ARKANGELO ALI ASSOCIATION-AAA
South Sudan

UNDP GLOBAL FUND PROGRAMME SUB-RECIPIENT QUARTERLY PROGRESS UPDATE REPORT

(Revised Format—July, 2025)

Component: Grant Cycle 7

Sub-recipient: ARKANGELO ALI ASSOCIATION(AAA)-SOUTH SUDAN

Reporting Period: JANUARY TO JUNE 2025 SEMESTRE

UNDP GLOBAL FUND PROGRAMME
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Section A: General Information
Component: Grant Cycle 7
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Section B: Quantitative Data

Indicator	**Period**	**Target**	**Result**	**% Achievement**	**Justification of the programmatic gap with respect to the established target** (Include the reasons for the programmatic deviation. Explain the factors that have affected these achievements)
TBDT-1 Number of patients with of all forms of TB notified (i.e., bacteriologically confirmed + clinically diagnosed); *includes only those with new and relapse TB	Jan-June	4012	3969	99%	When compared to last year's semestrial performance, 23 new and relapse TB patients were additionally identified and initiated on TB therapy but the target couldn't be met as it was a rainy season that made most of the roads impassable for activity implementation.

TBDT-2 Treatment success rate- all forms: Percentage of patients with all forms of TB, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB patients notified during a specified period; *includes only those with new and relapse TB	Jan-June	87%	3664/4002(92%)	106%	The vigorous engagement of peer navigators and other BHWs who managed to timely trace the TB patients due for follow up examinations and also there were routine Health sessions in facilities regards treatment adherence that led high treatment outcomes.
DRTB-2 Number of people with confirmed RR-TB and/or MDR-TB notified	Jan-June	40	78	195%	Concerned efforts by all the programme staff in ensuring that all presumptive TB patients were screened by Xpert machines which resulted into more rifampicin TB patients being identified. Demand creation was at the fore of activities among the clinician who optimally utilized the Xpert machines.
DRTB-3 Percentage of people with confirmed RR-TB and/or MDR-TB that began second-line treatment	Jan-June	95%	78/78(100%	105%	Patients & relatives were counselled on importance of taking drugs as DR TB is curable which encouraged and enabled all to accept the drugs.
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-June	90%	32/32(100%)	111%	Indicator was well achieved due to adequate counselling of patient, monthly nutrition & transport support from UNDP encouraged patient to timely return for refills hence fully taking all prescribed regimens declaring completed.
TB/HIV-5 Percentage of registered new and relapse TB patients with documented HIV status	Jan-June	95%	3857/3969(97%	102%	-Weekly auditing of R&R tools enabled timely updates, 1 staff

					was assigned to HIV screening +update of tools.
TB/HIV-6 Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	Jan-June	95%	273/289(94%)	99%	The HIV positive confirmed clients were counselled on importance of an uninterrupted uptake of ARVs.
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	Jan-June	63%	696/4124(17%)	27%	There were some challenges of some facilities running out of TPT commodities and supplied delayed reaching the field .
TBDT-4 Percentage of new and relapse TB patients tested using WHO recommended rapid diagnostic(***mWRD***) tests at the time of diagnosis	Jan-June	40%	1668/3669(45%)	114%	The 16 modules Xpert machines enabled daily screening of samples from all targeted populations. The availability of TB LAM strips in facilities played a big boost as all eligible patients(PLHIV and children) were screened using TB LAM strips.
RSSH/PP LAB-3 Percentage of laboratories successfully participating in external quality assurance (EQA) or proficiency testing (PT) schemes	Jan-June	90%	92/99(93%	103%	There were some discrepant EQA results due to decolorization phase which resulted in some slides having major errors where smear slides being reported false positive or false negative. The plan to have a targeted onsite mentorship visits in the upcoming July-December 2025 semestre.
RSSH/PP M&E-1 Completeness of reporting: Percentage of expected monthly reports (for the reporting period) that are actually received	Jan-June	90%	78/78100%)	111%	All facilities managed to submit their respective quarterly reports on time.

Progress By HIV Indicators versus Targets					
Indicators	**Period**	**Target**	**Results**	**% achievement**	
TCS-10 Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of vertical transmission of HIV	Jan-June	5%	111/3044(3.6%	72%	The programme staff had outreach activities in high burden facilities and the yied documented in the main facility register but there were challenges as some of the staff under different donors were not willing to refer any HIV positive women to the nearby ART site for enrolment.
VT-2 Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth	Jan-June	1%	33/3044(1.0%	100%	The introduction of Expected Date of Delivery (EDD) calendars in each facility were helpful in linking up the mentor mothers to each HIV positive pregnant woman. This made it easier as regards the tracing and returning back of the mother-baby pairs for 1st DNA PCR sample collection.
TCS-1.1(M) Percentage of people on ART among all people living with HIV at the end of the reporting period	Jan-June	3%	4124/144018(2.8%)	93%	Availability of ARVs on ground and routine heath education on the importance of ARV uptake.
TCS-1b Percentage of adults (15 and above) on ART among all adults living with HIV at the end of the reporting period	Jan-June	2%	3880/131,798(2.9)	145%	Availability of ARVs on ground and routine heath education on the importance of ARV uptake.
TCS-1c Percentage of children (under 15) on ART among all children living with HIV at the end of the reporting period	Jan-June	2%	244/12,220(1.9%)	95%	Before enrolment, the providers took time to educate the caretakers as regards treatment adherence.

Section C: Programmatic Progress

BL	Approved Activities for the Period (January-June 2025 semestre)	Status of Implementation	Remarks/Recommendations
17	**Differentiated HIV Testing Services:** Supportive supervision to Ensure quality of HTS services in prioritised facilities - AAA	**Completed**	Timely submission of the previous quarters' reports aided in facilitating timely disbursements from the PR thus enabling SR AAA to plan with SMoH officials and execute the approved activity timely and with ease hence completion as per the forecasted workplan.
209	**Drug-resistant (DR)-TB diagnosis, treatment and care:** Enhance mentoring and supportive supervision for increased coverage and update of baseline investigations - DR supportive supervision quarterly for 5 days (7 inclusive of accommodation)-3 people - AAA	**Completed**	Timely submission of the previous quarters' reports aided in facilitating timely disbursements from the PR thus enabling SR AAA to plan with SMoH officials and execute the approved activity timely and with ease hence completion as per the forecasted workplan.
216	Drug-resistant (DR)-TB diagnosis, treatment and care: Provision of package of practical support for individuals undergoing DR-TB - AAA	**Completed**	Timely submission of the previous quarter's reports aided in facilitating timely disbursements from the PR thus enabling SR AAA to plan and execute the approved activity timely - courtesy of seamless case findings, diagnostics and MDR-TB patients' registrations at the HFs.
218	**Drug-resistant (DR)-TB diagnosis, treatment and care:** Support quarterly review meetings for DR-TB patients requiring individualised SLD regimens - concillium of experts - Quarterly 1-day meeting in 10 states - AAA	**Completed**	Timely submission of the previous quarter's reports aided in facilitating timely disbursements from the PR thus enabling SR AAA to plan and execute the approved activity timely with SMoH officials at the State level, hence completion as per the forecasted workplan.
41	**Elimination of vertical transmission of HIV, syphilis and hepatitis B Total:** Provision of Transport and Airtime to Mentor mothers - AAA	**Completed**	Early onsite verification of the mentor mothers by AAA TBHIV Officers was done in the beginning of each quarter and also complemented through confirmations by NEPWU Juba HQ, thus effecting timely payments of the related incentives for seamless programme implementation and progress.
45	**Elimination of vertical transmission of HIV, syphilis and hepatitis B Total:** Incentives for Community outreach workers (mentor mothers) - AAA	**Completed**	Early onsite verification of the mentor mothers by AAA TBHIV Officers was done in the beginning of each quarter and also complemented through confirmations by NEPWU Juba HQ, thus

			effecting timely payments of the related incentives for seamless programme implementation and progress.
58	**Elimination of vertical transmission of HIV, syphilis and hepatitis B Total:** Semi-annual regional meetings for mentors - AAA	**Completed**	Timely submission of the previous quarter's reports aided in facilitating timely disbursements from the PR thus enabling SR AAA to plan and execute the approved activity timely with NEPWU, SSAC and SMoH officials at the State level, hence completion as per the forecasted workplan.
240	**Key and vulnerable populations (KVP) – TB/DR-TB:** Provide enablers (transport) to all DR-TB patients during care - AAA	**Completed**	Timely submission of the previous quarter's reports aided in facilitating timely disbursements from the PR thus enabling SR AAA to plan and execute the approved activity timely - courtesy of seamless case findings, diagnostics and MDR-TB patients' registrations at the HFs.
243	**Key and vulnerable populations (KVP) – TB/DR-TB:** Provide enablers (nutrition) to all DR-TB patients during care - AAA	**Completed**	Timely submission of the previous quarter's reports aided in facilitating timely disbursements from the PR thus enabling SR AAA to plan and execute the approved activity timely - courtesy of seamless case findings, diagnostics and MDR-TB patients' registrations at the HFs.
246	**Key and vulnerable populations (KVP) – TB/DR-TB**: Establish monthly follow-up clinics of DR-TB patients and track adverse events - AAA	**Completed**	Timely submission of the previous quarter's reports aided in facilitating timely disbursements from the PR thus enabling SR AAA to plan and execute the approved activity timely - courtesy of seamless case findings, diagnostics and MDR-TB patients' registrations at the HFs.
250	**Key and vulnerable populations (KVP) – TB/DR-TB:** Training on use of devices for better active case finding among mobile populations - AAA	**Completed**	Timely submission of the previous quarter's reports aided in facilitating timely disbursements from the PR thus enabling SR AAA to plan and execute the approved activity timely with SMoH officials at the State level for HFs selection of the trainees in Lakes State; and, prior planning with TB and HIV Departments at Central level - hence completion as per the forecasted workplan.
251	**Key and vulnerable populations (KVP) – TB/DR-TB:** Active case finding among mobile populations - 3 outreaches per year, each testing 200 people at each - AAA	**Completed**	Timely submission of the previous quarter's reports aided in facilitating timely disbursements from the PR thus enabling SR AAA to plan and execute the approved activity timely and with ease hence completion as per the forecasted workplan.
263	**Reducing human rights-related barriers to HIV/TB services:** Incentives for Community Volunteers// peer navigators TB-related stigma and discrimination - AAA	**Completed**	Early onsite verification of the Peer Navigators by AAA TBHIV Officers was done in the beginning of each quarter, thus

			effecting timely payments of the related incentives for seamless programme implementation and progress.
409	**RSSH/PP:** Laboratory systems (including national and peripheral) Provision of service contracts to courier companies for facilitation of sample transportation	**Completed**	Timely submission of the previous quarter's reports aided in facilitating timely disbursements from the PR thus enabling SR AAA to engage early with the courier companies and local boda boda operators for collection and transportation of samples, continue mentorships supervisions in TB sites including those viable VL and EID, thus, seamless execution and timely completion as per the forecasted workplan.
185	**TB diagnosis, treatment and care:** Supportive supervision and mentorship to strengthening and maintain quality of care, monitoring and reporting - AAA	**Completed**	Timely submission of the previous quarters' reports aided in facilitating timely disbursements from the PR thus enabling SR AAA to plan with SMoH officials and execute the approved activity timely and with ease hence completion as per the forecasted workplan.
224	TB/HIV: Incentives to support State HIV/TB coordinators - AAA	**Completed**	Early onsite verification of the State HIVTB Coordinators by AAA TBHIV Officers was done in the beginning of each quarter, thus effecting timely payments of the related incentives for seamless programme implementation and progress.
238	TB/HIV: ToT on Piloting and scale-up of community-based/community-led HTS of presumptive TB cases in communities - AAA	**Completed**	Timely submission of the previous quarter's reports aided in facilitating timely disbursements from the PR thus enabling SR AAA to plan and execute the approved activity timely with SMoH officials at the State level for HFs selection of the trainees in NBeG State; and, prior planning with HIV Department at Central level - hence completion as per the forecasted workplan.
153	**Treatment, care and support:** Incentives for Expert patients and Outreach workers - AAA		Early onsite verification of the Expert Clients by AAA TBHIV Officers was done in the beginning of each quarter and also complemented through confirmations by SSNeP+ Juba HQ, thus effecting timely payments of the related incentives for seamless programme implementation and progress.
154	**Treatment, care and support:** Provide operational support to facilities providing ART/PMTCT in 87 health facilities (consisting of 41 that are co-located for both TB and HIV, 28 stand alone for TB services and 12 stand alone for HIV services) by end of 2023 + 20 New/additional sites for expansion between 2024-2026	**Completed**	Timely submission of the previous quarter's reports aided in facilitating timely disbursements from the PR thus enabling SR AAA to engage early with the HFs for raising needs, seeking and approving supplier quotations for linked provisions, payments and deliveries; thus, seamless execution and timely completion of deliverables as per the forecasted workplan.

156	**Treatment, care and support:** Provision of Transport and airtime to Expert clients and outreach workers - AAA	**Completed**	Early onsite verification of the Expert Clients by AAA TBHIV Officers was done in the beginning of each quarter and also complemented through confirmations by SSNeP+ Juba HQ, thus effecting timely payments of the related incentives for seamless programme implementation and progress.

Utilization of GeneXpert machines in the course of the Semestre is as shown below:

Name of Health Facility	Total Xpert tests done	MTB-RIF-	MTB+RIF-	MTB+RIF+	Indeterminate	Errors	Total MTB+	% Pos
Wau Teaching Hosp	919	540	166	15	25	10	181	20%
Yirol County Hospital	239	150	83	5	0	2	88	37%
Gordhim PHCC	767	554	128	4	12	54	132	17%
Rumbek State Hospital	425	312	91	2	3	11	93	22%
Aweil State Hospital	865	389	281	9	35	39	290	34%
Tonj County Hospital	143	121	22	5	0	0	27	16
Yambio State Hospital	51	35	6	0	0	06	6	12%

Nyamlell County Hospital	166	117	41	0	0	6	41	25%
Matangai PHCC	1253	1009	121	20	76	35	141	11%
Kuajok State Hospital	118	96	8	5	1	2	13	11%
Wulu County PHCC	108	95	10	1	0	3	11	10%
Cueibet County Hospital	106	82	22	2	0	0	24	23%
Raja County Hospital	33	28	4	0	0	1	4	12%
Nzara Hospital	60	56	3	1	0	0	4	7%
Mapuordit Hospital	126	83	38	4	2	0	42	33%
Grand Total	**5379**	**3667**	**1024**	**78**	**154**	**169**	**1102**	**20%**

New and relapse TB patients diagnosed by mWRD testing

Name of HFs	AAA	-		**Patients registered during: Q1 & Q2 2025**					
Name of Facility	**TB Diagnostic Method**	**Genexpert**	**Smear microscopy**	**TB LAM**	****Truenat**	**Xray, Clinically Diagnosed**	**Total Diagnosed using WHO RRD tests**	**Total New and relapse TB patients notified**	**% Diagnosed using WHO RRD tests**

Aweil State Hospital TBMU	Breakdown of new and relapse TB cases by diagnostic method	281	10	1	0	11	282	303	93%
Aroyo PHCC DTC	Breakdown of new and relapse TB cases by diagnostic method	3	4	0	0	4	3	11	27%
Aweil Prison PHCC DTC	Breakdown of new and relapse TB cases by diagnostic method	0	19	0	0	0	0	19	0%
Gordhim PHCC TBMU	Breakdown of new and relapse TB cases by diagnostic method	118	124	45	0	106	163	393	41%
Akuem PHCC DTC	Breakdown of new and relapse TB cases by diagnostic method	0	14	0	0	3	0	17	0%
Panthou PHCC DTC	Breakdown of new and relapse TB cases by diagnostic method	0	58	0	0	28	0	86	0%
Wanjyok PHCC DTC	Breakdown of new and relapse TB cases by diagnostic method	0	2	0	0	0	0	2	0%
Malualkon Hospital	Breakdown of new and relapse TB cases by diagnostic method	0	9	0	0	0	0	9	0%
Nyamlell County Hospital	Breakdown of new and relapse TB cases by diagnostic method	59	1	0	0	8	59	68	87%
Marialbai PHCC DTC	Breakdown of new and relapse TB cases by diagnostic method	8	17	0	0	5	8	30	27%
Mayen Ulem PHCC DTC	Breakdown of new and relapse TB cases by diagnostic method	16	8	0	0	5	16	29	55%

Gok Machar PHCC DTC	Breakdown of new and relapse TB cases by diagnostic method	6	13	0	0	4	6	23	26%
Udhum PHCC DTC	Breakdown of new and relapse TB cases by diagnostic method	14	13	0	0	7	14	34	41%
Bunagok PHCC TBMU	Breakdown of new and relapse TB cases by diagnostic method	5	18	1	0	28	6	52	12%
Mingkaman DTC	Breakdown of new and relapse TB cases by diagnostic method	2	13	2	0	51	4	68	6%
St. Josephine Bhakita PHCC	Breakdown of new and relapse TB cases by diagnostic method	12	19	19	0	28	31	78	40%
Cueibet Hospital TBMU	Breakdown of new and relapse TB cases by diagnostic method	17	0	7	0	19	24	43	56%
Abirieu PHCC	Breakdown of new and relapse TB cases by diagnostic method	4	4	0	0	3	4	11	36%
Luanyaker County Hospital	Breakdown of new and relapse TB cases by diagnostic method	40	0	0	0	59	40	99	40%
Lietnom PHCC DTC	Breakdown of new and relapse TB cases by diagnostic method	2	31	0	0	44	2	77	3%
Warrap PHCC DTC	Breakdown of new and relapse TB cases by diagnostic method	4	12	0	0	14	4	30	13%
Aliek PHCC	Breakdown of new and relapse TB cases by diagnostic method	0	8	0	0	38	0	46	0%
Kuajok Hospital TBMU	Breakdown of new and relapse TB cases by diagnostic method	103	4	0	0	73	103	180	57%

Alek PHCC DTC	Breakdown of new and relapse TB cases by diagnostic method	4	34	0	0	24	4	62	6%
Akon PHCC DTC	Breakdown of new and relapse TB cases by diagnostic method	1	67	0	0	21	1	89	1%
Gogrial County Hospital	Breakdown of new and relapse TB cases by diagnostic method	4	48	0	0	105	4	157	3%
St Mother Theresa-Turalei TBMU	Breakdown of new and relapse TB cases by diagnostic method	18	6	1	0	17	19	42	45%
Mayen Abun PHCC DTC	Breakdown of new and relapse TB cases by diagnostic method	34	75	1	0	51	35	161	22%
Wunrok DTC	Breakdown of new and relapse TB cases by diagnostic method	12	15	1	0	11	13	39	33%
Tambura Civil Hospital TBMU	Breakdown of new and relapse TB cases by diagnostic method	0	11	0	0	4	0	15	0%
Mupoi PHCC DTC	Breakdown of new and relapse TB cases by diagnostic method	0	7	1	0	3	1	11	9%
Source Yubu PHCC DTC	Breakdown of new and relapse TB cases by diagnostic method	0	1	0	0	3	0	4	0%
Nagero County Hospital	Breakdown of new and relapse TB cases by diagnostic method	0	1	0	0	0	0	1	0%
Yambio State Hospital TBMU	Breakdown of new and relapse TB cases by diagnostic method	18	0	6	0	22	24	46	52%

Yambio Prison PHCC	Breakdown of new and relapse TB cases by diagnostic method	0	29	0	0	1	0	30	0%
Gangura PHCC DC	Breakdown of new and relapse TB cases by diagnostic method	1	26	0	0	6	1	33	3%
St. Theresa Hospital - Nzara TBMU	Breakdown of new and relapse TB cases by diagnostic method	20	0	1	0	3	21	24	88%
Ezo Hospital	Breakdown of new and relapse TB cases by diagnostic method	5	6	1	0	10	6	22	27%
Naandi PHCC	Breakdown of new and relapse TB cases by diagnostic method	0	6	0	0	0	0	6	0%
Yangiri PHCC	Breakdown of new and relapse TB cases by diagnostic method	0	0	0	0	0	0	0	#DIV/0!
Yeri PHCC	Breakdown of new and relapse TB cases by diagnostic method	4	4	0	0	4	4	12	33%
Mundri County Hospital	Breakdown of new and relapse TB cases by diagnostic method	0	20	1	0	8	1	29	3%
Olo PHCC	Breakdown of new and relapse TB cases by diagnostic method	0	7	0	0	1	0	8	0%
Woko PHCC	Breakdown of new and relapse TB cases by diagnostic method	0	10	0	0	0	0	10	0%
Bethsaida ECS PHCC	Breakdown of new and relapse TB cases by diagnostic method	0	2	2	0	0	2	4	50%
Nabanga PHCC	Breakdown of new and relapse TB cases by diagnostic method	0	1	13	0	3	13	17	76%
Marial Lou Comboni TBMU	Breakdown of new and relapse TB cases by diagnostic method	0	12	0	0	8	0	20	0%

Ngapagok PHCC DTC	Breakdown of new and relapse TB cases by diagnostic method	0	0	0	0	10	0	10	0%
Marial Lou Rural Hospital TBMU	Breakdown of new and relapse TB cases by diagnostic method	0	0	0	0	0	0	0	#DIV/0!
Rumabuth PHCC DTC	Breakdown of new and relapse TB cases by diagnostic method	0	5	0	0	5	0	10	0%
Tonj Don Bosco TBMU	Breakdown of new and relapse TB cases by diagnostic method	30	65	0	0	39	30	134	22%
Tonj Hospital	Breakdown of new and relapse TB cases by diagnostic method	8	1	0	0	11	8	20	40%
Wau Teaching Hospital TBMU	Breakdown of new and relapse TB cases by diagnostic method	170	12	9	0	9	179	200	90%
Sikadid PHCC TBMU	Breakdown of new and relapse TB cases by diagnostic method	24	18	0	0	6	24	48	50%
Mary Help Hospital TBMU	Breakdown of new and relapse TB cases by diagnostic method	7	48	0	0	6	7	61	11%
Agok PHCC	Breakdown of new and relapse TB cases by diagnostic method	0	3	0	0	1	0	4	0%
Achongchong DTC	Breakdown of new and relapse TB cases by diagnostic method	0	1	0	0	1	0	2	0%
Wau Central Prison DTC	Breakdown of new and relapse TB cases by diagnostic method	3	1	0	0	0	3	4	75%
Raja Hospital	Breakdown of new and relapse TB cases by diagnostic method	10	9	0	0	15	10	34	29%

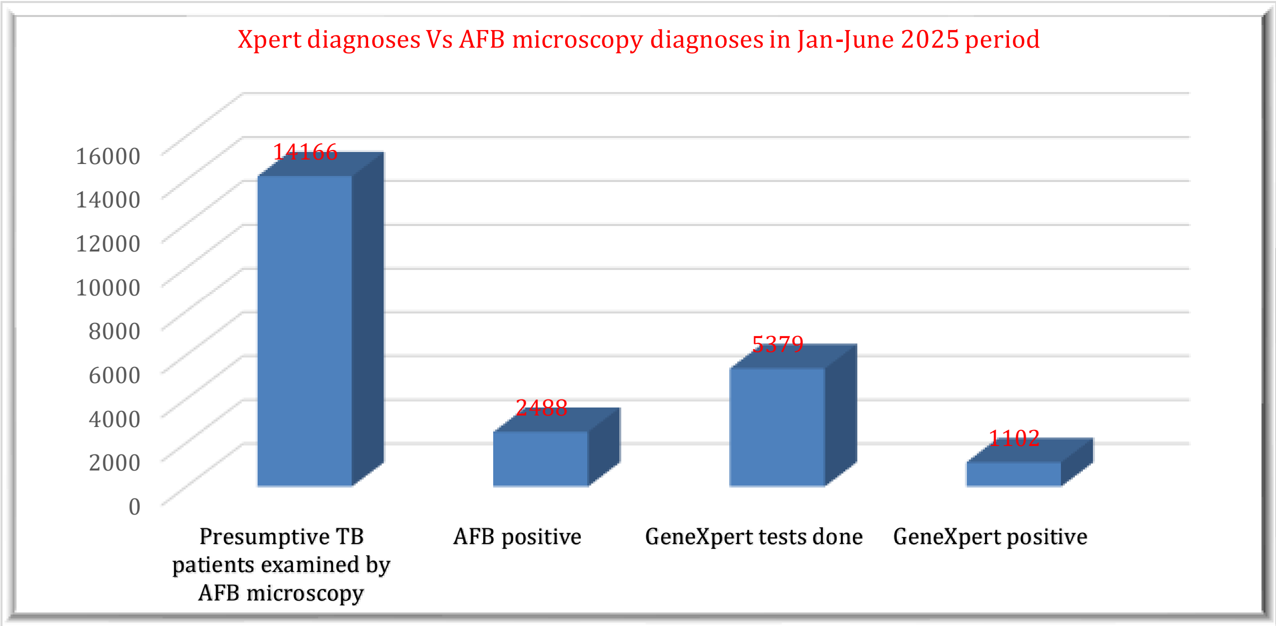
Deimzeibe ir PHCC	Breakdown of new and relapse TB cases by diagnostic method	0	3	0	0	0	0	3	0%
St. Daniel Comboni Hospital	Breakdown of new and relapse TB cases by diagnostic method	1	38	0	0	24	1	63	2%
Marialbai PHCC-Jur River	Breakdown of new and relapse TB cases by diagnostic method	7	4	0	0	9	7	20	35%
Mapel PHCC DTC	Breakdown of new and relapse TB cases by diagnostic method	1	1	0	0	9	1	11	9%
Udici County Hospital	Breakdown of new and relapse TB cases by diagnostic method	1	6	0	0	0	1	7	14%
Grinty PHCC DTC	Breakdown of new and relapse TB cases by diagnostic method	2	18	0	0	0	2	20	10%
Kuajiena PHCC DTC	Breakdown of new and relapse TB cases by diagnostic method	0	0	0	0	2	0	2	0%
Adior County Hospital	Breakdown of new and relapse TB cases by diagnostic method	5	2	0	0	16	5	23	22%
Nyang PHCC	Breakdown of new and relapse TB cases by diagnostic method	1	5	0	0	9	1	15	7%
St. Joseph Yirol TBMU	Breakdown of new and relapse TB cases by diagnostic method	7	4	3	0	52	10	66	15%
Yirol Hospital DTC	Breakdown of new and relapse TB cases by diagnostic method	73	0	1	0	7	74	81	91%
Mapourdit Hospital DTC	Breakdown of new and relapse TB cases by diagnostic method	25	0	7	0	63	32	95	34%

Aluakluak PHCC DTC	Breakdown of new and relapse TB cases by diagnostic method	3	4	3	0	30	6	40	15%
Rumbek State Hospital TBMU	Breakdown of new and relapse TB cases by diagnostic method	94	1	3	0	38	97	136	71%
Matangai PHCC DTC	Breakdown of new and relapse TB cases by diagnostic method	198	0	3	0	13	201	214	94%
Wulu Hospital	Breakdown of new and relapse TB cases by diagnostic method	11	0	2	0	4	13	17	76%
Cueicok PHCC DTC	Breakdown of new and relapse TB cases by diagnostic method	14	4	0	0	4	14	22	64%
Aduel PHCC DTC	Breakdown of new and relapse TB cases by diagnostic method	16	18	0	0	8	16	42	38%
Maper PHCC	Breakdown of new and relapse TB cases by diagnostic method	5	0	3	0	7	8	15	53%
	Grand Total	**1531**	**1060**	**137**	**0**	**1241**	**1668**	3969	42%

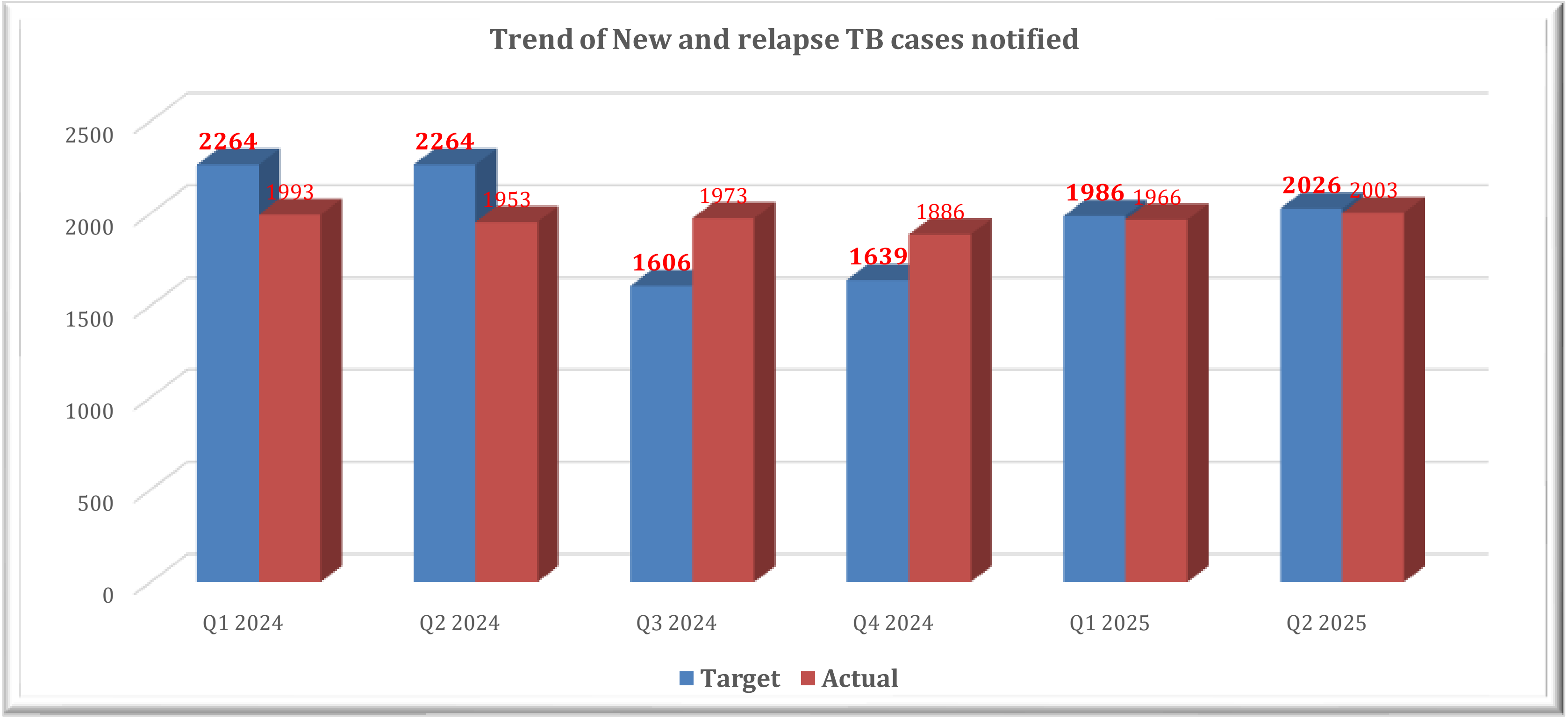
Note:
Outreach activities were carried out in key populations (prisons, refugee/returnee camps, IDP camps) in 2 locations (Kuajok and Wau) where the below cited were the yield:

- # health educated: 4414
- # screened for TB symptoms: 4414
- # symptomatic patients identified: 1808
- # symptomatic patients tested in the lab:1808
- # confirmed with TB :32
- # initiated on TB therapy: 32

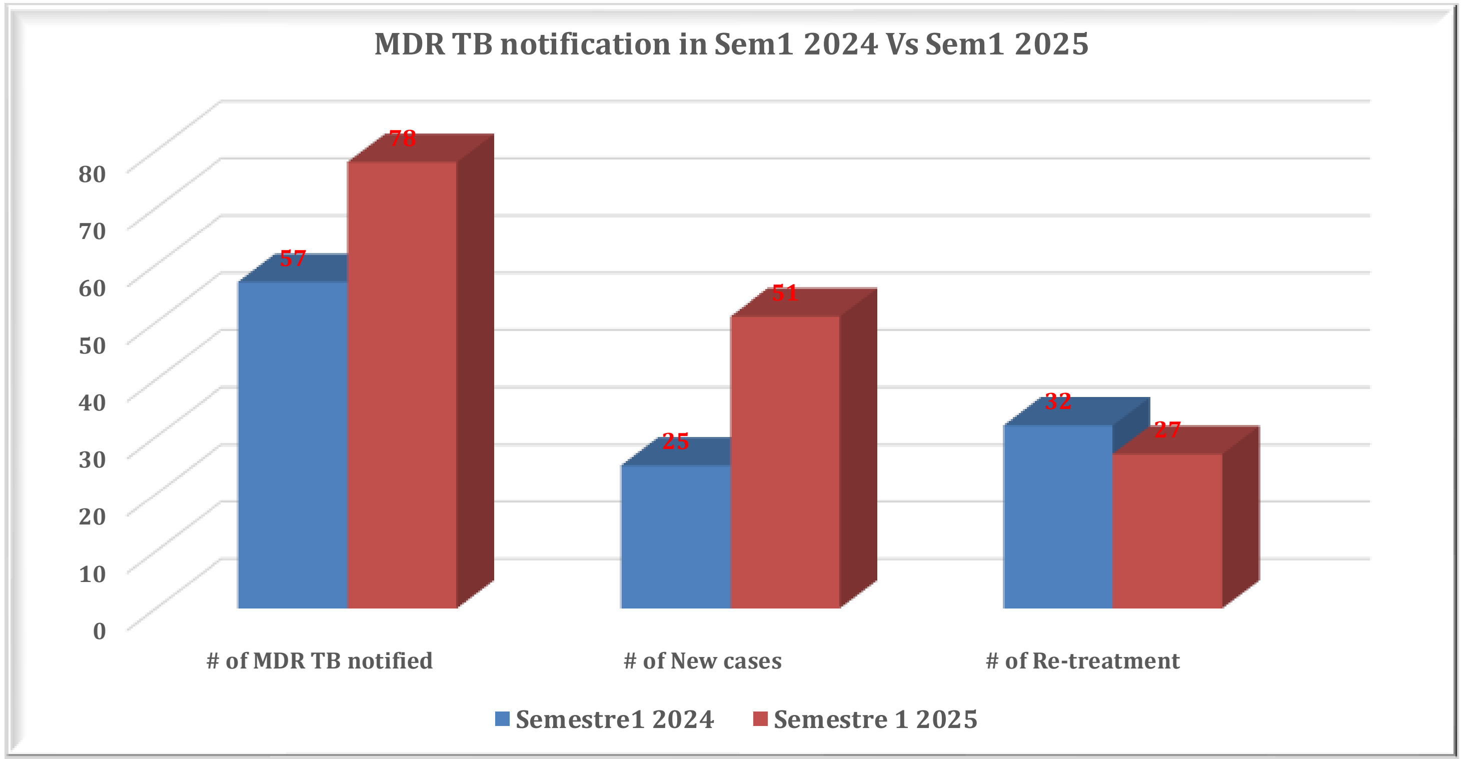
Graphic presentations



Trend of new and relapse TB patients notified per quarter



MDR TB notification in Semestre 1 2024 compared to Semestre 1 2025



Section D: Challenges faced during the project implementation

List challenges to activities implementation (internal or external) and the action taken to resolve these challenges.

Section D1:

BL	Activity	Challenge	Proposed solution/action
17 & 185	Supportive supervision visits to peripheral facilities	Massive flooding that led to impassable roads	Activities in the affected areas were carried out before the onset of the long rains
240 & 243	Provision of enablers (transport and nutrition) to all MDR TB patients on care	Back log of MDR TB patients from the previous quarters.	Paid MDR TB patients on care but other months due for payments were carried forward to the next quarter.
	TPT initiation for TB contacts	No TPT registers to document TB contacts screened and then	MOH has to design TPT register for TB contacts and other populations screened and then enrolled on TPT.

		initiated on TPT… the resultant being under reporting as data for TB contacts and also the health care workers on TPT are not captured in the report	
	Documentation of TB patients	Stock out of TB treatment cards, HIV SOPs in most of the facilities	Facility staff were urged to photocopy the treatment cards and so as to enrol new TB patients.
	Inadequate anti-TB drugs (adults)on ground that led to the Warehouse supplying paediatric TB formulations	Dispensing paediatric formulations to the adult TB patients (by doubling the doses) which caused scare to the TB patients due to pill burden	Kept on borrowing from other facilities
	Enrolment TB contacts on TPT	There was inadequate enrolment of clients on TPT as due to the Global shortage of rifampicin, the RH that was supposed to be as TPT was used for treating TB patients on continuation phase.	Borrowed from other facilities that had adequate stock

Section D2 **Follow-up of challenges faced from previous reporting period**

All corrective measures outstanding from previous reports shall be populated

BL	Activity	Challenge	Proposed solution/action	Status
				Choose an option
				Choose an option

Section E: Grant management

All grant recommendations contained in the Management Letter and the Audit Report that are due for the reporting shall be populated in the form. This also includes all recommendations outstanding from previous periods

	UNDP recommendation	Notification date	Status	Comments
	Conclusion of the Analysis of the Progress Report for 01 October to 31 December 2024 (Q4/2024) with feedback as follows: The PR appreciated AAA's prompt facilitation of the analysis and verification processes of the quarter's reports (financial and programmatic) courtesy of timely submissions. Further, the management letter highlighted the AAA's financial absorption at expenditure rate of 93.02% in Q4, representing an overall absorption rate of 98.23% against the total budget for year 1's GC7 grant; and C19RM/PO financial absorption at expenditure rate of 81.81% in Q16, representing an overall absorption rate of 98.77% against the cumulative budget for Q1-Q16 period. Additionally, the PR acknowledged AAA's good programmatic performance against the set targets for key indicators whereby out of a total of 16 indicators: 12 were overachieved at 100% and above, 1 was achieved between 91%, 1 was achieved at 55% or above and 2 achieved at 23% and 20% respectively. In light of this, the PR acknowledged AAA's completion of activities planned for the quarter under review including other meetings, consultations and additional activities undertaken. Along with this, the PR noted AAA's completion of all recommendations in the previous quarter's Management Letter related to low-performing indicators and reporting through DHIS2. Citing this, the PR highlighted that despite AAA having overachieved 12 indicators, there were Program Management and Monitoring and Evaluation issues that needed addressing. The findings and recommendations on are as follows on; • **Low or no-achievement of following indicators:**	22, April 2025	Started	See below against each recommendation per indicator:

	1. PMTCT-2.1 Percentage of HIV-positive women who received ART during pregnancy and /or labour delivery. 2. PMTCT-3.1 Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth. PR Recommendation: The PR noted that PMTCT and EID indicators continued to perform lowly at 55% and 20% respectively. In addition, 183 viral load samples were tested. The SR was requested to share a plan on how to improve EID sample collection and maintain positive breast-feeding mothers on lifelong ART treatment.	22, April 2025	Started	AAA acknowledged the PR's findings and recommendations; and, as well provided feedback on a letter dated 29, April 2025. The feedback letter detailed on the strategies and plan to be employed. Subsequently, practicality was enforced at the implementation level.
	3. TB/HIV-7.1 Number of people living with HIV currently enrolled on antiretroviral therapy who started TB preventive treatment (TPT) during the reporting period. PR Recommendation: The PR noted that AAA's performance in the July-December 2024 Semester was only 23%. The SR was requested to share a plan to improve the data on the number of PLHIV currently on ART who screened for TB and given TB preventive therapy (TPT).	22, April 2025	Started	AAA acknowledged the PR's findings and recommendations; and, as well provided feedback on a letter dated 29, April 2025. The feedback letter detailed on the strategies and plan to be employed. Subsequently, practicality was enforced at the implementation level.
	4. DR TB-2 Number of people with confirmed RR-TB and/or MDR-TB notified. PR Recommendation: The PR noted that the DR TB-2 had been overachieved by 165%; thus, requested to know the factors leading to this significant increase.	22, April 2025	Started	AAA acknowledged the PR's findings and recommendations; and, as well provided feedback on a letter dated 29, April 2025. The feedback letter detailed on the requested factors.
	• **Missing Facility reports:** 1.TCP-1 (M) Number of notified cases of all forms of TB (i.e. bacteriologically confirmed+ clinically diagnosed, new and relapse cases. PR Recommendation: The PR noted that between AAA and Cordaid, 20 TB treatment facilities did not report TB case findings during the October to	22, April 2025	Started	AAA acknowledged the PR's findings and recommendations; and, as well provided feedback on a letter dated 29, April 2025. The feedback letter detailed on the strategies to be employed in addressing the issues raised. Subsequently, practicality was

	December 2024 quarter and requested that this issue should be followed up on and addressed.			enforced at the implementation level.
	2. TCS-1.1(M) Percentage of people on ART among all people living with HIV at the end of the reporting period. PR Recommendation: The PR noted that this is a recuring issue, and they encouraged AAA to provide a clear plan for providing effective oversight to ensure all Health Facilities report in the DHIS2 as we advance including implementing monthly incentive payments to health workers.	22, April 2025	Started	AAA acknowledged the PR's findings and recommendations; and, as well provided feedback on a letter dated 29, April 2025. The feedback letter detailed on the plan to be employed. Subsequently, practicality was enforced at the implementation level.
	• **Identification of Paused or Deferred Activities under the Global Fund GC7 Grant.** The PR UNDP officially communicated to SR AAA on the identified list of paused or deferred activities and budget lines (BLs) under GC7 in the 2024-2026 implementing cycle while further instructing the SR to locate the applicable budget lines with the recommendation to cease any additional expenditure against them as any additional expenditure reported against them would be considered as disallowed costs.	26 May, 2025	Advancing	SR AAA formally confirmed receipt of the Management Letter and communication from the PR on a letter dated June 13, 2025 citing to adhere.
	• **Additional Modifications to GC7 Grant Budget Lines.** The PR UNDP officially communicated to SR AAA on Additional Modifications to GC7 Grant Budget Lines – with additional information on 2024 savings in some budget lines (BLs). The PR notified and recommended to the SR to that the savings in the identified budget lines (BLs) cannot be transferred to 2025.	12 and 18 June, 2025	Advancing	SR AAA formally confirmed receipt of the Management Letter and communication from the PR on a letter dated June 13, 2025 explaining the updated status of the 2024 balances by the date of communication by PR. The PR further responded on potential way forward through a Management Letter dated 18 June, 2025.

			Choose an option	

	Section F: Success stories Description of successful experiences/best practices not reflected in the quantitative data
	Success Story: **Project Name**: GF-UNDP-HIVTB/RSSH-GC7 **Project site:** St.Josephine Bakhita Phcc- Agangrial **State:** Lakes **County**: Cueibet **Name of Patient: Manhiak kau** ManhiaK Kau is a-5-year-old boy, who was diagnosed with HIV infection during a routine HIV testing at the outpatient department of St Josephine Bakhita Hospital. By then there were no TB LAM kits for TB screening on ground. The child mother was just counselled and health educated about HIV infections and the importance of early ARV initiation and she gave greenlight. The child was then enrolled on ARVs. After some weeks, the supplies were received from Juba and part of the supplies were the TB LAM kits. The child's mother was explained why testing for TB disease was important and she consented and then the urine of the child was collected and subjected to TB LAM strip, where it turned out to be positive for TB. After along discussion and counselling of the child's parents, they were curious in knowing their HIV status. The were both counselled and tested for HIV. The results were HIV positive. They were both post-tests counselled and then enrolled on ARVs. The policy guidelines for TB and HIV were followed in initiating TB LAM positive patient on TB therapy on the 3^{rd} of May 2025 for a duration of 4 months course (2 RHZ+E / 2RH). The child at the same time was enrolled on the ongoing Nutrition program as he was already malnourished. After 2 months TB treatment and food rations, the father saw the improvement in his child and he was very grateful for the recovery for his child and he wondered why he wasted his time and yet TB and HIV treatment was free of charge and yet he had spent some of his wealth on the traditional healers before bringing his child to the facility. He expressed his fears that if the TB unit was very far away from his residence, his child could have died and yet the disease is treatable disease.

He appreciated the MOH for looking for donors to bring TB and HIV free of charge services closer to the most vulnerable people especially those living in hard-to-reach areas like his village

Maniak after he has been initiated on TB treatment and ARVs

The father promised to encourage any chronic cougher whom he will meet in his village to come to facility for TB screening and care.

He recommended the donor to continue supporting the TB program as in remote villages !

Section G: Authorization

The undersigned authorized representative acknowledges that all information provided in this report is complete and accurate

Signed in the name of the sub-recipient *(signature of the authorized representative)*

Prepared by: Emmanuel Wasilwa **Title:** M&E officer **Signature…………**

Cleared by: Ms Natalina Sala **Title:** AAA director **Signature……**

Approved by: Dr Callixte Minani **Title:** Project Manager (TB Expert) … **Signature………**

Place and Date:

Seal of the Organization / Entity:

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