



South Sudan
Operational Plan Report
FY 2011



Operating Unit Overview

OU Executive Summary

Background

Sudan is the largest country by area in Africa, with the fifth largest population, estimated at around 44 million people¹. Decades of civil war between the North and South displaced over 4 million Southern Sudanese, and roughly 2 million civilians were killed². A Comprehensive Peace Agreement (CPA) was signed by the Government of National Unity (GNU), and the Sudan People's Liberation Army (SPLA) in 2005, resulting in the establishment of the semi-autonomous Government of Southern Sudan (GoSS). Southern Sudan encompasses approximately one-third of the land area of greater Sudan, with a population estimated at around 9.5 million. It is divided into 10 states and 79 counties, with over 90% of the population living in rural areas and primarily surviving on subsistence agriculture. A referendum is scheduled to occur in Southern Sudan on January 9, 2011, which will determine whether Southern Sudan will remain part of greater Sudan or become an independent country.

The civil war devastated basic services and destroyed nearly all infrastructure in Southern Sudan, including health care, roads, and schools. Today, disparities between the North and South are striking. While literacy rates in the North are estimated at 71% and 52% for males and females respectively, rates in the south stand at just 37% and 12%³. Greater Sudan's population prevalence of HIV is estimated at 0.3%, while Southern Sudan has a generalized HIV epidemic with a population prevalence of 3.1% with geographic areas of hyperendemicity with HIV prevalence as high as 15.7%⁴. Southern Sudanese states report HIV seroprevalence rates ranging from 0% (Northern bar el Ghazal) to 7.2% (Western Equatoria). Southern Sudan has among the highest maternal mortality and some of the worst child survival measures in the world⁵. There are a mere 190 physicians serving Southern Sudan, and nurses, midwives, and other health cadre are also in scarce supply. High rates of extreme poverty, several million refugees and internally displaced persons, and a virtually non-existent health systems combine to make Southern Sudan highly vulnerable to the HIV/AIDS epidemic.

PEPFAR Sudan has focused activities in Southern Sudan due to the greater need for healthcare assistance in this region, the concentration of the HIV/AIDS epidemic, and the size of the country budget. PEPFAR assistance has also been offered to Northern Sudan, but no projects have been funded in the North in recent years.

Drivers of the Epidemic

An estimated 142,000 Southern Sudanese are infected with HIV. HIV transmission in Southern Sudan is assumed to be driven by heterosexual practices and multiple and concurrent sexual partnerships and transactional and intergenerational sex. Presumed high-risk populations include: commercial sex workers and their clients and partners; refugees returning from countries with high HIV prevalence rates; long distance truckers and their partners; and HIV-discordant couples. Data regarding these most at risk populations (MARPs) are critical to understanding the HIV epidemic in Sudan, yet remain scarce.

¹ US Bureau of the Census, International Data Base. Sudan, 2010. Available online: <http://www.census.gov/ipc/www/idb/country.php>

² CIA World Factbook, Sudan. Available online: <https://www.cia.gov/library/publications/the-world-factbook/geos/su.html>.

³ UNFPA Sudan Country Office. Available Online: http://sudan.unfpa.org/souther_Sudan/index.htm.

⁴ ANC Survey, GOSS, 2009.

⁵ UNFPA Sudan Country Office



Years of conflict and dilapidated transportation infrastructure have prevented the collection of high quality demographic and epidemiologic data in Southern Sudan. Available evidence indicates that knowledge and awareness of HIV transmission remain low across Southern Sudan and considerable stigma surrounding the disease exists. Just 53.8% of women and 73.0% of men have ever heard of HIV/AIDS; 41.1% of women and 58.1% of men know that condoms can prevent HIV infection; and a mere 1.6% of women and 3.5% of men used a condom at last sexual intercourse⁶.

All elements for the potential rapid spread of HIV are present in Southern Sudan. Concentrated areas of high seroprevalence exist along the borders with Uganda, Democratic Republic of the Congo (DRC), and the Central African Republic (CAR). Refugees are returning in large numbers from neighboring high prevalence countries such as Ethiopia, Kenya, Uganda, and DRC. Trade and transport are beginning to flourish as road construction projects get underway, and hundreds of truckers arrive daily, often spending days or weeks in cities and small towns along major transport corridors. Finally, large groups of mobilized Sudan's People Liberation Army (SPLA) are stationed in these transportation hubs, as are unemployed, demobilized former SPLA.

In light of these challenges, PEPFAR Sudan will collaborate with the GoSS and other civil society partners to focus on the following programmatic areas:

- Provision of quality, targeted HIV prevention services
- Improving the quality of care and support services to PLWHA
- Improving health and welfare of HIV+ patients through the provision of quality treatment services
Assisting the GoSS in developing national strategic policies, plans, and guidance documents
- Strengthening, expanding, and improving the quality of HIV-related surveillance and laboratory services.
- Supporting implementation of the recently developed national laboratory strategic plan

Sustainability and Country Ownership

The PEPFAR program began in Sudan in FY 2006, after the signing of the Comprehensive Peace Agreement (CPA). The PEPFAR Sudan country team engaged the GoSS Ministry of Health in planning and implementation of its HIV/AIDS strategy and activities, ensuring alignment of the PEPFAR program with the MoH's activities. The Southern Sudanese AIDS Commission (SSAC) developed and adopted a National HIV/AIDS Strategic Framework (SSHASF 2008-2012) in 2008. PEPFAR continues to work under this Framework, supporting activities to strengthen the ability of the GoSS to fight the HIV/AIDS epidemic by increasing awareness and knowledge of HIV/AIDS, reducing the number of new infections, and providing care and support to people living with HIV and AIDS (PLHIV). PEPFAR activities continue to support both the development of national policies and strategies and their implementation, including the Health Policy of the Government of Southern Sudan (2007-2011). Recently, PEPFAR Sudan was instrumental in helping to design and develop a National Medical Laboratory Policy and Strategic Plan (NLP & NSP) with the MoH and other partners. This is to be brought for stakeholder review and approval in Juba 2010, with funding financial support PEPFAR and UNDP.

GoSS is developing its second SSAC HIV/AIDS Strategic Framework (SSHASF-2), which outlines goals to reduce new infections, reduce the morbidity and mortality due to HIV/ AIDS, mitigate the health and socio-economic impact of HIV/AIDS, promote healthy lifestyles, and improve the quality of life for those affected by HIV/ AIDS. The SSHASF emphasizes capacity building at all levels, with the expectation that at the end of five years, the GoSS will be better equipped to manage a sustainable response to the HIV/AIDS epidemic and simultaneously strengthen the broader health and social service systems. Specifically, the SSHASF-2 aims to achieve the following by 2012:

⁶ Sudan Household Health Survey (SHHS), 2006.



- 80% of the population will have an understanding of HIV and how to prevent its transmission;
- 14% of the adult population will know their HIV status;
- 80% of people will report using condoms at last sex with a non-cohabitating partner;
- 85% of pregnant women will receive counseling and testing for HIV;
- 50% of PLHIV will receive comprehensive care and support;
- 50% of PLHIV requiring ART will have access to treatment;
- 70% of HIV positive pregnant women will complete a course of ARV prophylaxis;
- 100% of PLHIV who qualify will ART will be on treatment;
- Reduced stigma regarding HIV/AIDS

The PEPFAR Sudan program has been designed to support the five-year GoSS SSHASF and reinforce other PEPFAR Sudan investments in health and development by fostering a healthier, better educated, and more productive population. PEPFAR also supports capacity-building for the GoSS. By linking the HIV/AIDS response with Southern Sudan's development response, there will be increased ownership of the HIV/AIDS program by the GoSS and a resultant decline over time in the need for PEPFAR Sudan resources.

The PEPFAR Sudan FY2011 Country Operational Plan (COP) will strengthen coordination between PEPFAR Sudan and the GoSS. The USG will support technical working groups and participate in other key groups such as the Global Fund's Country Coordinating Mechanism (CCM). PEPFAR programs will build capacity within GoSS at the individual, scientific, technological, organizational, and institutional levels. In order to sustain activities initiated with PEPFAR funding, program implementation will focus on fulfilling present and future needs of the Southern Sudanese community by strengthening the Southern Sudanese government and fostering community commitment and ownership. PEPFAR/Sudan, through OGAC, is providing technical support to strengthen the nascent CCM through GMS consultants.

Integration across the USG

PEPFAR Sudan attributes much of its success in programs to its ability to work as a coordinated team across USG agencies. This is exemplified in multiple areas that include its staffing for results, (The SI Advisor, Counseling and Testing Advisor, Prevention Specialist, and Administrative Assistant support all PEPFAR partners regardless of the agency through which the position was hired). Additionally, three USG agencies work together to support training and SI activities in Southern Sudan.

In FY 2010, PEPFAR Sudan held its first inter-agency partner meeting and plans to hold follow-up partner meetings at least two times a year to address common issues. Ongoing collaboration between the PEPFAR Sudan agencies continues to strengthen the program, allowing the PEPFAR Sudan team to be a more efficient and cost-effective partner with the GoSS/MOH.

PEPFAR Sudan received the Major Joe Haydon award from OGAC in 2010 in recognition of its strong interagency and donor coordination, progress towards country ownership, and the ability to implement an effective PEPFAR response within the bounds of available resources.

Health Systems Strengthening and Human Resources for Health

PEPFAR Sudan remains committed to supporting the GoSS in its build-up of a health workforce at all levels. PEPFAR Sudan will continue to provide on the job training to existing health care workers, such as training midwives to provide PMTCT-related activities, training clinicians in the provision of quality ART services, training nurses to conduct counseling and testing, and training individuals in monitoring and evaluation, surveillance, and laboratory services. PEPFAR Sudan will work to strengthen health systems by focusing on the areas of laboratory services, strategic information, program implementation, monitoring



and evaluation, and finance at national and state levels. A fundamental aspect of the continued support to GoSS is PEPFAR Sudan's ongoing participation in the development of GFATM proposals.

In FY 2011, PEPFAR Sudan support to GoSS/MOH will continue in the implementation of the SSHAS, the HIV/AIDS M&E Plan, and the National Medical Laboratory Policy and Strategic Plan (NLP & NSP). At a system-wide level, it will coordinate with the MOH to support the integration of HIV/AIDS services into existing health care services

Coordination with Other Donors and the Private Sector

Southern Sudan has been a recipient of Global Fund resources to fight TB, HIV and malaria. Funding for Rounds 2, 4 and 5 totaled \$132,593,931. This funding has been utilized to scale up the national response for HIV prevention and treatment, treatment and care services, strengthening the SSAC and BCC strategies in prevention. Southern Sudan has also received \$57,694,881 from GF Rounds 2 & 5 to increase comprehensive and quality delivery of Direct Observed Therapy (DOT) and establish linkage between TB and HIV services. These funds have been used to 1) improve TB case detection, 2) provide training on TB case detection, 3) train laboratory technicians, 4) establish TB centers for service delivery, 5) establish a TB/HIV coordinating body, 6) train health care workers on TB/HIV, 7) enhance counseling and testing for HIV in TB infected individuals, and 8) ensure linkages to treatment, support, and care for co-infected individuals.

In FY 2011, PEPFAR Sudan will refine its strategy and activities through coordination and leveraging with other key stakeholders to include the GFATM, UNDP, UNICEF, UNAIDS, WHO, SSAC and others. Through its participation in GFATM's CCM, PEPFAR Sudan will continue to assist technical committees with progress assessments and implementation while guiding GFATM's recipients in planning, procurement, and programming. PEPFAR Sudan will work closely with UNICEF in the implementation of PMTCT and HIV Testing and Counseling (HTC) in health facilities and will leverage the training of health care providers and technical assistance with GFATM's work in building health infrastructure, providing ART, and supporting health care worker salaries. PEPFAR Sudan will collaborate and coordinate with the GFATM through UNDP and WHO in strengthening laboratory services. PEPFAR Sudan will continue to regularly meet with other donors to coordinate the implementation of activities that support the GoSS strategic plans.

Programmatic Focus

The PEPFAR Sudan FY2011 Country Operational Plan (COP) will support the GoSS in six key areas:

- 1) **Prevention.** Reduce the number of new infections by focusing prevention efforts on MARPs (PLHIV, discordant couples, commercial sex workers and their clients and partners, long distance truckers, returning refugees and members of the uniformed services); and activities to support prevention of mother-to-child transmission (PMTCT) services
- 2) **SI and M&E.** Support the GoSS to better characterize the HIV epidemic, including its drivers, by strengthening the GoSS MoH and partners' (e.g. SPLA) capacity to collect, use, and disseminate quality data to support evidence-based decision making for policy and programming and strengthening the monitoring and evaluation of programs
- 3) **Laboratory Systems Strengthening.** Increase capacity of GoSS to improve the quality and availability of diagnostic services and systems for HIV and related opportunistic infections, including TB;
- 4) **Health Systems Strengthening.** Support health system strengthening through human resource capacity building for the achievement of quality health services at all levels, including training of new personnel, improved retention, and improved management of existing and future personnel and building GoSS institutional capacity in governance, leadership, policy, and finance through

implementation of policies, guidelines, and protocols to better coordinate HIV programming in Southern Sudan

- 5) **Community Capacity Building.** Strengthen the capacity of community-based organizations (CBOs) to provide information and services to most-at-risk populations (MARPs) and PLHIV.
- 6) **Treatment, Care and Support.** Provide support for the development of two (2) HIV model ARV treatment sites (1 military, 1 civilian), for demonstration purposes of comprehensive HIV/AIDS care, treatment, and support. Provide ARV support to five (5) PMTCT sites for purposes of model care and demonstration.

Prevention

The PEPFAR Sudan prevention strategy will support the GoSS HIV/AIDS Strategic Framework (2008-2012) prevention goal of reducing new HIV infections in Southern Sudan. This will be accomplished by continued efforts to build capacity within the MOH and Non-Governmental Organizations (NGOs), provision of technical assistance in developing strategies, policy, implementation, evaluation of prevention initiatives and continued financial assistance in the procurement of prevention related supplies including rapid test kits and condoms. The PEPFAR Sudan strategy will include prevention of mother to child transmission, behavior change communication, counseling and testing, and structural interventions.

1. **PMTCT (MTCT)** The PEPFAR Sudan strategy will involve strengthening PMTCT at health facilities with a focus on primary prevention among pregnant women through testing and counseling, promotion of access and use of PMTCT services, and behavior change communication (first prong of PMTCT). The USG will support the prevention of unintended pregnancies among HIV-positive women through provision of onsite family planning services, condoms, and links to family planning services. PEPFAR Sudan will continue to build capacity including training and technical support of MOH and partner staff in the provision of PMTCT services, including ARV training.

Leveraging with the GFATM for provision of ARVs at health facilities, PEPFAR Sudan will prioritize establishing and strengthening PMTCT services at sites that have ART services on site or in close proximity. In areas of expansion of PMTCT services, PEPFAR Sudan will coordinate with the MOH and GFATM to establish ART services at planned expansion sites and will work with MOH and other partners to link PMTCT services to family planning services with the priority of having these services onsite. PEPFAR Sudan will collaborate with other agencies including UNICEF, WHO, the World Bank-administered Multi-Donor Trust Fund (MDTF), and GFATM to provide pregnant women access to comprehensive reproductive services

There are 30 sites that have integrated and operationalized PMTCT services into their ANC programs in Southern Sudan. Half of these sites are in the Equatoria states (south), corresponding to the concentration of HTC services in these regions. Eleven (11) more sites are planned nationally, covering all the states of Southern Sudan. PEPFAR Sudan has continued to operate six (6) PMTCT sites in the three southern states of Eastern Equatoria, Central Equatoria, and Western Equatoria. Furthermore, PEPFAR supports the training of PMTCT providers for all the PMTCT sites in collaboration with UNICEF and MoH. The Juba Military Hospital PMTCT site is the PEPFAR site in Juba, and the only military health facility to provide PMTCT services in Southern Sudan. The majority of PMTCT services are currently limited to pre- and post-test counseling, HIV testing, and referral. One PEPFAR Sudan partner is providing primary health care and integrating PMTCT into its services in selected areas.

To address the issue of prior low administration of ARVs to pregnant women, PEPFAR Sudan will sponsor and provide ARV training and support to five (5) PMTCT sites for the purposes of model care and demonstration. This is not intended to provide country-wide coverage, but to demonstrate that proper PMTCT care of HIV+ pregnant women in this setting is possible and to train healthcare workers who may train others.



Formation of mother-to-mother support groups, counseling and support for infant feeding, and integration of HIV education, care, and support into PMTCT sites are also planned.

2. Sexual Prevention

- a. **Abstinence/Be Faithful (HVAB)** Behavior Change Communication (BCC), outlined in the SSHASF, will be used by PEPFAR Sudan to guide our programs. The BCC strategy will involve an emphasis on increased awareness of HIV/AIDS and sexually transmitted infections (STIs), increased willingness to be tested, risk-reduction counseling, reduced stigma and discrimination, increased use of support services, promotion of positive reproductive health behaviors, increased emphasis on harmful male norms, and alcohol reduction. Focus is on promoting abstinence, delaying sexual debut, and reducing multiple and/or concurrent partners among MARPs. PEPFAR's military program targets education and mobilization of military commanders, military personnel and their families, demobilized soldiers, and community leaders and youth (whether in or out of school).
- b. **Other sexual prevention (HVOP)** The BCC strategy will put emphasis on addressing community norms, attitudes, values and behaviors that increase vulnerability to HIV such as multiple and casual sexual relations, cross generational and transactional sex, unequal status of women, and sexual coercion. It will promote status disclosure and provide full and accurate information about correct and consistent condom use, especially among MARPs.

3. **Testing and counseling (HVCT)** PEPFAR Sudan is operating 31 static client-initiated testing and counseling sites (CITC), 15 fixed-outreach sites and regular mobile services. PEPFAR Sudan will continue working in collaboration with other donors and the MOH to strengthen and increase HIV Testing and Counseling (HTC) access within existing sites and expanding HTC services to other health facilities and to fixed outreach and mobile sites. HTC activities offer quality HTC services in integrated, stand-alone, fixed outreach sites and mobile sites that will complement other donors, in particular UNICEF that supports 33 HTC sites.

PEPFAR Sudan HTC testing sites should ideally be located at existing hospitals or HIV clinics, so that if clients test positive for HIV, qualified assessment and treatment expertise is near. PEPFAR Sudan will continue training HTC providers and other health professionals and continue to support the implementation of provider-initiated counseling and testing (PITC) at four additional health facilities.

While the priority is provision of HTC at existing health centers for the purpose of integration, PEPFAR Sudan will also support stand-alone HTC sites in strategic areas; for example, a site in Juba operates in a location that is frequented by truck drivers, traders and their networks. HTC service delivery will continue to be concentrated in areas considered to have higher prevalence, such as transport corridors, border towns, communities with concentrated populations of SPLA, urban areas and areas with a high volume of persons returning from neighboring countries that have higher HIV prevalence.

PEPFAR Sudan will continue to provide rapid test kits and other testing supplies at locations where its partners are working. In collaboration with other donors and stakeholders, it will work to ensure all counselors working on the PEPFAR Sudan program will have standardized quality HTC training throughout Southern Sudan consistent with the MOH and international standards and guidelines.

At the National level, PEPFAR Sudan will support the MoH to develop new approaches to HTC and advocate and support the MoH to develop PITC. PEPFAR Sudan will continue to offer technical assistance (TA) to SSAC/MOH in policy development and implementation that includes development of the PITC guidelines, finalize the national training curriculum, and HIV care guidelines. PEPFAR Sudan will also offer TA to the MOH in branding HTC services and monitoring and evaluation HTC



services. PEPFAR Sudan actively participates in the planning and implementation of national HTC campaigns that include World AIDS Day and mainstreaming couple and partner testing in partnership with MOH and other stakeholders.

Although prior direct support for training counselors and testers is being transitioned to implementing partner budgets, PEPFAR Sudan will continue to purchase rapid test kits.

Care

- 1. Adult Care and Support (HBHC)** The PEPFAR Sudan program will continue to implement comprehensive clinical, preventive, and support programs in 2011. Clinical services include a broad range of services provided to HIV+ individuals at facility, community and home settings including (but not limited to): initial WHO staging, prevention, diagnosis and treatment of opportunistic infections, cotrimoxazole prophylaxis, CD4 testing, and TB screening. The GoSS is currently working to develop and disseminate national guidelines for care and support of PLHIV. PEPFAR Sudan will advocate for inclusion of malaria and diarrhea treatment, access to common drugs, insecticide-treated bed nets, safe water interventions, pain and symptom relief, nutritional assessment and support (including food), and related laboratory services.

PEPFAR Sudan will address Prevention with Positives (PwP), access to and increased consistent and correct use of condoms, HIV testing for sex partners and family members, early diagnosis and management of STIs, tuberculosis (TB) screening and treatment of HIV infected patients at the facility level, family planning and adherence to treatment through counseling and home-based visits.. The PEPFAR Sudan program will collaborate with partners to link these care and support services with other health services such as antenatal care (ANC), malaria services, maternal and child health (MCH) services, and nutrition services. PEPFAR Sudan will continue to build capacity among indigenous groups, community based organizations (CBOs), faith-based organizations, and PLHIV support groups to provide support services.

PEPFAR Sudan partners will implement a variety of facility-based and home- and community-based activities for HIV-infected adults and their families that aim to extend and improve the quality of life for HIV-infected patients and their families through the provision of clinical, psychological, spiritual, social, and prevention services.

Clinical care efforts include distribution of basic care packages to those infected with HIV. Partners will continue to refer HIV-infected persons to the nearest health facility for prophylaxis against OIs. TB and STI patients will be referred for treatment at local health facilities. Partners will continue to train peer educators, with preferential recruitment of PLHIV. Organization of support groups, discussions, and community-wide events will also be supported by PEPFAR Sudan partners. Partners will leverage wrap-around services from other donors like food support from World Food Program (WFP) and psychosocial and gender-based violence support from the American Refugee Committee.

- 2. TB/HIV (HVTB)** . Funding will support TB programs to include HIV testing in TB clinics, training of TB attendants in HTC, and screening and treatment of HIV patients for TB. This also includes TB screening of HIV+ individuals, provision of TB drugs to HIV+ individuals, provision of HIV counseling and testing to TB patients, TB case-finding, provision of INH prophylaxis, and TB treatment to HIV/TB co-infected persons. Healthcare providers will be trained in HIV/TB co-infection management in coordination with MoH support. SPLA activities will aim to reduce the incidence of TB in HIV-infected patients. Support to reactivate the TB/HIV/AIDS Working Group is planned.

Treatment

According to the GoSS/MOH, there are estimated 142,000 persons infected with HIV in Southern Sudan,



an estimated 23,250 persons in need of ART, and 2,836 known to be on ART.

- 1. ARV Drugs (HTXD)** While we do not explicitly plan to purchase ARVs for MoH of Southern Sudan, the results of the GFATM Round 10 application is uncertain at this time. GFATM policy is to support continued treatment of existing ART recipients, but this may not allow access to newly diagnosed patients. PEPFAR Sudan may request additional funds at a later date to accommodate this shortfall.
- 2. Adult Treatment (HTXS)** While PEPFAR Sudan has not purchased ARVs in the past, we plan to scale-up efforts and provide support for the development of two (2) HIV model treatment sites (1 military, 1 civilian, both in Juba), for demonstration purposes of comprehensive HIV/AIDS care and treatment, and support the comprehensive care & treatment of at least 1000 HIV+ patients. This will include: WHO staging, laboratory testing, adherence counseling, TA for all clinical services including nurses, counselors, pharmacy, laboratory staff & clinicians, and follow-up and monitoring. ARV provision is anticipated from UNDP via GFATM.
- 3. Pediatric Treatment (PDTX)** While we anticipate needs in this area and expect HIV positive pediatric patients to present to the demonstration sites, PEPFAR Sudan is not prepared to fund training, mentoring, or other support to this group at this time.

Other Programmatic Areas

- 1. Laboratory Infrastructure (HLAB)** PEPFAR Sudan will increase the capacity of GoSS to improve the quality and availability of diagnostic services and systems for HIV and related opportunistic infections including TB. This will include providing technical assistance and training to improve HIV diagnostic and clinical monitoring services and building technical and managerial capacity of personnel to provide and deliver quality laboratory services.

The GoSS has been working with GFATM through the United Nations Development Program (UNDP) and other donors to build laboratory infrastructure, renovate buildings, provide equipment, and develop quality assurance and laboratory management systems. Last year, PEPFAR Sudan provided technical assistance for the development of the National Medical Laboratory Policy and Strategic Plan (NLP & NSP). The MOH is scheduled to finalize and disseminate the National Medical Policy and Strategic Plan by December 2010. PEPFAR Sudan activities will continue to support the implementation of the NLP and NSP through training and mentoring of personnel, provision of training materials, and technical assistance. Strengthening laboratory capacity will also continue to be supported by training of personnel in procedures for performing HIV ELISA testing on dried blood spots (DBS)

PEPFAR Sudan will continue to provide reagents and laboratory supplies for quality assurance at HTC and PMTCT sites.. Since the inception of PEPFAR Sudan, laboratory supplies and HIV test kits have been stored at CDC-Kenya, making logistics management difficult. In FY11, PEPFAR Sudan will work to identify and lease storage space in Juba for partner-related supplies. Due to the difficulty in logistics management, procurement, and distribution of test kits and laboratory supplies in Southern Sudan, PEPFAR Sudan will continue to assist with these items for its partners.

- 2. Strategic Information (HVSII)** PEPFAR Sudan will support GoSS efforts to better understand the HIV epidemic in Southern Sudan, including its drivers, by strengthening the GoSS and partner capacity to collect, use, and disseminate quality data to support evidence-based decision making for policy-making, programming, and strengthening programs. This is in alignment with the SSHASF's goal of strengthening evidenced-based management of national multi-sectoral HIV response at all levels. Given the great need for baseline data, activities will support routine surveillance activities involving gathering accurate and reliable data on new infections and risk factors for infection, prevalence, and factors related to morbidity and mortality. In addition to routine surveillance



activities, PEPFAR Sudan will support the collection and analysis of sentinel data at ANC sites and behavioral and seroprevalence data on most at risk populations (MARPs). In 2010, PEPFAR Sudan supported an expanded ANC surveillance activity covering 24 sites in all 10 states. The USG will continue to support the GoSS with this activity in 2011.

The first SPLA biobehavioral surveillance survey was recently conducted and data are being analyzed and disseminated. Key findings will be utilized to strengthen the prevention program in the SPLA. PEPFAR Sudan will provide technical assistance and build the capacity of the MOH and partners to monitor and evaluate HIV/AIDS programs to better inform strategy and programming.

Biobehavioral surveys will be conducted to collect data on identified MARPS to inform targeted interventions programming, identify drivers of the epidemic, and assist in obtaining better estimates of overall prevalence. The planning and implementation of biobehavioral surveys (both financially and technically) will be conducted in collaboration with other donors working in this area including UNFPA, UNAIDS, and WHO. PEPFAR Sudan supported the 2007 ANC survey which covered 3 states and the 2009 ANC survey which covered 24 sites in all 10 states. PEPFAR Sudan will continue to support ANC sentinel surveillance with expanded coverage of sites in order to have data available for trend analysis and programming through funding of the 2011 ANC Survey. PEPFAR Sudan will also provide technical support in the standardization of surveillance tools and methodologies and provide training in epidemiological skills including statistical analysis, report writing, and dissemination. PEPFAR Sudan will build capacity and provide technical assistance in monitoring and evaluation including training, data quality assessments, standardization of data collection tools and procedures, and the harmonization of indicators. PEPFAR Sudan will work in close collaboration with the MOH and GFATM, which has provided M&E officers for all 10 states. PEPFAR Sudan will focus on assisting GoSS in the implementation of its M&E strategy and support the coordination and roll out of its health information system. PEPFAR Sudan aims to strengthen the GoSS capacity in M&E by placing a technical expert at the MOH to coordinate all M&E and HMIS activities, including establishing and managing a functional M&E Technical Working Group with activities and meetings.

3. **Health Systems Strengthening (OHSS)**

PEPFAR Sudan will build GoSS institutional capacity in governance, leadership, policy, and finance through its contribution to the development of policies, guidelines, protocols, and coordination of HIV programming in Southern Sudan and integration of HIV services into other health services and existing health systems. PEPFAR Sudan will provide training, technical assistance and assessments focusing on management, finance, and leadership. Specific thematic areas for policy and training include combating stigma and discrimination, mobilizing effective prevention strategies, developing key HIV/AIDS policies, and managing and financing health programs.

PEPFAR Sudan will leverage GFATM for provision of ARVs at health facilities. The PEPFAR Sudan prevention strategy will involve contributing to the SSHASF prevention goal of reducing new HIV infections in Southern Sudan. This will be accomplished by continued efforts to build capacity within the MoH and non-governmental organizations (NGOs), provision of technical assistance in developing strategies, policy, implementation, evaluation of prevention initiatives and continued financial assistance in the procurement of supplies.

In FY11 PEPFAR Sudan will sponsor an Inter-Agency Program Strategic Activity to perform an external evaluation of the existing PEPFAR Sudan program. These recommendations will then be used to plan the FY2012 strategy and budget. The Interagency team will arrive in March or April so that the output is available for use in May 2011.

- ### 4. **Woman and Girl-Centered Approaches:** PEPFAR Sudan will strengthen PMTCT services in Southern Sudan, and will continue to provide training and technical support to ensure quality of services and linkages to reproductive health programs as part of PMTCT service provision. Partners



that provide care and support services will also leverage gender-based violence support services provided by the American Refugee Committee, and military programs will develop and incorporate into its prevention curricula key aspects related to harmful male norms and the reduction of sexual coercion. The integration of provider-initiated testing and counseling (PITC) and increased advocacy for couple testing will also begin to address gender issues. In addition, baseline assessments by PEPFAR partners during services provision and strategic information activities will assist in identifying which areas will need to be addressed in future programming.

New Procurements

Redacted

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Time Frame: October 2011 to September 2012

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	250,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	01	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	12,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in	1,230,000	2007	UNICEF State of the World's			

the last 12 months			Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	14,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Number of people living with HIV/AIDS	260,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)	74,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Women 15+ living with HIV	140,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

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
Bio-behavioural survey to determine HIV prevalence and behaviours of high-risk groups 1	Behavioral Surveillance among MARPS	Other	Planning
Bio-behavioural survey to determine HIV prevalence and behaviours of high-risk groups 2	Behavioral Surveillance among MARPS	Other	Planning
Bio-behavioural survey to determine HIV prevalence and behaviours of high-risk groups 3	Behavioral Surveillance among MARPS	Other	Planning
Formative assessment to determine feasibility of conducting a bio-behavioral survey and the method to use	Other	Female Commercial Sex Workers	Planning



Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
DOD			905,300		905,300
HHS/CDC		500,000	6,233,384		6,733,384
USAID			4,897,316	2,010,000	6,907,316
Total	0	500,000	12,036,000	2,010,000	14,546,000

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency				Total
	DOD	HHS/CDC	USAID	AllOther	
HBHC	60,000	659,900	490,000		1,209,900
HLAB	117,500	440,000			557,500
HTXS		0			0
HVAB		306,800	510,000		816,800
HVCT		1,069,900	1,164,000		2,233,900
HVMS	172,800	1,226,884	965,316		2,365,000
HVOP	130,000	425,200	1,513,000		2,068,200
HVSI	275,000	1,670,700	615,000		2,560,700
HVTB	25,000	12,500	150,000		187,500
MTCT		628,900	790,000		1,418,900
OHSS	125,000	267,600	710,000		1,102,600
	905,300	6,708,384	6,907,316	0	14,521,000

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	1,209,900	
HTXS	0	
Total Technical Area Planned Funding:	1,209,900	0

Summary:
(No data provided.)

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	2,233,900	
Total Technical Area Planned Funding:	2,233,900	0

Summary:
(No data provided.)

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	1,102,600	
Total Technical Area Planned Funding:	1,102,600	0

Summary:
(No data provided.)

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	557,500	
Total Technical Area Planned	557,500	0



Funding:		
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Summary:
(No data provided.)

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	2,365,000	
Total Technical Area Planned Funding:	2,365,000	0

Summary:
(No data provided.)

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	1,418,900	
Total Technical Area Planned Funding:	1,418,900	0

Summary:
(No data provided.)

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	816,800	
HVOP	2,068,200	
Total Technical Area Planned Funding:	2,885,000	0

Summary:
(No data provided.)

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	2,560,700	
Total Technical Area Planned Funding:	2,560,700	0



Summary:
(No data provided.)

Technical Area: TB/HIV

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	187,500	
Total Technical Area Planned Funding:	187,500	0

Summary:
(No data provided.)



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)	354,000
10706	IntraHealth International, Inc	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,371,500
11787	Measure Evaluation	NGO	U.S. Agency for International Development	GHCS (State)	435,000
12473	Catholic Medical Mission Board	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,220,000
12661	Family Health International	NGO	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	3,430,000
13018	TBD	TBD	U.S. Department of Defense	Redacted	Redacted
13132	TBD	TBD	U.S. Department of Health and	Redacted	Redacted

			Human Services/Centers for Disease Control and Prevention		
13142	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13208	TBD	TBD	U.S. Department of Defense	Redacted	Redacted
13283	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13292	Management Sciences for Health	NGO	U.S. Agency for International Development	GHCS (USAID)	150,000
13324	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13406	Abt Associates	Private Contractor	U.S. Agency for International Development	GHCS (State)	590,000
13429	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and	Redacted	Redacted



			Prevention		
13436	US Agency for International Development	Own Agency	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	33,000
13485	HHS/Centers for Disease Control & Prevention	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	45,000
13506	US Department of Defense	Own Agency	U.S. Department of Defense	GHCS (State)	327,500



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 for PEPFAR implementing partners 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 activities, 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	60,000	

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.

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.

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: 354,000	
Funding Source	Funding Amount
GHCS (State)	302,000
GHCS (USAID)	52,000

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	52,000	
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	52,000	
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	250,000	
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: 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: 2,371,500	
Funding Source	Funding Amount
GHCS (State)	2,371,500

Sub Partner Name(s)

International Medical Corps	Merlin	St. Bakhitas Health Center
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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)

Gender: Reducing Violence and Coercion	1,000
Human Resources for Health	161,490

Key Issues

- Addressing male norms and behaviors
- Malaria (PMI)
- Child Survival Activities
- Military Population
- Safe Motherhood
- TB
- Family Planning

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	410,000	
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 Positives (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 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 .

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	800,000	

Narrative:

At the national level, the MOH will be supported to develop new approaches to HCT. IntraHealth will continue to advocate and support the MoH HIV/AIDS Directorate to develop PITC guidelines and training manuals. IntraHealth will also support the MoH HIV/AIDS Directorate to train 20 providers in PITC. At the implementation level, four approaches to testing and counseling and will be employed: 1) Static sites 2) mobile counseling and testing 3) family and/or couple TC 4) provider initiated testing and counseling (PITC). IntraHealth will have 18 HCT sites as follows: IntraHealth and the SPLA will continue to run 11 static TC sites and one mobile. IMC will continue to support two static sites (Tambura Hospital and Source Yubu PHCC), Merlin will support three static TC sites (Nimule Hospital, Pageri PHCC and Moli PHCU) and St. Bakhita will support one (St. Bakhita Health Center). IntraHealth will initiate PITC activities at the Juba Military Hospital, IMC-run Tambura Hospital and Merlin-run Nimule Hospital. IntraHealth will continue to support the training of new TC providers and provide refresher training for the practicing TC providers. IntraHealth through the VCT centers will continue to refer clients that test HIV-positive to the closest and most convenient ART sites, those with STI symptoms for treatment to the

health centers and those with family planning needs to the health facilities that provide family planning services. IntraHealth will continue to train health care providers and lay personnel in HIV counseling and testing both through pre and inservice trainings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	135,000	

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. Continue to use IQ Chart for ART patient monitoring and introduce an IntraHealth developed database to store the project's data.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	220,000	

Narrative:

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. IntraHealth will continue to support the SPLA HIV/AIDS Secretariat to develop, revise, and implement HIV/AIDS policies, frameworks and guidelines. In the area of Health Systems Governance IntraHealth will continue to support and participate in the MOH and SSAC technical working groups and support both them in the development of HIV/AIDS policies, frameworks and guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	164,000	

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 behavior 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 populations that will continue to be targeted include military commanders, military personnel and their families, demobilized soldiers, community leaders and in and out of school youth. 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. In addition,

the program will continue to conduct targeted sessions for female soldiers, wives of commanders and PLHIV. 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). The training curricula developed in 2007 will be revised to reflect the current Southern Sudan environment. 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	330,000	

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	260,000	

Narrative:

Initiate the implementation of the new WHO PMTCT guidelines. The approach for PMTCT will be to continue: Rapid HIV counseling and testing for PMTCT at the antenatal and maternity settings; Combination short-course ARV prophylaxis or single dose Nevirapine for mother and infant pair (as per the new WHO PMTCT guidelines) and referral for ART for mothers; Formation of mother to mother support groups where counseling and support for infant feeding, links to nutrition services, FP 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.
 Support for five existing PMTCT sites at the Juba Military Hospital with the SPLA, Tambura Hospital through IMC, Nimule Hospital and Pageri PHCC through Merlin and the St. Bakhitas Health Center in Yei will continue. In addition, IntraHealth will continue to provide pre-service training for new PMTCT providers and in- service training for practising PMTCT providers.

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

Narrative:

Intrahealth will identify training opportunities within the country organized by the Ministry of Health or WHO for laboratory technicians or technologists. IntraHealth will provide training support in form of travel and accommodation expenses for the military laboratory staff to facilitate their attendance to these training workshops. The knowledge and skills acquired once put into practice will improve the quality of HIV/AIDS diagnostics and improve the Bilfam laboratory function within the SPLA health structure. In addition, IntraHealth will continue to provide technical assistance to the three sub grantee partners to improve their laboratory function and contribute to the country's health systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	12,500	

Narrative:

None

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: 435,000

Funding Source	Funding Amount
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GHCS (State)	435,000
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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	435,000	

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: 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: 1,220,000	
Funding Source	Funding Amount
GHCS (State)	1,220,000

Sub Partner Name(s)

World Vision		
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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 identified 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

- Addressing male norms and behaviors
- Impact/End-of-Program Evaluation
- Increasing gender equity in HIV/AIDS activities and services
- Mobile Population
- Safe Motherhood
- Family Planning

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	269,900	

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 Equatoria 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 analyzed 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.

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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	10,000	

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: 12661	Mechanism Name: Family Health International-Sudan HIV and AIDS Program
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Family Health International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,430,000	
Funding Source	Funding Amount
GHCS (State)	2,721,000
GHCS (USAID)	709,000

Sub Partner Name(s)

Howard University	International HIV/AIDS Alliance	Population Services International
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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)

Construction/Renovation	46,000
Gender: Reducing Violence and Coercion	420,000
Human Resources for Health	832,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12661			
Mechanism Name: Family Health International- Sudan HIV and AIDS Program			
Prime Partner Name: Family Health International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	490,000	

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	1,060,000	

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	120,000	

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	95,000	

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	333,000	

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 community 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	1,332,000	

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: 13018	Mechanism Name: TBD DOD SI
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
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

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Military Population



Budget Code Information

Mechanism ID: 13018			
Mechanism Name: TBD DOD SI			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13132		Mechanism Name: Treatment CDC CoAg	
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		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	

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

Human Resources for Health	0
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13132			
Mechanism Name: Treatment CDC CoAg			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13142	Mechanism Name: Laboratory Strengthening
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	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

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13142 Mechanism Name: Laboratory Strengthening Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted
Narrative:			
Strengthening MOH lab capacity in specific areas to be identified through the national strategic Policy and Plan and concurrence with the MOH.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13208	Mechanism Name: TBD Alcohol intervention - military
Funding Agency: U.S. Department of Defense	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 2009, CDC and DoD met to discuss an interagency endeavor for a Military Leaders Intervention to Reduce Alcohol Related HIV risk. There had been no to very little research on strategies to reduce alcohol consumption and HIV risk among African military personnel. There is a need for interventions in African militaries that reduce both heavy drinking and risky sexual behavior. A draft protocol was developed which looked at a structural intervention with an evaluation to reduce alcohol-related HIV risk behaviors. CDC and DoD met with the SPLA leadership to determine whether they would show interest in such an endeavor, and there was great interest and perceived need. Since then, DoD has completed the Sudanese People's Liberation Army (SPLA) BSS which sampled over 820 individuals and the instrument included question related to alcohol which now serves as a baseline for the SPLA.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13208
Mechanism Name:	TBD Alcohol intervention - military
Prime Partner Name:	TBD



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
Narrative:			
A structural intervention to reduce alcohol-related HIV risk behaviors will be implemented in the SPLA. Baseline data obtained through the recently completed SPLA BSS demonstrate a significant role of alcohol with a notable impact on HIV risk behaviors (e.g. alcohol preventing correct use of condoms, unintended sex, decreased work and military readiness). A specific intervention to reduce alcohol use and risk behavior in the SPLA will be implemented based on initial formative work conducted in 2010.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13283	Mechanism Name: TBD Returnee Surveillance
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	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

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Prevalence of HIV is higher in surrounding countries than in Southern Sudan (Spiegel, 2007). The research on refugees returning from areas of higher prevalence is extremely limited. Due to the outcome of the referendum in January 2011 whereby the Southern Sudanese voted for independence, the new country of South Sudan is being created and many Southern Sudanese are returning to their homeland. The proposed study will provide baseline information on refugee and internally displaced persons (IDP)



returnees for surveillance and programmatic purposes while simultaneously contributing to the research on these issues.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13283			
Mechanism Name: TBD Returnee Surveillance			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
Narrative:			
<p>Conduct sentinel surveillance to collect baseline HIV bio-behavioral information on refugee and IDP returnees for surveillance and programmatic purposes. Partner with UNHCR, IOM and others to use resettlement and transit centers as sentinel sites; expected to last approximately three consecutive months. Study would provide an evidence base to conduct future prevention and care and treatment activities. It would yield the following information: a) HIV prevalence among returning populations both at point of entry and point of settlement; b) Where the populations are coming from and where they intend to settle; c) Risk assessment; and d) prevention, care and treatment needs.</p>			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13292	Mechanism Name: MSH-SPS
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: 150,000	
Funding Source	Funding Amount
GHCS (USAID)	150,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13292		
Mechanism Name:	MSH-SPS		
Prime Partner Name:	Management Sciences for Health		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	150,000	

Narrative:

Support re-activating the TB/HIV AIDS Work Group to work with the MOH and partners to identify activities and to get the release of Global Funds for TB/HIV. Support a Secretariat for the workgroup, support advocacy and management. Develop activities to build on the USAID and other partner support

for TB to leverage TB work (DOTS, Labs, etc.) and other funding that is TB specific.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13324	Mechanism Name: Prevention USAID
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

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information



Mechanism ID: 13324			
Mechanism Name: Prevention USAID			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13406	Mechanism Name: Health System 20/20 - Abt
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 590,000	
Funding Source	Funding Amount
GHCS (State)	590,000



Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13406			
Mechanism Name: Health System 20/20 - Abt			
Prime Partner Name: Abt Associates			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	590,000	
Narrative:			
Leadership & management training at the county level within targeted PEPFAR countries. Follow-on to National level leadership training done last year. Includes both state and county managers. (\$340,000); Provide training on financial management for health system management in targeted PEPFAR States. (\$250,000)			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13429	Mechanism Name: COAG-SI & HSS
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Contract



Prevention	
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

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13429			
Mechanism Name: COAG-SI & HSS			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted

Narrative:

Follow-on to FY2010 RARE study. Conduct BSS+ on one or more identified MARPS. Including size estimation and mapping of MARPS. (\$500,000). Support ANC survey (conducted every two years);



planned for Sept.-Dec. 2011. Including: protocol writing, implementation, report writing, dissemination, training, supplies and lab. (\$500,000)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13436	Mechanism Name: USAID Direct Program
Funding Agency: U.S. Agency for International Development	Procurement Type: USG Core
Prime Partner Name: US Agency for International Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 33,000	
Funding Source	Funding Amount
GHCS (State)	29,000
GHCS (USAID)	4,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)



Budget Code Information

Mechanism ID: 13436			
Mechanism Name: USAID Direct Program			
Prime Partner Name: US Agency for International Development			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	4,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	25,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	4,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13485	Mechanism Name: CDC Direct Program
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: 45,000	
Funding Source	Funding Amount



GHCS (State)	45,000
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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 appropriate 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: 13485			
Mechanism Name: CDC Direct Program			
Prime Partner Name: HHS/Centers for Disease Control & Prevention			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	20,000	
Narrative:			
Support to provide training and development opportunities in key laboratory areas to Sudanese laboratory personnel. This may include training or support to appropriate technical meetings or workshops related to laboratory 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: 13506	Mechanism Name: DOD Direct Program
Funding Agency: U.S. Department of Defense	Procurement Type: USG Core
Prime Partner Name: US Department of Defense	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 327,500	
Funding Source	Funding Amount
GHCS (State)	327,500

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Impact/End-of-Program Evaluation

Military Population

Budget Code Information

Mechanism ID:	13506
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Mechanism Name: DOD Direct Program			
Prime Partner Name: US Department of Defense			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	60,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	125,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	117,500	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	25,000	
Narrative:			
None			

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				16,850	120,000	136,850
Institutional Contractors					350,000	350,000
Management Meetings/Professional Development				19,562		19,562
Non-ICASS Administrative Costs				66,054		66,054
Staff Program Travel				8,150		8,150
USG Staff Salaries and Benefits				374,700		374,700



Total	0	0	0	495,316	470,000	965,316
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U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		10,000
ICASS		GHCS (State)		16,850
ICASS		GHCS (USAID)		120,000
Management Meetings/Professional Development		GHCS (State)		19,562
Non-ICASS Administrative Costs		GHCS (State)		66,054

U.S. Department of Defense

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
ICASS				31,300		31,300
Management Meetings/Professional Development				20,000		20,000
Non-ICASS Administrative Costs				44,540		44,540
Staff Program Travel				5,560		5,560
USG Staff Salaries and Benefits				71,400		71,400
Total	0	0	0	172,800	0	172,800



U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (State)		31,300
Management Meetings/Professional Development		GHCS (State)		20,000
Non-ICASS Administrative Costs		GHCS (State)		44,540

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				10,000		10,000
Computers/IT Services				20,000		20,000
ICASS				343,350		343,350
Management Meetings/Professional Development				45,040		45,040
Non-ICASS Administrative Costs			8,220	249,156		257,376
Staff Program Travel			36,480	55,338		91,818
USG Staff Salaries and Benefits			455,300	4,000		459,300



Total	0	0	500,000	726,884	0	1,226,884
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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)		10,000
Computers/IT Services		GHCS (State)		20,000
ICASS		GHCS (State)		343,350
Management Meetings/Professional Development		GHCS (State)		45,040
Non-ICASS Administrative Costs		GAP		8,220
Non-ICASS Administrative Costs		GHCS (State)		249,156