WhatsApp group has remained active throughout the year . This has impacted positively for the TBHIV programme implementation.

8.1.1.4 Upgrading GeneXpert machines from 4 to 16 moduels in AAA supported sites has increased the GeneXpert utilization and also improved detection of the DS, DR and PreXDR-TB. This situation has led to screening more samples from persons of presumptive TB .

8.1.1.5 Solarization of health facilities eg Gordhim PHCC and Cueibet County Hospital has aided in the increased utilization of GeneXpert machines as all target populations including persons with presumptive TB are screened using GeneXpert ,which has resulted in more drug susceptible TB being detected and drug resistant being enrolled on 1st and 2nd line treatment respectively.

8.1.1.6 Joint planning and execution activities with the SMOH /CHD

9. Conclusions, Recommendations and Opportunities

1. As TBHIV GC7 2nd year comes to an end, AAA has been in a position to implement all the approved activities in Workplan. This is attributed to AAa's early planning and excution and working very closely with the NMOH/SMOH /UNDP.
2. AAA took the opportunity of involving the BHWs in areas where there is BHI rollout and this has eincreased the community sensitization of TB/HIV

Recommendations

- The MOH/UNDP to ensure that the trained BHWs are evenly distributred across the country as this will help in the creation of TBHIV awareness in the community and then tracking of TB and HIV patients on treatment. As this has been evidenced with the high TB treatment outcomes and fewer interruptions in treatment(IIT).

Opportunities

- Referral systems from the health facilities under the HSTP should be strengthened, as that is an opportunity to detect more TB and HIV cases, as currently the referral system of persons with presumptive TB and HIV positive mothers (ANC) from these facilities is weak as some of the facility staff are not willing to refer any patients to another facility for further management.

10. Financial Expenditure

1. Global Fund – UNDP_ GC7 HIV/TB/RSSH (Year 2)

	January – December 2025 Financial Report			
Outputs / Activity Result		Annual Budget (US$)	Expenditures + Commitments USD	Variance USD
		A		
	OUTPUT 1 : Direct Programmatic Delivery			
17	Supportive supervision to Ensure quality of HTS services in prioritized facilities - AAA	8,208.00	8,400.00	(192.00)
209	Enhance mentoring and supportive supervision for increased coverage & update of baseline investigations - DR support superv. quarterly for 5 days (7 incl of accommodation)-3 people - AAA	6,524.80	6,525.00	(0.20)
216	Provision of package of practical support for individuals undergoing DR-TB - AAA	18,960.00	18,960.00	-
218	Support quarterly review meetings for DR-TB patients requiring individualized SLD regimens - Concilium of experts - Quarterly 1-day meeting in 10 states - AAA	24,130.00	24,130.00	-
41	Provision of Transport and Airtime to Mentor mothers - AAA	18,000.00	18,000.00	-
36	Transport refund for community outreach workers (mentor mothers)	5,250.00	-	5,250.00
43	Train and mentor HCWs in prioritized facilities - AAA	-	-	-

45	Incentives for Community outreach workers (mentor mothers) - AAA	37,500.00	36,000.00	1,500.00
58	Semi-annual regional meetings for mentors - AAA	9,520.00	9,520.00	-
240	Provide enablers (transport) to all DR-TB patients during care - AAA	24,840.00	24,840.00	-
243	Provide enablers (nutrition) to all DR-TB patients during care - AAA	37,260.00	37,260.00	-
246	Establish monthly follow-up clinics of DR-TB patients and track adverse events - AAA	3,960.00	3,960.00	-
250	Training on use of devices for better active case finding among mobile populations - AAA	6,442.00	6,442.00	-
251	Active case finding among mobile populations - 3 outreaches per year, each testing 200 people at each - AAA	4,000.00	4,000.00	-
263	Incentives for Community Volunteers/peer navigators TB-related stigma and discrimination - AAA	20,618.00	20,400.00	218.00
152	Incentives for HCWs at ART, PMTCT and TB sites - AAA	586,800.00	586,800.00	-
185	Supportive supervision and mentorship to strengthening and maintain quality of care, monitoring and reporting - AAA	8,994.00	8,992.00	2.00
194	AAA Direct Programme Implementation HR cost (former BL354)	141,924.00	141,924.00	-
196	AAA Field level Direct Programme Implementation HR cost (former BL355)	303,748.00	291,419.00	12,329.00

197	AAA Direct Programme Implementation Operational costs	36,236.80	36,237.00	(0.20)
224	Incentives to support State HIV/TB coordinators - AAA	12,000.00	12,000.00	-
238	ToT on Piloting and scale-up of community-based/community-led HTS of presumptive TB cases in communities - AAA	12,038.00	12,038.00	-
150	Provide operational support to 130 facilities providing ART/PMTCT - Operating costs - AAA	21,520.00	21,520.00	-
151	Engagement event to strengthen community engagement and outreach interventions at prioritized facilities - AAA	23,400.00	23,400.00	-
153	Incentives for Expert patients and Outreach workers – AAA	50,400.00	50,400.00	-
154	Provide operational support to facilities providing ART/PMTCT in 87 health facilities	64,400.00	64,426.00	(26.00)
156	Provision of Transport and airtime to Expert clients and outreach workers - AAA	25,200.00	25,200.00	-
162	Regional level workshop to sustain psycho-social interventions (camps/workshops) for children and adolescents on ART - AAA	6,916.60	6,917.00	(0.40)
Output 1 Sub-total		**1,518,790.20**	**1,499,710.00**	**19,080.20**
	OUTPUT 2: System Strengthening / Strategic Interventions			
HP0033.1	PSM - Distribution	-	-	-
361	Incentive for County M&E Officers - AAA	-	-	-
396	Equip BHWs with tools to support their functions - AAA	-	-	-

401	Train and mentor HCWs in prioritized facilities - 4 regional workshops x 40 people each x 4 days each - AAA	-	-	-
409	Provision of service contracts to courier companies for facilitation of sample transportation	87,584.40	87,585.00	(0.60)
Output 2 Sub-total		**87,584.40**	**87,585.00**	**(0.60)**
	OUTPUT 3: Project Management/Indirect Costs			
AR 3.7	Project Management: 500 – AAA ICR – 7%	112,446.22	111,110.65	1,335.57
	Project oversight and communication	-	-	-
	Project evaluation and auditing	-	-	-
PM Cost Sub-total		**112,446.22**	**111,110.65**	**1,335.57**
	Gendermainstreaming	-	-	
Grand Total		**1,718,820.82**	**1,698,405.65**	**20,415.17**

2. Global Fund – UNDP_C-19PO (Year 5)

January – December 2025 Financial Report				
Outputs / Activity Result		**Annual Budget (US$)**	**Expenditures + Commitments USD**	**Variance USD**
		A		
OUTPUT 1 : Direct Programmatic Delivery				
83	Last Mile Distribution (LMD) of COVID-19 and HIV/TB commodities - AAA	-	-	-
1209	Last Mile Distribution (LMD) of COVID-19 and HIV/TB commodities - AAA	62,805.00	62,805.00	-
Output 1 Sub-total		**62,805.00**	**62,805.00**	
OUTPUT 2: System Strengthening / Strategic Interventions				
	No activity	-	-	-
Output 2 Sub-total		-	-	
OUTPUT 3: Project Management/Indirect Costs				
AR 3.7	BL 291 – AAA Programme Management Service ICR	-	-	-

	BL 1303 – Office-related costs (cost of vehicle transferred by UNDP and Bank charges for new banking arrangement)	33,218.98	33,218.98	-
	BL 1308 – ICR for AAA	6,721.68	6,721.68	-
	Project oversight and communication	-	-	-
	Project evaluation and auditing	-	-	-
PM Cost Sub-total		**39,940.66**	**39,940.66**	
	Gendermainstreaming	-	-	
Grand Total		**102,745.66**	**102,745.66**	

Note:

The provided template has been modified to include a Variance column, as it only captures Annual Budget versus Expenditure and Commitments. To avoid further modifications to the newly standardized UNDP PR template, AAA will submit a separate 2025 Annual Report containing the full Financial Report details.

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