South Sudan

Operational Plan Report

FY 2010

Operating Unit Overview

OU Executive Summary

Sudan is the largest country on the African continent with approximately 40 million people (2008 Census data), of which nearly 10 million live in Southern Sudan. With a low generalized HIV/AIDS epidemic, Southern Sudan has an estimated HIV prevalence between 2.6% (UNAIDS 2007) and 3.1% among populations aged 15-49 years; making people of reproductive age a large majority.

Although no recent population-based survey has taken place, all elements are present in Southern Sudan for the rapid spread of HIV. Refugees in large numbers are returning from neighboring higher prevalence countries such as Ethiopia, Kenya, Uganda, and the Democratic Republic of Congo. Trade and transport are increasing exponentially with hundreds of truckers, a high risk group, arriving daily and often staying for days to weeks in major transport corridor hubs. A large population of the Sudan's People Liberation Army (SPLA) is stationed in these hubs, as are large numbers of jobless, demobilized former SPLA. Mobile populations are often away from their families for extended periods and maybe vulnerable to engaging in risky sexual behavior. Vulnerable women and youth also flock to these transport hubs due to the promise of economic opportunity. The combination of poverty, a concentration of truckers, and other transient workers, sexual networking including polygamy and concurrent relationships, gender-based violence (often related to widespread alcohol abuse), lack of recreational facilities, and a dearth of health services creates a risky environment. These hubs are, in effect, incubators of HIV, spreading transmission beyond their geographic location. Without additional funding to support a comprehensive program, this combination of factors is likely to continue to drive the epidemic.

Through the President's Emergency Plan for AIDS Relief (PEPFAR), the USG focuses on HIV prevention, care, and support, health systems strengthening, strategic information, laboratory infrastructure, and human resources for health. Gender issues are taken into account across all technical areas. These interventions are implemented mainly in Southern Sudan where development activities are taking place. The Centers for Disease Control and Prevention (CDC) and the United States Agency for International Development (USAID), the two lead PEPFAR agencies in Sudan, will have new partners implementing prevention, care, and support activities. Both institutions work closely with the Department of Defense (DoD) and Department of State (DoS) in the implementation of PEPFAR.

The Sudan PEPFAR program will continue to support Adult Care and Support (HBHC) in FY 2010. This technical area will emphasize Prevention with Positives (PwP), access to and increased uptake of condoms, prophylaxis and treatment of Opportunistic Infections (OI), prevention education, HIV testing for sex partners, referral for tuberculosis (TB) screening and for treatment of HIV infected patients at the facility level, and determining eligibility for highly active antiretroviral treatment (HAART). At the same time, the PEPFAR program will link these care and support services, as appropriate, with other health services such as antenatal care (ANC), malaria, and maternal and child health (MCH), nutrition, and family planning to ensure delivery of comprehensive health services. Capacity building of indigenous groups including People Living with HIV/AIDS (PLWHA) is pivotal for long-term sustainability of the PEPFAR program and will be a key component of the HBHC technical area in FY 2010.

The need for prevention education and services is critical to avert the spread of HIV throughout Southern Sudan. In the area of HIV Testing and Counseling (HTC), the USG will target youth, uniformed forces (military and police), truck drivers, traders and their associates, sex workers, transactional sex workers, returnees, immigrants, and refugees. Condom distribution and education will continue to be an integral part of HTC. In FY 2010, for the first time, the USG will include provider-initiated counseling and testing

(PICT) which will be piloted using counselors trained in FY 2009 and will progressively expand in the next five years to include all 10 state hospitals in Southern Sudan. The PEPFAR program will also continue to emphasize the benefits of couples' HTC, disclosure of HIV status among sexual partners, and issues related to sero-discordance, while addressing barriers to women accessing HTC services and enabling them to know their HIV status so they can make informed decisions about their health.

Quality assurance is a key HTC component to ensure services meet, maintain, and surpass minimal standards. The USG PEPFAR program will work with other donors and stakeholders to ensure all counselors working on the USG PEPFAR program and other donors' programs will have supportive supervision in order to standardize the quality of all HCT services throughout Southern Sudan. Referral systems and linkages will be expanded in FY 2010 including social support services. Since HTC is an entry point to care and treatment services, TB patients will especially continue to receive HTC using the PITC model. TB attendants also will be trained in HTC to prevent lost opportunities that occur when TB patients are referred for HTC to client-initiated testing and counseling (CITC) sites. Many patients failed to go for HIV testing and/or return for TB management. All HIV positive clients in CITC sites will continue to be referred for TB screening.

Sexual prevention is another important component of PEPFAR in Southern Sudan that will focus on Abstinence and Being Faithful (AB) and proper use of condoms. Condom distribution will also target PLWHA. Through behavior change communications, the USG will strengthen community dialogue, promote positive reproductive health behaviors, increase knowledge of sexually transmitted infections (STI)/HIV, reduce stigma and discrimination, and increase use of preventive care and support services. Key target groups include most at-risk populations (MARPs), border and urban areas, military installations, mobile populations such as truck drivers, street and vulnerable youth, and PLWHA. In FY 2010, the USG will identify additional high risk groups (that may include individuals in multiple and concurrent partnerships). Formative research will be carried out to understand risk behaviors and to inform the development, testing, and implementation of innovative outreach programs for these new groups. Also, the USG will conduct quantitative and qualitative operations research to focus interventions for commercial sex workers (CSWs) and their clients within the Southern Sudan context. Data from the SPLA survey that is being implemented will help the PEPFAR team to prioritize interventions given the limited financial resources available for Southern Sudan. The USG will assist the Ministry of Health (MoH) and Southern Sudan HIV/AIDS Commission (SSAC) in the development of sexual prevention and condom strategies.

With no increase in PEPFAR funds and a weak health infrastructure, the USG will not dramatically scale up Prevention of Mother to Child Transmission (PMTCT) services and will not provide support for Orphan and Vulnerable Children programs. The current PMTCT services will continue including a very limited expansion in communities where there is a high need and demand for services. To make these sites operational, space for confidential counseling and testing as well as hiring and training qualified staff are needed. These new sites will also be linked to existing services, where possible, such as family planning programs and to care and support groups. USAID will also leverage resources from the health program to strengthen integration of PMTCT into primary health care centers through the Sudan Health Transformation Project II (SHTP) and to ensure linkages to ART treatment sites, maternal and child health services, family planning services and methods, and malaria. At the same time, the USG will collaborate with other stakeholders such as UNICEF, the World Health Organization (WHO), the World Bank Multi-Donor Trust Fund (MDTF) and the Global Fund to provide pregnant women access to comprehensive health services.

In FY 2010, the PEPFAR program will continue to support health systems strengthening. Key activities include training and development of Strategic Plan for Laboratory Services in Southern Sudan, Laboratory Policies and Procedures, technical assistance in conducting the National AIDS Indicator Survey (at the request of the Sudanese government) and technical assistance to the SSAC and MoH on adapting broad

policy reforms and implementation of HIV/AIDS activities throughout Southern Sudan respectively. The USG will continue to support the SPLA HIV/AIDS Secretariat to continue and expand its activities in at least two additional divisions located in two states. This will include expansion of static and mobile counseling centers (in areas not currently covered), training additional counselors and peer educators, ongoing commander sensitization, and provision of resource materials to build SPLA capacity to fight the disease among soldiers, officers and their families. The USG will provide greater support to PLWHA networks to promote sustainability, accountability, and efficiency of HIV/AIDS programs. Through its participation in the Country Coordinating Mechanism (CCM) of the Global Fund, the USG will also continue to assist technical committees with progress assessments and implementation while guiding Global Fund recipients in planning, procurement, and programming. In order to ensure program implementation, the USG will procure test kits and laboratory supplies and strengthen the logistics and supply chain management system.

In regards to laboratory infrastructure (HLAB), the USG will work with MoH and WHO in the development of laboratory testing guidelines, training workshops, and evaluation of rapid HIV test kits. Technical assistance will include development of national laboratory policy and strategic plan which will be a first step to standardize guidelines and policies, implement quality assurance practices, and improve forecasting for supplies. The USG will also provide reagents and supplies for ELISA testing of HIV, lab consumables, and assistance for an external quality assurance system (EQA). The latter will include enrolling up to two labs for CD4 EQA which will require training additional lab personnel as support supervisors and those able to conduct HIV rapid testing. Validation testing also will be conducted at Juba Teaching Hospital until the reference lab renovation is completed. The USG is considering bio-safety management and refresher trainings on sample collection through the Association of Public Health Laboratories, the American Society of Microbiology and other organizations. These trainings will preferably take place in Juba, but trainees may also be sent out to neighboring countries depending on the nature and cost of the training.

In the area of Strategic Information (HVSI), the Sudan PEPFAR program is in the process of hiring a Strategic Information Advisor who will be based in Juba and will work closely with the implementing partners' monitoring and evaluation staff including the MoH to strengthen SI activities. The SI Advisors from USAID/HQ, USAID/East Africa Region and OGAC will assist the new SI Sudan Advisor and will be part of the SI Sudan PEPFAR team. In this role, they will work to improve partners' data collection and reporting, harmonize the new generation of PEPFAR indicators with the national indicators, create appropriate database for data entry and analysis, provide Data Quality Assurance on all partner data, plan for and lead surveillance activities and surveys to get a better understanding of the HIV epidemic in Southern Sudan, integrate all aspects of SI activities including MIS, M&E, and surveillance, improve partnership with other donor agencies that provide SI support including the MoH, and develop a five-year strategic plan for PEPFAR Sudan. The SI team will also support the Government of Southern Sudan and state health departments in enhancing monitoring, evaluation and surveillance activities. A key surveillance activity for FY 2010 is to conduct a rapid assessment survey (RARE) among selected high risk groups or in high prevalence geographic areas. It is also expected that the SI team would assess the cost-effectiveness of some intervention programs to enhance or discontinue them based on data. Until the SI team becomes functional, the USG is looking into the possibility of utilizing International Experience and Technical Assistance (IETA) program graduates and trainees to work on specific SI activities.

As many other countries in the world, Southern Sudan is facing a shortage of qualified health care staff. The USG will continue to train HIV counselors, community health workers, midwives (to provide PMTCT services at ante-natal clinics), peer educators, clinicians (to provide ART), nurses (to do counseling and testing), and home-based care volunteers. Although counselors are an integral part of the human resource system, they are yet to be certified and included in the MoH staff structure. Southern Sudan faces unique challenges in this area, including an extremely low literacy rate, systems and infrastructure that have been absent and are just now beginning to be established, inadequate training, and lack of

equipment and basic supplies. PEPFAR provides support where able, but as advances need to be made in all areas of human resources from provider level to policy maker, progress is necessarily gradual.

Starting with Global Fund Round 3, Sudan has been a recipient of global fund resources to fight TB, HIV and Malaria. For HIV, in Rounds 3, 4 and 5, Sudan's total funding was $132,593,931.00. Of this, $56,023,570 has been disbursed so far. Southern Sudan has utilized this funding for scaling up the national response for prevention and treatment of HIV that included Behavior Change Communication (BCC), Treatment, Care and Support services, and strengthening the capacity of national institutions (especially SSAC).

For TB, Southern Sudan received funding in Global Fund Rounds 2, 5 and 7 to prevent and control TB, more specifically to increase comprehensiveness and quality of Directly Observed Therapy (DOT), establish collaborative linkage between TB and HIV, decrease the burden of TB among HIV infected people and the burden of HIV among individuals infected with TB. UNDP was the Primary Recipient for all these rounds, the award totaling $57,694,881.00. Of this, $34,948,187.00 has been disbursed so far. This has been utilized to improve TB case detection, provide training on TB case detection, training laboratory technicians, establish TB centers to provide services, establish TB/HIV coordinating bodies, produce and distribute educational materials on TB, train health care workers, enhance counseling and testing for HIV in TB infected individuals, and to ensure linkages to treatment, support and care for TB and HIV among infected individuals.

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						

Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
PEPFAR SSD HAS NO PPP					

Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
HHS/CDC		500,000	3,701,110		**4,201,110**
USAID			3,334,890	2,010,000	**5,344,890**
Total	**0**	**500,000**	**7,036,000**	**2,010,000**	**9,546,000**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency			Total
	HHS/CDC	USAID	AllOther	
HBHC	449,900	1,000,000		**1,449,900**
HLAB	127,600	50,000		**177,600**
HVAB	302,800	930,000		**1,232,800**
HVCT	942,300	610,000		**1,552,300**
HVMS	871,110	284,500		**1,155,610**
HVOP	415,200	1,275,390		**1,690,590**
HVSI	235,700	560,000		**795,700**
MTCT	608,900	560,000		**1,168,900**
OHSS	247,600	75,000		**322,600**
	4,201,110	**5,344,890**	**0**	**9,546,000**

Budgetary Requirements Worksheet

(No data provided.)

National Level Indicators

National Level Indicators and Targets

Redacted

Policy Tracking Table

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	1,449,900	
Total Technical Area Planned Funding:	**1,449,900**	**0**

Summary:
Program Area Context and Background With an estimated population of ten million in Southern Sudan and an estimated HIV prevalence among adults between 2.6% and 3.1%, approximately 155,000 persons are estimated to be living with HIV infection in Southern Sudan alone, . Many residents of Southern Sudan are unaware of their HIV status. Antiretroviral therapy (ART) availability is insufficient relative to estimated need. According to the Government of Southern Sudan's (GoSS) Ministry of Health (MoH), 23,250 persons are in immediate need of ART. Among these persons, only about 2,340 (10%) patients are known to be on ART. While coverage for ART is highly inadequate, it is improving. Eight (36%) of twenty-two planned facilities are providing ART services to HIV-infected residents of Southern Sudan through The Global Fund to Fight AIDS, Tuberculosis, and Malaria's (GFATM) Round 4 grant which ends in July 2011. Geographic coverage of these eight facilities providing ART extends across five of ten states. These facilities are: Wau Hospital (Western Bar Al Ghazal); Nzara Hospital, and Tambura (Western Equatoria); Yei Civil Hospital, Kajo-Keji, and Juba Hospital (Central Equatoria); and Malakal Hospital (Upper Nile). A proposal for GFATM Round 9 that aims to increase funding for greater availability and uptake of ART services was submitted in June 2009. These efforts are expected to yield a few more ART sites. Adult Care and Support and Adult Treatment activities are in need of strengthening and expansion. Of these two discrete PEPFAR content areas, U.S. Government (USG) efforts have focused less on treatment and more on care and support. USG efforts align with host government efforts through ongoing meetings and collaborative effort, and are similarly aligned with other donors' work as well. The Southern Sudan HIV/AIDS Commission (SSAC) coordinated production of a variety of broad policy and strategy documents relevant to these content areas, including: Southern Sudan HIV/AIDS policy; Southern Sudan HIV/AIDS Strategic Framework (SSHSF 2008-2012); HIV/AIDS Behavior Change Communication (BCC) strategy and HIV/AIDS Monitoring & Evaluation Framework. On Aug 27, 2009, the GoSS Ministry of Health (MoH) launched four major guidelines documents. Developed in collaboration with the World Health Organization and other agencies, these guidance documents include: Guidelines for the Use of Antiretroviral Drugs in Adults and Children; Guidelines for HIV Testing and Counseling ; Guidelines for the Syndromic Management of Sexually Transmitted Infections; and Southern Sudan National Blood Strategy. Guidelines on the Prevention of Mother-to-Child HIV Transmission are in draft form. CDC-Sudan's Director contributed substantively to development of this set of national guidance documents. With these guidelines having been disseminated, faithful implementation presents a challenge. No specific guidelines are provided by the government on the types of services that must be provided for them to be counted under care programs. The Guidelines for the use of Antiretroviral Drugs in Adults and Children include provision of a comprehensive care model. The specifications of such care include: well-staffed chronic care center; entry points for care; wider comprehensive care links; and comprehensive care services for HIV-infected and -affected individuals. These services include HIV testing and counseling, sustained counseling for risk reduction, sustained

counseling for adherence to treatment; prevention of opportunistic illness (OI) via broad spectrum prophylaxis; prevention of tuberculosis through isoniazid therapy; OI treatment; and reproductive health services such as sexually transmitted infection (STI) prevention and treatment, prevention for positives (HIV), family planning, and cervical screening and nutrition. USG part ners implement a variety of facility-based and home or community-based activities for HIV- infected adults and their families that aim to extend and improve quality of life for HIV-infected patients and their families. Partners provide clinical, psychological, spiritual, social, and prevention services throughout the continuum of illness related to HIV infection. Clinical care efforts include distribution of a basic care package to those infected with HIV. This package includes insecticide-treated bed nets to prevent malaria, a safe water vessel, water purification tablets, condoms, filter cloth and information, education and communication materials. Partners refer HIV-infected persons to the nearest health facility, and for broad spectrum prophylaxis against OIs, with cotrimoxazole tablets. Aiming to prevent further transmission of HIV infection and acquisition of STIs, partners also refer HIV-infected patients to these same facilities. HIV/AIDS education is a key component of USG Adult Care and Support efforts. Partners train peer educators, with preferential recruitment of people living with HIV/AIDS (PLWHA). Training of peer educators, some of whom are unpaid volunteers and service providers focuses on the basic care package, OI awareness and prevention. These educators and providers, in turn, instruct clients during distribution of the package. Additionally, they also organize small group discussions as well as community-wide events such as dramas and video viewings to provide education related to HIV/AIDS. PLWHA groups in Southern Sudan face challenges related to limited access to services, especially due to mobility of vulnerable populations. Other challenges are related to stigma and discrimination. To address these barriers to care and treatment, there is need to maximize post conflict management, including service delivery to post conflict returnees, redeployed soldiers, ex-combatants, and internally displaced persons. These groups can be linked to services such maternal and child health, family planning, and tuberculosis care provided by other donors. Activities focusing on Prevention with Positives (PwP) are inadequately integrated with routine clinical care provided at HIV care and treatment clinics, antenatal clinics, and tuberculosis treatment clinics. PwP was not well developed in PEPFAR programming, though some partners provided limited training on integration of PwP activities into existing programs. Consequently, PLWHA do not receive comprehensive education in accordance with PwP curricula; for example, children of known HIV-infected adults are not referred for testing. Accomplishments in FY09 The PEPFAR/Sudan program, through its work and collaboration with the SSAC, GoSS MoH, and USG implementing partners, has introduced a model for preventive care. This model is based on the successful basic package of preventive/palliative care (PC) delivered in other sub-Saharan countries. With PEPFAR and GoSS leadership, PEPFAR partners have adapted training materials for lay counselors and community groups. This program is working very well, and should be scaled up. Basic HIV care delivery is supported by the USG through home-based care and referrals, including education of patients and family members on issues related to care. A total of 98 individuals were trained as educators and provided HIV palliative care to 1,453 clients. Home-based care is also delivered by these educators and service providers. Having received training in the basic care package and home based care, they carry out home visits. Efforts continue to reduce stigma and promote an open and supportive environment, facilitating PLWHA participation and fuller engagement in the care and treatment efforts. Partners also leverage wrap-around services from other donors like food support from World Food Program (WFP) as well as p sychosocial and gender-based violence support from the American Refugee Committee. The USG has also started one ART site at the Sudan People's Liberation Army (SPLA) headquarter. Medications for this site are provided through the Global Fund. As of September 2009, 210 clients were enrolled, 56 of whom were put on antiretrovirals (ARVs) (35 males, 20 females and 1 male below 14). In the past and for COP2010, PEPFAR/Sudan does not supply and distribute ARVs. Through PEPFAR/Sudan, there is a social marketing program for condoms and water purification products (coordinated with USAID/Sudan health program support) in the major towns of Southern Sudan. These products provide an alternative for replenishing of these supplies by PLWHA. Goals and Strategies for FY10 Many activities planned in COP2009 in the area of Prevention with Positives (PwP) must be sustained and strengthened in 2010. With an increasing number of people testing positive for HIV, existing care programs must be expanded

and strengthened. PwP activities planned during the last COP will be strengthened further in FY10. Specifically, PEPFAR/Sudan will promote: access to and increased uptake of condoms; risk reduction and OI prevention education; HIV testing for sex partners; and referral for tuberculosis screening and treatment of HIV-infected patients for TB screening and treatment at the health facility level. Issues related to home-based care activities in Southern Sudan are related to factors like stigma, lack of host government and USG standards on how services are provided across programs, low capacity and minimal knowledge on HIV transmission and prevention. There is need to look at traditional ways of providing services and to develop household level capacity to care for PLWHA, as well as incorporate PwP activities into planned home-based care activities. To sustain these activities, the program needs to look at existing structures that already provide such kind of support without payment of incentives. Goals and objectives for these interventions were not clear in the past. For COP 2010, the PEPFAR/Sudan team has conceived goals and objectives to address these issues more decisively. Linkages to care and treatment services will be strengthened. The USG team and partners will identify appropriate and viable systems to link HIV/AIDS with other health services such as antenatal care (ANC), TB, malaria, maternal and child health (MCH), and family planning/reproductive health (FP/RH) to maximize the health benefits from the delivery of comprehensive services. A mapping exercise of existing HIV services will be conducted, including HCT sites, PMTCT sites, ART clinics, organizations providing care and support and integration with other USG supported projects leading to increased care, support and protection of people testing positive. Referral systems will link HIV infected patients to risk reduction counseling, ensure reliable access to and promote uptake of condoms, mitigate the effects of alcohol abuse, promote screening for and treatment of STIs and TB, and determine eligibility for highly active antiretroviral treatment (HAART). Specifically, USG partners will determine how patients are triaged after entry into the care and treatment environment. For example, PEPFAR/Sudan will establish how patients are enrolled in an ART clinic, verifying that GFATM provides training for rapid clinical and immunologic assessment. GFATM procured CD4 T-lymphocyte counting machines that will permit patient assessment for ARV eligibility and clinical monitoring. Linkages to programs providing wrap around services will be strengthened. Specifically, partners will promote provision of services related to food insecurity, gender imbalance, poverty and vulnerability to HIV, TB and malaria. This will be realized through a number of activities. The USG team and partners will participate in the thematic working group to share developments and plan initiatives (GoSS, SPLA, and international NGOs). In areas where USG partners are operating, they will continue current community-based activities that strengthen linkages to MCH/FP, food assistance/security, education, livelihood assistance and micro-finance where feasible. Additional efforts aiming at strengthening referrals and linkages will focus on training a cadre of case managers who can readily exploit a directory of services. For example, such services integrate family planning, food and nutrition into maternal and child health clinics, PMTCT and Treatment services. WFP provides food to PLWHA in Juba, Yei and Kajo Keji. Efforts in FY2010 will aim to standardize and harmonize programming across USG and strengthening capacity building for indigenous groups, including associations of PLWHA groups to implement HBC programs. There are existing groups such as mother's unions in churches that already do such activities, training them will provide a more sustainable means to continue these programs. Local partners' capacity can be improved through joint planning, implementation, training and monitoring of program activities. In FY10, plans are in place to evaluate services provided by the SPLA. Annual Progress Reports from FY09, evaluations of existing partners' performance will inform programming for FY10.

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	1,552,300	
Total Technical Area Planned Funding:	**1,552,300**	**0**

Summary:
Program Area Context and Background Southern Sudan, with a low generalized HIV/AIDS epidemic, has an estimated HIV prevalence ranging from 2.6%-3.1% . The estimated population of Southern Sudan is 10 million people . Approximately 50% of those are of reproductive age (15 - 49 years). It is estimated that only one percent (1%) of this age group or 50,000 people has undergone HIV testing. This means that there are around 4,950,000 persons of reproductive age in Southern Sudan who do not know their HIV status. HIV Testing and Counseling (HTC) is one of the strategies in place to address the situation by targeting individuals, couples and groups encouraging them to ascertain their HIV status and develop plans for risk reduction. Those who are HIV negative are counseled on how to remain negative while those who are HIV positive are counseled and linked to care, treatment and other support services that improve the quality and duration of life. The Government of Southern Sudan (GoSS) developed the National Strategic Framework (NSF, 2008 - 2012). From this base, the Ministry of Health (MoH) and Southern Sudan HIV/AIDS Commission (SSAC), with assistance from the President's Emergency Plan for AIDS Relief (PEPFAR), developed the Health and HIV Monitoring and Evaluation (M&E) Framework to guide health and HIV/AIDS programs. Standardized reporting and M&E systems are now being completed with contributions from PEPFAR/Sudan and its implementing partners to harmonize data collection and reporting tools used by stakeholders. The HIV testing and counseling (HTC) model commonly practiced in Southern Sudan is client-initiated counseling and testing (CICT). These services are supported by the United States Government (USG) through PEPFAR, the United Nations Children's Fund (UNICEF), and to lesser extent, European donors. The CICT services are offered both at static sites mostly located in public health facilities and outreach sites located in the communities where fixed sites have not been established. At all sites the testing and counseling (TC) services for individuals, couples and groups are in place, with more individual TC done in static sites and more group TC done in outreach sites. The uptake for couples HIV counseling and testing (CHCT), though picking up slowly, is still low. This can be attributed to the lack of aggressive campaigns targeting couples, limited sites offering couple-friendly services, limited hours of service provision and gender barriers, among others. The Southern Sudan HTC Guidelines that incorporate CICT and provider-initiated testing and counseling (PITC) were launched in late August 2009. The development of these guidelines was led by SSAC and MOH with the support of World Health Organization (WHO) and assistance from PEPFAR team members and its implementing partners. These guidelines recommend serial HIV testing protocol in light of the limited resources in Southern Sudan, as opposed to the generally preferred parallel testing. In all HTC sites under PEPFAR, parallel HIV testing is performed using two simple rapid HIV test kits, and a third kit is available to resolve discrepant results of the first two tests. Gradually, as long as available stocks will last, the shift from parallel to serial testing will take place until all PEPFAR sites are performing serial testing in-line with the guidelines. Logistics management for HTC continues to be a challenge in Southern Sudan. This is due to continued poor infrastructure and high costs of transporting supplies and other items in country. Accomplishments in FY09 Southern Sudan had an estimated 52 CICT sites in eight out of the ten states . PEPFAR is the principal supporter of HTC services in Southern Sudan. USG partners, by the end of FY09, are operating 39 CICT sites up from 33 sites at the beginning of the year. This surpasses the FY09 target of 37. These sites are located at specific locations, targeting high-risk populations in the following counties: Yei, Juba, Morobo, Lainya, Tore, Magwi, Mundri, Rumbek, Yambio, Nzara, Tambura, Source Yubu, Yeri, Mvolo, Otogo, Maiwut, Mapel and Pariak. The stand-alone CICT site established in an urban market area in Juba, frequented by truck drivers, traders and their associates continues to be promising. This stand-alone site integrates recreational facilities, such as cable television, with distribution of information and education materials about HTC services. Two more integrated sites were established in the Sudan's People Liberation Army (SPLA) barracks in Mapel and Pariak to target the military. HTC service delivery continues to be concentrated in the areas considered to be at greater risk of spread of the epidemic, such as transport corridors, border towns, and areas with a high volume of persons returning from neighboring countries that have higher HIV prevalence. In 2009, PEPFAR/Sudan has supported HTC trainings both for new counselors and refresher training for existing counselors. A total of 96 CICT counselors, up from 64 at the beginning of the fiscal year, are now offering

CITC services at PEPFAR-supported sites. Against a target of 35,000, a total of 30,108 people received testing and counseling services in FY09. Two CICT trainings were conducted, adding 32 more counselors to the HTC service under PEPFAR/Sudan. Nine local trainers from PEPFAR partners were trained to offer HTC trainings in accordance with the PEPFAR's HTC mandate to develop local capacity in Southern Sudan. An additional eight counselor supervisors have been trained, making a total of fifteen local supervisors trained under PEPFAR to date. These supervisors are offering supportive supervision to approximately 70% of counselors in Yei, Juba, Rumbek, Kajo Keji, Tambura, Nimule, Yambio, Nzara and Mvolo counties. More supervisors will be trained to cover the other 30%. These supervisors also receive ongoing mentorship from the two PEPFAR HTC technical staff (one USG and the other a partner staff). A refresher training was conducted for 36 previously-trained counselors, providing updates on the new HTC guidelines and correcting common errors observed during technical visits to the sites. To scale up HTC, provider- initiated testing and counseling (PITC) training took place in the FY09 producing 19 PITC counselors from seven health facilities in Juba and Yei counties in Central Equatoria state. These counselors will pilot the service in collaboration with MoH/SSAC, with possible expansion to additional facilities. The USG team and the implementing partners have also assisted SSAC and MoH in moving forward with the development of a national HTC training curriculum. PEPFAR/Sudan provided technical assistance (TA) to ensure minimum standards of quality and include supportive supervision, field visits to some partners and the use of client exit interviews to identify areas of improvement in the context of HCT. TA was also provided in the area of HTC laboratory quality assurance (QA). QA for rapid HIV testing services was done using standardized dried blood spot (DBS) specimen collection techniques and centralized testing conducted in CDC's Kenya laboratory. By the end of FY09, 881 DBSs from 20 CICT sites were re-tested in the reference laboratory giving a concordance rate of 97%. Goals and Strategies for FY10 PEPFAR/Sudan will continue to implement a comprehensive HIV prevention package that includes HIV education and targeted outreach efforts for youth and other at-risk populations, as well as condom distribution and education, HIV testing and counseling and provision of basic palliative care. In FY10 the USG team will expand the existing HTC models of service provision to include CHCT and PITC. PEPFAR/Sudan will f ocus on piloting PITC using the counselors trained in FY09, learning from the pilot and then scaling up to more health centers. In collaboration with other stakeholders, PEPFAR will progressively expand the PITC service to all ten state hospitals of Southern Sudan within five years. These three models of CICT, CHCT and PITC will be expanded within the constraints of level funding. Partners engaged in HIV sexual prevention education, stigma reduction and creation of demand for services will continue to emphasize the benefits of couples TC, and issues related to sero-discordance. Partner testing and mutual disclosure of HIV status among sexual partners will continue to be emphasized. Emphasis will be placed on addressing circumstances that make women to be more vulnerable to HIV, enabling more to know their HIV status and empowering them to make informed decisions about their risks of HIV infection. Static HTC sites will be encouraged to attract more clients by integrating recreational amenities and other information, education and communication (IEC) materials including books, magazines and newspapers with HIV/AIDS-related contents. QA is an important component of HTC to ensure that services meet, maintain and surpass minimal standards. The 15 supervisors trained in supportive supervision will receive ongoing technical assistance on effective supervision. All counselors working on PEPFAR-funded programs should be able to access supervision by end of FY10. PEPFAR/Sudan will work with other stakeholders and donors providing HTC services to ensure that all counselors in Southern Sudan access some form of supportive supervision. This will help standardize the quality of all HTC services in Southern Sudan. To further enhance quality, clients will be interviewed after accessing the service, the data analyzed and areas identified for improvements. The first cadre of nine HTC trainers will be mentored by assigning them to co-conduct HTC trainings alongside the USG and partner HTC staff. This will help them improve their training skills, gain knowledge and build confidence. The USG team and implementing partners will continue to assist SSAC and MoH in the development of the HTC training curriculum and guidelines for QA and HTC supervision. The HTC services will continue to be targeted towards both the general and high risk population groups. Partners will be required to contract their counseling staff to work hours to match the needs of the targeted populations. Most at risk populations (MARPs) that will continue to be targeted include the

uniformed forces (military and police), truck drivers, traders and their associates, commercial and transactional sex workers, and mobile populations like returnees, immigrants and residents. Additional HTC sites will be established in high volume areas like urban markets, truck drivers' resting spots and semi-urban areas depending on availability of funding. Outreach HTC services continue to record higher service uptake than static HTC sites, indicating that demand for HTC services is also present in underserved areas. All PEPFAR partners operating static HTC sites will continue to be encouraged to offer regular outreach services in locations with limited or no HTC services where there is high demand. These locations may have potential for establishing static sites in the future. To the extent that funding is available, additional service providers will be trained to support the increased demand due to the outreach HTC. Efforts to reduce the high stigma associated with HTC will be intensified to mobilize and inform communities about HTC and thereby encourage increased uptake of services. This stigma reduction and community mobilization will be done using mass media campaigns, IEC materials, peer education strategies, focus groups discussions and national TC campaigns in co llaboration with SSAC and MoH. Appropriate HTC messages will continue to be developed; including translation into local languages and communicated on T-shirts, caps and posters. HTC is an entry point to other services including care, treatment and support and emphasizes the need for a functional referral system. Referral systems and linkages will continue to be strengthened to ensure HTC sites are appropriately referring clients to available services. Follow-up will be done to determine the extent to which people successfully access the referred services. Social support services that clients are referred to (i.e. support groups for people living with HIV/AIDS and post-test clubs), will be expanded with the goal of transforming those into community based organizations and non-governmental organizations that sustainably deliver HTC services. PEPFAR/Sudan will work more closely with the MoH and other partners from Global Fund for AIDS, TB and Malaria (GFATM) and MDTF to leverage logistics to enhance functional supply chain management practices in Southern Sudan. TB/HIV collaboration activities with WHO will continue to be strengthened. All TB patients will continue to receive HTC using the PITC model. TB attendants will be trained in TC. This will address current lost opportunities that occur when TB patients are referred for TC to CICT sites. All HIV positive clients in CICT sites will continue to be referred for TB screening.

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	322,600	
Total Technical Area Planned Funding:	**322,600**	**0**

Summary:

Program Area Context and Background Sudan is the largest country in Africa with an estimated population of 39.15 million (2008 Census data), of which approximately ten million (disputed figure) are in the ten southern states. Its nature and population are quite diverse, the North being predominantly Muslim, the South comprised of mostly Christians and animists. The North and the South had been engaged in prolonged civil wars for the majority of Sudan's existence as an independent country since 1956. Peace returned to Sudan in 2005 with the signing of the Comprehensive Peace Agreement (CPA) between the North and the South. Southern Sudan is rebuilding from years of civil war that caused great damage to all sectors and infrastructure. It was left with an almost non-existent health infrastructure. Health systems strengthening is an important foundation for ensuring sustainability of services and interventions for HIV/AIDS in any country. It includes all the individuals and organizations that focus on ensuring health outcomes at national, state, county or local levels; and the public, NGO and private sector. The United States Government (USG) through the President's Emergency Plan for AIDS Relief (PEPFAR) continues to support and strengthen the Government of Southern Sudan (GoSS) and its citizens in the fight against HIV/AIDS. This includes engagement and interaction with the leadership at all

levels, creating appropriate and conducive policy and regulatory environments, developing human capacity, strengthening systems, and enhancing coordination and collaborative efforts with other bilateral and multi-lateral cooperating partners, non-governmental organizations, faith-based organizations, the private sector, and the civil society. Accomplishments in FY09 In fiscal year 2009, PEPFAR/Sudan provided technical assistance and consultations to the Southern Sudan HIV/AIDS Commission (SSAC) in finalizing the Southern Sudan HIV & AIDS Strategic Framework (SSHASF 2008 – 2012) and the Southern Sudan HIV/AIDS Policy 2008. These documents were released on World AIDS Day in December 2008. PEPFAR/Sudan also provided assistance to SSAC and the MoH in finalizing the national Monitoring and Evaluation (M&E) Framework for Southern Sudan, Guidelines for Antiretroviral Therapy (ART), Guidelines for HIV Testing and Counseling, National TB Strategic Plan and the TB-HIV Policy, all of which were released in 2009. PEPFAR/Sudan also was an integral part in developing and finalizing tools for data collection and transmission, many of which were released in 2009. Efforts were made to harmonize these tools with PEPFAR reporting tools. As in previous years, PEPFAR/Sudan has continued to support the management and financial capacity of local organizations to respond to HIV/AIDS appropriately. Through the Regional Outreach Addressing AIDS through Development Strategies (ROADS) project, the USG has provided ongoing technical assistance to government agencies, community-based organizations (CBOs), non-governmental organizations (NGOs), religious leaders, youth and other implementing partners in policy analysis and systems strengthening. PEPFAR/Sudan has continued to support the coordination function of the State HIV/AIDS Commissions (SAC) in all three Equatoria states and to four County HIV/AIDS Commissions (CAC) in the Equatoria states and two other states (Unity and Western Bahr-el-Gazal). The support was in the form of organizing HIV/AIDS taskforce meetings for relevant stakeholders in their respective states and counties. These meetings provided a forum for all partners working directly on HIV/AIDS activities to develop goals and objectives, identify gaps and needs, and coordinate activities. These also helped in planning for comprehensive and standardized referral systems, creating central database, and mapping HIV/A IDS services available. PEPFAR/Sudan also assisted with World AIDS Day programs at the central and state levels by contributing cash and in-kind for expenditures and materials (t-shirts, caps, banners, posters, etc.) and by holding a week-long HIV testing campaign in Juba ahead of the day. PEPFAR/Sudan has continued to work with the Sudan People's Liberation Army (SPLA) by providing ongoing assistance to the SPLA HIV/AIDS Secretariat in almost all its activities, including training, logistics of moving the test kits and other supplies to their sites (since SPLA does not have the capability to do that), and also in allowing one of their staff, a physician, to run the ART program in the only ART site for SPLA, which is funded and managed by PEPFAR/Sudan (with the exception of the antiretrovirals (ARVs)). Assistance was also provided in finalizing and formally releasing the SPLA Strategic Plan for HIV/AIDS. This plan includes goals and objectives, and action plans including strategies, activities, targets, implementers, indicators, outputs and time frame for specific activities. CDC Director was invited to speak at the formal release of the strategic plan which was attended by the Chief of Staff, all of the Deputy Chiefs of Staff, and many high ranking officials of SPLA. These high-level interactions and participation of the top commanders go a long way toward sensitizing the other senior and mid-level commanders in the army, which in itself is a big step towards building the military health system and encouraging the members of the armed forces to know their HIV status. The PEPFAR/Sudan program has also continued to provide technical assistance in improving the provision of counseling and testing services, prevention of mother-to-child transmission (PMTCT) services, and care and support activities in Southern Sudan. PEPFAR/Sudan was intimately involved in the planning and execution of the Government of Southern Sudan Health Assembly (GOSHHA II) held in October 2008. This is an annual forum for all governmental and non-governmental health-related entities in Southern Sudan to deliberate on and discuss issues and make health policy recommendations. PEPFAR is glad to be part of such policy making efforts in Sudan. In 2009, the USG continued to provide support to the Southern Sudan Country Coordinating Mechanism (CCM) in overseeing its activities of the recipients of Global Fund. The USG representative on the CCM is considered a key individual in not only conducting the meetings, but also in providing technical review for selection of primary recipients of Global Fund funding, and meeting with representatives from Global Fund headquarters and other constituents. PEPFAR/Sudan was invited to and participated in the

technical review of the 22 short-listed applications for funding from the Multi-Donor Trust Fund (MDTF) channeled through the Southern Sudan HIV/AIDS Commission. Its recommendations have been accepted by the commission and grants are being awarded accordingly. However, the greatest support in the field of health systems strengthening in Sudan in this year was the assistance provided for laboratory capacity building. At the initiative of PEPFAR/Sudan to provide technical assistance in laboratory capacity building, the GoSS MoH formally requested an in-depth assessment of laboratory capacity in Southern Sudan and also to provide assistance with strategic planning and development of laboratory policy and procedures for Southern Sudan. As a part of that technical assistance, the Director for Laboratory Services in Southern Sudan and the Director for Reference Laboratory were sent to the CDC Laboratories in Atlanta in March 2009 for week-long refresher training on laboratory techniques and strategic planning. This was followed by the same laboratory leaders being sent to South Africa for another week-long in-depth training on laboratory strategic planning. These were then followed up by another group of three laboratory technicians from Southern Sudan being sent to South Africa for a week-long training on biosafety. To perform the actual laboratory assessment, a senior laboratory scientist from CDC Kenya, along with the CDC Sudan Laboratory Advisor and the two Directors of Laboratory Services in Southern Sudan visited many locations in Southern Sudan between March and August of 2009. These sites included Juba (the site for reference laboratory) and the five other referral sites Wau, Malakal, Torit, Yambio and Rumbek. The comprehensive assessment included assessment of the physical infrastructure of the laboratories, personnel, equipment and reagents, training and preparedness of staff, management and other issues. An in-depth report of the assessment is expected by the end of October 2009, which will then be presented to GoSS. That is then expected to be followed up by holding the Strategic Planning for Laboratories conference in Southern Sudan. That activity is expected to be coordinated, led, and funded by PEPFAR/Sudan. Another big step towards strengthening the laboratory capacity in Southern Sudan was done in July 2009. There was only one enzyme-linked immunosorbent assay (ELISA) machine in all of Southern Sudan to perform specialized HIV testing. This had always hampered the ability of Sudan in the field of HIV epidemiology and program planning, since all specimens were routinely sent to the CDC laboratory in Nairobi for testing. That not only added to the total cost, but also hampered progress of work in Sudan. PEPFAR/Sudan had donated an ELISA machine to the state of Central Equatoria in 2007 and provided training to a technician to operate that machine. That technician left within one month of getting trained and that expensive equipment was lying idle for all of these years. After convincing the Director General of Central Equatoria Ministry of Health about the need to bring the equipment to Juba for enhancing HIV/AIDS surveillance in Southern Sudan, the CDC Director went over to Yei and personally brought back that ELISA machine to Juba. That has now been placed in Juba Teaching Hospital and three laboratory technicians from the MoH were sent to Nairobi in September 2009 for a week-long training on ELISA techniques at the CDC Laboratory there. This machine and these technicians are expected to be performing the ELISA tests on all the dried blood spot (DBS) specimens that are being collected for the Antenatal Care (ANC) Surveillance in Southern Sudan (September – December 2009). For the first time, Southern Sudan will not have to be dependent on outside assistance for HIV testing. Goals and Strategies for FY10 In 2010, PEPFAR/Sudan will continue to work on strengthening the laboratory capacity of Southern Sudan by conducting a strategic planning session followed by drafting laboratory policies and procedures for Southern Sudan. PEPFAR/Sudan also plans to continue providing training to laboratory technicians in Sudan (including some from Northern Sudan) to build and enhance their capacities. The USG also plans to provide technical assistance to Sudan in conducting the national Sudan National Population-Based HIV/AIDS Sero-Behavioral Survey (SHSBS) which is planned to be conducted in 2010. The government has formally requested for such assistance. Details are being worked out. PEPFAR/Sudan will continue to assist the SSAC by assisting the leadership in filling all the positions in the commission and in adopting broad policy reforms to create better enabling environments. At the same time, technical assistance will continue to be provided at the MoH in implementation of HIV/AIDS activities in Southern Sudan. We will continue to provide greater support to the SPLA HIV/AIDS Secretariat in expanding its ac tivities in at least two additional divisions in two more states in this year. This will include providing funding for expansion of static and mobile counseling centers in areas not currently covered, training additional

counselors and peer educators, ongoing commander sensitization activities and providing other technical and material support to build greater capacities in the SPLA to fight HIV/AIDS among the soldiers, officers and their families. The PEPFAR Sudan Strategic Information (SI) Advisor (expected to be on-board by October 2009) will lead the formation of the PEPFAR/Sudan SI Team that will include the M&E advisors of PEPFAR/Sudan partners. This team will not only work on improving strategic information activities of PEPFAR/Sudan, but also work closely with the MoH and SSAC to strengthen their SI teams and conduct SI activities in Southern Sudan. Investment in systems strengthening and policy analysis will continue to focus upon efforts that have proven to be effective or hold great promise. The USG team will provide greater support to networks of people living with HIV/AIDS (PLWHA), including HIV-positive teachers, religious leaders, women and ART patients, so that they can provide mutual support to one another and become effective participants in policy development and in promoting accountability, efficiency, and transparency in HIV/AIDS programs. To strengthen the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) management structure and to improve donor coordination, USG will continue to support the CCM in setting up and maintaining an effective Secretariat in 2010, assisting the technical committees with assessment of progress and implementation of Global Fund supported projects, and supporting the Global Fund recipients in planning, procurement, and programming. USG will also continue to work with the MDTF to leverage the activities related to HIV/AIDS in Southern Sudan. These inter-agency collaborations will help provide HIV/AIDS services in a better coordinated manner in Southern Sudan, avoiding duplication and waste of limited resources and efforts. In 2010, USG support will enhance system-wide approach to include strengthening the procurement and logistics systems for HIV/AIDS, TB and malaria medicines, equipments and supplies at the national and state levels. This will include procuring test kits and laboratory supplies through Supply Chain Management System (SCMS) and working on identifying the weaknesses in the supply chain management.

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	177,600	
Total Technical Area Planned Funding:	**177,600**	**0**

Summary:

Program Area Context and Background With peace returning to the semi-autonomous region of Southern Sudan, the focus of health planning has shifted from relief to development. Government structures for provision of laboratory infrastructure are slowly developing with the recruitment of various cadres of the laboratory pillars remaining at a most basic level, including management structures, physical infrastructure, equipment, quality assurance systems, and training. The level of laboratory physical infrastructure across the country is weak and new buildings are needed rather than renovation. In the absence of appropriate infrastructure, trained technologists are difficult to retain and often leave government service for the private or non-governmental sector. For a substantial change in laboratory infrastructure, a great deal of additional financial support is required. The Ministry of Health (MoH) is developing a national policy and strategic plan for laboratories. While this is being developed, PEPFAR coordinates activities with the MoH to ensure that they support the vision of the MoH and fit into the overall strategy for the country. PEFPAR is providing technical assistance to the MoH in the development of the national policy and strategic plan. The Government of Southern Sudan (GoSS) recently launched guidelines for HIV testing and counseling. This guideline proposes that the serial testing method is adopted, meaning three separate rapid HIV test kits be used in succession on a single patient for detection; that trained counselors perform HIV testing in the counseling room; and trained laboratory technologists will provide support supervision and conduct quality control and quality assessment (QC/QA). This will involve retesting of samples from HIV testing centers and also perform proficiency

testing to ensure that the kits are working properly and quality results issued. Due to the possibility that persons with discrepant results (first test positive, second negative) might have acute HIV infection, the guidelines recommend that the counselors ask clients to come back in two weeks for re-testing. Test kits approved by MoH/GoSS shall be used exclusively in all of the facilities conducting rapid HIV testing. During the last two years there has been improvement in antiretroviral treatment (ART) laboratory monitoring with the purchase of 12 Parteck CD4 machines through United Nation Development Program (UNDP)/Global Fund support. In addition, laboratory technologists have been posted to some of the laboratories. However, less than half of the 12 machines are functional at this time. All but one laboratory are performing below capacity because essential equipment like calorimeters, refrigerators, incubators and reagents has not been supplied. The one laboratory that is working at full capacity is the one supported by PEPFAR and the Sudan People's Liberation Army (SPLA). An enzyme-linked immunosorbent assay (ELISA) machine that was provided by PEPFAR to the hospital in Yei for HIV testing had been left idle for years. That was recently brought back to Juba and put to use. Laboratory personnel have been trained on dried blood spot (DBS) technology at the CDC laboratory in Nairobi. With this, several activities that had been hampered due to issues related to the collection, storage and transport of plasma have been resolved. Also, the MoH/GoSS is now able to conduct the ELISA testing for HIV antenatal care (ANC) sentinel surveillance for the first time in Sudan. The much-awaited completion of the national reference laboratory, which is to take a lead role in developing laboratory capacity, has once again stalled due to lack of financial support from the GoSS. Completion of this laboratory is important as it will be the cornerstone facility used to strengthen the health system. For example, it will serve as t he facility for specialized laboratory tests and as a training facility for laboratory personnel. Due to the uncertain financial support for the renovation, it is not possible to predict when it will be completed. A severe shortage of qualified staff in HIV coordination and service delivery is a major constraint affecting HIV response. In particular, there is a shortage of nurses and laboratory personnel who can be trained in order to scale up laboratory testing. The shortage of these health care workers is more acute in rural areas, where the greatest need exists. To meet this challenge, the GoSS is strengthening the three medical training schools (Juba, Yei and Rumbek) so that they will be able to offer laboratory certification courses. PEPFAR has addressed this issue by sending laboratory staff to refresher courses in South Africa as well as sending key laboratory managers to management training in Atlanta. PEPFAR is also providing technology and teaching materials to the Health Institute Training College in Juba. Accomplishments in FY09 The GoSS identified the need to develop a laboratory national policy and strategic plan for Southern Sudan. To support this effort, PEPFAR provided technical support for a laboratory assessment in Southern Sudan. A total of 162 sites were assessed to provide data for developing the national policy and strategic plan and to identify the existing gaps. The comprehensive assessment included the physical infrastructure of the laboratories, personnel, equipment, reagents supply, trainings, and management. The assessment report is expected by the end of October 2009. For client-initiated counseling and testing (CICT), 32 counselors from Southern Sudan were trained on rapid HIV testing. To build the capacity of local trainers in HIV testing, nine counselors were trained and are now being mentored by the Senior Laboratory Technologist of PEPFAR/Sudan. To ensure that quality standards are being met in HIV testing, PEPFAR conducted support supervision and performed an external quality assessment through the use of standardized DBS specimen collection techniques and centralized testing conducted in the CDC/Kenya laboratory. In FY09, 881 DBS samples from 20 sites were validated with a discrepancy rate of only 3%.This discrepancy was mainly due to transcription errors and poor specimen storage conditions in the field. Logistics management in procurement and distribution of testing kits and other laboratory consumables continues to be a challenge in Southern Sudan. This is due to lack of infrastructure and high costs of transporting supplies and other items. Air transportation remains the primary mode of moving supplies and people. To streamline the supply of test kits and other laboratory items, PEPFAR contracted with Supply Chain Management System (SCMS) to assist in procurement and transport of these items to Juba. The national strategic plan and laboratory policy are key to enhancement of laboratory capacity in any country. To support this effort in Sudan, two senior laboratory managers received training on strategic planning and policy development in the US and in South Africa. It is expected that they will lead the ministry and other

stakeholders in this area during development of laboratory policy and the five-year strategic plan. In August 2009, 58 health care workers, including laboratory personnel, were trained on surveillance protocol and procedures for DBS collection technique by the CDC laboratory advisor. An additional three senior laboratory technologists have been trained on HIV serology ELISA DBS testing. Barriers to achieving the stated FY09 COP targets include lack of a storage facility for HIV rapid test kits in-country. This means only a three-month supply of test kits can be brought into Sudan at a time. The remainder of the stock is housed at the CDC/Kenya warehouse. Poor laboratory infrastructure and limited funding for Sudan restricts the introduction of specialized viral load tests and early infant diagnosis. These have been complicated by the lack of adequate representative data to show HIV prevalence across the country and within the individual states. The earlier planned HIV genetic testing for FY09 was put on hold until a later date as it was not seen as an immediate priority. During FY09, the program also had to contend with test kits that were found to be counterfeit; this resulted in a short-term shortage of test kits and an unexpected financial cost to replace the test kits. Goals and Strategies for FY10 Technical and financial assistance will be provided by PEPFAR/Sudan for the development of the national laboratory policy and strategic plan. Discussions on the policy and strategic plan are on course with the Directorate of Laboratory. PEPFAR/Sudan will continue to look for ways to provide support for policy, planning and training to both the GoSS and the Federal Government of Sudan. The PEPFAR/Sudan team will work closely with the MoH and WHO in developing various laboratory testing guidelines and evaluating rapid HIV test kits. This will include linking the MoH with other financial resources in providing training on biosafety and laboratory management. The linkages and collaborations are to develop, improve, and increase laboratory capacity in Sudan. PEPFAR/Sudan will also organize in-country trainings on biosafety, management and refresher trainings on sample collections and documentation. These trainings will be organized locally with assistance from one to two facilitators from CDC/Kenya or Uganda. In collaboration with MoH, the USG will continue to strengthen laboratory infrastructure by enrolling one to two laboratories in CD4 EQA and leveraging support from other partners like UNDP. The percentage of enrolment is expected to increase by 10% yearly so that 50% enrolment will be achieved by 2014. At the same time, the percentage of HIV testing facilities participating in EQA will be increased. This will require training more laboratory personnel as support supervisors and those able to conduct HIV rapid testing through collaboration with MoH/GoSS. With the ELISA system and trained manpower in place, validation testing that has been taking place at the CDC/Kenya lab will now be conducted at the Juba teaching hospital until the reference laboratory renovation is completed. PEPFAR will continue to provide Long ELISA HIV reagents, laboratory consumables and TA in support of this external quality assessment (EQA) component. Proficiency training will be added to strengthen support once the HIV reference lab becomes operational. Should the renovation at the reference laboratory be completed in FY10, PEPFAR will consider what support in addition to technical assistance will be offered subject to availability of funds. Logistics, storage and distribution systems are key to the proper management and utilization of laboratory services. In FY10 PEPFAR/Sudan plans to make an agreement with one of the implementing partners or other agency to manage logistics of storing and distribution of test kits once they are in Sudan. This will alleviate to some extent the issue of stock-out of rapid HIV test kits used in HCT sites, piecemeal shipment of materials and storage of these commodities. Lastly, the expansion of ANC sentinel sites to cover 24 sites in all ten states of Southern Sudan and the collection of over 6,000 samples will provide a more accurate approximation of HIV prevalence in Southern Sudan. This improved data collection, along with the enhanced policy environment, human resource development, and strengthened commodities and logistics systems will greatly contribute to the capac ity of the GoSS to manage the status of HIV/AIDS in Southern Sudan.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	1,155,609	

Total Technical Area Planned Funding:	**1,155,609**	**0**

Summary:
(No data provided.)

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	1,168,900	
Total Technical Area Planned Funding:	**1,168,900**	**0**

Summary:
Program Area Context and Background Southern Sudan has a high proportion of people of reproductive age; approximately 50% of the population of ten million is between the ages of 15-49, with many unmet health needs. Maternal mortality ratio is among the highest in the world, estimated at over 2000 per 100,000 live births, as reported in the 2006 Sudan Household Health Survey (SSHS). There is an almost total lack of essential health services, including maternal and child health services. This is the result of years of neglect and protracted civil wars in Sudan during most part of its existence as an independent country. The latest civil war that went on for 22 years, the longest running civil war in Africa came to an end in January 2005 with the signing of the 'Comprehensive Peace Agreement' (CPA). It is only since then that the totally devastated health infrastructure is slowly being rebuilt and some essential health services are gradually being provided, mostly with assistance from outside sources. Although the rate of HIV prevalence is perceived to be low in Sudan (estimated at between 2.6% and 3.1% for Southern Sudan), the actual prevalence is not known since there never has been a national survey to estimate that prevalence. The data reported here is from the antenatal care (ANC) surveillance data conducted till December 2007 in a limited number of sites in three of the ten states in Southern Sudan. HIV is just one of the numerous serious health threats to pregnant women and their children in Southern Sudan. Prevention of mother-to-child transmission (PMTCT) of HIV should be an important part of the services provided in order to reduce the burden of HIV. Unfortunately, as of September 2009, officially only 28 PMTCT sites funded by the Global Fund Against AIDS, Tuberculosis and Malaria (GFATM) (25) and PEPFAR (3) and run by the government (federal and state health departments), non-governmental organizations (NGOs) and faith-based organizations (FBOs) are in existence in Southern Sudan, an area that is bigger than Kenya, Uganda and Rwanda put together. Of these 28 sites, only 15 (54%) are considered operational (including all three PEPFAR sites) and the other 13 are all proposed new sites which are at different stages of implementation. Even for those 15 operational sites, the quality of service provision is widely variable and mostly irregular or deficient due to not having enough personnel, lack of adequate facilities, irregular supply of testing kits and prophylactic medications, irregular services, and absence of linkages to treatment, care and support in most sites. The Government of Southern Sudan (GoSS) released the Southern Sudan HIV/AIDS Strategic Framework (SSHASF 2008- 2012) and the Southern Sudan HIV/AIDS Policy 2008 on World AIDS Day in December 2008. In those, PMTCT was identified as an essential component in the prevention of transmission of HIV from mother to child. The policy statement reads: "Promote prevention of mother-to-child transmission of HIV and ensure that its provision adheres to laws, policies, and guidelines on informed consent, privacy, confidentiality, and voluntary safe disclosure." The Ministry of Health (MoH) continues to work on producing the document PMTCT Guidelines for Southern Sudan. Once released, it is expected to provide guidelines for standardized provision of services in ANC clinics providing HIV services for pregnant women. It is expected to be published before the end of the 2009. PEPFAR/Sudan is involved in this effort. Certainly

the government is aware of the need for scaling up and enhancing PMTCT services linked to treatment, care and support, but its means and abilities are extremely limited. It was only in mid-2008 that nine sites officially started providing antiretroviral therapy (ART) services, two of which are in the capital city Ju ba. This includes one exclusively for the military and their families. Quality of ART and PMTCT services in many of these sites is questionable, and in at least three of the ART sites, there are no PMTCT services, but pregnant women are being referred from the HIV counseling and testing (HCT) sites. Accomplishments and Challenges in FY09 Promoting use and access to PMTCT services through education and awareness, counseling and testing is an integral part of our HIV prevention program. In FY09, PEPFAR/Sudan has continued to operate the three existing PMTCT sites in Nimule, Yei and Tambura in the three southern states of Eastern Equatoria, Central Equatoria, and Western Equatoria respectively. This in spite of frequent security situations caused by the rebel Lords Resistance Army raids in the bordering areas, lack of trained or adequate personnel at the sites providing PMTCT services, shortage of testing kits, stock-out of prophylactic medications, and other logistical and administrative hurdles including inadequate administrative oversight. In the first three quarters of FY09, a total of 4101 women were counseled and tested for HIV and received their test results. Out of that, 97 (2.4%) tested positive and 79 (81% of those who tested positive) received prophylactic treatment for HIV. In this reporting period, all three PMTCT sites were linked with ART sites that started operating at different times in different places (December 2008 in Yei and Nimule, July 2009 in Tambura). Two of these ART sites are within the same facilities as that of the PMTCT site (in Nimule and Tambura), making referral and compliance easier, but the site in Yei is a bit far from the PMTCT site, making it difficult for HIV-positive pregnant women to access the services for prophylaxis. Anecdotal information suggests that many pregnant women prefer to take the single-dose Nevirapine (in all the three sites) instead of taking the full course of ARVs, because they cannot afford to come back to the ART sites at regular intervals for their medicine, and so feel more comfortable with just the single dose Nevirapine. The PMTCT program also provides cotrimoxazole prophylaxis following World Health Organization (WHO) recommendations. Compliance of prophylaxis for children born to HIV-positive pregnant mothers is a complex issue. Quite frequently there is stock out of Nevirapine syrup for the fact that it has a shorter shelf life than tablets, and the personnel in the clinics either do not calculate or anticipate the need appropriately, or there truly is a stock-out of the syrup. Also, many mothers do not want to bring their newborn children to the hospital or clinics, not only for the distance they have to travel, but also because of certain cultural norms and traditions. Lastly, most families in Southern Sudan do not have the ability to store the syrup in a cool, safe place in their dwellings and are not frequently handed the syrup for their children during their late-stage ANC visits. Two new sites were planned during this fiscal year, but that did not happen for a variety of reasons, primarily lack of funding. Other major challenges included absence of ANC services in the vast majority of the health facilities in Southern Sudan, inadequate infrastructure, lack of personnel, lack of resources, and so on. Even in areas where there is great need there is no infrastructure, nor any staff for providing antenatal care services. HIV testing is a routine component of antenatal care in the PMTCT sites. Couples and family counseling is emphasized from the outset. This helps reduce stigma over time and assists in linking HIV positive pregnant women to treatment, care and support, where available. Linkages with communities have been established in all three sites. Support groups meet at regular intervals and foster peer support and encourage enhanced couns eling and testing, helping reduce stigma in those areas. This is evidenced by openness in self-identification of infected individuals and their demands to the administration and donors for more services. HIV-positive mothers and their families are provided with basic health care kits comprised of insecticide-treated bed nets, water treatment commodities, condoms and information materials. Malaria prophylaxis and iron supplements are also provided to pregnant women in most sites. Exclusive breast feeding is promoted to all mothers, regardless of HIV status. Goals and Strategies for 2010 Even with no increase in funding in the next fiscal year, PEPFAR/Sudan plans to not only continue the existing services, but also to scale up in a few higher prevalence communities, given the tremendous need and demand for such services there. PEPFAR/Sudan plans to initiate at least six new PMTCT sites this fiscal year. In the state of Western Equatoria, which is presumed to have a high prevalence of HIV, counseling and testing services as well as PMTCT services will be provided. At least two PMTCT sites will be established in Nzara (where an

ART site already exists) and in Yambio, where there is a plan to set up an ART site in the next few months. USAID will leverage resources from its health program and promote integration of PMTCT services into three primary health care centers in Sudan Health Transformation Project II (SHTP II) funded by USAID. The sites are under selection at the time of writing this COP. In total, PEPFAR/Sudan plans to initiate at least six new PMTCT sites in this fiscal year. To make these operational, there will be a need to plan for renovations to provide space for confidential counseling and testing, and to hire and train qualified staff (nurses, midwives and counselors) to run the programs. Ideally these will be staff designated for maternity and ANC services only and will not be rotated out to other departments. Where possible, the sites will be linked to ART sites for treatment, to family planning programs for prevention of unintended pregnancies among HIV positive pregnant women; and to care and support for people living with HIV. Establishment of support groups 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. PEPFAR/Sudan will embrace and practice the four-pronged approach to PMTCT as recommended by WHO to include: primary prevention of HIV; prevention of unintended pregnancies among HIV infected women; prevention of HIV transmission from mother to child; and provision of care and support for HIV infected mothers, their infants, partners and families. It will be a gradual process, but with future increases in PEPFAR funding and leveraging with other sources of funding, not impossible to achieve in Sudan. PEPFAR/Sudan will continue to work in collaboration with MoH, SSAC, UNICEF, WHO, and the GFATM to link its services with other services including treatment, procurement of drugs, testing for TB, family planning and nutritional services, so that pregnant women can access comprehensive care. PMTCT services in PEPFAR/Sudan sites will be integrated with MCH services and will serve as an entry point to other HIV services mentioned above for women, their children, and male partners. PEPFAR/Sudan will attempt to provide wrap-around services by linking its PMTCT services with family planning services where possible, to encourage healthy timing and spacing of future pregnancies or avoiding unintended pregnancies in HIV-positive women. USAID, in its procurement announcement, proposed to set aside some funding for family planning activities. Due to lack of funding, PEPFAR/Sudan is not able to support programs for OVC, laboratory or treatment services on its own and will have to continue to rely on leveraging with other donors and funds to provide those services to people under its care. With the Multi-Donor Trust Fund funding HIV resources in Southern Sudan, PEPFAR/Sudan will also work closely with the SSAC and the implementers of the funding to extend HIV/AIDS services to all, especially pregnant women. Although in Sudan there are few health infrastructure and resources available, PEPFAR/Sudan will continue to work with the government and other donors (including Global Fund) to one day achieve establishment of a national PMTCT program; reaching >80% of pregnant women with HIV testing and counseling; reaching >80% of HIV+ women with effective prophylaxis and treatment; and reduce PMTCT transmission rate to <5%. Owing to the fact that PEPFAR/Sudan is one of the few entities offering PMTCT services in Southern Sudan, it will continue to participate in the review and adoption of the National Guidelines for PMTCT, which will follow the new WHO PMTCT guidelines. It will fully support maximally effective interventions and best practices to implement the new guidelines. PEPFAR/Sudan has also participated and will continue to participate in the development, dissemination and use of common monitoring and evaluation tools. This effort is spearheaded by the Ministry of Health and the Southern Sudan HIV/AIDS Commission. Overall, the ultimate goal is not only to reduce transmission of HIV from mother to child, but also to help develop sustainable systems in Sudan that will be integrated in broader MCH and health delivery systems.

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	1,232,800	
HVOP	1,690,590	

Total Technical Area Planned Funding:	**2,923,390**	**0**

Summary:

Program Area Context and Background Since the Comprehensive Peace Agreement (CPA) was signed in 2005, Southern Sudan has experienced relative peace. The absence of large-scale armed conflict prompted an influx of people from rural to urban areas in search of better economic opportunities, and the return of an estimated two million displaced people from neighboring Central African Republic (CAR), Democratic Republic of the Congo (DRC), Uganda, Kenya, and Ethiopia. Commerce is now vibrant between Juba and Khartoum and with neighboring countries as well. Scant epidemiologic evidence suggests that a human immunodeficiency virus (HIV) epidemic is underway in Southern Sudan, with ongoing imported and indigenous transmission. Based on the minimal data available, the epidemic in Southern Sudan appears to be mixed, with some geographical areas (mainly areas bordering neighboring countries with high HIV prevalence and urban areas) demonstrating higher prevalence than others. The available data in Southern Sudan estimates the adult prevalence to be between 2.6% and 3.1% . Unfortunately there are no studies documenting variations in prevalence by different factors. Anecdotal evidence suggests that the drivers of the epidemic in Southern Sudan include low knowledge and use of condoms ; low knowledge of HIV transmission ; gender-based violence (GBV); stigma; multiple and concurrent sexual partnerships; cross-border movements ; alcohol abuse; vulnerability of women; commercial sex; lack of risk perception; high rates of sexually transmitted infections (STIs) in some areas (esp. syphilis), limited access to health services with inadequate linkages to specialty care or social services (e.g. TB/HIV, wrap-around programs); intergenerational and transactional sex (mainly in the urban areas); and inefficient prevention programs for people living with HIV and AIDS (PLWHA). The potential contribution of lack of male circumcision to the epidemic is not known; there have been no studies on the prevalence of male circumcision, which differs from tribe to tribe. Based on this partial understanding of how transmission has persisted over time, the President's Emergency Plan for AIDS Relief (PEPFAR) program in Southern Sudan has targeted its sexual prevention efforts on groups such as: long-distance truck drivers and other transport workers; women involved in transactional sex; military personnel deployed away from their families; demobilized soldiers; bar patrons, and sexually active youth. To reach these audiences, U.S. Government (USG) partners mapped geographic areas where risky sexual behavior is more prevalent, using a cluster model to deliver services, and grouping similar community-based organizations to reach common target audiences. Barrier protection against HIV has been underemployed in Southern Sudan, and the USG has, in concert with allied stakeholders, aimed to increase availability and uptake of condoms. Generic condoms are brought into Southern Sudan through a central mechanism managed by the U.S. Agency for International Development (USAID). The condoms are calculated, requested and purchased annually and distributed to all USG implementing partners. Socially-marketed condoms are purchased and packaged separately by one implementing partner that does social marketing of condoms in a few towns. In 2009, stock-outs of socially-marketed condoms occurred due to a delay in packaging and distribution from the main stores within Southern Sudan. With this exception, condoms have been sufficient for USG partners' distribution since 2007. USG partners coordinate with United Nations Population Fund (UNFPA) in the event that more condoms are needed. USG sexual prevention efforts are increasingly aligned with those of the Government of Southern Sudan (GoSS). The Southern Sudan HIV/AIDS Commission (SSAC) developed a National HIV/AIDS Strategic Framework (2008–12) and a Behavioral Change Communication (BCC) strategy which are used by all USG sex ual transmission programs to guide programming. The PEPFAR/Sudan team and its partners participate in different technical working groups (TWGs) and support the government in the development of policies and guidelines and they encourage greater involvement of PLWHA as well as policies that promote their involvement. As part of USG partner activities, PLWHA are recruited as educators on the basic preventive care package (BCP), peer educators and counselors. Networks of PLWHA are also strengthened through capacity building related to program and financial management to enable them to implement programs more effectively. Additionally, many of these HIV-infected residents are unaware of

their infections, and many people living with HIV (PLHIV) remain at risk of transmitting infection to others. Stigma and discrimination training is provided to different Training of Trainers (ToT) groups. USG efforts are also increasingly aligned with other donors. The USG plays a very active role in the Global Fund for AIDS, TB, and Malaria (GFATM) through representation on the Country Coordinating Mechanism (CCM). USG staff coordinates with GF staff to leverage existing resources and strengthen linkages and referrals to services. Accomplishments in FY09 PEPFAR/Sudan continued to support sexual prevention activities through its partners by targeting identified most at-risk populations (MARPs) and other presumed high-risk subpopulations. Partners developed and delivered comprehensive prevention programs to military personnel from Sudan People's Liberation Army (SPLA) and communities around army barracks, women involved in transactional sex, truck drivers, students, out-of-school youth, married couples, and other adults targeted with information related to socially marketed condoms. Activities include peer education, radio programs, special events including drama, activities for condom promotion, small group discussions, and large events, including below the line activities in football grounds for promotion of socially marketed condoms branding. Due to proactive outreach efforts, several partners surpassed their initial targets. Eight hundred and thirteen individuals were trained in prevention programs to deliver prevention messages, all implementing partners promoted comprehensive ABC interventions, and sexual prevention efforts are generally linked to other USG and GoSS services including counseling and testing (C&T), prevention of mother-to-child transmission (PMTCT) and home based care (HBC). In the first three quarters in FY09; 339,139 individuals were reached with abstinence and being faithful (AB) messages; 131,594 with abstinence only messages; and 303,265 with other prevention interventions, including the establishment of 644 condom outlets. Other achievements included support to 37 community based organizations (CBOs), including a national network of PLWHA to implement ABC programming. Monitoring and evaluation revealed a variety of hindrances to achievement of plans specified in the 2009 Country Operational Plan (COP). Systemic barriers difficult to overcome due to their distal nature included pervasive reticence to discuss sex; stigma and discrimination; gender norms that promote GBV; alcohol abuse; abuse of other drugs; and insecurity with consequent logistics constraints. Barriers more readily overcome by PEPFAR due to their more proximate relationship with HIV transmission include: inadequate training and supervision of peer educators who emphasized poorly targeted abstinence-only messages; inadequate integration of prevention strategies by USG partners; and paucity of epidemiologic data to inform programming. Challenges faced in programming include lack of data to inform decision making, limitations of strategies which are still under development by the host government, and limited overall coordination of activities by GoSS. As new partners come on board, we will expect them to collect some baseline data that will be used to inform programming. The USG team is also exploring poss ibilities to collect more data to inform decision making. Goals and Strategies for FY10 To overcome challenges and to strengthen prevention efforts, recommendations for COP2010 include redirecting resources and articulating a new 5 year strategy which are both in process. CDC and USAID have solicited new procurements that clearly emphasize partner expectations, consistent messaging, and use of the same educational materials, focusing on combination prevention, increasing voluntary counseling and testing (VCT) uptake and limiting abstinence messages to the right audiences. The Department of Defense (DOD) is in the process of carrying out a sero-behavioral survey among the military that will provide valuable data to inform programming. Southern Sudan still has pockets of insecurity, and in these regions it is paramount that there is local ownership of HIV programs to ensure sustainability and reduce operational costs. To better inform prevention efforts pursued by the USG program, the PEPFAR/Sudan team is in the process of hiring a prevention specialist, who will focus mainly on sexual prevention. The USG plans to continue with AB activities as part of a range of targeted prevention interventions, but to place greater emphasis on other methods of prevention. 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. Condom procurements and distribution will target prevention with positives as well. The USG only procures and provides male condoms, though there is a high demand of female condoms reported by implementing partners. There are a limited number of female condoms provided through UNFPA by one of the USG partners, which then also provides them to some of its partners. Using COP2010 funds, the USG efforts will aim to

identify additional high risk groups while simultaneously confirming that the existing target groups remain relevant through targeted small scale studies. Formative research will be carried out to more fully understand risk behaviors among each target group within the southern Sudan context. Results of this research will inform development, testing and implementation of innovative educational programs. Based on results from the formative research, activities for COP2010 may focus on reduction of the number of multiple and concurrent sexual partnerships by developing, testing, and implementing innovative educational programs. These educational programs may include multiple media activities explaining transmission through sexual networks targeting low literacy populations. Other activities may aim to reduce the prevalence of: cross-generational sex; informal transactional sex; sexual coercion and violence. Programs will continue to address MARPs, bridge populations and those closely connected to persons engaged in high risk behaviors. Border and urban areas will be targeted, as will military installations (programs may extend beyond the base to the larger community), radio programs will be widely disseminated. The specific groups that will be addressed include individuals in multiple and concurrent sexual partnerships; those who lack understanding of their risk for HIV infection; populations that are at higher risk of transmission than the general population, including military, persons engaged in sex work and their clients; mobile populations including truck drivers, street and vulnerable youth; and people who engage in alcohol-associated HIV sexual risk behaviors. PLWHA will be targeted with activities emphasizing prevention with positives. Prevention with positives programs will incorporate into the training of healthcare workers and lay counselors as well as other interventions to reach persons who are HIV positive with prevention messages and condoms. The USG will fund activities to increase safer sex practices among commercial sex workers (CSWs) and their partners. With FY10 funds, t he USG will implement risk reduction interventions based on evidence-based approaches and conduct quantitative and qualitative operations research to focus interventions for CSWs and their clients in the Southern Sudan context. Although alcohol-related sexual risk behavior, sexual coercion and violence, and post-conflict procreation are perceived as drivers of the epidemic, data from the SPLA survey will help the team decide whether or not these should be prioritized as they are considered medium priority interventions at the moment, given the limited resources available for Sudan. Post-exposure prophylaxis is included in the ART guidelines. There is need for a comprehensive sexual prevention strategy, as well as a condom strategy. The USG and its partners will support SSAC and MoH on development of these policies. Under the Multi-Donor Trust Fund (MDTF), plans are in place to provide funding to PLWHA to support their activities more comprehensively. In 2010, efforts targeting PLWHA will be strengthened, as the USG team and its partners aim to increase availability and uptake of the basic care package with antiretroviral therapy (ART), condoms, and broad spectrum prophylaxis with cotrimoxazole at selected service sites. Additionally, the PEPFAR/Sudan team will educate peer educators and others working on sexual prevention on available services provided by other donors in their catchment areas and will refer clients to those services. Incorporating prevention with positives programs into the training of healthcare workers and lay counselors as well as other interventions will be explored.

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	795,700	
Total Technical Area Planned Funding:	**795,700**	**0**

Summary:

Program Area Context and Background The sero-prevalence rate of HIV for Sudan is estimated to be 2.6% (UNAIDS). For Southern Sudan, it is estimated to be 3.2% (2007 ANC Surveillance data). In the absence of national sero-prevalence data for Southern Sudan, these estimates are used despite the fact that they may be misleading, given that the data were collected from only 11 sentinel surveillance sites in

three states. Available data suggest that Southern Sudan may have a concentrated epidemic in areas bordering countries with higher HIV prevalence rates. Data from three counseling and testing sites in southern states bordering the Central African Republic (CAR) and Democratic Republic of Congo (DRC) show a prevalence of HIV ranging from 14% to 33% among those presenting voluntarily for HIV testing. Sudan continues to plan and prepare for the national 'AIDS Indicator Survey' that they call "Sudan National Population-Based HIV/AIDS Sero-Behavioral Survey" (SHSBS). The Governments of National Unity (GNU - Khartoum) and Southern Sudan (GoSS – Juba) committed US $5 million to conduct the survey. The World Health Organization (WHO) is responsible for providing technical leadership for the survey, and is being supported by two Technical Working Groups, one representing northern Sudan and the other representing southern Sudan. The USG is included in both of these working groups and participated in the planning of the survey, which is targeted to be rolled out in January 2010. However, the funding has not yet been made available and the implementation of the survey, as well as USG's role in the survey, remains uncertain at this time. Due to limitations of not having an SI Advisor on the country team, PEPFAR/ Sudan could not provide substantial assistance to the host government in the field of strengthening Strategic Information systems through technical assistance or training. However, Global Fund was instrumental in not only hiring M&E Advisors at both the Ministry of Health (MoH) and the Southern Sudan HIV/AIDS Commission (SSAC), but also at the state and county levels in a few states. Global Fund supported the ANC surveillance planning and training activities. The PEPFAR/Sudan team maintains productive working relationships with the United Nations Development Programme (UNDP), the Primary Recipient of Global Fund funding for HIV in Southern Sudan, on all of these activities. Accomplishments since last year In spite of not having a full time Strategic Information Advisor, PEPFAR Sudan has been able to make some progress in the area of Strategic Information. In the area of Health Management Information Systems (HMIS), PEPFAR/Sudan actively worked with the Ministry of Health and SSAC in creating, revising, harmonizing and finalizing standardized data collection and reporting tools for HIV and other diseases. These tools are expected to streamline reporting and analysis of HIV data in Southern Sudan and fit within the national M&E framework. Work continues on the creation of a data reporting system that virtually does not exist in Southern Sudan. Such a system would help to avoid duplications and redundancies in data collected from health facilities. PEPFAR implementers use standardized PEPFAR indicators to report data, but the need also exists to streamline and standardize the reporting tools. The "Southern Sudan HIV/AIDS Framework" (2008-2012) provides the basis for the implementation of a national monitoring and evaluation (M&E) framework in the country. This framework came into effect in mid-2009. Due to limited financial and human resources, PEPFAR/Sudan was not able to provide substantial M&E support to the government during this project period, other than participating in the planning process for data flow, analysis, interpretation and dissemination of the findings. With the assi stance of the USAID/East Africa Regional SI Advisor, in FY09 PEPFAR/Sudan undertook a short Data Quality Assurance (DQA) review of its implementing partners at the headquarter level. These reviews revealed many areas of improvement that could be implemented with little additional training of appropriate individuals, and are expected to be acted upon in FY10. In the area of surveys and surveillance, PEPFAR/Sudan was involved in planning and reviewing the proposed Sudan National Population-Based HIV/AIDS Sero-Behavioral Survey (SHSBS). CDC will provide technical assistance to the survey if requested by the host government. Part of PEPFAR/Sudan's involvement is in the form of enhancing laboratory capacity in Southern Sudan for the SHSBS. To achieve this aim, assessment of laboratories and training of seven Sudanese laboratory staff were accomplished in FY09. The biggest contribution in the field of Strategic Information for FY09 has been in the area of Antenatal Clinic (ANC) Sentinel Surveillance for HIV. The 2009 round of ANC surveillance commenced in September 2009. (The previous round of ANC surveillance concluded in December 2007.) The number of sentinel sites was scaled up so that all ten states in Southern Sudan are being represented; this will generate more credible and representative data. Due to limited funding, PEPFAR/Sudan was able to leverage funding from the Global Fund to cover all the states. The surveillance activities will gather data from 18 rural and urban sites in the ten Southern Sudan states. Results from this round of sentinel surveillance are expected to be released in early 2010. Given the fact that the implementation of the SHSBS is uncertain, this ANC surveillance data may be the only recent HIV prevalence data available for Southern Sudan in FY10.

Another achievement is the progress made in recruiting a full-time Strategic Information (SI) Advisor for PEPFAR/Sudan. The SI Advisor is expected to be on board by the beginning of November 2009. Laboratory capacity remains a key constraint for HIV surveillance in Sudan. Only one enzyme-linked immunosorbent assay (ELISA) machine exists in Southern Sudan which is now located at the Juba Teaching Hospital. Three laboratory technicians from Southern Sudan have been trained on ELISA testing at CDC laboratories in Nairobi in September 2009. Because of this training, for the first time all dried blood spot (DBS) specimens from the ANC sentinel surveillance are being tested in Sudan. This will constitute a major contribution toward capacity-building in Sudan. Goals and Strategies for FY 2010 One of the main goals in FY 2010 is to build PEPFAR/Sudan's Strategic Information capacity by having the SI Advisor lead on all Strategic Information activities, including assistance with country operational plan (COP) and annual performance report (APR), support partners in developing/improving their monitoring and reporting systems, rolling out the new generation indicators, and working with the GoSS to harmonize reporting of national indicators. While strengthening the internal PEPFAR/Sudan SI capacity is the primary objective of the PEPFAR team, a secondary objective will be to provide support to the GoSS and State Health Departments in enhancing monitoring, evaluation, and survey and surveillance activities in Southern Sudan. These activities will build capacity of the host country and provide sustainability of M&E activities at various levels. In order to understand the magnitude and the drivers of the HIV epidemic in Southern Sudan, a primary surveillance activity that PEPFAR/Sudan proposes to undertake in FY10 is a rapid assessment, rapid evaluation (RARE) survey among selected high-risk populations or in high prevalence geographic locations. Several ideas are being considered for implementation, but the survey will be chosen a fter thoughtful consideration of the risk factor/s, target populations, geographic coverage, time, and resource availability, As mentioned earlier, PEPFAR/Sudan intends to provide technical assistance to the National Population-Based HIV/AIDS Sero-Behavioral Survey (SHSBS) and the ANC surveillance activities. In addition, the PEPFAR team will continue to work closely with the US Department of Defense (DOD) on a sero-prevalence study among the military. This study, funded directly by the US DOD, will be completed in 2010 and will provide useful information to support PEPFAR programs with the military in Southern Sudan. Laboratory support is a vital component of any surveillance activity, including that for HIV. PEPFAR/Sudan will continue to support the assessment, strategic planning, procedure and policy development activities for laboratory services in the coming year. These activities will need to be coordinated with other donors and partners. PEPFAR/Sudan will support training of laboratory personnel in order to increase and build local capacity for performing ELISA and other tests for HIV, TB, and malaria in Sudan. Until the PEPFAR Sudan SI Team becomes fully operational, the USG team will continue to rely upon short-term technical assistance from headquarter staff to work on strengthening Sudan's monitoring and reporting systems. This also includes the possibility of utilizing International Experience and Technical Assistance (IETA) program graduates and trainees to work on specific projects or activities like development of an integrated database for PEPFAR/Sudan implementing partners.

Technical Area Summary Indicators and Targets

Redacted

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7135	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHCS (State)	200,000
9055	Management Sciences for Health	NGO	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	1,000,000
10705	Management Systems International	Private Contractor	U.S. Agency for International Development	GHCS (State)	390,390
10706	IntraHealth International, Inc	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,000,000
11787	Measure Evaluation	NGO	U.S. Agency for International Development	GHCS (USAID)	80,000
12471	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12472	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12473	Catholic Medical Mission Board	FBO	U.S. Department of Health and Human Services/Centers for Disease	GHCS (State)	1,190,000

			Control and Prevention		
12474	HHS/Centers for Disease Control & Prevention	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	40,000
12475	HHS/Centers for Disease Control & Prevention	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	100,000

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 7135	**Mechanism Name: SCMS**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHCS (State)	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Supply Chain Management Systems (SCMS) is being used by the Sudan PEPFAR team to procure needed supplies related to PMTCT, Counseling and Testing, and Laboratory Infrastructure. Supplies are being provided centrally through this mechanism for all USG funded PEPFAR partners for rapid test kits and related supplies, for supplies needed by the Ministry of Health or its partners to conduct surveillance activitites, and for quality assurance activities. As the supply chain system in Sudan is weak, SCMS and the PEPFAR Sudan team are working together to ensure delivery, warehousing, and distribution of the supplies in co-ordination with the funded USG partners.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7135**
Mechanism Name:	**SCMS**
Prime Partner Name:	**Partnership for Supply Chain Management**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	100,000	

Narrative:

To purchase rapid test kits and related supplies for the USG funded Sudan PEPFAR partners to perform voluntary and/or provider initiated counseling and testing.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	40,000	

Narrative:

For laboratory supplies and related materials to conduct surveillance activities, including training laboratory or other professionals as needed in addition to the surveillance activity, that support the MOH strategic plan. This includes support for the ANC sentinal surveillance activity.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	40,000	

Narrative:

To purchase laboratory supplies and equipment to support activities related to prevention of mother to child transmission for the USG Sudan funded partners.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	20,000	

Narrative:

For the purchase of laboratory supplies, equipment that may include computer or other related items, to support quality assurance activities, strengthening the training institutions for Sudanese laboratory professionals, support for training programs for Sudanese laboratory professionals, by the Ministry of Health and partner organizations with technical support from CDC.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9055	**Mechanism Name: MSH-Sudan Health Transformation Project II**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,000,000	
Funding Source	**Funding Amount**
GHCS (State)	500,000
GHCS (USAID)	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Sudan Health Transformation Project II (SHTP-II) builds on the successes of SHTP-I by continuing to work on primary health care service delivery to incorporate prevention of mother to child transmission (PMTCT) and behavior change to delay sexual debut and reduce multiple risk behaviors. Under SHTP2, FY10 funding will be provided for PMTCT, community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful (AB) and correct and consistent condom use, and modest systems strengthening at the CHD. SHTP-II is working to assure that high quality PMTCT services will be at selected service delivery points in SHTP2 counties that have HIV counseling and testing sites (as they are established), and that referral systems – including transport stipends to testing sites – are available for women who present with high-risk factors (e.g. STIs).

Abstinence and being faithful (AB) interventions target abstinence primarily on in-school youth and those youth who are not known to be sexually active. Efforts should be expanded to target church groups as a way to increase awareness among non-sexually active youth. The partner reduction (being faithful) and other prevention efforts such as consistent and correct condom use are 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.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9055**
Mechanism Name:	**MSH-Sudan Health Transformation Project II**
Prime Partner Name:	**Management Sciences for Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	250,000	

Narrative:

SHTP-II will provide prevention education and outreach on abstinence messaging to the target population of unmarried adolescents. SHTP-II will also provide prevention education and messaging on fidelity to populations including married couples and other members of the community that are identified to have higher-risk behaviors.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	250,000	

Narrative:

SHTP-II will provide information and educational activities on correct and consistent condom use to the most at-risk populations such as commercial sex workers, members of the military, truck drivers, and other high risk populations. These activities will include one-on-one peer education, dramas and other community events.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	500,000	

Narrative:

SHTP-II will establish three PMTCT sites; one each in three of the targeted counties. It will renovate the

clinics, train staff--medical assistants and midwives, and provide no-cost PMTCT services to community members. ARVs for prophylaxis will be provided by Global Fund.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10705	**Mechanism Name: MSI**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Management Systems International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 390,390	
Funding Source	**Funding Amount**
GHCS (State)	390,390

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Sudan has a total of eight FSN approved positions. Because of on-going space limitations and the need to have the technical expertise and administrative support that these positions represent, PEPFAR Sudan has been using this contract mechanism to provide the needed personnel in order to implement the activities in the Country Operational Plan. Until office space is secured, this mechanism will by necessity have to continue. Although the FSN positions have all been approved and are needed by the country team, those positions that are currently being provided through MSI do not appear on the staffing data base. These positions are: SI Advisor, Prevention Specialist, and the Program Assistant. The technical positions provide support to all of the Sudan PEPFAR programs. All functions are integrated within the technical areas of the COP.

In addition to providing technical and administrative experts for the PEPFAR program, activities include logistical support for meetings and workshops are included to facilitate achieving the goals outlined in this plan.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10705**		
Mechanism Name:	**MSI**		
Prime Partner Name:	**Management Systems International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	320,000	
Narrative:			
To provide an expert on Strategic Information to the PEPFAR team to work with the USG PEPFAR Sudan staff and PEPFAR partners in Sudan to improve strategic information activites. The SI Advisor will be responsible for coordinating all partner SI activities including training and data quality.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	20,000	
Narrative:			
A Prevention Specialist focused primarily on AB and OP will provide technical support to all PEPFAR parnters ensuring coordination of activities and synergy.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	20,390	
Narrative:			
Provide support to prevention activities including administrative support (partial support for the Program Assistant) and conducting a parners meeting.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Treatment	HLAB	30,000	
Narrative:			
To provide support for a meeting and workshop to develop the national laboratory policy and national strategic laboratory plan. The meeting will bring together national and state laboratory stakeholders and include a review of the recently completed laboratory assessment in southern Sudan.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10706	**Mechanism Name: IntraHealth CoAg**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: IntraHealth International, Inc	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,000,000	
Funding Source	**Funding Amount**
GHCS (State)	2,000,000

Sub Partner Name(s)

International Medical Corps	Merlin	St. Bakhitas Health Center

Overview Narrative

IntraHealth International will continue implementation of a comprehensive prevention, care, and treatment program focused on the Sudan People's Liberation Army (SPLA) and through sub-grantee partners, support for programs in the higher prevalence areas in the Equatorias. Work with the SPLA will focus on the SPLA divisions in Central Equatoria, Western Equatoria, Eastern Equatoria and Lakes States; and with sub grantee partners IMC in Western Equatoria, Merlin in Eastern Equatoria and St. Bakhitas Health Center in Central Equatoria States.

Prevention: IntraHealth and partners will cover the following six sub areas:

1. PMTCT : Our approach to PMTCT will continue to include Rapid HIV testing and counselling for PMTCT at the antenatal and maternity clinic settings; combination short-course ARV prophylaxis or single dose Nevirapine for HIV+ mothers and infants, and referral for ART for mothers; Formation of mother-to-mother support groups where counseling and support for infant feeding, links to nutrition services, Family Planning for HIV+ women, client-provider counseling, STI testing and referral will be provided; Integration of HIV/AIDS education, care and support for the mothers-infant pair during immunization visits; and Improved record keeping for patient management and support for ANC sentinel surveillance.
2. Support for four existing PMTCT sites at the Juba Military Hospital with the SPLA, Tambura Hospital through IMC, Nimule Hospital through Merlin and the St. Bakhitas Health Center in Yei will continue. IMC will open two new PMTCT sites in Mupoi and Namutina PHCC (WES) and Lologo and Gurie in (CES). Merlin will open two PMTCT sites at the Hiyala and Pageri PHCCs in (EES). IntraHealth in addition, will support either the SPLA or a local CBO running a PHCC, to initiate PMTCT services in Lakes State.
3. Post Exposure Prophylaxis (PEP): All IntraHealth supported facilities providing VCT, PMTCT and ART services will be equipped to provide occupational accident/incident reports. Any health care provider occupationally exposed to HIV will be provided or referred for PEP.
4. Prevention with Positives (PwP): At a national level, IntraHealth will continue to support the HIV/AIDS Directorate at the Ministry of Health and the Southern Sudan HIV/AIDS Commission (SSAC) in the development of home based care guidelines and in development of strategies for referral from VCT/PMTCT to the ART centers or to the PLWHA support groups. IntraHealth will continue to provide PwP services for PLWHA through the support groups– the SPLA support group, the CHECHE support group run by Merlin and the TIWE support group supported by IMC. IntraHealth plans to expand this service by supporting two community based organizations to initiate prevention with positives activities in Lakes State and in Kajokeji County in Central Equatoria State. IntraHealth and partners will continue to train PLWHA as support group educators whose roles among others will be to promote HIV/AIDS prevention among their peers. IntraHealth will adapt the CDC curriculum on PwP for these trainings.
5. Sexual and other behavioral risk prevention: IntraHealth and partners will continue to employ a comprehensive HIV/AIDS prevention approach that includes abstinence and being faithful (AB) as well as consistent and correct condom use (C). The communication strategies will be simple and clear and will reflect an integrated Behavior Change Communication (BCC) strategy of promoting ABC as well as linking partner reduction to couples-centered CT and use of condoms where status is unknown. The most at risk populations (MRP) that will continue to be targeted include military personnel who are away from their families, demobilized soldiers, transport workers, sexually active youth, transactional sex workers, and alcohol abusers. The program will continue to raise awareness on HIV/AIDS to reduce stigma and always use HIV/AIDS awareness activities as an entry to CT, PMTCT, care and treatment programs. Both small group and large group events will be used to effectively reach as many people as possible with HIV/AIDS prevention messages. Training remains a key component for effective implementation of HIV/AIDS sexual prevention activities; the following cadres will continue to receive training: HIV/AIDS

educators; peer educators; and trainers through training of trainers (TOTs). IntraHealth will have a particular focus on persons with disabilities (mentally and physically) given their vulnerability to the risk of HIV infection.

6. Work place programs: The SPLA HIV/AIDS Secretariat will continue to be supported as a work place enterprise in the implementation of HIV/AIDS activities for the military personnel. In addition support for select SPLA directorates such as Training, Medical Corps, Administration and Signal Corps will be provided to mainstream HIV/AIDS activities into their operations including the curricula for basic, mid-level, and senior level command.

Counseling and Testing: At the national level, the MOH will be supported to develop new approaches to HCT. A study tour of senior MOH and SSAC officials involved in testing and counselling is planned to learn from other IntraHealth supported PITC programs. At the implementation level, four approaches to testing and counselling will be employed: 1) Static sites 2) mobile testing and counselling 3) family testing and counselling, and 4) provider initiated testing and counselling (PITC). IntraHealth and the SPLA will continue to run 10 static TC sites and one mobile team. IMC will continue to support two static sites (Tambura Hospital and Source Yubu PHCC) while Merlin will continue to support two static TC sites (Nimule Hospital and Pageri PHCC). IntraHealth and the SPLA in FY11 will expand the static sites to 15, while IMC will start additional site in Mupoi and Namutina PHCCs, while Merlin will expand to Hiyala PHCC. IntraHealth will continue to support the PITC activities at the Juba Military Hospital, IMC-run Tambura Hospital and Merlin-run Nimule Hospital. In FY11, IntraHealth with partners will identify and initiate PITC in two additional sites. It will continue to support the training of TC providers. IntraHealth through the VCT centers will also refer clients with STI symptoms for treatment.

Care: The following areas will be covered:

1. "Umbrella" and Clinical Care–Total care indicators: IntraHealth and partners will continue to provide comprehensive care services that will include clinical services, preventive services, and support services. Clinical services will include a broad range of services provided to HIV–positive individuals at facility, community and home settings including but not limited to provision of Cotrimoxazole prophylaxis, TB screening and provision of TB drugs. The preventive services will include interventions to prevent the transmission of HIV. Support services will include social, psychosocial and spiritual support offered to HIV-positive individuals and their families. The comprehensive care services will be implemented through various settings such as PMTCT, support groups mentioned under Prevention with Positives and through the ART centers. Expansion is expected to result in comprehensive care being provided in the various settings.

2. Clinical/Preventive Services- additional TB/HIV: HIV counseling and testing to TB patients will continue to be provided.

Treatment: For ARV services, with PEPFAR and Global Fund support, IntraHealth and the SPLA will continue to provide clinical care services at the Bilfam ART center and will expand these services to the SPLA Mapel base where IntraHealth and the SPLA are currently running a VCT service. The SPLA

Medical Corps has offered space in the medical building for this service.
Health System Strengthening: The following six sub areas will be covered:
1. Laboratory Services: Laboratory services at the SPLA Bilfam and Juba Military Hospital will be strengthened in order to improve the quality of HIV/AIDS diagnostics. At a national level, IntraHealth proposes to be more engaged in supporting the national reference laboratory services as would be agreed.
2. OHSS: Human Resources for Health: Support for the in- service training of health care workers in TC, PITC, PMTCT, laboratory techniques and comprehensive HIV/AIDS management skills will continue. In addition, training of lay personnel in HIV counseling and testing, in HIV/AIDS prevention (HIV educators, peer educators, TOTs) and as home based care providers will continue. As part of the effort to build the capacity of the SPLA HIV/AIDS Secretariat and community based organizations, training will be conducted for personnel in management, organizational development, leadership skills and computer skills.
3. Health Systems Governance: Support and participation will continue to the MOH and SSAC in the development of HIV/AIDS policies, frameworks and guidelines. In addition, support for the SPLA HIV/AIDS Secretariat to develop, revise, and implement HIV/AIDS policies, frameworks and guidelines will continue.
4. Strategic information: Continue to build the capacity of the partners to collect and use strategic information by strengthening the monitoring and evaluation skills, HMIS and sentinel surveillance through training, supervision and mentoring.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Military Population

Budget Code Information

Mechanism ID:	**10706**
Mechanism Name:	**IntraHealth CoAg**
Prime Partner Name:	**IntraHealth International, Inc**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HBHC	200,000	

Narrative:

Comprehensive care services will continue to be provided and include clinical services; preventive services; and support services. Clinical services will include a broad range of services provided to HIV–positive individuals at facility, community and home settings including but not limited to provision of Cotrimoxazole prophylaxis, TB screening and provision of TB drugs. The preventive services will include interventions to prevent the transmission of HIV. Support services will include any social, psychosocial or spiritual support offered to HIV-positive individuals and their families. The comprehensive care services will be implemented through various settings such as the PMTCT, the support groups mentioned under Prevention with Positives- and through the ART centers. Expansion is expected to result in comprehensive care being provided in the various settings. HIV counseling and testing to TB patients will continue to be provided.

At a national level, IntraHealth will continue to support the HIV/AIDS Directorate at the Ministry of Health and the Southern Sudan AIDS Commission (SSAC) in the development of home based care guidelines and in development of strategies for referral from VCT/PMTCT to the ART centers or to the PLWH support groups. IntraHealth will continue to provide Prevention with Positivies (PwP) services for People Living with HIV (PLWH) through the support groups– the SPLA support group, the CHECHE support group run by Merlin and the TIWE support group supported by IMC. IntraHealth plans to expand this service by supporting two community based organizations to initiate prevention with positives activities in Lakes State and in Kajokeji County. IntraHealth and partners will continue to train PLWH as support group educators whose roles among others is promote HIV/AIDS prevention among their peers. IntraHealth will adapt the CDC curriculum on PwP for these trainings. With PEPFAR and Global Fund support, IntraHealth and the SPLA will continue to provide clinical care services at the Bilfam ART center and will expand these services to the SPLA Mapel base where IntraHealth and the SPLA are currently running a VCT service. The SPLA Medical Corps have offered space in the medical building for this service.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	740,000	

Narrative:

At the national level, the MOH will be supported to develop new approaches to HCT. A study tour of senior MOH and SSAC officials involved in testing and counselling is planned to learn from other IntraHealth supported PICT programs. At the implementation level, four approaches to testing and counselling and will be employed: 1) Static sites 2) mobile counselling and testing 3) family TC 4) provider initiated testing and counselling (PITC). IntraHealth and the SPLA will continue to run 10 static

TC sites and one mobile. IMC will continue to support two static sites (Tambura Hospital and Source Yubu PHCC) while Merlin will continue to support two static TC sites (Nimule Hospital and Pageri PHCC). IntraHealth and the SPLA in FY11 will expand the static sites to 15, while IMC will open an additional site in Mupoi and Namutina PHCCs while Merlin will expand to Hiyala PHCC. IntraHealth will continue to support the PITC activities at the Juba Military Hospital, IMC-run Tambura Hospital and Merlin-run Nimule Hospital. In FY11, IntraHealth with partners will identify and initiate PITC in two additional sites. We will continue to support the training of TC providers. IntraHealth through the VCT centers will also refer clients with STI symptoms for treatment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	100,000	

Narrative:

Continue to build the capacity of the partners to collect and use strategic information by strengthening the monitoring and evaluation skills, HMIS and sentinel surveillance through training, supervision and mentoring.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	200,000	

Narrative:

Support for the in- service training of health care workers in TC, PITC, PMTCT, laboratory techniques and comprehensive HIV/AIDS management skills will continue. In addition, training of lay personnel in HIV counselling and testing, in HIV/AIDS prevention (HIV educators, peer educators, TOTs) and as home based care providers will continue. As part of the effort to build the capacity of the SPLA HIV/AIDS Secretariat and community based organizations, training will be conducted for personnel in management, organizational development, leadership skills and computer skills.

3. Health Systems Governance: Support and participation will continue to the MOH and SSAC in the development of HIV/AIDS policies, frameworks and guidelines. In addition, support for the SPLA HIV/AIDS Secretariat to develop, revise, and implement HIV/AIDS policies, frameworks and guidelines will continue.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	160,000	

Narrative:

A comprehensive HIV/AIDS prevention approach that includes abstinence and being faithful (AB) as well as consistent and correct condom use (C). The communication strategies are simple and clear and

reflect an integrated behaviour change communication strategy of promoting ABC as well as linking partner reduction to couples-centered CT and use of condoms where status is unknown. The most at risk populations that will continue to be targeted include military personnel who are away from their families, demobilized soldiers, transport workers, sexually active youth, transactional sex workers, and those who misuse alcohol. The program will continue to raise awareness on HIV/AIDS to reduce stigma and always use HIV/AIDS awareness activities as an entry to CT, PMTCT, care and treatment programs. Both small groups and large group events will be used to effectively reach as many people as possible with HIV/AIDS prevention messages. Training remains a key component for effective implementation of HIV/AIDS sexual prevention activities; the following cadres will continue to receive training: HIV/AIDS educators; peer educators; and trainers, through training of trainers (TOTs). There will be a particular focus on persons with disabilities (mentally and physically – through congenital disabilities or war-induced) given their vulnerability to the risk of HIV infection.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	320,000	

Narrative:

A comprehensive HIV/AIDS prevention approach that includes abstinence and being faithful (AB) as well as consistent and correct condom use (C). The communication strategies are simple and clear and reflect an integrated behaviour change communication strategy of promoting ABC as well as linking partner reduction to couples-centered CT and use of condoms where status is unknown. The most at risk populations that will continue to be targeted include military personnel who are away from their families, demobilized soldiers, transport workers, sexually active youth, transactional sex workers, and those who misuse alcohol. The program will continue to raise awareness on HIV/AIDS to reduce stigma and always use HIV/AIDS awareness activities as an entry to CT, PMTCT, care and treatment programs. Both small groups and large group events will be used to effectively reach as many people as possible with HIV/AIDS prevention messages. Training remains a key component for effective implementation of HIV/AIDS sexual prevention activities; the following cadres will continue to receive training: HIV/AIDS educators; peer educators; and trainers, through training of trainers (TOTs). There will be a particular focus on persons with disabilities (mentally and physically – through congenital disabilities or war-induced) given their vulnerability to the risk of HIV infection.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	240,000	

Narrative:

The approach for PMTCT will be to continue: Rapid HIV counselling and testing for PMTCT at the antenatal and maternity settings; Combination short-course ARV prophylaxis or single dose Nevirapine

for mother and infant, and referral for ART for mothers; Formation of mother to mother support groups where counselling and support for infant feeding, links to nutrition services, FP for HIV+ women, client-provider counselling, STI testing and referral will be provided; Integration of HIV/AIDS education, care and support for the mothers-infant pair during immunization visits; and Improved record keeping for patient management and support for ANC sentinel surveillance.
Support for four existing PMTCT sites at the Juba Military Hospital with the SPLA, Tambura Hospital through IMC, Nimule Hospital through Merlin and the St. Bakhitas Health Center in Yei will continue. IMC will open two new PMTCT sites in Mupoi and Namutina PHCC (WES) and Lologo and Gurie in (CES). Merlin will open two PMTCT sites at the Hiyala and Pageri PHCCs in (EES). Support will be provided to either the SPLA or a local CBO running a PHCC to initiate PMTCT services in Lakes State.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	40,000	

Narrative:

Training support will be provided to laboratory staff in order to improve the quality of HIV/AIDS diagnostics and improve the laboratory function within the SPLA health structure and within the health systems of the subgrantee partners.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11787	Mechanism Name: MEASURE USAID
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Measure Evaluation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 80,000

Funding Source	Funding Amount
GHCS (USAID)	80,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

PEPFAR Sudan has a need to better be able to measure program impact. In order to do this a baseline for M&E purposes needs to be conducted.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**11787**		
Mechanism Name:	**MEASURE USAID**		
Prime Partner Name:	**Measure Evaluation**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	80,000	
Narrative:			
To conduct preliminary Data Quality Assessments and establish a baseline for M&E System development in Southern Sudan. To Gather input from key stakeholders (e.g., SI Advisor, other M&E stakeholders and activity leads) on gaps and strengths, based on M&E-related activities in FY2009.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12471	**Mechanism Name: TBD-Warehousing**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In FY2009 Sudan began to procure test kits and other supplies for the program from SCMS-Kenya. Currently supplies are delivered by SCMS to the CDC Kenya warehouse and partners organize to have their supplies delivered to Juba. There is a need to have SCMS deliver the supplies to Juba. In order for this to occur the Sudan PEPFAR needs a warehouse to store, inventory, and distribute from. The amount of supplies is not great but a proper warehousing facility, including a management function, is required. PEPFAR is exploring a number of options so as to implement this component of the supply chain by mid-FY2010.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12471**		
Mechanism Name:	**TBD-Warehousing**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	Redacted	Redacted

Narrative:			
Provide warehousing for supplies needed by partners for counseling and testing activities in Sudan.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	Redacted	Redacted
Narrative:			
Provide warehousing for supplies needed by partners for PMTCT activities in Sudan.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12472	**Mechanism Name: TBD**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This new procurement under the AIDSTAR USAID TASC order will cover the target areas of: Juba, Yei, Morobo and Lainya in Central Equatoria State; Wau in Western Bahr El- Ghazal State;Yambio, Nzara and Mundri in Western Equatoria State; and Nimule in Eastern Equatoria State. The purpose of activities under this procurement is four-fold: to reduce HIV/AIDS transmission among the general population and key target groups who may engage in high-risk sexual activity through improved BCC strategies; to improve the quality of life of PLWHA and their families by expanding access to and promoting Community

and Home Based Care services and by linking them closely with other non-HIV related services; to expand and promote the utilization of quality counseling and testing services as an entry point to clinical and non-clinical HIV/AIDS services; and to build capacity in Southern Sudan for HIV policy development and implementation and to build systems that will provide for ongoing sustainability of activities.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12472**		
Mechanism Name:	**TBD**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
For care and support, activities will seek to improve the quality of life of people living with HIV/AIDS (PLWHA) and their families by expanding access to and promoting Community and Home Based Care services and by linking them closely with other non-HIV related services. This will be done through strengthening the central response to improving community-based HBC and palliative care; building capacity for a sustainable approach for local NGOs, FBOs and other indigenous organizations; strengthening of linkages with other non-HIV and health programs; and improve data collection and quality assurance for HBC. Provision of basic care packages to PLWHA will also be carried out.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	Redacted	Redacted
Narrative:			
Activities under this budget code will seek to expand and promote the utilization of quality counseling and testing services as an entry point to clinical and non-clinical HIV/AIDS services through strengthening the			

quality of facility referral linkages and expand counseling and testing services; capacity building for a community-based approach for promotion of counseling and testing services; strengthen linkages with other health and non-HIV services; and improve reporting, data, and quality assurance for improved programming.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted

Narrative:

Activities will seek to build capacity in Southern Sudan for HIV policy development and implementation as well as to build systems that will provide for ongoing sustainability of activities. This will be implemented through provision of technical assistance to a number of local organizations in the form of strategic information activities including training in monitoring and evaluation, surveillance, and/or HMIS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted

Narrative:

Activities under health systems strengthening will strengthen the policy and donor environment by contributing to the development and implementation of policies, guidelines, and protocols, and to the coordination of HIV programs. Institutional capacity building will also be provided as well as training on reduction of stigma and discrimination. Local organizations will also be trained on HIV-related community mobilization for prevention, care and support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

Under AB, this new procurement will cover the target areas of: Juba, Yei, Morobo and Lainya in Central Equatoria State; Wau in Western Bahr El-Ghaal State; Yambio, Nzara and Mundri in Western Equatoria State; and Nimule in Eastern Equatoria State. The activities will work to reduce HIV/AIDS transmission among key target groups such as unmarried adolescents in- and out-of-school, married couples engaged in wife inheritance and polygamy, and other ocmmunity members who may engage in high-risk sexual activity through improved BCC strategies with abstinence and be faithful messaging.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

Under OP, this new procurement under the AIDSTAR USAID TASC order will cover the target areas of Juba, Yei, Morobo, Lainya, Wau, Yambio, Nzara, Mundri, and Nimule. OP activities will focus on BCC strategies promoting correct and consistent condom use for at risk populations including the military, truck drivers, commercial sex workers, and other key target groups who may be engaging in high risk sexual activity.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12473	**Mechanism Name: CMMB CoAg**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Catholic Medical Mission Board	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,190,000	
Funding Source	**Funding Amount**
GHCS (State)	1,190,000

Sub Partner Name(s)

World Vision		

Overview Narrative

The Catholic Medical Mission Board (CMMB) is a partner in the FY09 COP; they are one of the partners that were selected under the FY09 Funding Opportunity Announcement that had been indentified in the FY09 COP as "TBD". Two partners were selected for this TBD. Although identified here as "new", CMMB (and this mechanism) are continuing from FY09; once the mechanism ID is established for the FY09 activities, that same mechanism ID should be used in FY2010 for CMMB.

The Catholic Medical Mission Board's ANISA Project (meaning "Together" in Zande) is located in Western Equatoria State (WEQ) and focused on reducing the incidence of new HIV infections through

primary and secondary prevention; improving care and support to people living with HIV/AIDS; and strengthening the local capacity in Western Equatoria State (WEQ) in strategic information, policy development, and implementation. Clinicians and community health volunteer cadres are trained and supervised in the provision of three kinds of service packages: 1) Primary Prevention, AB & Other Prevention (OP); 2) PMTCT; and 3) Care and support (palliative care, OI management and support to PLWHA).

The program includes layers of implementation and capacity-building beginning at community volunteer level (e.g. TBAs, HBC workers), a tier of 'peer champions', outlets for services delivery, and mobile 'outreach days' (for PMTCT and VCT). Reporting for each intervention cluster is designed to support unique messaging and linkages, but also, through the project staff design, support cross-cutting outcomes related to improving knowledge, access and use of services, and sustainability of quality services within existing PHC modalities.

The program is designed with a strong community-clinic linkage and team-oriented training and supervisory structures to support the gradual scale-up in knowledge and demand for services. ANISA will support four primary health Care Centers (PHCC) with counselling and testing services and four PHCCs with PMTCT. These sites will be located in Yambio, Ezo and Nzara. ANISA will have partnerships with the Star PLWHA group and the MACASO PLWHA group in Yambio and facilitate the formation of groups in Nzara and Ezo. Groups will be functionally linked to the World Vision Community-based Livelihoods Recovery Program. Peer educators will be used to provide prevention messages and support for condom outlets will continue. The focus of HIV/AIDS prevention programming will be other prevention, life skills education, and parent-youth communications in Yambio, Ezo, and Nzara counties.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12473**

Mechanism Name:	CMMB CoAg		
Prime Partner Name:	Catholic Medical Mission Board		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	249,900	

Narrative:

ANISA will continue to work with partners to provide a holistic package of care and support to PLWHA and their families. The project focuses on providing a comprehensive and quality package of services for PLWHA and their families, building on clear linkages between facilities-based services (HCT, palliative care, PMTCT, etc.) and community-based prevention and care, through two way referrals, supervision networks and strategic information flows. Home-based caregivers (HBCGs) come from local CBOs, FBOs and PLWHA groups and have been trained to provide services to PLWHA that include: 1) distribution of and training in use of Basic Health Care Packages (BCP) 2) palliative care 3) referrals to treatment and care services, 4) support for adherence to treatment for OIs, HIV/AIDS, and TB (if appropriate) and 5) follow-up care (such as linking with PMTCT clients to refer newborns for testing at 18 months). Additionally, HBCGs will also be trained to provide nutritional counseling and referrals/linkages for food, livelihood, and spiritual support. To enable HBCGs to work safely and efficiently while maximizing coverage, ANISA provides HBCGs with bicycles and HBCG kits.

ANISA works with partner organizations that support PLWHA groups to build the capacity of such groups to provide and advocate for their own needs. This includes the 600+ member supported Star PLWHA group and the 150+ member MACASO PLWHA groups in Yambio. The program will include formation of PLWHA groups in Ezo and Nzara counties. World Vision will provide these groups with linkages and technical support through World Vision's existing food, agriculture and livelihoods programs in Western Equatoria State, such as providing agricultural technical support to PLWHA group-owned community vegetable gardens to maximize crop yield (for both meeting immediate nutritional needs, as well as for sustainable income generation). ANISA also supports existing partner organizations conducting vocational programs (such as YWCA) and looks for ways to expand these opportunities to PLWHAs. ANISA will facilitate linkages of PLWHA to state and national-level PLWHA groups through coordination with SSAC.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	202,300	

Narrative:

ANISA employs a HCT/PHC Integrated approach to counseling and testing complemented by outreach counseling-testing. Three approaches are used. The strategy allows the project to utilize existing

infrastructure and manpower and supplement gaps through mobile outreach.

Facilities-based HCT: ANISA will continue to ensure that staff are properly trained and equipped at four PHCCs to provide counseling through either client initiated (CICT) or provider initiated (PICT) counseling and testing. It is expected that the four sites will be renovated or otherwise upgraded during the first year to meet the minimum standards of infrastructure required. It is expected that each site will have two counselors and one lab technician who will be trained in outpatient consultation, CT functions, treatment of OI and STI, and consistent and correct use of condom.

Stand-alone VCT: ANISA will continue to provide VCT at two stand alone VCT sites in Western Equatroia State.

Mobile CT: The trained health workers from each of the four ANISA PHCCs will perform regular mobile VCT outreach to allow people in remote areas to access HCT services. Mobile teams will be composed of a counselor, a laboratory technician/assistant and driver and will travel to provide services as required in the community.

Yambio State Hospital will be the referral facility for clients requiring more specialized tests and clinical management. If indicated, samples and/or clients testing positive for HIV will be referred for CD4 count, renal and liver function tests, at the beginning and for follow up if the clients are on anti-retroviral treatment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	35,700	

Narrative:

To coordinate and work with the PEPFAR SI Advisor and the in-country SI team to ensure that data collected and anlyzed are consistent with PEPFAR standards.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	47,600	

Narrative:

The CMMB model is to build capacity beginning at the community volunteer level (e.g. mid-wives, HBC workers) to include a tier of 'peer champions'.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	142,800	

Narrative:

ANISA will continue to work with GoSS, SSAC and local partners to support, strengthen and scale-up existing HIV/AIDS prevention programs in Yambio, Nzara and Ezo counties and to establish local capacity for conducting primary prevention programs in Ezo County.

ANISA will continue to use interpersonal communication approaches to complement the mass awareness-raising activities currently conducted by local partner organizations. The project will generate a core of sustainable knowledge and skills as well as a supportive enabling environment through introduction of life skills education, parent-youth communications tools, small peer dialogue groups and mixed community dialogue groups. Peer Educators and community networks will generate a core of sustainable knowledge on HIV prevention within the community to foster community ownership of the issue as well as to address the lack of health workers. Community members will use their knowledge of referral networks and linkages to encourage counseling and testing, care and support opportunities which ANISA will update through close collaboration with SAAC, MoH, and partner organizations. Culturally appropriate IEC materials in the local language will be produced to support BCC activities.

ANISA will continue to build on World Vision's existing psycho-social HIV/AIDS project (PSIA) to promote delay of first intercourse among youth 10 to 14 years-old, increase "secondary abstinence", and faithfulness to one partner among 15 to 24 year olds. Youth will also receive appropriate and accurate information on consistent and correct condom use. This will be done in partnership with the MoE, DoTY, ECS and YWCA through the training of teachers and PE to provide value-based life skills courses for in-school youth (public and private schools) and through the training of PE's to reach out-of-school youths, complemented by school-based, church-based and community parents groups focusing on parent-youth communications.

The project will also give emphasis on reaching high-risk groups to strengthen their ability to accurately personalize risk associated with high-risk behaviors; this will include civil servants with deployments away from home. ANISA will work with the WEQ Police Force, the Police Training Academy in Yambio and the Wild Life Department to target their workforce with comprehensive prevention and risk reduction skills including knowing ones' status (and disclosure), partner reduction, correct and consistent condom use, effects of alcohol abuse, and importance of STI treatment. ANISA will reach out to women's groups in markets and cooperatives and train peer educators among CSWs, motorcycle taxi (tuk-tuk) drivers and lodge owners along the prominent Yambio/WEQ trade route to promote behavior change and risk reduction skills such as condom use and negotiation, and link women to vocational and IGA opportunities to address root causes of transactional/commercial sex work.

ANISA will promote a network of community conversations that will involve people throughout the

population, including civic and faith leaders, traditional leaders, adults and youth to enhance their deep understanding of social vulnerability to HIV caused by gender norms, culturally sanctioned sexual behavior and harmful traditional practices. Trained facilitators from among the HBCGs, PLWHA groups, youth and parent-teacher associations will lead these community dialogues, with the purpose of creating community ownership and action planning for on-going prevention and care responses. The emphasis in these groups is on deeper levels of understanding about the risks of MCP and early sexual debut and creating new broad based social commitment to changing the underlying norms and practices that drive these behaviors, thus developing inherent HIV/AIDS competencies. This approach draws from World Vision's innovative "Common Ground Melting Pot" groups in the ARK project in Tanzania and Kenya, as well as the "community conversations" model currently implemented in Ethiopia and Tanzania. Members of PLWHA groups will be engaged to act as Hope Ambassadors in encouraging community awareness of HIV/AIDS and the importance of knowing ones' status. Trained facilitators from the community, as well as CHWs in ANISA's mobile outreach teams will lead discussions that help create accountability for safe sex, CT, prevention of HIV and support for PMTCT.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	95,200	

Narrative:

ANISA will continue to work with GoSS, SSAC and local partners to support, strengthen and scale-up existing HIV/AIDS prevention programs in Yambio, Nzara and Ezo counties and to establish local capacity for conducting primary prevention programs in Ezo County.

ANISA will continue to work with GoSS, SSAC and local partners to support, strengthen and scale-up existing HIV/AIDS prevention programs in Yambio, Nzara and Ezo counties and to establish local capacity for conducting primary prevention programs in Ezo County.

ANISA will continue to use interpersonal communication approaches to complement the mass awareness-raising activities currently conducted by local partner organizations. The project will generate a core of sustainable knowledge and skills as well as a supportive enabling environment through introduction of life skills education, parent-youth communications tools, small peer dialogue groups and mixed community dialogue groups. Peer Educators and community networks will generate a core of sustainable knowledge on HIV prevention within the community to foster community ownership of the issue as well as to address the lack of health workers. Community members will use their knowledge of referral networks and linkages to encourage counseling and testing, care and support opportunities which ANISA will update through close collaboration with SAAC, MoH, and partner organizations. Culturally appropriate IEC materials in the local language will be produced to support BCC activities.

ANISA will continue to build on World Vision's existing psycho-social HIV/AIDS project (PSIA) to promote delay of first intercourse among youth 10 to 14 years-old, increase "secondary abstinence", and faithfulness to one partner among 15 to 24 year olds. Youth will also receive appropriate and accurate information on consistent and correct condom use. This will be done in partnership with the MoE, DoTY, ECS and YWCA through the training of teachers and PE to provide value-based life skills courses for in-school youth (public and private schools) and through the training of PE's to reach out-of-school youths, complemented by school-based, church-based and community parents groups focusing on parent-youth communications.

The project will also give emphasis on reaching high-risk groups to strengthen their ability to accurately personalize risk associated with high-risk behaviors; this will include civil servants with deployments away from home. ANISA will work with the WEQ Police Force, the Police Training Academy in Yambio and the Wild Life Department to target their workforce with comprehensive prevention and risk reduction skills including knowing ones' status (and disclosure), partner reduction, correct and consistent condom use, effects of alcohol abuse, and importance of STI treatment. ANISA will reach out to women's groups in markets and cooperatives and train peer educators among CSWs, motorcycle taxi (tuk-tuk) drivers and lodge owners along the prominent Yambio/WEQ trade route to promote behavior change and risk reduction skills such as condom use and negotiation, and link women to vocational and IGA opportunities to address root causes of transactional/commercial sex work.

ANISA will promote a network of community conversations that will involve people throughout the population, including civic and faith leaders, traditional leaders, adults and youth to enhance their deep understanding of social vulnerability to HIV caused by gender norms, culturally sanctioned sexual behavior and harmful traditional practices. Trained facilitators from among the HBCGs, PLWHA groups, youth and parent-teacher associations will lead these community dialogues, with the purpose of creating community ownership and action planning for on-going prevention and care responses. The emphasis in these groups is on deeper levels of understanding about the risks of MCP and early sexual debut and creating new broad based social commitment to changing the underlying norms and practices that drive these behaviors, thus developing inherent HIV/AIDS competencies. This approach draws from World Vision's innovative "Common Ground Melting Pot" groups in the ARK project in Tanzania and Kenya, as well as the "community conversations" model currently implemented in Ethiopia and Tanzania. Members of PLWHA groups will be engaged to act as Hope Ambassadors in encouraging community awareness of HIV/AIDS and the importance of knowing ones' status. Trained facilitators from the community, as well as CHWs in ANISA's mobile outreach teams will lead discussions that help create accountability for safe sex, CT, prevention of HIV and support for PMTCT.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	MTCT	368,900	

Narrative:

Support will continue in the four PMTCT service outlets established in Year 1, projected to be at the Nzara PHCC, Ezo PHCC, Yambio PHCC and the Makpändu PHCC. Routine MCH/ANC and PMTCT services are to be integrated into the Primary Health Care services. Staff will continue to be trained to counsel, test, and educate women on optimal feeding choices, prevention of mother-to-child transmission, and living positively with HIV/AIDS. Ongoing support and refresher trainings will be provided by the Team Leader and community 'champions' called 'mentor mothers'.

ANISA's PMTCT approach will be integrated into ANC, and aim to improve ANC attendance. ANISA will train health workers to provide a minimum package of PMTCT services in our target sites including ANC, couples-based HCT, delivery modification, ARV prophylaxis, nutritional counseling for mother and newborn, post-natal care, family planning and follow-up care.

Pregnant women will be identified in the community and encouraged to attend ANC at supported centers to access PICT. HIV-positive mothers will be supported through community peer counselors, through a mother mentor approach, whereby women will be educated on maternal-child transmission and the importance of receiving ARVs for prophylaxis. CMMB has adapted its PMTCT curricula to include Mothers2Mothers support program to improve follow-up of women, their exposed infants, and breastfeeding practices in line with MoH guidelines.

Health workers, Traditional Birth Attendants and other cadres (home based care providers, etc) will be trained in the PMTCT "key messages" to guide the clients throughout a continuum of care from PHCC to the home. In the PHCC, all eligible clients will be referred for ARVs according to GoSS guidelines launched in June 2008 and ANISA will ensure provision of pediatric prophylactic ARVs to children born to HIV positive mothers, e.g. preferred AZT from 28 weeks (7 days post-delivery for infant) with single dose-NVP to mother and child, or alternatively, single dose Nevirapine at delivery and to infant within 72 hours of birth.

ANISA will look at existing Breast Feeding practices and aim to increase uptake of exclusive breast feeding for 6 months and immediate cessation per GoSS guidelines. Messages will be crafted for mothers, fathers, and mothers-in-law to ensure women are supported in their choice of BF options. Clients requiring additional nutritional support will be referred to existing World Vision and other partners programs for complementary food and livelihood support. Family planning counseling will also be provided. Fathers/spouses will be encouraged to have HCT and advocacy will encourage men to take the lead in supporting their partners and infants in care services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	47,600	
Narrative:			
ANISA will ensure that the laboratory technicians at the supported sites receive adequate training to conduct quality laboratory work. The training will be planned and coordinated with the PEPFAR Lab Advisor.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12474	Mechanism Name: Lab Capacity-CDC
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: USG Core
Prime Partner Name: HHS/Centers for Disease Control & Prevention	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 40,000	
Funding Source	**Funding Amount**
GHCS (State)	40,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

A critical component to building and strengthening the laboratory capacity in Sudan is to have well trained managers and laboratory personnel. Training and professional development are needed at all levels. By working with the governments in both southern and northern Sudan to identify the greatest needs and potential courses, workshops, or professional opportunities, CDC can directly send the approprate personnel to these opportunities. The personnel bring back their new knowledge and skills to move forward the national laboratory policies and plans.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12474		
Mechanism Name:	Lab Capacity-CDC		
Prime Partner Name:	HHS/Centers for Disease Control & Prevention		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	40,000	
Narrative:			
Support to provide training and development opportunities in key laboaratory areas to Sudanese laboratory personnel. This may include training or support to appropriate technical meetings or workshops related to laboraotry quality management, policy or strategic planning, laboratory certification, or other areas to strengthen the capacity of key personnel to build and strengthen the laboratory infrastructure in southern Sudan and northern Sudan.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12475	**Mechanism Name: TBD- Surviallance RARE**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: USG Core
Prime Partner Name: HHS/Centers for Disease Control & Prevention	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 100,000	
Funding Source	**Funding Amount**
GHCS (State)	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

It is not yet known what the mechansim will be to support the surveillance activity to better identify the epidemic in Southern Sudan. Depending on the scope of work for the work to be done, the mechanism could be a contract or a cooperative agreement. The purpose will be to develop, coordinate, implement a survey, possibly using the RARE methodology and in collaboration with in-country parnters, that will provide data and information to inform the Sudan team of where new infections are occuring and in what populations. The scope of the survey is under discussion and will better define this activity.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12475**		
Mechanism Name:	**TBD- Surviallance RARE**		
Prime Partner Name:	**HHS/Centers for Disease Control & Prevention**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	100,000	
Narrative:			
Support to conduct a surveillance activity to better identify the causes of the epidemic in a specific region and/or population in southern Sudan. It is expected that the RARE methodology would be utilized.			

Implementing Mechanism Indicator Information

(No data provided.)

USG Management and Operations

1.

Redacted

2.

Redacted

3.

Redacted

4.

Redacted

5.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services					10,000	10,000
ICASS					119,000	119,000
Management Meetings/Professional Developement					11,800	11,800
Non-ICASS Administrative Costs					1,300	1,300
Staff Program Travel					27,000	27,000
USG Staff Salaries and Benefits					115,400	115,400
Total	**0**	**0**	**0**	**0**	**284,500**	**284,500**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (USAID)		10,000
ICASS		GHCS (USAID)		119,000
Management Meetings/Professional Developement		GHCS (USAID)		11,800
Non-ICASS Administrative Costs		GHCS (USAID)		1,300

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing				9,149		9,149
Computers/IT Services				30,000		30,000
ICASS			73,006	197,355		270,361
Management Meetings/Professional Developement			45,666	7,434		53,100
Non-ICASS Administrative Costs				123,700		123,700
Staff Program Travel			21,328	3,472		24,800
USG Staff Salaries and			360,000			360,000

Benefits						
Total	**0**	**0**	**500,000**	**371,110**	**0**	**871,110**

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHCS (State)		9,149
Computers/IT Services		GHCS (State)		30,000
ICASS		GAP		73,006
ICASS		GHCS (State)		197,355
Management Meetings/Professional Developement		GAP		45,666
Management Meetings/Professional Developement		GHCS (State)		7,434
Non-ICASS Administrative Costs		GHCS (State)		123,700