South Sudan

HIV/AIDS
Sectoral and OR+ (*Thematic*) Report

January - December 2016

Mothers to Mothers support group workshop in Pultruk Payam

Prepared by:
UNICEF South Sudan
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Table of Contents

1. Abbreviations and Acronyms

AIDS	Acquired Immuno-deficiency Syndrome
ANC	Ante Natal Care
ARV	Anti-Retroviral
BEmONC	Basic Emergency Obstetric and Neonatal Care
bOPV	bivalent Oral Polio Vaccine
CAR	Central Africa Republic
CBO	Community Based Organization
DPT	Diphtheria, Pertussis and tetanus vaccine
DRC	Democratic Republic of Congo
EPI	Expanded Programme on Immunization
HIV	Human Immunodeficiency Virus
GPEI	Global Polio Elimination Initiative
IDP	Internal Displaced Persons
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
MNH	Maternal Neonatal Health
MNTE	Maternal and Neonatal tetanus Elimination
MTCT	Mother-to-Child Transmission of HIV
NGO	Non-Governmental Organizations
NIDs	National Immunization Days
PCA	Partnership Cooperation Agreement
PMTCT	Prevention of Mother-to-Child Transmission of HIV
SSP	South Sudanese Pounds
tOPV	trivalent Oral Polio Vaccine
TT	Tetanus Toxoid

2. Executive Summary

The UNICEF HIV/AIDS programming in South Sudan is part and parcel of the health program. The health outcome aimed to provide *''improved and equitable use of maternal, New-born and child health, and of HIV/AIDS services by infants, children, adolescents and pregnant women, especially the poor and marginalized groups in South Sudan by 2018"*. With a key shared output with maternal health: ''*Strengthen the systems to deliver integrated MNH/ EMTCT/EID and Birth Registration services in emergency and non-emergency settings*''.

The thematic grant was mainly used to complement other donor funding (UKAID, Qatar, German National Committee for UNICEF and UNICEF Regular Resources) in supporting HIV services for pregnant women, children and adolescents at facility and community level as defined in the UNICEF's Country program 2014-2016. Key areas of support include procurement and distribution of related HIV and AIDS supplies, capacity building for health workers, monitoring of activities, development of service delivery guidelines and strengthening of the work of community support groups that promoted use and adherence to HIV/AIDS services.

In 2016, 155,233 pregnant women were reached with at least one ANC visit (114% of the 2016 target) with 22 per cent completing the recommended four or more ANC visits. While ANC service provided an opportunity to provide HIV screening for pregnant women, only 32,021 pregnant women were counselled and tested for HIV (20% of the target population). Likewise, out of a total 487 pregnant women tested HIV positive and 371 (38% of target) were enrolled for Anti-Retroviral Treatment (ART). UNICEF also promoted delivery under skilled care to ensure safe delivery of babies including those whose mothers are infected with HIV. A total of 17,184 women (36% of those targeted) delivered under skilled birth attendants compared to the national average of 12 per cent. Prevention services for adolescents have been integrated into the life skills and peace education projects. But this was only limited to three of the 79 counties of south Sudan. A total of 78,659 (F 38,853 & M 39,806) of young people were reached with information on HIV prevention and treatment and 5,533 (F 3,466 & M 2,067) were counselled and tested for HIV (2% of target in 2016) with 3% positivity rate while 73,884 (F0 & M 73,884) sexually active young persons were provided with condoms for HIV prevention. The coverage of HIV/AIDS treatment services remain very low with only 3% children and 8% adults accessing treatment services. Treatment services focusing on adolescents are lacking.

Implementation of activities happened within a challenging context as South Sudan saw an escalation of violence and economic crisis in 2016. Displacement of large numbers of people, both within and out of the country continued especially in the last half of 2016. As the needs continue to increase, access challenges, along with funding uncertainty, remain significant constraints to the health response. Likewise, as the crisis in the country continues to escalate, transportation of much-needed life-saving supplies to affected communities has been hindered by charges and taxes posed without legal grounds and the time required for flight safety clearance. Over 200 health facilities have been damaged, over 30 per cent of health workers have fled for safety, and medical supplies have been insufficient to respond to the ever increasing needs. Consequently, there has been an intermittent retardation of activity implementation during 2016

3. Strategic Context of 2016

South Sudan remains a country with some of the worst maternal, neonatal and child health indicators in the world. South Sudan suffers a generalized HIV epidemic with a prevalence of 2.6%. 179,000 people, including adults and children, are estimated to be living with HIV. The country has geographic areas with high HIV concentration. These are Eastern, Central and Western Equatoria, found along the country's southern region, accounting for 60% of new HIV infections. According to the latest Modes of Transmission study (MoT, 2013), peri-natal transmission (Mother-to-Child Transmission) account for 15% of new infections. Commercial sex workers and their clients account for 55% of new cases.

A bio-behavioural study (2016) and a commercial sex workers mapping (2015) found that the prevailing conflict and consequent economic collapse has driven many teenagers especially girls into commercial sex work. Furthermore, it is reported that peri-urban communities, cross-border areas and those along the transport corridors seem to have higher HIV prevalence than in the general population. The HIV treatment response in South Sudan needs to be adapted to the country's context which is characterized by civil war, high number of returnees and Internally Displaced People (IDPs) facing humanitarian crisis.

Although the global target is to eliminate Mother to Child Transmission (MTCT) of HIV, currently the MTCT of HIV in South Sudan stands at 29 per cent. Similarly the 90-90-90 targets are far from achievement as coverage of HIV prevention, treatment and care services for children and their mothers is barely at 10 % and the coverage is even worse for adolescents. The national strategy aims to reach the global targets by 2017, but this only remains an ambition far from reality.

The conflict has posed a huge threat to maintaining children and mothers on HIV prevention and treatment services through displacement, disruption of services and diversion of resources for donor appealing and competing programs (e.g disease epidemics, malnutrition and common childhood illnesses…).

Furthermore the political reshuffling of State Government structure and the creation of 32 states and the resultant subdivision of counties has created numerous difficulties in coordination of activities at the County level. The challenging political process has unfortunately led to delays in implementation of planned activities.

4. Results in the Outcome Area

Outcome: Improved and equitable use of maternal, New-born and child health, and of HIV/AIDS services by infants, children, adolescents and pregnant women, especially the poor and marginalized groups in South Sudan by 2018			
Indicator	Baseline (2010)	Target (2016)	Achievement (December 2016
% of HIV positive pregnant women on ARV prophylaxis/ART treatment	78%	80%	38%
Women attended at least four times during their pregnancy by any provider (skilled or unskilled) for reasons related to the pregnancy (%)	19%	25%	22%

Live births attended by a skilled health personnel (doctor, nurse, midwife, or auxiliary midwife) (%)	17%	30%	36%
Output 3: MNH-EMTCT: Strengthen the systems to deliver integrated MNH/ EMTCT/EID and Birth Registration services in emergency and non-emergency settings			
Indicator	Baseline (2015)	Target (2016)	Achievement (December 2016)
% of adolescents 15-19 who were tested for HIV and received their results in the past 12 months (in UNICEF targeted area)	<10%	30%	2%

The UNICEF HIV programing rides on maternal and child health platform with some elements integrated into the life skills and peace education projects. The thematic grant was mainly used to complement other donor funding (UKAID, Qatar, German National Committee for UNICEF and UNICEF Regular Resources) in supporting HIV services for pregnant women, children and adolescents at facility and community level as defined in the UNICEF's Country program 2014-2016. Key areas of support include procurement and distribution of related HIV and AIDS supplies, capacity building for health workers, monitoring of activities, development of service delivery guidelines and strengthening of the work of community support groups that promoted use and adherence to HIV/AIDS services.

Implementation of activities happened within a challenging context as South Sudan saw an escalation of violence and economic crisis in 2016. Displacement of large numbers of people, both within and out of the country continued especially in the last half of 2016. As the needs continue to increase, access challenges, along with funding uncertainty, remain significant constraints to the health response. Likewise, as the crisis in the country continues to escalate, transportation of much-needed life-saving supplies to affected communities has been hindered by charges and taxes posed without legal grounds and the time required for flight safety clearance. Over 200 health facilities have been damaged, over 30 per cent of health workers have fled for safety, and medical supplies have been insufficient to respond to the ever increasing needs. Consequently, there has been an intermittent retardation of activity implementation during 2016. None the less, some progress has been made.

In 2016, 155,233 pregnant women were reached with at least one ANC visit (114% of the 2016 target) with 22 per cent completing the recommended four or more ANC visits. While ANC service provided an opportunity to provide HIV screening for pregnant women, only 32,021 pregnant women were counselled and tested for HIV (20% of the target population). Likewise, out of a total 487 pregnant women tested HIV positive and 371 (38% of target) were enrolled for Anti-Retroviral Treatment (ART).

UNICEF also promoted delivery under skilled care to ensure safe delivery of babies including those whose mothers are infected with HIV. A total of 17,184 women (36% of those targeted) delivered under skilled birth attendants compared to the national average of 12 per cent. However disaggregated data by HIV sero-status are not available.

Awareness of HIV and AIDS is still low while stigma is still very high. These factors affect uptake of PMTCT services and compliance with the treatment protocol. UNICEF continued working through the Boma Health Initiative and community support groups to address this challenge, though this may require long-term behavioural change strategy and approach. By December 2016, UNICEF

though implementing partners had supported the implementation and functionality of 36 Mother-to-Mother Support Groups with over 1,000 members. The mother support their peers to promote use, and compliance to long term HIV treatment and care services. This has improved acceptance of HIV testing among pregnant women after health education from 58 per cent in 2015 to 82 per cent in 2016 in UNICEF supported sites.

Prevention services for adolescents have been integrated into the life skills and peace education projects. But this was only limited to three of the 79 counties of south Sudan. A total of 78,659 (F 38,853 & M 39,806) of young people were reached with information on HIV prevention and treatment and 5,533 (F 3,466 & M 2,067) were counselled and tested for HIV (2% of target in 2016) with 3% positivity rate while 73,884 (F0 & M 73,884) sexually active young persons were provided with condoms for HIV prevention. The coverage of HIV/AIDS treatment services remain very low with only 3% children and 8% adults accessing treatment services. Treatment services focusing on adolescents are lacking.

In collaboration with WHO and other technical partners, UNICEF supported adaptation of the new integrated HIV and AIDS Guidelines to include paediatric ART into 30 ICAP and WHO supported health facilities. From January to December, 186 children were enrolled on ART. However, treatment of infants living with HIV is still limited due to lack of Early Infant Diagnosis (EID) services in the country and insufficient tracking of women living with HIV and their exposed infants. Finally, while implementation was constrained because of competing programmatic priorities, UNICEF was still able to support some upstream MoH work in an attempt to create a more enabling policy and institutional environment. With UNICEF support, the national MoH has finalized its IMNCI guidelines including new-born care and associated job aids. This is critical to support provider initiated HIV counselling and testing for infant and children to identify those HIV exposed children missed in the PMTCT program. Support was also provided to develop the Boma Health Initiative policy, establishing a strategy to roll out all basic healthcare services at community level.

Monitoring and evaluation

Key monitoring activities were supported under the thematic grants included field visits through field officers and UNICEF country team to monitor implementation of activities. In 2016 alone, 18 field monitoring visits have been undertaken. In addition, UNICEF engaged with the national ministry of health to develop monitoring and evaluation tools. These included the ANC PMTCT, the maternity PMTCT registers and the monthly summary report form. A total of 500 of each were printed and distributed to health facilities and partners.

Key challenges and lessons learned

Implementation of activities happened within a challenging context as South Sudan saw an escalation of violence and economic crisis in 2016. Displacement of large numbers of people, both within and out of the country continued especially in the last half of 2016. As the needs continue to increase, access challenges, along with funding uncertainty, remain significant constraints to the health response. Likewise, as the crisis in the country continues to escalate, transportation of much-needed life-saving supplies to affected communities has been hindered by charges and taxes posed without legal grounds and the time required for flight safety clearance. Over 200 health facilities have been damaged, over 30 per cent of health workers have fled for safety, and medical supplies have been insufficient to respond to the ever increasing needs. Consequently, there has been an intermittent retardation of activity implementation during 2016

5. Financial Analysis

Table 1: Planned budget by Outcome Area

Outputs (Intermediate Results)	Planned Budget 2016 (USD)			
	Other Resource Emergency	Other Regular Resources	Regular Resources	Total
4040/A0/02/001/001 Immunization	2,230,821	6,707,869	-	8,938,690
4040/A0/02/001/002 Child Health	4,066,923	376,166	-	4,443,089
4040/A0/02/001/003 MNH-EMTCT	967,205	2,257,796	-	3,225,000
4040/A0/02/001/004 Health EPRP	326,523	167,274	-	493,797
4040/A0/02/001/005 Enabling Policy & Institutional Env.	87,099	789,085	600,000	876,184
4040/A0/02/001/006 Technical Support	600,000	2,518,998	350,000	3,118,998
Total Budget	**8,278,570**	**12,817,186**	**950,000**	**21,095,756**

Table 2: Country-level thematic contributions to outcomes area received in 2016

Donor	Grant	Contribution amount	Programmable amount
UNICEF Ireland	SC149901	14,650	13,767
Korean Committee for UNICEF	SC149902	80,606	76,559

Table 3: Expenditures in the Outcome Area

Outputs (Intermediate Results)	Expenditures 2016 (USD)			
	Other Resource Emergency	Other Regular Resources	Regular Resources	Total
4040/A0/02/001/001 Immunization	1,785,272	7,378,095	(85,725)	9,077,641
4040/A0/02/001/002 Child Health	6,047,624	1,051,966	105,564	7,205,153
4040/A0/02/001/003 MNH-EMTCT	421,555	1,526,856	5,196	1,953,606
4040/A0/02/001/004 Health EPRP	260,384	5,443	-	265,827
4040/A0/02/001/005 Enabling Policy & Institutional Env.	6,206	22,315	35,418	63,939

4040/A0/02/001/006 Technical Support	973,745	1,740,054	514,638	3,228,437
Total	**9,494,786**	**11,724,728**	**575,090**	**21,794,604**

Table 4: Thematic expenses by programme area

Programme Area	Other Resources - Emergency	Other Resources - Regular	Regular Resources	Total
01-01 Immunization	1,344,782	3,311,573	(85,725)	4,570,630
01-02 Polio eradication	402,944	3,998,472		4,401,416
01-03 Maternal and Newborn health	468,596	1,611,397	5,196	2,085,189
01-04 Child health	1,363,666	483,010	(13,486)	1,833,190
01-05 Health systems strengthening	149,950	70,441		220,390
01-06 Health and emergencies	4,326,804	473,718	113,336	4,913,858
01-07 Health # General	1,191,312	1,733,395	550,056	3,474,763
02-01 PMTCT and infant male circumcision		749		749
02-05 HIV # General		11,734		11,734
04-01 Infant and Young child feeding	157			157
04-04 Community-based management of acute malnutrition	240,369	30,240	5,714	276,323
04-06 Nutrition # General	6,206			6,206
Total	**9,494,786**	**11,724,728**	**575,090**	**21,794,604**

Table 5: Expenses by Specific Intervention Codes

Specific Intervention Codes	Expenditure
01-01-03 PENTA vaccines and devices	288,880
01-01-05 Measles or MMR vaccines and devices	854,513
01-01-09 Cold chain support	1,430,700
01-01-10 Logistics support for immunization	65,106
01-01-11 Outbreak control # immunization	983
01-01-14 Immunization # General	1,803,845
01-02-01 Polio vaccines and devices	1,376,076
01-02-02 Polio outbreaks and response	74,098
01-02-04 Polio # General	2,196,503
01-02-05 Polio social mobilization for campaigns	180,922

01-02-06 Continuous social mobilization and communication	35,674
01-02-07 Polio technical assistance	17,253
01-02-08 Polio operational costs	17,796
01-03-02 MNTE # General	122,836
01-03-04 Maternal and newborn care including Emergency Obstetric care	802,006
01-03-07 Other maternal and newborn activities	159,845
01-03-08 Home visits, parent and community education for ECD and stimulation	76,120
01-04-08 Malaria # General	442,888
01-04-09 IMNCI # community	906,209
01-04-13 Child health # General	484,092
01-06-02 Health # Emergency preparedness	5,849
01-06-03 Health # Emergency response	4,908,009
01-07-01 Disease surveillance	21,297
01-07-03 Health # General	2,380,787
01-07-05 Health technical assistance to regional and country offices	17,414
01-07-06 Health support to achieving global and regional goals	283,216
02-05-06 HIV and AIDS technical assistance to regional and country offices	11,734
1043 Routine immunization	126,602
1049 Integrated YCSD package including Child Health Days	217,568
1051 Polio eradication and surveillance	503,095
1061 Integrated Management of Childhood Illnesses	220,390
1072 Maternal health/Safe motherhood # general	99,634
1073 Maternal and newborn health package	824,747
1901 Staff costs for multiple OTs within FA1	554,481
3011 Prevention of mother-child HIV transmission excluding ARVs for mothers	749
Total	**21,511,918**

6. Future Work Plans

The UNICEF plan for 2017 prioritise 5 key areas as articulated in the 2016-2018 country program. The planned activities are among the underfunded areas in the country work plan. UNICEF has planned to invest USD 2,955,430.75 (1,961,443.30 in 2017 and 993,987.45 in 2018) in PMTCT/HIV programming.

UNICEF will increase its support to the ministry in developing policies, guidelines and strategies on MNH/PMTCT. The South Sudan HIV strategic plan prioritises elimination of the mother to child transmission of HIV in line with global targets. UNICEF will among others support development of the national scale up plan and it roll out of PMTCT option B+ to primary health care facilities nationwide.

In a bid to increase treatment services for children infected with HIV, UNICEF will roll out integration of Provider Initiated Counselling and Testing (PITC) of HIV for sick children as part of the IMNCI.

On grounds of prevailing low level of awareness on HIV and high levels of HIV related stigma, UNICEF will also invest in supporting community structures to generate demand and utilization of MNH/HIV services.

UNICEF will also support key surveys and provide Monitoring of HIV services. This will be essential to bridge the information gap. Currently available HIV statistics are based on sentinel surveillance data of 2012. It will be critical that UNICEF participates in supporting an AIDS indicator survey along side other partners.

Recognising the gap in HIV services for adolescents, UNICEF will also provide HIV information, testing and treatment services for children and young people aged 10-19 years.

7. Expression of Thanks

Recognizing contributions from resource partners is very important to ensure crucial support and commitment. Highlight the flexibility of thematic support (OR+) that have contributed to the results against the programme area targets.

On behalf of the children and women throughout South Sudan who have been reached with your assistance, UNICEF would like to express its sincere appreciation to its funding partners who continue to provide thematic resources to meet the critical child protection needs in South Sudan.

8. Annex: Donor Feedback Form

Project title: Thematic report Outcome 2: HIV 2016
Grant number: SC149902

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

Please return the completed form back to UNICEF by email to:
Name: Nadia Ben Mohamed
Email: nbenmohamed@unicef.org

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SCORING:	**5 indicates "highest level of satisfaction" while** **0 indicates "complete dissatisfaction"**

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?

Thank you for filling this form!