Populated Printable COP Without TBD Partners

2008

Sudan

Generated 12/9/2008 10:55:48 AM

Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
Sudan_Congressional Notification.pdf	application/pdf	11/5/2007		MLee

Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

[X] Yes [ ] No

Description:

FY 08 Five Yr Strategy update

The continual knowledge gained by the USG team, on how to gain results in Sudan, lead to the following five year strategy updates.

Communication strategies need to be much more simple and clear, linking partner reduction to couples-centered counselling and testing, and providing information on the role of condoms in situations where the status of either partner is unknown or where partners are known to be sero discordant. The PEPFAR program will also promote condom use through linkages in campaign strategies to the promotion of CT, and the activities will be targeted to higher risk groups. In the area of counselling and testing, PEPFAR programs will promote individual, couples and family counselling and testing, and both will be client and routine health provider-initiated.

In the FY2007 mini-COP, the USG PEPFAR Team looked to strengthen efforts to support the diagnosis and treatment of opportunistic infections and free provision of a set of basic care (sometimes referred to as palliative care) services to PLHWA. We fell behind in this area and know that in FY 2008 our programs will not only be ready to move ahead but with the additional knowledge gained over the past year in how best to work in the area of palliative care.

We will work with SSAC to develop comprehensive care guidelines and support in-service training of health care and community workers. In these areas of high prevalence and risk, depending upon funding levels, we will also support indirectly home-based care and services for orphans and vulnerable children (OVC) on a limited scale.

In FY 2008 the USG program will be strengthening ART in Southern Sudan through our work with the Juba Teaching Hospital through PMTCT and the work our key partners are doing in Tambura. We will also plan to coordinate with the GFATM ART programs which are starting in both Yambio and Yei under WHO management. US funded laboratory efforts in Yambio will strengthen the Global Fund ART program.

In FY 2008, PEPFAR will look at how best to support the GF programs. Whether it be through capacity strengthening of medical staff or laboratory equipment needed in the clinics used. PEPFAR will provide care and treatment technical assistance that will benefit GFATM and other efforts.

The Emergency Plan Country Team proposes with FY08 funds to support comprehensive HIV care that includes antiretroviral therapy in one carefully selected partner facility working with the SPLA.

In FY 2008 the USG PEPFAR program has placed funds under TBD. Due to the USAID/REDSO Regional Office of Acquisition and Assistance, (RAAO) and changes in the rules and regulations, the current Regional Activity for the Family Health International ROADS program can not be used as a mechanism for the Sudan program to buy in to. There will a new RFA coming out and we will buy into the selected organization who wins this bid or the Sudan PEPFAR team may put out its own RFA. We will be allocating these funds to programs to increase coverage in PMTCT, CT, AB, OP, HCHC and TB/HIV. The added funding will support better coverage of testing of pregnant women to ensure stronger access to PMTCT, increased access to counseling and testing, and increased integration of expanded prevention activities throughout all program areas.

And in FY2008 we propose to support a long-term monitoring and evaluation advisor to support both the Commission and MOH in their efforts to develop a unified M&E system. We hope to support improved coordination between the AIDS Commission and the Ministry of Health, and we plan to support and participate in processes to develop necessary strategy, policy and guideline documents. We will continue to support programs for professional development and staff training order to specifically cultivate the organizational capacity of these institutions to self-manage and coordinate their HIV/AIDS programs.

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
Amboletter27 9 07FINAL.pdf	application/pdf	9/27/2007	Letter for the Ambassdor	LBoseman

Country Contacts

Contact Type	First Name	Last Name	Title	Email
HHS/CDC In-Country Contact	Patricia	Oluoch	CDC PEPFAR Program Manager	poluoch@ke.cdc.gov
USAID In-Country Contact	Khadijat	Mojidu	Health Team Leader/Sudan	KMOJIDI@usaid.gov
U.S. Embassy In-Country Contact	Roberto	Powers	Deputy Chief of Mission	powersr@statre.gov
Global Fund In-Country Representative	Tesmerelna	Atsbeha	HIV & Malaria Prog Mgr	tesmerelna.atsbeha@undp.org

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2008?	$100000
Does the USG assist GFATM proposal writing?	No
Does the USG participate on the CCM?	Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2008

Prevention	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	5,040	0	5,040
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	146	0	146

Care (1)	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
		1,189	0	1,189
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	1,189	0	1,189
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	0	0	0
8.1 - Number of OVC served by OVC programs	0	0	0	0
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	48,583	0	48,583

Treatment	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
		0	0	0
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	0	0	0

Human Resources for Health	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
End of Plan Goal	0			

2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	6,144	0	6,144
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	186	0	186
	National 2-7-10 (Focus Country Only)	**USG Downstream (Direct) Target End FY2009**	**USG Upstream (Indirect) Target End FY2009**	**USG Total Target End FY2009**
Care (1)		2,498	0	2,498
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	2,498	0	2,498
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	0	0	0
8.1 - Number of OVC served by OVC programs	0	0	0	0
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	73,633	0	73,633
	National 2-7-10 (Focus Country Only)	**USG Downstream (Direct) Target End FY2009**	**USG Upstream (Indirect) Target End FY2009**	**USG Total Target End FY2009**
Treatment		194	0	194
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	194	0	194
	National 2-7-10 (Focus Country Only)	**USG Downstream (Direct) Target End FY2009**	**USG Upstream (Indirect) Target End FY2009**	**USG Total Target End FY2009**
Human Resources for Health				
End of Plan Goal	0			

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CA

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5631.08
System ID: 7816
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: ESF
Prime Partner: International HIV/AIDS Alliance
New Partner: No

Sub-Partner: Institute for Promotion of Civil Society
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: New Sudan Council of Churches
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: N/A
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: CA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5632.08
System ID: 7817
Planned Funding($): $1,721,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: IntraHealth International, Inc
New Partner: No

Sub-Partner: International Medical Corps
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Merlin
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVCT - Counseling and Testing

Sub-Partner: Across
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Mechanism Name: CA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5629.08
System ID: 7818
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: ESF
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: CA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5653.08
System ID: 7819
Planned Funding($): $40,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Kenya Medical Research Institute
New Partner: No

Mechanism Name: CA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8256.08
System ID: 8256
Planned Funding($): $505,869
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: NA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7860.08
System ID: 7860
Planned Funding($): $3,895,131
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: ESF
Prime Partner: N/A
New Partner: Yes

Mechanism Name: CA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5633.08
System ID: 7821
Planned Funding($): $1,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: ESF
Prime Partner: Population Services International
New Partner: No

Mechanism Name: CA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5634.08
System ID: 7822
Planned Funding($): $481,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Save the Children US
New Partner: No

Sub-Partner: Sudan Inland Development Foundation
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Nile Inter-Development Program
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Management and staffing

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6056.08
System ID: 7824
Planned Funding($): $1,104,869
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: ESF
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8355.08
System ID: 8355
Planned Funding($): $1,039,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: CDC M&S

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5640.08
System ID: 7827
Planned Funding($): $464,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: IAA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8302.08
System ID: 8302
Planned Funding($): $0
Procurement/Assistance Instrument: IAA
Agency: U.S. Agency for International Development
Funding Source: ESF
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID direct to CDC

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5651.08
System ID: 7828
Planned Funding($): $0
Procurement/Assistance Instrument: IAA
Agency: U.S. Agency for International Development
Funding Source: ESF
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5631.08	7816	International HIV/AIDS Alliance	U.S. Agency for International Development	ESF	Institute for Promotion of Civil Society	Y	$0
5631.08	7816	International HIV/AIDS Alliance	U.S. Agency for International Development	ESF	New Sudan Council of Churches	Y	$0
5632.08	7817	IntraHealth International, Inc	HHS/Centers for Disease Control & Prevention	GHCS (State)	Across	Y	$0
5632.08	7817	IntraHealth International, Inc	HHS/Centers for Disease Control & Prevention	GHCS (State)	International Medical Corps	Y	$0
5632.08	7817	IntraHealth International, Inc	HHS/Centers for Disease Control & Prevention	GHCS (State)	Merlin	Y	$0
5634.08	7822	Save the Children US	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nile Inter-Development Program	Y	$0
5634.08	7822	Save the Children US	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sudan Inland Development Foundation	Y	$0

Table 3.3: Program Planning Table of Contents

MTCT - PMTCT

Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01

Total Planned Funding for Program Area: $990,869

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$0
Estimation of other dollars leveraged in FY 2008 for food	$0

Program Area Context:

Overview
With one of the world's youngest populations, Southern Sudan has a high proportion of people of reproductive age with many reproductive health needs. Maternal mortality rates are among the highest in the world estimated at over 2,000 per 100,000 births and reflect the lack of essential services. In general both the number of health service delivery points and the capacity of existing sites are deficient, and the pressure on health facilities is increasing with post-war returning populations and an apparent post-conflict increase in the birth rates.

HIV is just one of numerous serious health threats to pregnant mothers and their children in Sudan, and approaches to strengthen prevention of mother to child HIV transmission (PMTCT) must take that into account. For example, vertical PMTCT programs may not make sense in the Sudan context. With support from HHS/CDC, UNICEF launched a pilot Safe Motherhood project in 2005 that provided a package of evidence-based antenatal and peri-partum interventions including routine HIV testing and counseling and standard interventions to decrease the chance of vertical HIV transmission. The pilot program, the first PMTCT experience in S. Sudan, was encouraging, demonstrating high levels of interest in maternal health care and HIV, with generally excellent patient uptake of routine HIV testing. But the pilot also highlighted the limited capacity of most health facilities and personnel, the need for fairly intensive program support, and the need for integrated efforts to raise knowledge and decrease stigma in facilities and communities alike.

There is compelling need to strengthen reproductive health care and develop unified policies, guidelines and standard care care packages for South Sudan as none exists

As epidemiological data begin to emerge it is clear that Southern Sudan has a mixed HIV epidemic, with prevalence varying by locality. The Sudan PEPFAR team supports PMTCT as a component of integrated HIV services, focusing initially on a few towns where risk is considered higher. PMTCT is a core component of the USG Sudan strategy and we want to demonstrate the principle that HIV testing and PMTCT interventions should be integrated in maternal health service programs, and that PMTCT is an essential component of integrated prevention and care models. The PEPFAR program will be referring women from PMTCT services to the Global Fund ART services. The need for ongoing treatment is critical so PMTCT services are increased and strengthened in areas where ART services will be provided.

We also recognize that the benefits of introducing HIV as a routine part of maternal child health care is not limited to identifying the relatively few women who are infected. The existence of routine HIV education and testing in MCH has important prevention and entry to care benefits, and is likely to reduce stigma over time.

CURRENT USG EFFORTS

PEPFAR Sudan is accelerating access to PMTCT through education/awareness, counseling and testing, The program is working with one existing in St. Bakhita and three new PMTCT service delivery facilities, Tambura, Nimule, just started and Yei (Yei had started but stopped) Two other sites, Juba and Boma are to be established soon and preliminary work has began.. PEPFAR USG members are directly involved in PMTCT training and mentoring, working in collaboration with our implementing partners. Programs were slow to get started in FY 2007 due to the late date of approval of the mini-COP and the many challenges of working in Sudan, majorly lack of infrastructure and staffing.
Learning from best practice PMTCT experience in Kenya and Uganda, our partners utilize standard models of provider-initiated CT. HIV testing will be a routine component of antenatal care in hospitals and primary health care centers, and couples and

family counseling will be emphasized from the outset. Aspects of the pilot program that proved weak will be strengthened, such as the follow-up of mother and infant pairs. PEPFAR-supported institutions are encouraged to establish child and post-natal follow up clinics for both the baby and mother respectively. Service-related linkages between facilities and communities are being developed and each site will foster support groups and peer counseling to improve follow up. Infected mothers and their families will be provided with basic palliative care, including cotrimoxazole prophylaxis, insecticide-treated bed nets, and point of use water treatment commodities.

Improved record keeping is crucial to providing better service delivery and interim patient registers have been developed and staff trained in their use. The Southern Sudan HIV/Aids Commission and the Ministry of Health are working on record keeping and monitoring and evaluation tools and we are working together to harmonize all efforts in this area. Service provision is supported by community mobilization efforts designed to increase demand and reduce stigma. Exclusive breast feeding is promoted for all mothers, regardless of HIV status, and we are developing locally appropriate recommendations and educational material for post-weaning infant nutrition counseling.

The clinical providers, who typically are lower cadre staff due to the shortage of nurse midwives are being trained in all aspects of PMTCT, including counseling and testing. Curricula suitable for different cadres must be developed, and innovation will be required due to relatively low literacy levels compared to East Africa.

CDC recently procured lab equipment for Juba Teaching hospital that will support the ANC services into which PMTCT will be integrated, and planning has re-started with a new hospital management team that has only been in a place for a short time.

Interim PMTCT guidelines developed for the pilot project are currently in use and there is need for participatory revision of these guidelines and development of related policies and guidelines, such as for provider-initiated counseling and testing. Similarly, the generic CDC/WHO PMTCT curriculum should be adapted further for Sudan.

FY2008 USG SUPPORT

With limited funding and a commitment to more basic prevention services, we plan to strengthen the established sites for quality services and plan to set up two new sites. We anticipate pre-service training and in-service for approximately 40 health workers to provide PMTCT services, and will have eight partner sites providing services using FY08 funds. Those delivering services will require substantial support and mentoring due to the low levels of staff knowledge. Establishment of support groups akin to the mother to mother concept will increase adherence and utilization of services as well as reduce stigma.Community capacity building will be intensified to encourage male involvement for increased service utilization. Logistics management is a big challenge with commodities and supplies coming in from neighboring countries thus increasing cost and possible delays which need to be efficiently managed.

Under TBD in PMTCT, in FY 2008, the USG PEPFAR team will work closely with the Ministry of Health HIV/AIDS Office and the Southern Sudan AIDS Commission (SSAC) to guide expansion of PMTCT services in Sudan. This year PEPFAR Sudan will continue to focus increased efforts on the Juba Teaching Hospital, the largest hospital in Southern Sudan. This hospital is a referral hospital for a large area which admits approximately 1500 patients monthly. WHO supported the initiation of ART at JTH in early 2006 with TGF support, but as yet no PMTCT services exist. The WHO and hospital authorities and the USG team have agreed that PEPFAR programs will establish PMTCT services integrated into MCH and Maternity Services.

The USG team will also use the TBD resources to strengthen work in Tambura, Nimule, and Yei. In recent ANC sentinel surveillance, Tambura shows a higher than average prevalence rate for HIV positive pregnant women. Tambura is geographically far from other major hospitals. Specifically PEPFAR funds will be supporting service delivery to ensure that the these facilities have a functioning body of technical staff, lab services, and prophylaxis, nutrition counseling, support for exclusive breast-feeding modality and infant growth monitoring.. .

LINKAGES AND COLLABORATION

The USG will continue to work in collaboration with UNICEF, WHO, and the GFATM in the revision of PMTCT standards, procurement of drugs, and linkages to other services including treatmentas the PEPFAR program will be referring women from PMTCT services to the Global Fund ART services. UNICEF also plans tol play a major role in the Global Fund-supported PMTCT program in Southern Sudan, but planning and partner/site identification is still in the early stages. With the establishment of the state HIV and AIDS Commissions underway, the states will be encouraged to identify facilities where PMTCT services would be integrated.

A national PMTCT stakeholder meeting will be organized to share the initial successes or challenges of the existing sites and this will serve as both for sensitization and advocacy for action.

POLICY ISSUES

The review and adoption of National Guidelines for PMTCT will be a priority. The Emergency Plan is participating in the development common monitoring and evaluation tools spearheaded by the Ministry of Health and the Southern Sudan AIDS Commission.

Expected results:

•PEPFAR will establish three new PMTCT programs
•Staffs to be trained in the provision of comprehensive PMTCT care, counseling, laboratory monitoring, commodities management and logistics, monitoring and evaluation and other essential PMTCT-related issues.
•Patients to receive PMTCT according to national and international guidelines and standards
•Increased utilization of comprehensive reproductive health services including PMTCT by the community

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	6
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	6144
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	186
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	48

Custom Targets:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5632.08
Mechanism: CA
Prime Partner: IntraHealth International, Inc
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 11412.08
Planned Funds: $230,000
Activity System ID: 17592
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11412
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29065	11412.29065.09	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	11828	11828.09	CA	$270,000
11412	11412.07	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	5632	5632.07		$131,216

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5651.08
Mechanism: USAID direct to CDC
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: U.S. Agency for International Development
Funding Source: ESF
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 18783.08
Planned Funds: $0
Activity System ID: 18783
Activity Narrative: To purchase Nevirapine/prophylaxis and related supplies

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5632.08

Mechanism: CA

Prime Partner: IntraHealth International, Inc

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 21100.08

Planned Funds: $55,000

Activity System ID: 21100

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HVAB - Abstinence/Be Faithful

Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02

Total Planned Funding for Program Area: **$1,176,524**

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Overview
With the signing of the peace agreement in Sudan it is expected many Sudanese will return to their homes from countries where the HIV/AIDS prevalence is high and many internally displaced will return to their places of origin. Commercial and employment-related travel has increased dramatically, and cities like Juba in the South are virtually flooded with people from many parts of the world, including many Sudanese from the Diaspora. Concern also exists that demobilizing soldiers, some of whom may have been at higher risk during service away from their homes, may carry HIV to their places of origin. The turbulent social context is developing in a setting of low HIV awareness and substantial behavioral risks. The consensus view is that the epidemic is likely to accelerate rapidly unless aggressive prevention and care programs are implemented and strengthened immediately.

A community-based survey conducted in Yei in late 2002 found median age at first sex lower than the sub-Saharan average and low rates of condom usage during last occurrence of high risk sex (Kaiser, et al, AIDS 2006, Vol. 20, no. 6). The USG plans to focus on Abstinence and Being Faithful (AB) as one of a range of targeted prevention interventions. Behavior change communication (BCC) efforts will strengthen community dialogue, promote positive reproductive health behaviors, increase knowledge of STI/HIV, reduce stigma and discrimination, and increase use of preventative care and support services.

Current USG Efforts
The AB related interventions will target specific groups with relevant messages. For example, emphasis will be placed on abstinence for in-school youth and those youth who are not known to be sexually active, and partner reduction (faithfulness) linked to couples-centered counseling and testing for other target groups, including military personnel and their families, truck drivers and their associates, and all couples who do not know their HIV status. Mass media, including radio, billboards, TV and digital recording devices will be used to varying extents, but some areas have less access to media than others. Interpersonal communication is one key means of health communication in low literacy situations like Southern Sudan, and peer educators will play an important role. Peer educators conduct individual and group discussions and special events with members of target audiences (military, women, and youth, both in and out of school) and lead community events targeted at youth or other groups, including video shows, special events, drama and musical performances. Other activities will include raising awareness through campaigns in the general population and training of secondary audiences (religious leaders, community leaders, traditional birth attendants, maternal and child health workers, parents, teachers, traditional healers) in HIV/STI/RH awareness, sensitization, and stigma reduction.

Geographical locations where AB programs are concentrating are counties neighboring high risk countries and some of the major towns within Southern Sudan which are expected to have high influx and increased movement of people.

The USG is working closely with the SSAC and coordinating with other donors to ensure there is no duplication of activities.

Most of the partners working on this program area are working with local groups. In this process the capacity of the local groups is built to enable continuity of these programs in future.

FY08 Funds
Level of knowledge about HIV and its prevention among the Sudanese population remains a big challenge. Recent results from sentinel surveillance have shown rapid increase in prevalence, (in one area as high as 12%), whereas prevalence in some VCT sites show figures as high as 20%. These results indicate increasing infection rates in the population. It is therefore imperative that prevention services be intensified. Most areas remain inaccessible and far from large population centers and as such the use of peer educators are seen as a solution to reaching such populations. More peer educators will be identified for each administrative area within our geographic focus. The performance of the existing peer educators will be evaluated and refresher training given as well as periodic updates. The peer educators will be motivated by support, supervision and provision of basic protective wear against harsh weather as well as recognition of performance. Use of drama and puppetry will be explored to reach illiterate communities.

Fiscal year 2008 represents the first opportunity to fully embrace recommendations from the 2005 Regional Emergency Plan meeting on the role of alcohol in HIV transmission. Many of our AB efforts this year will incorporate evidence-based approaches for alcohol prevention into existing programs. The USG will work with the Ministry of Health and SSAC and implementing partners in order to develop a standardized core training curriculum for community groups undertaking AB and OP work. In both instances, these new resources will thoroughly and accurately reflect the ways in which alcohol (and other substance) misuse and abuse can increase risk of HIV infection and how abstaining from substance use can reduce risks of infection.

Deliberate partnerships will be formed with community groups to enhance acceptance. Prevention with positives is an aspect that will be explored and people living with HIV will be actively engaged in peer educating.

Linkages.

The AB efforts will be linked to counseling and testing services and PMTCT and appropriate referrals will be done. Referrals will also be made to health facilities for treatment of STIs.

Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	387187
*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	45125

2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful 978

Custom Targets:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5632.08
Mechanism: CA
Prime Partner: IntraHealth International, Inc
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 11333.08
Planned Funds: $81,000
Activity System ID: 17593
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11333
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29066	11333.29066.09	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	11828	11828.09	CA	$90,000
11333	11333.07	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	5632	5632.07		$210,716

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5631.08
Mechanism: CA
Prime Partner: International HIV/AIDS Alliance
USG Agency: U.S. Agency for International Development
Funding Source: ESF
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 11334.08
Planned Funds: $0
Activity System ID: 17587
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11334
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11334	11334.07	U.S. Agency for International Development	International HIV/AIDS Alliance	5631	5631.07		$263,500

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5633.08
Mechanism: CA
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: ESF
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 11335.08
Planned Funds: $275,000
Activity System ID: 17602
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11335
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11335	11335.07	HHS/Centers for Disease Control & Prevention	Population Services International	5633	5633.07		$150,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5634.08
Mechanism: CA
Prime Partner: Save the Children US
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 11338.08
Planned Funds: $145,524
Activity System ID: 17605
Activity Narrative: N/A
HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11338

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11338	11338.07	HHS/Centers for Disease Control & Prevention	Save the Children US	5634	5634.07		$170,500

HVOP - Condoms and Other Prevention

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Total Planned Funding for Program Area: $1,387,568

Amount of total Other Prevention funding which is used to work with IDUs	
Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

OVERVIEW
Preventing the further spread of HIV/AIDS in the post conflict situation of Southern Sudan is one of the challenging priorities for the Southern Sudan AIDS Commission (SSAC). Prevalence for HIV/AIDS in Southern Sudan is still limited, with a conservative estimate of HIV prevalence among the general population at 3% while different small scale studies reveal rates of up to 8%.

Recent surveys, including those led by CDC in Yei and Rumbek, have consistently found low levels of condom knowledge and use. In the CDC-led surveys cited above, 25% of people who had engaged in recent higher risk sexual activity reported using a condom during the last episode. However, condoms are not widely available in many towns.

The post conflict situation is posing new challenges as Southern Sudan is considered to be at risk of a rapidly escalating HIV epidemic due to increased movements of people across borders and within Sudan as roads have opened, trade has expanded, and displaced persons are returning home. Disrupted societal structures and family units, widespread economic vulnerability of women and unaccompanied minors, increased demand for commercial sex (including people from neighboring countries), apparently high rates of alcohol abuse, and reported high rates of sexual violence and coercive sex all help to fuel the epidemic in the post-conflict society.

CURRENT AND PLANNED USG SUPPORT
The USG is coordinating and working closely with the South Sudan AIDS Commission (SSAC) and implementing partners to build program planning and management capacity and to develop consistent and appropriate messages as part of an integrated BCC strategy for high risk populations in Southern Sudan. This strategy will be guided by the SSAC National Strategic Framework (NSF) which is expected to be finalized by October 2007.

Target groups considered at higher risk of unsafe sexual behaviors include long-distance truck drivers and other transport workers, women involved in transactional sex, military personnel serving in areas away from their families, demobilized soldiers, bar patrons, and sexually active youth. To effectively and efficiently reach these audiences, some of the USG partners have been engaged in mapping high-risk areas where risky sexual behavior is more likely to occur, and will use a cluster model to deliver services, grouping similar community-based organizations to reach common target audiences (low-income women, youth, etc.).

Condom and Other Prevention messages will continue to be complementary to those outlined in the AB program area description

and targeted to appropriate audiences. USG-supported partners will continue to develop appropriate behavior change communication (BCC) campaigns that encourage correct and consistent condom use as part of a targeted and balanced approach to help persons both to assess their personal risk of acquiring HIV and to utilize the most appropriate method(s) of prevention. Community outreach and mobilization activities will promote HIV awareness, correct and consistent condom use, and partner reduction as key HIV prevention strategies.

Condom education and distribution will continue to be an essential component of these interventions and the key target remains high-risk groups. Provision of condoms and instructions on correct and consistent use (risk reduction), along with BCC advocating risk avoidance, are essential components of preventing the spread of HIV, especially during periods of significant population movement. Messages are linked to partner-reduction efforts as well as counseling and testing.

Targeted condom distribution points will include health care delivery foci, counseling and testing sites and other appropriate locations (bars, lodges, tea rooms, private drug shops and other gathering places including those for mobile men and women) throughout project areas and through peer educators and focal persons. Activities will continue to reinforce and expand peer education. Community Theater and community mobilization through focused HIV/AIDS updates, refresher training, and training of new peer educators, including owners and employees of newly established bars, lodgings and private drug shops.

One USG partner began social marketing of a branded condom in their target locations, and are planning to expand to other areas. These condoms are targeted towards high risk groups. The recent SSAC NSF stakeholders' workshop stressed the importance of social marketing of condoms in its prevention working group.

USG in Southern Sudan received 400 case lots of 3,000 condoms for calendar year 2007 from USAID/Washington. Partners will ensure that condoms are available when and where persons engaged in high-risk behavior may need them. Based on information obtained from mapping efforts, partners have and will continue to identify appropriate vendors in high-risk zones, train the vendors to provide correct information about prevention of HIV/AIDS and condom use, and routinely visit vendors to minimize the risk of stock-outs.

Some partners are exploring building entrepreneurial skills and developing income generating activities for older orphans, women and PLHA to reduce vulnerability. Some will establish HIV resource centers and expand strategic communication activities geared toward long-distance truck drivers and other transport workers, women involved in transactional sex, internally displaced persons, demobilizing soldiers, youth, and community men and women. Several projects will also integrate programming on alcohol, gender-based violence and economic empowerment as they relate to HIV/AIDS prevention. Prevention with positives is an initiative which some partners plan to start as part of strengthening PLHIV programming. Radio programming within SPLA and other circles will also be established and radio listening clubs formed.

The USG Sudan program places significant emphasis on the role of sexually transmitted infections in HIV transmission, supporting STI education efforts, testing and syndromic management in the clinical and counseling and testing settings for high risk groups.

Some USG supported partners are already supporting the syndromic management of sexually-transmitted infections (STIs) among high risk groups. Partners will start strengthen testing and management of STIs among HIV-positive individuals and linking static counseling and testing sites to STIs testing and teatment; persons who engage in high-risk behaviors will also receive STI management and offered confidential HIV counseling and testing. There will be an effort to coordinate with other agencies carrying out HIV/AIDS activities to refer suspected STI clients to these clinics. Where there are no USG partners doing STI management, clients will be referred to facilities which provide these services in their respective catchment areas. Refresher trainings of service providers on Syndromic management of STIs will be conducted where services are already being provided by PEPFAR partners.

Under the TBD we will use this opprotunity to fully embrace recommendations from the 2005 Emergency Plan meeting on the role of alcohol in HIV transmission. Many of our AB and OP efforts this year will incorporate evidence-based approaches for alcohol prevention into existing programs. The USG will work with the Ministry of Health and SSAC and implementing partners in order to develop a standardized core training curriculum for community groups undertaking AB and OP work. In both instances, these new resources will thoroughly and accurately reflect the ways in which alcohol (and other substance) misuse and abuse can increase risk of HIV infection and how abstaining from substance use can reduce risks of infection.

LEVERAGING AND COORDINATION

The proposed strategy addresses challenges related to stigma surrounding condom use by adopting relevant communications approaches to address stigma, completing unfinished HIV policies and guidelines, widows and orphans adopting high-risk survival strategies, considering such factors as low status of women, ethnic diversity, high illiteracy rates and increased population movement. Addressing these barriers requires and will involve communication and partnerships across sectors, projects and programs.

The USG will continue to coordinate and collaborate with other actors who are conducting condoms and other prevention activities in the same target areas as well as support the SSAC in its efforts to come up with appropriate BCC strategies.

Program Area Downstream Targets:

5.1 Number of targeted condom service outlets	365
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	756300

5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	980

Custom Targets:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5634.08
Mechanism: CA
Prime Partner: Save the Children US
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 11339.08
Planned Funds: $83,568
Activity System ID: 17606
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11339
Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11339	11339.07	HHS/Centers for Disease Control & Prevention	Save the Children US	5634	5634.07		$61,394

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5633.08
Mechanism: CA
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: ESF
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 11342.08
Planned Funds: $375,000
Activity System ID: 17603
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11342
Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11342	11342.07	HHS/Centers for Disease Control & Prevention	Population Services International	5633	5633.07		$50,000

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 8355.08
Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 19118.08
Planned Funds: $20,000
Activity System ID: 19118
Activity Narrative: To purchase condoms
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5632.08
Mechanism: CA
Prime Partner: IntraHealth International, Inc
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 11344.08
Planned Funds: $226,000
Activity System ID: 17594
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11344
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29067	11344.29067.09	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	11828	11828.09	CA	$250,000
11344	11344.07	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	5632	5632.07		$226,716

HBHC - Basic Health Care and Support

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Total Planned Funding for Program Area: $1,490,800

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$0
Estimation of other dollars leveraged in FY 2008 for food	$0

Program Area Context:

OVERVIEW
Little HIV-specific care or treatment is currently available in Southern Sudan, and there are few data on the numbers of people currently in need of care and/or treatment. Two small non-USG funded ART programs lack significant care components or community linkages. At least one established home-based care program exists, and a number of new HBC programs are planned. Basic preventive care for persons with HIV and their families is being introduced to Southern Sudan by the PEPFAR program as a core part of the country strategy.

The USG believes that palliative (PC) is an essential component of an integrated prevention-focused HIV program. Simple, basic care interventions, focused on the prevention and treatment of opportunistic infections (OIs), can prolong life and decrease illness. A variety of such interventions are now feasible and ultimately sustainable in Southern Sudan.

Beyond the immediate clinical benefits to those affected, the provision of HIV care has important prevention potential because making care available decreases stigma. It sends the message that care and treatment exist, that HIV-related illnesses can be prevented, and implicitly conveys that people with HIV do in fact deserve care, support and treatment. Although many basic care interventions can be effectively delivered outside health facilities, the USG strategy encourages a central healthcare worker role because access through clinics to critical prevention, care and support strengthens the role of the health facility in the community, improves the quality of the services provided, and promotes HIV clinical case management, building the foundation for the introduction of comprehensive care programs in the near future.

CURRENT AND PLANNED USG SUPPORT
Working with the Southern Sudan AIDS Commission, the Government of Southern Sudan Ministry of Health and USG implementing partners, PEPFAR Sudan is using FY06 funds to introduce a model for preventive care based on the successful basic package of preventive/palliative care (PC) in Uganda. USG will support the delivery of basic HIV care, including education of patients and family members on issues related to care and efforts to reduce stigma and promote an open and supportive environment. One partner is responsible for procurement of supplies, development of communication materials, and training. Other USG partners in the field design a locally-appropriate distribution strategy, utilizing health facilities, community groups, or both. The USG will facilitate the development of national standards for HIV care that include a set of basic care interventions offered to all people with HIV, regardless of the stage of illness.

The interventions which the USG will continue to support include

1.Cotrimoxazole preventive therapy to reduce OI incidence
2.Long-lasting insecticide treated nets
3.Home water treatment to reduce diarrhea
4.Prevention with Positives (Condoms, education and support for HIV-infected persons and their families, including promotion of partner testing)
5.Tuberculosis screening and early referral (strengthen coordination between TB program activities and HIV/AIDS treatment at the health facility level)

USG's direct support for the provision of basic care interventions will be focused in geographic areas where we are supporting prevention and CT program activities, as well as with the military (Sudan People's Liberation Army/SPLA) () program, which cuts across geographic areas. PEPFAR partners that provide or support clinical services will make PC a core component of HIV service delivery. With PEPFAR and GOSS leadership, PEPFAR partners have adapted training materials from Uganda for laypeople and community groups for use in Southern Sudan, and another partner is charged with integrating PC education into the HIV care curricula.

Care interventions will be provided at no cost to families affected by HIV. Program "wrap-around" will promote synergies between PC and existing partner activities, including the social marketing of bed nets, safe water interventions, and condoms. Communication strategies built around these interventions will include education about benefits for people with HIV, but marketing will emphasize their benefits for other population groups (children will be a focus of safe water campaigns for example, with pregnant women added to the target group for bed nets). Broadly promoting these proven public health interventions will prevent perceived associations between their use and HIV status.

The USG-funded program engages both health facilities and community-based groups in the distribution of basic care interventions, seeking locally-appropriate strategies. In the selection of community organizational partners, priority will be given to including groups of people living with HIV/AIDS (PLWHA) which will promote PLWHA openness and engagement in public health activities. PLWHA groups in other parts of East Africa have been successful in distributing safe water products and bed nets, and developing their own organizational capacity.

A number of PEPFAR partners will participate in the development of the basic care program and delivery of services. Two partners are receiving funds for care training that will be targeted to the staff of other partner and indigenous sub-partner organizations.

Expected products include national guidelines for HIV care and treatment that include a progressive model of basic care for HIV-infected people irrespective of stage of infection, and separate curricula for community groups and health workers.

FY 2008
Service delivery is expected to increase significantly in FY2008, as growing CT program activities identify more people in need and geographic coverage increases modestly. In addition to PC program services delivered to people in Yei, Juba, Morobo, Magwi, Tambura, Mvolo, and Mundri, the program will expand to Boma (Pibor County), Kapoeta, Yambio, and Rumbek, and to the personnel and families of the SPLA in some geographic areas.

With TBD funding we plan to inmplement TB/HIV programs. Diagnostic HIV testing in TB care settings will become the standard of care to identify and refer as many individuals as possible to care and treatment. The SPLA program will increase emphasis upon TB among military personnel. In fiscal year 2008, the TB/HIV programs will continue expansion to include TB centers in hospitals, scale up of diagnostic CT. Provider initiated CT and rollout of additional TB sites where ART is offered and leveraging with WHO TB/HIV programs.

The basic care efforts will form the basis for the evolution of comprehensive care, which in some areas will be supported by PEPFAR in the future.

LEVERAGING AND COORDINATION
With PEPFAR support for the development of care guidelines and training curricula that are consistent with global best practice standards we hope that evidence-based preventive care services will be rapidly adopted by HIV programs that are supported by other donors, such as the GFATM and the Multi-Donor Trust Fund (MDTF).

The palliative care program will benefit from coordination and synergy with other donor-funded bed nets and safe water distribution programs, and small scale condom social marketing activities funded by other sources.

EXPECTED OUTCOMES

The following are the expected outcomes:

1.Strengthened and expanded number of HIV-specific care or treatment outlets in Southern Sudan
2.Improved data collection systems and data on the numbers of people currently in need of care and/or treatment.
3.Increased number of care components or community linkages.
4.Increased number of home-based care program and new HBC programs
5.Improved and quality basic preventive care for persons with HIV and their families

Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	33
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2498
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	350

Custom Targets:

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5632.08
Mechanism: CA
Prime Partner: IntraHealth International, Inc
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 11351.08
Planned Funds: $120,000
Activity System ID: 17595
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11351
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29068	11351.29068.09	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	11828	11828.09	CA	$132,000
11351	11351.07	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	5632	5632.07		$198,216

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5631.08
Mechanism: CA
Prime Partner: International HIV/AIDS Alliance
USG Agency: U.S. Agency for International Development
Funding Source: ESF
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 11350.08
Planned Funds: $0
Activity System ID: 17589
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity

Continuing Activity: 11350

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11350	11350.07	U.S. Agency for International Development	International HIV/AIDS Alliance	5631	5631.07		$190,000

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 8355.08

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 19119.08

Planned Funds: $80,000

Activity System ID: 19119

Activity Narrative: CDC HIV/Care Technical Advisor

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5633.08

Mechanism: CA

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: ESF

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 11349.08

Planned Funds: $300,000

Activity System ID: 17604

Activity Narrative: Lead role in implementation of basic care package intervention including procurement and curriculum development; partnerships with local/implementing organizations

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11349

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11349	11349.07	HHS/Centers for Disease Control & Prevention	Population Services International	5633	5633.07		$275,000

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5634.08
Mechanism: CA
Prime Partner: Save the Children US
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 11345.08
Planned Funds: $50,000
Activity System ID: 17607
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11345
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29071	11345.290711.09	HHS/Centers for Disease Control & Prevention	Save the Children US	11829	11829.09	CA	$80,000
11345	11345.07	HHS/Centers for Disease Control & Prevention	Save the Children US	5634	5634.07		$15,408

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5629.08
Mechanism: CA
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: ESF
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 18506.08
Planned Funds: $0
Activity System ID: 18506

Activity Narrative: Ex-patriate position to place inside the Minisry of Health for technical assistance.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HVCT - Counseling and Testing

Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09

Total Planned Funding for Program Area: $1,292,108

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Counseling and Testing Program area

OVERVIEW
Sudan is faced with the threat of an accelerating HIV epidemic associated with the end of a long internal civil conflict The Sudan PEPFAR strategy emphasizes prevention and Counseling and Testing (CT) as an essential component in its efforts to prevent an HIV epidemic. Partner reduction and faithfulness strategies are immeasurably strengthened when they are linked to knowledge of serostatus for couples and individuals.

The first two Voluntary Counseling and Testing (VCT) sites in Southern Sudan were established in 2002 and 2003 with USG support in Yei and Rumbek, respectively. Since then, client-initiated CT (CICT) services have expanded slowly, supported by USG, UNICEF, and to a lesser extent European donors. Basic guidelines for client-initiated CT exist, drafted in 2002. They were based on Kenyan standards, but they are not in universal use. In areas that were under control of the Sudan People's Liberation Movement and Army (SPLM/A) at the end of the war, the CT sites utilized rapid simple test kits, generally two tests conducted in parallel with a third test available for discrepant results. Most client-initiated or VCT sites in Southern Sudan are fixed service posts, usually co-located at health facilities. Demand for services tends to be steady but not high, and in many facilities counseling staff are under-utilized. There is limited demand for couples testing in most locations. Recently, PEPFAR partners have begun to step up outreach CT services in some locations, and have created and met significant increases in demand for CT services.

Provider-initiated testing and counseling (PITC) utilizing opt-out models of consent were introduced in 2005 in two pilot collaborations between USG and UN agencies. In the context of PMTCT, routine HIV testing in ANC was introduced in about a dozen sites in a UNICEF pilot project, developed and implemented with HHS/CDC. In that model, lay counselors in ANC are largely responsible for providing CT services, combining group education with brief individual counseling and consent. In a separate pilot TB/HIV collaboration with WHO, Kenya models of routine ("diagnostic") testing were introduced in five TB programs. In these settings, CT is recommended to patients who have been referred as TB suspects or cases, and services are more often provided by health providers. Both of the provider-initiated CT initiatives utilize rapid test algorithms identical to those in use in client-initiated programs.

Standardized reporting and M&E processes and systems do not really exist yet, as GoSS MOH and SSAC remain in the formative stages. Health and HIV M&E frameworks are being developed with external technical support. USG Sudan seeks to use current S/GAC M&E technical assistance to lead the development of harmonized data collection and reporting tools that meet the needs of PEPFAR and TGF partners as well as the GoSS.

CURRENT USG SUPPORT
PEPFAR is currently the principal supporter of CT services in Southern Sudan. USAID and CDC partners are currently operating 23 VCT sites (in Yei, Morobo, Lainya, Magwi, Pibor, Rumbek, Mundri, Yambio, Nzara, Tambura, Mvolo, and Juba counties.) Additional sites will be established by USG partners in coming months, reflecting the areas most in need of CT. Service delivery is concentrated in the states of the Equatoria region and other areas considered at greater epidemic risk. In the context of PMTCT

and TB/HIV integration, provider-initiated testing and counseling services that are currently supported or were initiated with USG support are provided in Yei, Lainya, Morobo, Tambura, Magwi, Pibor and Rumbek. PEPFAR PMTCT partners are piloting the role of ANC providers in providing counseling and testing services, to compare the efficacy with the initial model, which relies on lay counselors.

Existing CT guidelines need to be updated, including the development of initial guidelines for PICT. WHO will support the Ministry of Health and AIDS Commission in the process of adapting guidelines from other contexts, and PEPFAR agencies and implementing partners will participate actively in the revision effort. The development of guidelines for routine provider-initiated CT will be an opportunity to advance the cause of provider-initiated CT, which remains relatively unknown to many stakeholders.

USG has been supporting CT training by contracting with one of Kenya's leading CT training organizations to deliver training in Southern Sudan. We are supporting both pre-service training for new counselors and in-service refresher training of those in service.

USG is also providing leadership in the area of CT laboratory quality assurance, piloting the only existing QA of rapid HIV testing services, using standardized dried blood spot specimen collection techniques and centralized testing. The USG team has recently added an experienced CT trainer/ technical advisor from the region with a mandate to develop CT training capacity in S. Sudan, and one of our existing partners is in the process of hiring an experienced trainer from the region and an experienced Sudanese VCT counselor who can develop into a trainer. These USG and partner staff will work as a team to provide technical leadership in client and provider initiated CT, training new CT providers, and working to develop S. Sudan's first cadres of CT trainers and supervisors. They will also offer technical assistance to the government and other stakeholders.

The PEPFAR country team recognizes the challenges of maintaining quality in the setting of Southern Sudan, and is working to strengthen existing VCT sites while concurrently establishing new ones. In addition to guidelines for two or more different models of service provision, USG is assisting in the development of training curricula, and guidelines for QA and CT supervision.

PLANNED FY2008 SUPPORT
The PEPFAR model of basic HIV services in areas at risk includes comprehensive prevention efforts (AB and OP), counseling and testing, and provision of basic palliative care. We plan to develop models of CT service provision in three health facilities supported by USG-funded organizations, with the goal that most health workers in these facilities, across departments, will be able to counsel and test patients for HIV.

Partners engaged in HIV prevention education, stigma reduction and creation of demand for services will emphasize the importance of couples and partner testing from the outset, recognizing the likelihood that discordant couples are relatively common and an important intervention target.

CT service delivery will continue to be targeted to both general and special population groups. In FY08 more efforts will be put in offering services at hours when target populations are most likely to use them. Special populations that will continue to be targeted include the military, truck drivers and traders, and their associates. Counseling and testing sites will be established in the high volume areas like the customs markets and the truck drivers resting spots in semi urban areas as stand alone sites.

Stigma levels are still high and hence may be a barrier; more efforts will continue to be put in place to educate the communities in an effort to overcome stigma against using these resources. Mass Media, IEC and Peer education strategies will continue to be used to mobilize and inform communities, encourage CT uptake and reduce stigma. Appropriate messages will be developed and adopted for this purpose.

Logistics management remains a challenge and can prove to be very expensive. Road transport is not very well developed; air transport is used and is very expensive. During the rainy season some airstrips are not safe. Proper Planning will be a priority to ensure constant availability of supplies.

EXPECTED RESULTS	FY08	FY09
Number of service outlets providing counseling and testing according to national and international standards	25	40
Number of individuals who received counseling and testing for HIV and received their test results (including TB	0	0
Number of individuals trained in counseling and testing according to national and international standards	72	120
Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	48,583	73,633

Program Area Downstream Targets:

9.1 Number of service outlets providing counseling and testing according to national and international standards	40
9.3 Number of individuals trained in counseling and testing according to national and international standards	120

9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) 73633

Custom Targets:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5651.08
Mechanism: USAID direct to CDC
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: U.S. Agency for International Development
Funding Source: ESF
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 18781.08
Planned Funds: $0
Activity System ID: 18781
Activity Narrative: CT Trainer/ Technical Advisor (NairobiFSN)
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5651.08
Mechanism: USAID direct to CDC
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: U.S. Agency for International Development
Funding Source: ESF
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 18782.08
Planned Funds: $0
Activity System ID: 18782
Activity Narrative: Procurement of HIV tet kits
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5634.08
Mechanism: CA
Prime Partner: Save the Children US
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Counseling and Testing

Budget Code: HVCT
Program Area Code: 09
Activity ID: 11325.08
Planned Funds: $201,908
Activity System ID: 17608
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11325
Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29072	11325.29072.09	HHS/Centers for Disease Control & Prevention	Save the Children US	11829	11829.09	CA	$138,000
20141	11325.20141.09	U.S. Agency for International Development	Partnership for Supply Chain Management	8973	5634.09	SCMS	$96,000
11325	11325.07	HHS/Centers for Disease Control & Prevention	Save the Children US	5634	5634.07		$18,241

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5632.08
Mechanism: CA
Prime Partner: IntraHealth International, Inc
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 11322.08
Planned Funds: $430,000
Activity System ID: 17596
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11322
Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29069	11322.29069.09	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	11828	11828.09	CA	$45,000
11322	11322.07	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	5632	5632.07		$438,016

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 8355.08
Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 21108.08
Planned Funds: $90,000
Activity System ID: 21108
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 8355.08
Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 21109.08
Planned Funds: $68,000
Activity System ID: 21109
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

HTXD - ARV Drugs

Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10

Total Planned Funding for Program Area: $77,000

Percent of Total Funding Planned for Drug Procurement	100%
Amount of Funding Planned for Pediatric AIDS	$0
Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Overview

Comprehensive HIV care must be made available to people in need in Sudan, but with more basic competing health needs, generally limited health facility capacity in the South and lack of government systems, universal access to HIV treatment cannot be achieved overnight. Prevention remains the primary focus of the AIDS Commission and USG. Antiretroviral therapy exists in three to four towns at present, and SSAC and MOH plan judicious expansion of ART services to selected facilities in key geographic areas.

The first ART program was established by Medecins Sans Frontieres in early 2005 in Kajo Keji, on the Ugandan border. Since then ART has been made available in two or three additional facilities with TGF resources and WHO program support (to date TGF ART support has come from the Round 3 grant which is under the management of the Khartoum CCM). Two additional ART service delivery sites may be established within the next 4-6 months through the Round 4 grant for Southern Sudan. TGF will sustain the existing model in which WHO receives funding to support implementation in government facilities. WHO provides sub-grants to implementing partners, and provides training and technical support. Interim guidelines for antiretroviral therapy exist.

Clinical demand for ART can be expected to increase gradually over the next few years, with concurrent mounting community demands. The need will be greater in areas such as Western Equatoria which has a relatively high prevalence and where HIV testing services have been established.

The USG team proposes to support the Sudan People's Liberation Army (SPLA) Medical Corps to establish a new ART program. With USG support the SPLA has established a military HIV program and access to and utilization of counseling and testing is increasing. The team also proposes to support these efforts with training and system development, combining USG resources with those of the SPLA itself. For FY08 the SPLA's goal is to initiate services at a single central site in Juba.

The USG partner who supports care and treatment within the SPLA will budget for antiretroviral drugs for the new program, while concurrently exploring the possibility of ARV procurement through WHO, which is funded by the Global Fund to procure drugs for a limited number of sites. The SPLA medical corps is in a formative stage, beginning to establish procurement and supply mechanisms, and to define the relationship with inchoate Ministry of Health systems. ART drug procurement must be undertaken in a way that reinforces SPLA system capacity, ensuring reliable supply.

LEVERAGING AND COORDINATION
The Global Fund for AIDS Tuberculosis and Malaria (GFATM) is likely to remain the primary supporter of ART in Sudan for the next few years. The GFATM Principle Recipient, the United Nations Development Programme (UNDP) and PEPFAR agencies have discussed systematic collaboration, such that GFATM might procure drugs for USG-funded partner for example. But TGF program is still taking shape and roles and responsibilities are being established so commitments have not been made.

USG will pursue this kind of collaboration with the GFATM in drug procurement and other areas in order to support comprehensive care in a cost-effective manner.

Expected results:

PEPFAR expects the following results:
•One new ART program
•Staffs to be trained in the provision of comprehensive ARV care, adherence counseling, laboratory monitoring, commodities management and logistics, monitoring and evaluation and other essential ART-related issues.
•Patients to receive ART according to national and international guidelines and standards

Program Area Downstream Targets:

Custom Targets:

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	5632.08	**Mechanism:**	CA
Prime Partner:	IntraHealth International, Inc	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD	**Program Area Code:**	10
Activity ID:	18804.08	**Planned Funds:**	$77,000

Activity System ID: 18804

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HTXS - ARV Services

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Total Planned Funding for Program Area: $172,000

Amount of Funding Planned for Pediatric AIDS	$0
Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$0
Estimation of other dollars leveraged in FY 2008 for food	$0

Program Area Context:

OVERVIEW
Comprehensive HIV care must be made available to people in need in Sudan, but with more basic competing health needs, generally limited health facility capacity in the South and lack of government systems, universal access to HIV treatment cannot be achieved overnight. Prevention remains the primary focus of the AIDS Commission and USG. Antiretroviral therapy exists in three to four towns at present, and Southern Sudan AIDS Commission (SSAC) and the Ministry of Health (MOH) plan judicious expansion of ART services to selected facilities in key geographic areas.

The first antiretroviral therapy (ART) program was established by Medecins Sans Frontieres in early 2005 in Kajo Keji, on the Ugandan border. Since then ART has been made available in two or three additional facilities with Global Fund (GF) resources and WHO program support (to date TGF ART support has come from the Round 3 grant which is under the management of the Khartoum CCM). Two additional ART service delivery sites may be established within the next 4-6 months through the Round 4 grant for Southern Sudan. TGF will sustain the existing model in which WHO receives funding to support implementation in government facilities. WHO provides sub-grants to implementing partners, and provides training and technical support. Interim guidelines for antiretroviral therapy exist.

Clinical demand for ART can be expected to increase gradually over the next few years, with concurrent mounting community demands. The need will be greater in areas such as Western Equatoria which has a relatively high prevalence and where HIV testing services have been established.

We propose to support the Sudan People's Liberation Army (SPLA) Medical Corps to establish a new ART program. With USG support the SPLA has established a military HIV program and access to and utilization of counseling and testing is increasing. We propose to support these efforts with training and system development, combining USG resources with those of the SPLA itself.

The PEPFAR team plans to have at least one other implementing partner to initiate ART during this funding period; due to budget constraints the necessary funds will have to be leveraged elsewhere. We support CT, PMTCT and related activities in Tambura Hospital, in an area where about 12% of pregnant women are positive. The team has encouraged partners are to apply for support from TGF program, and have discussed such possible synergies with United Nations Development Program and WHO. USG funding will provide essential management and system support, and USG and primary partner staff will provide technical support to a future ART program.

LEVERAGING AND COORDINATION
The Global Fund for AIDS Tuberculosis and Malaria (GFATM) is likely to remain the primary supporter of ART in Sudan for the next few years. The GFATM Principle Recipient, the United Nations Development Programme (UNDP) and PEPFAR agencies have discussed systematic collaboration, such that GFATM might procure drugs for USG-funded partner for example. But TGF program is still taking shape and roles and responsibilities are being established so commitments have not been made.

USG will pursue this kind of collaboration with the GFATM in drug procurement and other areas in order to support comprehensive care in a cost-effective manner.

Expected results:

PEPFAR expects the following results:
•One new ART program
•Staffs to be trained in the provision of comprehensive ARV care, adherence counseling, laboratory monitoring, commodities management and logistics, monitoring and evaluation and other essential ART-related issues.
•Patients to receive ART according to national and international guidelines and standards

Program Area Downstream Targets:

11.1 Number of service outlets providing antiretroviral therapy	1
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	194
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	194
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	194
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	4

Custom Targets:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	5632.08	**Mechanism:**	CA
Prime Partner:	IntraHealth International, Inc	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 18540.08

Planned Funds: $172,000

Activity System ID: 18540

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HLAB - Laboratory Infrastructure

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Total Planned Funding for Program Area: **$115,000**

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

OVERVIEW
Following the signing of the Comprehensive Peace Agreement (CPA) which ended thirty years of conflict in Sudan, a newly-formed Government of Southern Sudan is struggling to address formidable health needs across Southern Sudan. The sub-autonomous region of Southern Sudan is faced with a critical lack of basic infrastructure and profound human resource challenges. Donor support for health services during the war focused on curative clinical services and there has been no functioning public health system. To date, two and a half years after the CPA, no functional public health or clinical reference laboratory exists in Southern Sudan. Clinical labs are basic in nature and struggle with inadequate staff, equipment and infrastructure, as well as relatively frequent supply problems. Few laboratory technologists can currently be found in Southern Sudan, and most labs rely on laboratory assistants with insufficient training. One CD4 machine exists in the Equatoria region, but it has rarely been operational over the past 16 months due to lack of reagents.

Laboratory capacity constraints can be expected to impede the development of an effective broad-based HIV response. Investment is needed in clinical service laboratories for patient assessment and monitoring, as well as public health and reference lab functions for surveillance and quality control testing.

CURRENT SUPPORT
To date, the majority of USG laboratory support has been related to surveillance and ANC is considered under Strategic Information, although training and mentoring by CDC lab advisors typically includes general laboratory practices including biosafety quality assurance, record keeping and specimen handling practices. Additional efforts to support development of quality control capacity for clinical diagnostic testing services falls under Counseling and Testing. Recently the USG has provided support to the Juba Teaching Hospital (JTH) laboratory, purchasing chemistry and hematology machines and providing training to support the introduction of PMCT and routine lab testing at Juba teaching hospital. USG has also procured some reagents for the analyzer at JTH.

The USG program will continue to provide technical assistance and training for surveillance, quality assurance, PMCT, VCT and other areas as needed, including disease staging and treatment monitoring. With expansion in sentinel surveillance, PMCT and VCT services, the need for this support will increase.

The USG anticipates supporting the Juba Reference Laboratory once the ongoing renovation is completed. In hiring a lab technologist to be seconded to Juba reference lab (JRL) to lead development of the HIV section, USG will lay the foundation for broad-based lab capacity development; supporting Enzyme linked Immunosorbent assay (ELISA) testing initially for surveillance and Quality control/Quality assurance, and later other clinical reference functions such as CD4 and viral load.
Delays in JRL renovation may mean that we need to look at the feasibility of supporting one or more other labs, and we will undertake these discussions with the MOH.
We also hope to collaborate with partners operating health facilities to implement blood safety related activities. This will involve developing blood transfusion and injection safety policies, PEP guidelines, relevant staff training, reasonable equipments and supplies needed for safe waste disposal.

With The Global Fund support, MOH and WHO hope to start ART services at two new sites before the end of calendar year 2007, with more to follow in 2008. If PEPFAR partner-supported facilities are selected to be TGF treatment sites, we propose to assume responsibility for necessary ART-related laboratory strengthening. These activities should necessarily be undertaken with FY08 funds, but specific plans cannot be made at this juncture.

LINKAGES AND COLLABORATION
USG will continue to work closely with the WHO, MOH and Southern Sudan AIDS Council on laboratory issues, and to seek collaboration with TGF in the area of treatment.

Program Area Downstream Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	2
12.2 Number of individuals trained in the provision of laboratory-related activities	20
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	5760

Custom Targets:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	5651.08	**Mechanism:**	USAID direct to CDC
Prime Partner:	US Centers for Disease Control and Prevention	**USG Agency:**	U.S. Agency for International Development
Funding Source:	ESF	**Program Area:**	Laboratory Infrastructure
Budget Code:	HLAB	**Program Area Code:**	12

Activity ID: 18787.08 **Planned Funds:** $0

Activity System ID: 18787

Activity Narrative: To purchase reagents and equipment and to do training. Hire Lab technician for Juba

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5640.08 **Mechanism:** CDC M&S

Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Laboratory Infrastructure

Budget Code: HLAB **Program Area Code:** 12

Activity ID: 21107.08 **Planned Funds:** $115,000

Activity System ID: 21107

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HVSI - Strategic Information

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Total Planned Funding for Program Area: $1,140,000

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

The quality and quantity of HIV strategic information is inadequate in Sudan. HIV epidemiological information is scanty and no national M&E framework exists. In FY 2008, PEPFAR will continue supporting efforts to better understand the epidemiological situation, to strengthen sentinel surveillance in both the South and North, build related laboratory capacity, and to obtain better HIV data from surveys. In addition, PEPFAR Sudan will increase support for the development of a functioning national M&E

system.

PEPFAR supports separate antenatal sentinel surveillance activities in North and South. In Southern Sudan (SS), CDC has established the basis of an ANC system but lack of Government of SS (GoSS) involvement, attributable largely to lack of manpower and unresolved issues around the mandates of the AIDS Commission and the MOH, as well as confusion about partner roles in surveillance have hampered planning. In addition, recent attention to plans for a proposed Sudan AIDS Indicator Survey (AIS) has distracted HIV authorities from other surveillance activities, including building ANC efforts.

Laboratory capacity remains an important constraint; there is no ELISA testing capacity in S Sudan. Recent PEPFAR plans to support the development of that capacity have centered on the Juba Reference Laboratory. Unfortunately, the WHO-funded efforts to renovate the facility have been plagued with contractor performance problems and the time to completion remains uncertain.

In northern Sudan, methodological issues have impaired past surveillance efforts, limiting the value of the data that have been collected. Currently, the Global Fund (TGF) is supporting investment ANC and population group surveys, with technical assistance from WHO. CDC is seen by the Sudan National AIDS Program (SNAP) as an important new partner in HIV surveillance.

North and South are cooperating on the planning for a nation-wide AI. They recently established an MOU between the SS AIDS Commission and the Federal Ministry of Health in Khartoum focusing on HIV epidemiology. Joint planning over the past year has produced a draft protocol and budget, but adequate funding has not been identified. The current protocol outlines a large and expensive survey designed to obtain state-level prevalence estimates and behavioral data.

SURVEILLANCE
In late 2005, with USAID support, CDC initiated antenatal surveillance in SS, developing a protocol which serves as the interim guideline for SS, recruiting health facilities to collect specimens, establishing logistic support, and setting up testing and data analysis in CDC Nairobi. CDC has been responsible for all aspects of existing ANC surveillance to date. The relative lack of engagement of the MOH and AIDS Commission in planning and management has been a major weakness. However, MOH is actively engaged with CDC and UNDP in planning for the expansion of ANC surveillance. CDC is expected to continue to provide leadership in this area, and USG anticipates collaborating with TGFATM to support GoSS capacity. The MOH recently appointed its first Director of Laboratory Services, a vital step in planning the development of laboratory capacity.

ANC surveillance has been initiated in about a dozen sites, but only six are currently active. The ANC data, particularly valuable in the relative absence of other data sources, clearly demonstrate a mixed epidemic, with wide variation in ANC rates.
In the North, HHS/CDC last year began to provide TA to FMOH with sentinel surveillance. Recommendations from a rapid assessment we conducted led to a decision by the AIDS Program shifting this year to use of dried blood spot (DBS) specimen collection. USG procured supplies and provided TA and training to support the transition for the ongoing surveillance round. (Some of the USG assistance has been undertaken in collaboration with the UN High Commissioner for Refugees (UNHCR), which funded CDC headquarters technical assistance with ANC SS).

With Embassy support, USG has agreed with FMOH to provide ongoing surveillance support, focusing on technical assistance. Due to the extremely high costs of expatriate staff members, the plans to assign a CDC resident technical advisor to FMOH Khartoum are deferred. USG has provided technical support for the ongoing AIS planning efforts and is on the technical committee. Both CDC and ORC Macro have provided STTA in the development of the protocol. However, the current survey design is ambitious and unlikely to produce quality data, so ongoing USG support is uncertain.

M&E In 2007, USG Sudan is working to strengthen M&E capacity, relying upon STTA from PEPFAR, as well as assistance from the USAID East Africa program. In collaboration with USG partners and the host government authorities, we are developing standardized data collection procedures and tools and a database. We intend to ensure that USG M&E tools and reporting requirements support GOSS efforts to develop national health and HIV reporting systems.

USG is active in consultative processes to develop the M&E component of a SS HIV/AIDS Strategic Framework, HIV indicator lists, and M&E frameworks, and we promote coordination among stakeholders. We have sought to facilitate communication and cooperation between MOH and SSAC in M&E

SSAC has appointed M&E Officers for the 10 S. Sudan States. To build capacity and strengthen SI systems, PEPFAR in collaboration with TGFATM PR UNDP, will support two-week M&E training for SSAC M&E officers, key MOH program staff, and implementing partners. PEPFAR SI staff have provided some M&E mentorship to SSAC staff this year.

FY08 SUPPORT
The SI challenges are basic: lack of trained and experienced SI personnel and poorly coordinated efforts to develop and implement an SI strategy. In the South, in the area of ANC SS, the FY08 funding period will be strengthening the existing system by supporting government ownership and capacity. In this endeavor, we will collaborate with UNDP as the agent of TGFATM HIV grants. USG will provide technical leadership and other resources, with a probably focus on laboratory development.

Support for the establishment of GoSS labs capable of performing ELISA testing is critical for a range of surveillance activities. Our likely role in supporting lab development is still being worked out with the MOH and TGF. Our plan to hire an FSN laboratory technologist, based at the Juba Reference Lab (JRL) to provide leadership in HIV-related laboratory matters, awaits RSO approval. As noted, the troubled project to renovate JRL delays the development of lab capacity, and it is not yet clear what additional investment in that facility may be necessary. In addition, we propose to allocate FY08 funds and reprogram some FY07 funds for the establishment of an additional HIV-focused reference lab in Wau or Malakal.

Both CDC Kenya and CDC Uganda staff have provided important STTA, and it is expected to continue to receive support as activities grow. In the North, USG will continue to provide STTA for HIV surveillance. During this fiscal period, USG will defer the

hiring of a resident advisor.

The continued involvement in the proposed Sudan AIS is in question, because USG is skeptical about the feasibility and cost-effectiveness of the survey as planned. It will assist with the endeavor if GNU and GoSS can agree on a survey design that seems manageable. Funds budgeted for surveillance TA will include support for the design of an HIV survey in the SPLA, the former rebel force that is now the legal army of the autonomous region. Such surveillance activities are feasible ways to obtain data of real value, while providing an opportunity for the army and MOH to gain important surveillance experience. At this juncture the HIV Secretariat and Dept of Research in the SPLA are seeking approval of the army leadership for the survey.

The strategy for supporting country M&E capacity is to provide mentorship, on-going TA to partners and GOSS, and a resident M&E advisor to work with GOSS and to assist with the development and implementation of a single national M&E system.

USG will continue to rely upon short-term TA from PEPFAR to work on strengthening PEPFAR Sudan's monitoring and reporting systems and to work with partners on implementing these processes.

LEVERAGING AND COORDINATION

PEPFAR efforts in the area of SI will link to the efforts of the TGF and other donors and stakeholders. Currently, CDC and UNDP are working closely with the MOH to make plans for the expansion of ANC surveillance and the development of some GoSS capacity. In GNU-controlled northern Sudan, the request from SNAP for USG technical assistance in the North is directly linked to implementing a program supported by Round 5 TGF grant

The development of PEPFAR M&E structures will be coordinated with concurrent national efforts supported by UNAIDS and the GFATM. PEPFAR will seek to strengthen these efforts and will ensure that the M&E system is consistent with the national framework that is developed.

Expected outcomes:
•Strengthened antenatal surveillance in SS
•Increased number and improved distribution of surveillance ANC surveillance sites
•Increased in-country government involvement
•Established of surveillance laboratory testing (EIA assays) in Sudan, two MOH labs
•Strengthened surveillance capacity in Northern Sudan
•Improved laboratory standards and surveillance data management system,, quality assurance procedures,
•Decentralized laboratory capacity
•Implemented HIV M&E framework for Southern Sudan
•Placed and funded USG M&E resident advisor to support implementation of the PEPFAR M&E framework
•Implemented National M&E action plan and partners trained on to use the system
•Completed Data Quality Assessment

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	30
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	250

Custom Targets:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	5633.08	**Mechanism:**	CA
Prime Partner:	Population Services International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	ESF	**Program Area:**	Strategic Information
Budget Code:	HVSI	**Program Area Code:**	13
Activity ID:	18913.08	**Planned Funds:**	$0
Activity System ID:	18913		
Activity Narrative:	Global Fund Technical Assistance		
HQ Technical Area:			

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5653.08

Mechanism: CA

Prime Partner: Kenya Medical Research Institute

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 18549.08

Planned Funds: $40,000

Activity System ID: 18549

Activity Narrative: Lab tech support- 40000;

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 8355.08

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 18567.08

Planned Funds: $300,000

Activity System ID: 18567

Activity Narrative: Sentinell surveillance; purchase of test kits, syphilis kits, DBS supplies and elisa reagents Lab rennovation costs

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5632.08
Mechanism: CA
Prime Partner: IntraHealth International, Inc
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 17698.08
Planned Funds: $250,000
Activity System ID: 17698
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5633.08
Mechanism: CA
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: ESF
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 17701.08
Planned Funds: $50,000
Activity System ID: 17701
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5631.08
Mechanism: CA
Prime Partner: International HIV/AIDS Alliance
USG Agency: U.S. Agency for International Development
Funding Source: ESF
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 11332.08
Planned Funds: $0
Activity System ID: 17590
Activity Narrative: N/A
HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11332

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11332	11332.07	U.S. Agency for International Development	International HIV/AIDS Alliance	5631	5631.07		$15,000

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Total Planned Funding for Program Area: $574,131

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Other Policy and System Strengthening

The US Government (USG) continues to support and strengthen the South Sudan Government and its citizens in the fight against HIV/AIDS. This includes accelerating the engagement of leadership at all levels, creating conducive policy and regulatory environments, developing human capacity, systems strengthening, building local government and non-governmental institutions, and enhancing coordination and collaborative efforts with the GOSS bilateral and multi-lateral cooperating partners, faith-based organizations, the private sector, and civil society.

In the past year progress has been achieved as a result of the USG working closer together with the South Sudan Aids Commission (SSAC) and the Ministry of Heath directly and through its partner organizations. The SSAC now has an office supported by CDC from which to operate. The Ministry of Health has now hired an HIV/AIDS professional to start an HIV/AIDS unit within the Ministry of Health. The USG has been working with the SSAC and the Global Fund and other partners to support "The 3 Ones"; to provide technical assistance for HIV/AIDS through improving organizational and individual performance for service delivery.

Through its partners, the USG is working to build sustainable financial and management capacity of local organizations to respond to HIV/AIDS appropriately. ROADS partners in South Sudan are providing ongoing technical assistance to government agencies, CBOs, NGOs, religious leaders, youth and other implementing partners in policy analysis and systems strengthening. In FY 2007 Family Health International provided technical assistance to GFATM/UNDP to advance development of national guidelines for antiretroviral therapy services. ROADS in conjunction with Malteser and the American Refugee Committee (ARC) assisted the Yei County AIDS Commission in organizing the first HIV/AIDS taskforce meeting for relevant stakeholders in the county. The meeting, which took place in April 2007, was a forum for all partners working directly on HIV/AIDS activities to develop goals and objectives, identify gaps and needs, and coordinate activities. ROADS supported the Yei County AIDS Commission to host a second one-day meeting on establishing a comprehensive and standardized referral system, creating a central database, and mapping HIV/AIDS services available in Yei, Lainya and Morobo counties.

Through ARC, ROADS has focused on Gender based violence issues, identification and contextual analysis, identifying gaps, and designing action plans for future work. ROADS partner Population Services International provided technical assistance for HIV-related institutional capacity building to 27 local organizations.

Intra Health has worked with the SPLA to create the SPLA HIV Secretariat as well as a SPLA 2007 implementation plan. The implementation plans has 4 overarching goals for which an action plan covering objectives, strategies, activities, targets, implementers, indicators, outputs and time frame was developed.

Intra Health has worked with St. Bakhitas through technical assistance to improve the provision of PMTCT services. Specifically they worked with St. Bakhitas on project design and development, budgeting, reporting and financial management.

Save the Children US is working with two local CBOs Sudan Inland Development Foundation and Nile Development Program building their capacity to respond to the threat and impact of HIV and to run programs for sustainability.

In FY 2008 the USG will be more focused on sustainability. This will include continued work on the enabling environment and sustainable systems; local organizations, human capacity, and infrastructure and efforts will be intensified to mobilize leadership including political, traditional, and religious leaders in the fight against HIV/AIDS. The USG will continue to support the expansion of laboratory informatics and cater to the equipment needs in targeted provincial health offices.

In fiscal year 2008, modest investment in systems strengthening and policy analysis will focus upon efforts that have proven to be effective or hold great promise. The USG team will support networks of PLWHA – including HIV-positive teachers, religious leaders, Muslim women, and ART patients – so they can provide mutual support to one another and become effective participants in the policy councils of their nation, in order to promote accountability, efficiency, and transparency in HIV/AIDS programs. In fiscal year 2008, the USG will support the Global Fund Secretariat, to implement revised administrative structures that support Global Fund planning, procurement, and programming and equip PLWHA and civil society representatives to effectively participate in the Country Coordinating Mechanism (CCM).

Expected Results

Increased number of local organizations provided with technical assistance for policy development and improving the enabling environment
Increased capacity at SSAC and the Ministry of health to respond to HIV/AIDS program effectively

Program Area Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	30
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	35
14.3 Number of individuals trained in HIV-related policy development	160

14.4 Number of individuals trained in HIV-related institutional capacity building	334
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	254
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	4136

Custom Targets:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5631.08
Mechanism: CA
Prime Partner: International HIV/AIDS Alliance
USG Agency: U.S. Agency for International Development
Funding Source: ESF
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 11328.08
Planned Funds: $0
Activity System ID: 17591
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11328
Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11328	11328.07	U.S. Agency for International Development	International HIV/AIDS Alliance	5631	5631.07		$170,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5632.08
Mechanism: CA
Prime Partner: IntraHealth International, Inc
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 11329.08
Planned Funds: $80,000
Activity System ID: 17597
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11329
Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29070	11329.290700.09	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	11828	11828.09	CA	$88,000
11329	11329.07	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	5632	5632.07		$80,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 8355.08
Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 19121.08
Planned Funds: $100,000
Activity System ID: 19121
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

HVMS - Management and Staffing

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Total Planned Funding for Program Area: $1,834,869

Estimated PEPFAR contribution in dollars $0

Estimated local PPP contribution in dollars $0

Program Area Context:

Management and Staffing

The Sudan program faces unusual challenges in terms of program management and staffing. Until last year, all USAID and CDC Southern Sudan program staff was based in Nairobi due to security-related infrastructure constraints in Southern Sudan. Now the USAID health team leader and the CDC GAP director are based in Juba under an interim arrangement, while PEPFAR and other FSN staff remain based in Nairobi. Senior USAID Mission staff members are increasingly moving to Khartoum. The Juba assignees share houses in a modest USAID/US Consul General compound in which bedrooms double as offices. A new USAID/Consular Compound which would provide housing and office space for much of the US Mission in Southern Sudan is proposed but remains a number of years from reality. Therefore serious constraints on increasing staff in Southern Sudan continue.

The Sudan PEPFAR team currently consists of the USAID health team leader and CDC GAP director, one Nairobi-based USAID FSN physician technical advisor, and three CDC FSN positions in Nairobi: a technical advisor/program manager, a counseling and testing trainer/advisor, a program assistant (shared with another program).a laboratory technologist employed under the Keri CoAg. CDC has requested two Juba-based FSN positions that were budgeted in the FY07 mini-COP, a physician technical advisor and a laboratory technologist. One additional USG position is proposed in the current mini-COP, either a USAID USPSC or US Direct Hire HIV/AIDS advisor.

USAID FSN staff are proposed to move to Juba from Nairobi should construction of USG office space be approved. CDC has requested a co-location waiver from the US Mission to Sudan for PEPFAR staff to work at Government of Southern Sudan facilities. However it is not clear whether such approval will be forthcoming, so the additional Juba-based CDC positions remain in question. The planned CDC positions include an FSN laboratory technologist under Strategic Information, proposed to be based at the Government of Southern Sudan Ministry of Health (MoH) lab facility in Juba and a physician care (and later treatment) technical advisor, also to work within the MoH.

The country team also proposes to obtain additional program support through a USAID contract mechanism, for which there is a pending procurement action. Pending approval and award of a manpower contract, two support positions are proposed: an administrative assistant and a monitoring and evaluation (M&E) officer who would devote 50% of their time to PEPFAR. Both positions would be based in Juba.

The CDC surveillance technical advisor position for Khartoum proposed in the FY 07 mini-COP as a strategy for providing PEPFAR support to both the North and Southern Sudan AIDS programs has been put on hold due to budgetary limitations. The projected annual costs for a single direct hire position in Khartoum are over $600,000. We propose instead to rely on CDC short term technical support for surveillance. Consequently, reprogramming of FY07 mini-COP funds will be requested. Due to the expansion of programs in South Sudan there is corresponding increase in workload. CDC an administrative assistant to devout 100% his/her time on the program for effectiveness

Given the slow and uncertain progress in relocating USG staff from Kenya to Sudan, the Nairobi-based management and technical staff will continue to support the Sudan program through FY 2008.

Strategic Information and Laboratory Strengthening
As previously stated, the PEPFAR team proposes to hire an FSN laboratory technologist in Juba to work in tandem with the existing Nairobi-based lab technologist to support surveillance and counseling and testing. Pending US mission approval, FSN staff could be seconded to the Government of Southern Sudan Ministry of Health and might be based at the public health laboratory in Juba, which has not yet reopened after many years of inactivity. PEPFAR laboratory technologists would provide leadership in HIV laboratory methods at the new facility.

Counseling and Testing (CT)
CT is a core element of the Sudan PEPFAR program strategy, yet no CT training capacity exists in Southern Sudan. CDC Sudan recently added an FSN CT trainer/technical advisor to focus on CT human resource capacity and systems development. He will conduct training, provide technical support to Sudanese counterpart organizations and develop curricula. He will also work in partnership with CT training staff of a PEPFAR partner organization, and this internal PEPFAR training and mentoring capacity will substantially increase the USG teams' ability to provide leadership in this service area and will save money.

HIV Care, PMTCT, and later Treatment
CDC proposes to add a Sudanese physician technical advisor to the team in Juba, pending either approval of a co-location waiver or approval for additional USG office space. The individual would provide technical guidance to partners on predominantly clinical issues such as care, treatment, and PMTCT. This advisor would participate in guideline and curriculum development, conduct training and mentor partners in care and treatment. If a Sudanese generalist clinician is hired, s/he would be mentored by the CDC Kenya Care and Treatment team as well as by senior PEPFAR Sudan staff.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 5640.08
Mechanism: CDC M&S
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 11419.08
Planned Funds: $164,000
Activity System ID: 17623
Activity Narrative: This funding is requested to cover two CDC Juba-based FSN positions; a physician technical advisor and a laboratory technologist.
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11419
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20143	11419.20143.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8975	5640.09	Multiple activities	$302,720
11419	11419.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5640	5640.07	CDC M&S	$352,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 6056.08
Mechanism: Management and staffing
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: ESF
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 18509.08
Planned Funds: $270,000
Activity System ID: 18509
Activity Narrative: This funding will be used for USAID/Sudan PEPFAR staffing. One Nairobi-based USAID FSN physician technical advisor, one new position for an administrative assistant and one additional USG position; either a USAID USPSC or US Direct Hire HIV/AIDS advisor. All three position s will be located in Juba once the USG is able to move all staff in –country.
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8302.08
Mechanism: IAA
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: U.S. Agency for International Development
Funding Source: ESF
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 18935.08
Planned Funds: $0
Activity System ID: 18935
Activity Narrative: The breakdown of funding between the two USG agencies, CDC and USAID, didn't cover the funding needs of CDC's programs. Thus USAID will make an Inter Agency Transfer to CDC so they have sufficient funds to cover their programs.
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 5640.08
Mechanism: CDC M&S
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 18824.08
Planned Funds: $185,000
Activity System ID: 18824
Activity Narrative: Travel for CDC staff $75,000
ICASS for Khartoum $60,000
CDC OE Misc. $50,000
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8355.08
Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 21103.08
Planned Funds: $381,000
Activity System ID: 21103
Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 6056.08

Mechanism: Management and staffing

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: ESF

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 21104.08

Planned Funds: $365,000

Activity System ID: 21104

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 6056.08

Mechanism: Management and staffing

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: ESF

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 21105.08

Planned Funds: $469,869

Activity System ID: 21105

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?		**Yes**	**X**	**No**
If yes, Will HIV testing be included?		Yes		No
When will preliminary data be available?				
If yes, Will HIV testing be included?		Yes	X	No
When will preliminary data be available?				
Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?		**Yes**	**X**	**No**
If yes, Will HIV testing be included?		Yes	X	No
When will preliminary data be available?				
Is a Health Facility Survey planned for fiscal year 2008?		**Yes**	**X**	**No**
When will preliminary data be available?				
Is an Anc Surveillance Study planned for fiscal year 2008?	**X**	**Yes**		**No**
If yes, approximately how many service delivery sites will it cover?		Yes		No
When will preliminary data be available?			4/30/2009	
If yes, approximately how many service delivery sites will it cover?		Yes		No
When will preliminary data be available?			4/30/2010	
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2008?		**Yes**	**X**	**No**

Other Significant Data Collection Activities

Name: HIV Survey in the Sudan People's Liberation Army, (SPLA)

Brief Description of the data collection activity:

A survey in the army is proposed, combining behavioral and seroprevalence data. Assuming approval by senior army staff, planning would occur during Fy2008 and survey would be implemented during FY09.

Preliminary Data Available:

6/30/2010

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
PEPFAR Mini-COP Functional Staff Chart ppt 2 (4).pdf	application/pdf	9/27/2007	Functional Staffing Chart	Other	LBoseman
Staffing%20Matrix forSudanStaff_08 (4).xls	application/vnd.ms-excel	9/27/2007	Staffing Matrix	Other	LBoseman
Final_USG Sudan Table 2 1 Table 9_28- target Justification FINAL (2).pdf	application/pdf	9/28/2007	USG SUDAN TARGET JUSTIFICATION MINICOP FY2008	Explanation of Targets Calculations*	LBoseman
Final_9-28_GFATMSepJPC2 TB23 9 07rpo.pdf	application/pdf	9/28/2007	Global Fund Supplemental Fund Narrative	Global Fund Supplemental*	LBoseman
Amboletter27 9 07FINAL.pdf	application/pdf	9/27/2007	Letter for the Ambassdor	Ambassador Letter	LBoseman
ABjustiifcation_08.pdf	application/pdf	9/28/2007	AB Justification	Justification for AB Budgetary Requirements	LBoseman
FINALMini-COPSFRdatacollectiontool2.xls	application/vnd.ms-excel	9/27/2007	Staffing Spreadsheet	Other	LBoseman
FY08 Budgetary Requirements Worksheet.pdf	application/pdf	9/28/2007	Budgetary Requirement Worksheet	Budgetary Requirements Worksheet*	LBoseman
Sudan_Congressional Notification.pdf	application/pdf	11/5/2007		Executive Summary	MLee

ExeSummarySudan16.10.07.doc	application/msword	10/16/2007	Other	ALatour