South Sudan

Operational Plan Report

FY 2013

Note: Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.

Operating Unit Overview

OU Executive Summary

I. Country Context

After experiencing decades of civil war and following the terms of the 2005 Comprehensive Peace Agreement (CPA) the Republic of South Sudan (RSS) became an independent nation on July 9, 2011. South Sudan's development challenges remain daunting. The country has some of the lowest human development statistics in the world for literacy; educational access; maternal and neonatal mortality; child survival; nutrition; family planning use; and access to safe water and sanitation. The majority of the population of South Sudan still lacks access to the essential services of education, health, nutrition, safe water, and sanitation because of fragile or ineffective service delivery systems, a weak enabling environment, and institutions lacking adequate governance, capacity, management, financial, and operational systems. The pre-independence Sudan National Census of 2008 estimated the South Sudanese population at 8.26 million. The current estimate may be as high as 12 million due to growth rates and returnees.

South Sudan has a generalized HIV epidemic (3.0%, Southern Sudan Antenatal Care Clinics Sentinel Surveillance Report, 2009) with geographic areas of hyperendimicity with HIV prevalence rates as high as 15.7%. Existing data suggest that military personnel are similar to the general population in terms of HIV risk in South Sudan. States report HIV sero-prevalence rates ranging from 0% (Northern Bahr El-Ghazal) to 7.2% (Western Equatoria). In 2012, an estimated 250,000 South Sudanese were infected with HIV, with 62,000 in need of antiretroviral therapy (ART). Of these, only 5,000 received ART by the end of December 2013, primarily through support of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), whose emergency continuation fund allows for provision of ART for those placed on ART prior to November 30, 2011. There are currently 22 ART sites in the country.

HIV transmission in South Sudan is assumed to be driven by heterosexual practices including multiple and concurrent sexual partnerships as well as transactional and intergenerational sex. In the military population, alcohol abuse is a key risk factor, in addition to multiple concurrent partnerships. Presumed at risk populations include HIV discordant couples, commercial sex workers and their clients and partners, long distance truckers, refugees, and members of the uniformed services. More than two million refugees have returned from neighboring countries where HIV infection rates are high. High rates of extreme poverty, unequal gender relations, polygyny and the return of several million refugees and internally displaced persons combined with a virtually non-existent health system interact in a complex dynamic that makes South Sudan highly vulnerable to the HIV/AIDS epidemic.

Knowledge of HIV prevention methods among women 15-49 years is still fairly low. Data from the 2010 Southern Sudan Household Survey (HHS 2010) show that just 20.1% of women 15-49 know two effective prevention methods for HIV (having one uninfected partner; and using a condom every time with sex), while only 9.5% of women have comprehensive knowledge of HIV transmission (knowing that having a monogamous relationship with an uninfected partner, using a condom every time with sex, knowing that healthy looking people could still have the AIDS virus, and knowing that mosquito bites, supernatural means and sharing food do not transmit the HIV virus). As expected, outcomes varied based on education and residential setting, with higher knowledge rates amongst those with higher educational levels and in more urban settings. Forty one percent of women and 58.1% of men know that condoms can prevent HIV infection, yet a mere 1.6% of women and 3.5% of men used a condom at last sexual intercourse. Knowledge of mother-to-child HIV transmission is higher: 42% of the women know that the HIV virus can be transmitted from mother to child.

Status of the National Response & Coordination with Other Donors and the Private Sector
The ongoing conflict with Sudan led to the shutdown of the oil pipeline in January 2012, causing a fiscal crisis. The austerity budget adopted by the Government of the Republic of South Sudan (GRSS) in FY 2012 sharply reduced the amount of funding available to support health programs, reducing already limited operational and capital expenditures. These measures have caused delays in paying health staff salaries, resulting in low morale and low attendance among staff. This issue greatly affects all service delivery points in South Sudan, including PEPFAR's investments. Human resources for health in South Sudan remain weak; there is a chronic shortage of health professionals and approximately 1.5 doctors and two nurses per 100,000 people.

In addition to providing strategic leadership, the GRSS supports staff salaries in health facilities where HIV/AIDS services are provided. The South Sudan HIV/AIDS Commission (SSAC) is responsible for overall leadership by the GRSS on HIV/AIDS policy and strategies, and provides effective advocacy for HIV resource mobilization within the GRSS. Under the leadership of the SACC, and with PEPFAR support, the revision of the National HIV Strategic Framework 2013-2018 is expected to be finalized by June 2013.

GFATM resources have been the main support for HIV prevention, treatment and care; behavior change communication (BCC); and TB and HIV integration. GFATM also support health systems to address the main constraints to effective service delivery, as identified in the national health policy: lack of skilled human resources; lack of appropriate equipment and supplies; lack of well-functioning disease surveillance and response systems; poor infrastructure and support services. Unsuccessful GFATM Round 10 and 11 applications and the end of Round 4 funds, coupled with sluggish approval of GFATM continuation of service/transitional funding mechanisms, have translated into fewer resources for

HIV/AIDS in South Sudan. The austerity budget is another key factor that has slowed the country's response to HIV. While the GRSS has limited resources, $730,000 was identified to procure antiretroviral drugs (ARVs) to support NGO run treatment sites. The GRSS was able to negotiate for support from the Multi-Donor Trust Fund (MDTF) to procure additional ARVs and related commodities. This shipment arrived in late January 2013 and is expected to last for six months.

How the USG Fits into the National Response

After the GFATM, the US is the largest donor supporting the national HIV/AIDS response. PEPFAR has stepped in to fill the commodity gap identified at the end of the Round 4 GFATM support and the GFATM continuation of service agreement. Key commodity gaps being filled on a limited time basis include the PEPFAR Central Emergency Commodity Fund (ECF) for Prevention of Mother to Child Transmission (PMTCT), the Treatment Bridge Program (HIV test kits, ARVs and related treatment commodities for a total of 12,000 new patients between 2013 and 2014), and HIV test kits for hospital-based blood transfusion services. Commodities under the treatment bridge program will begin to arrive in country in mid-2013 to coincide with the end of MDTF ARVs.

PEPFAR programming continues to fill the gap in the high prevalence geographic areas of Western, Central, and Eastern Equatoria states, and among the military population, to support basic HIV/AIDS prevention and care, and activities to curb the transmission amongst key populations. In the first half of FY 2012 PEPFAR was supporting 42 HIV Testing and Counseling (HTC) sites and 11 PMTCT sites. With a shift towards Provider Initiated Testing and Counseling (PITC), PEPFAR will support 30 HTC sites and 19 PMTCT sites in FY 2013.

The USG is recognized as a key technical assistance (TA) provider. In this capacity, PEPFAR initiated a pilot laboratory Quality Assurance (QA) program, use of point-of-service CD4 machines (PIMA), and a PITC training curriculum. PEPFAR provided TA to the 2012 Antenatal Care (ANC) Surveillance Survey (report not yet available), the Sudan People's Liberation Army (SPLA) Western Equatoria State (WES) Bio-Behavioral Survey 2011-12, and an Epi-Aid Investigation of High HIV Prevalence in WES; monitoring and evaluation (M&E) support to the Ministry of Health (MOH) HIV Division; and TA to improve service delivery at the ART sites.

PEPFAR Coordination with Other Stakeholders and Contextual Factors

The UN agencies and other donors provide strategic contributions to GRSS activities. WHO and the UN agencies (UNAIDS, UNICEF, UNDP) provide technical support and mentoring to the MOH including support to develop strategies/polices. UNICEF supports 37 PMTCT sites and some PMTCT training. UNHCR supports the ART personnel and operational costs, including construction of a new ART site, at a PEPFAR supported Primary Health Care Clinic (PHCC) that serves refugees in WES.

PEPFAR South Sudan continues to refine its strategy and activities and strongly coordinates with other stakeholders including the GFATM and UN agencies. PEPFAR continues work with UNICEF to support PMTCT and HTC in health facilities. As a member on various GRSS Technical Working Groups (TWGs), the SACC Steering Committee, and the Country Coordinating Mechanism (CCM) of the Global Fund, PEPFAR South Sudan coordinates and synergizes efforts with the MOH and other donors. PEPFAR will continue to work with GFATM to increase program collaboration, coordination and sharing of information.

Low educational levels have multiple effects on HIV/AIDS in South Sudan. Twenty-seven percent of the population over the age of 15 is literate (females 16%, and males 40%.) The ability effectively to implement prevention programs is impacted by the weak base of overall education, low knowledge and awareness of HIV across South Sudan, and the considerable stigma associated with the disease. Poverty prevents poor women from receiving adequate health care and education – two essential elements for preventing HIV/AIDS.

Power imbalances are the foundation of violence against girls and women, furthering the impact of HIV/AIDS in their lives. According to the 2010 Southern Sudan HHS, 40.9% of married women ages 15-45 are in polygynous relationships. Women who share their husband are at increased risk of sexually transmitted infections (STIs), including HIV. Generally, there is low condom use by males in polygynous relationships. Also according to the 2010 Southern Sudan HHS, 80% of people consulted find it justifiable for men to beat their wives. Women and girls in conflict and other displaced settings are at heightened risk of sexual violence. This type of violence further increases their risk of unwanted pregnancy, unsafe abortion and STIs, including HIV. Incidence of gender-based violence (GBV)—including rape, forced early marriage, domestic violence and trafficking—were serious problems throughout the conflict years and still persist.

The Southern Sudan HHS 2010 reports that 3.6% of children aged 10-14 have lost both parents and only 26% of these children are currently attending school. Among the children ages 10-14 who have not lost a parent and who live with at least one parent, 35% are attending school. This suggests double orphans have a disadvantage to the non-orphaned children. Also, for double orphaned children, the urban children are more likely to be in school than the rural children (35% versus 23%) and the males more likely than the females (29% versus 23%). A similar pattern occurs for non-orphaned children living with at least one parent — more urban children than rural children are in school (61% versus 28%) and more males than females are in school (39% versus 30%).

II. PEPFAR Focus in FY 2013

The top priorities for PEPFAR South Sudan in FY 2013 are similar to FY 2012, with an overall focus on

prevention and strengthening health systems. There is an increased focus in FY 2013 to improve the linkages between prevention, care and treatment services. Consistent with the FY 2013 funding memo, priorities highlighted below include continued work in linking services; collaboration with GFATM and GRSS to prepare the country for the next funding application; implementation of the treatment bridge proposal; and work with GRSS on planned contributions for health when oil revenue resumes.

1. Reduce the number of new infections by continuing to focus prevention efforts including BCC: a) in geographic areas of higher prevalence; b) towards those more at risk (People Living with HIV/AIDS (PLHIV), discordant couples, persons in high prevalence communities, commercial sex workers (and their clients and partners, long distance truckers and the military); and c) support activities to increase ANC attendance and PMTCT services.
2. Support the GRSS to characterize the HIV epidemic better by strengthening the GRSS capacity to collect, use, and disseminate quality data to support evidence-based decision making for policy and programming. This includes the development and implementation of behavioral surveillance surveys (BSS) for commercial sex workers and long distance truckers.
3. Increase GRSS capacity to improve quality and availability of diagnostic laboratory services and systems for HIV and related opportunistic infections.
4. Support health systems through: a) human resource capacity building to achieve quality health services at all levels, to include training, improved retention, and improved personnel management; and b) build GRSS institutional capacity in governance, leadership, policy and finance. This also includes activities to ensure a successful GFATM application.
5. Implement a shift of HTC to PITC to strengthen linkages between prevention, care and treatment as well as a more sustainable approach to HIV services. It is expected that this will increase the number of people on ARVs, maximizing the resources made available from the treatment bridge program. The resource allocation in FY 2013 has been adjusted to reflect the use of FY 2012 pipeline and yellow-lighted activities.

III. Progress and the Future

South Sudan does not have a Partnership Framework due the current uncertain programming environment. Following the FY 2012 Funding Memo, the PEPFAR South Sudan team developed PEPFAR Guiding Principles. Due to changes in senior USG positions and several country-level factors such as the development of the NSF the Guiding Principles have not been finalized. The country team recognizes and is planning for a strategic planning workshop to be held before the end of June 2013 to establish a new framework for PEFPAR South Sudan for the next 3-5 years. The final Guiding Principles will be an outcome of this workshop. PEPFAR aims to improve the health of the South Sudanese population and to support the RSS HIV/AIDS program.

Country Ownership Update

From its first planning meetings in 2006, the USG country team has partnered with the MOH and SSAC, ensuring alignment of PEPFAR's activities with GRSS priorities. Currently, PEPFAR aligns its activities with the 2008-2012 NSF. With TA from PEPFAR, the follow-on five year NSF (2013-2018), and two-year operational plan, is under final revision. Led by SSAC, the revised NSF is based on current evidence and aims to reduce new infections, reduce 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 infected and affected by HIV/ AIDS. The PEPFAR team further lends its expertise to the NSF process through partner coordination, and as technical team and steering committee members.

During FY 2013, PEPFAR will continue to support MOH involvement in program planning and implementation with the goal of increasing MOH ownership. Technical assistance will focus on planning, budgeting, supervision, monitoring and evaluation of HIV activities at the state and county levels. PEPFAR will promote joint site visits with MOH officials and GFATM partners, and will continue to support the MOH at all levels to participate in PEPFAR workshops, enhancing MOH knowledge and skills and enabling immediate feedback on program progress.

Furthermore, FY 2013 activities will focus on strengthening mutual coordination between PEPFAR and the GRSS. To this end, PEPFAR has supported the development and strengthening of select TWGs. PEPFAR staff and implementing partners (IPs) provide expertise on a number of TWGs including monitoring and evaluation, human resources, laboratory services, and HIV/AIDS. PMTCT is an area recognized as needing more attention, and actions are underway to activate a new TWG. PEPFAR programs strengthen GRSS human, scientific, technological, organizational, and institutional capabilities to evaluate and respond to crucial HIV/AIDS issues. Increasing emphasis will be placed on civil society engagement and ownership.

Sustainability of PEPFAR's investments remains precarious. Austerity measures are still in place, with no immediate resolution in sight. PEPFAR's sustainability plans are based on the government's ability incrementally to take ownership over services implemented, such as eventually providing for all health services through MOH facilities, procurement of essential medicines, and having the resources to complement planned investments in infrastructure and increase the number of staff on the MOH payroll.

Trajectory in FY 2014 and Beyond

Several uncertainties remain that can impact PEFPAR planning for FY 2014 and beyond. The PEFPAR team will continue to engage closely with the GRSS and the GFATM to ensure synergies. Uncertainties

include: a) the future of GFATM funding for HIV/AIDS; b) availability of resources from the GRSS for health programming; and c) the USG's own programming limits due to inadequate space within the Mission. PEPFAR will use data from current programs and initiatives to inform programming including the effectiveness of PITC; results on the introduction of the point of care PIMA machines for measuring CD4 counts; surveillance findings; ongoing and planned research; etc. PEPFAR will work closely with the MOH and GFATM to define the gaps in the national program, moving away from commodity procurement returning to its more traditional TA role.

In preparation for the COP 2014 and beyond, the South Sudan PEPFAR program plans to hold a strategic planning meeting to review and revise the current strategy. A substantive review of the PEPFAR South Sudan program in 2013 will enable alignment with the new GRSS NSF; leverage USG entities' comparative advantages; and ensure complementarity with the GFATM and other activities by assessing the gaps in the national program to determine PEPFAR's response. Some major PEPFAR mechanisms will end in September 2014 making mid-2013 an opportune time to determine strategic focus for 2014. This will also be a good opportunity to review and develop the strategy for the military population, which has not been formally discussed as a team. This process will include discussions with the GRSS to ensure that PEPFAR programming complements other donor support and supports GRSS priorities.

Major changes that may impact the PEPFAR response include the availability of GRSS resources; amount and focus of funding from GFATM; possible changes in GRSS ART and PMTCT policies; new information on proven prevention strategies; and information from the upcoming USG donors' meeting in March 2013 that will look at ways to address South Sudan's most immediate financial needs while exploring strategies that would assure financial stability for South Sudan should the pipeline through Sudan remain closed indefinitely.

While much will be decided in the forthcoming strategy meeting, some areas that the PEPFAR team has identified for support include: 1) orphans and vulnerable children (particularly young women affected by conflict); 2) building civil society's capacity to respond to HIV/AIDS through support to, and the development of, community based organizations; 3) implementation of Demographic and Health Survey (as requested by the GRSS, this would include biomarker data to determine the prevalence of HIV in South Sudan, in addition information related to citizens' knowledge, attitudes and practices); 4) addressing HIV/AIDS as part of an adolescent sexual and reproductive health program given the high percentage of youth in South Sudan; 5) expanded PMTCT services (option B+ implementation, re-testing during pregnancy for women who may acquire HIV during pregnancy, early infant diagnosis, active involvement of male partners in HIV prevention efforts); and 6) expansion of TB/HIV activities.

IV. Program Overview

PREVENTION

HTC: In FY 2012, PEPFAR reached 68,927 HIV testing and counseling (including receipt of test results), compared to 78,830 in FY 2011. The decrease was due to the cessation of an under-performing project. Activities are being assumed by a new partner who will integrate HTC and PMTCT into its Primary Health Care package, beginning in February 2013.

In FY 2013-14 HTC sites will continue to serve as a key entry point for services within the continuum of care with an emphasis on implementing PITC to facilitate earlier identification of HIV infected persons. All PEPFAR supported HTC programs will include some aspect of PITC before October 2013. HTC will also be provided through outreach services in high prevalence areas. Partners will continue to focus on improving HTC services to test partners and children of persons living with HIV (PLHIV) as well as improving the provision of basic care services, such as TB screening for positive individuals; condom promotion; providing cotrimoxazole (CTX) prophylaxis; and effective linkages to treatment, care and support both in the clinic and in community based settings.

In FY 2013, PEPFAR will support the MOH to review and update the HTC register so that it allows for correct recording of test kit batch numbers for monitoring of the test kits performance and to permit the generation of monthly HTC test kit stock levels.

To improve the quality of HIV test results, PEPFAR South Sudan continues to work with the NPHL to develop a national QA program. The current QA program is being implemented at PEPFAR supported HCT sites; the next step will be to include HTC sites that are not PEPFAR supported. Once the NPHL staff is able to move into the NPHL building, developing and implementing an External Quality Assurance (EQA) program for HIV tests would be feasible. To prepare for this, PEPFAR is working with the MOH to build the needed skill set among NPHL staff for an EQA program.

PMTCT: In FY 2012 PEPFAR supported 11 ANC/PMTCT sites; in FY 2013, this will increase to 19 sites. IPs will work with communities and MOH at state and county levels to mobilize women to attend ANC as they continue to work towards 100% testing of all ANC attendees, at labor and delivery, and post-partum. PEPFAR supported sites will continue to provide PMTCT services based on WHO's 4-pronged approach and the GRSS essential package of services. Included in the Basic Package of Services are:

- Primary prevention through HIV education.
- Prevention of unintended/unwanted pregnancies through family planning counseling and commodities provision.
- Routine, provider-initiated, rapid HTC to pregnant women and their partners. Counseling on repeat testing for those testing negative.

- Infant feeding counseling emphasizing exclusive breastfeeding for the first 6 months.
- ARV prophylaxis for HIV-infected women with linkage to treatment, care and support programs where available.
- Provision of ART within Maternal and Child Health (MCH) where feasible, with clear referral to ART sites post-pregnancy.

Additional PMTCT services continuing in FY 2013 include: sexually transmitted infection screening and management; family planning services for prevention of unintended pregnancies among HIV-infected women; mother-to-mother support groups; and provision of mosquito nets to pregnant women (through GFATM support). The PMTCT sites will also provide the basic package of services, i.e., TB screening, CTX prophylaxis for mother and infant, condoms, and referrals for treatment, care and support. IPs will continue to support trainings and refresher courses for PMTCT providers, recruit Traditional Birth Attendants to follow mother-infant pairs, and where not already in use, introduce MOH registers for data collection.

BCC: In FY 2013, PEPFAR South Sudan will continue to prioritize prevention efforts focused on key populations and other vulnerable groups through BCC strategies. BCC also addresses norms, attitudes, values and behaviors that increase vulnerability to HIV such as multiple and casual sexual relations, cross generational and transactional sex, the unequal status of women and sexual coercion, and provide full and accurate information about correct and consistent condom use. An alcohol risk intervention is currently being piloted for the armed services whose results are expected to be part of a wider institutional effort to address vulnerability. BCC activities create a demand for HTC, PMTCT, and treatment and care programs. In addition, most at risk populations (MARPs) and other vulnerable populations are reached through peer education programming, community outreach at both small and medium size events and through community drama and radio programs.

Blood Safety: PEPFAR South Sudan began technical support with the MOH to improve the nascent blood transfusion program. An assessment of the blood safety needs will be conducted and an action plan developed with the MOH that will be used to define the needed technical assistance to support a sustainable implementation of a National Blood Transfusion Service. PEPFAR and the GFATM are the only donors in this critical prevention area in South Sudan. PEPFAR's contribution is complementing the GFATM's that includes construction of a National Blood Transfusion Service (NBTS) building and support for key personnel. PEPFAR is also providing HIV test kits to the hospital based blood transfusion programs to ensure a safe blood supply as the GFATM no longer procures these products. Fifty percent of all blood transfusions currently conducted in the country occur at the Juba Teaching Hospital.

Significant Changes in Prevention Program from FY 2012

HTC: One of PEPFAR's primary HTC IPs had serious implementation issues and in 2012 its activities were modified. The HTC that had been under the former IP is being integrated into the new USG funded comprehensive primary health care service delivery project in Central and Western Equatoria states (February 2013). Through this project, in FY 2013, PEPFAR will provide HIV services (HTC/PITC, PMTCT and Pre-ARV) at additional PHCCs in Central and Western Equatoria States (CES and WES). The BCC activities related to condom supply and promotion and work with most at risk populations continues.

PEPFAR's program with the military will be shifting HTC services from stand-alone sites into clinical settings during 2013. The PITC strategy will be used to provide HTC at 13 military clinics and five military hospitals.

PMTCT: The scale up of PMTCT services in FY 2013 will primarily occur with PEPFAR support to the USG integrated service delivery program in CES and WES. The military plans to establish one new PMTCT site and strengthen PMTCT services at Juba Military Hospital. All IPs are focused on increasing the number of women who attend ANC, ensure their testing and address retention issues. All PEPFAR supported PMTCT sites aim to improve the quality of service including linkages to ART, MCH, and support groups. PEPFAR is exploring with the MOH the feasibility of introducing point-of-care CD4 machines within ANC/PMTCT sites.

BCC: PEPFAR will have an increased program focus under BCC to 1) increase the availability and accessibility of branded and generic condoms in targeted geographical areas; 2) increase the adoption of protective behaviors and use of services by at-risk populations and their sexual partners; 3) strengthen project effectiveness through data-driven, evidence-based, and cost-effective social marketing interventions. The PEPFAR military program will increase Prevention with Positives (PwP) activities within its military PLHIV programs.

STRATEGIC INFORMATION

PEPAR South Sudan will continue activities to strengthen the system and the capacity of MOH to generate, collect, analyze and utilize HIV SI for policy, programming and decision making. PEPFAR will continue to provide technical support for surveillance, M&E, data quality assessments (DQAs), and indicator harmonization. PEPFAR will also support the MOH to develop a surveillance strategic plan and assist in the development and implementation of the HIV M&E strategy.

PEPFAR South Sudan will continue to support the HIV M&E capacity of GRSS via its placement of an M&E Advisor in the MOH. The advisor has been successful in supporting the MOH to standardize data collection tools and processes, bringing together disparate data, and identifying and developing data

collections to monitor and evaluate the epidemic and inform future HIV programming.

Additionally, PEPFAR South Sudan will support the following SI FY 2013 activities:

- Conduct formative and bio-behavioral surveys of female sex workers and long distance truck drivers.
- Develop a national HIV case reporting system.
- Support the MOH and IPs to collect accurate and reliable data by conducting an ANC/PMTCT DQAs with a view toward using PMTCT data for HIV surveillance.
- Implement a data collection tool among PEPFAR partners to collect real-time bio-behavioral data from people accessing HTC services. This will serve as a stop-gap measure until data from other studies are available and may be expanded to non-PEPFAR sites in the future.
- Support the MOH to track HIV prevalence among volunteer blood donors and TB patients.
- Strengthen state and county level capacity in HIV M&E.

New Procurements - SI

Measure DHS: 2015 South Sudan Demographic and Health Survey. With plans underway to implement a comprehensive 2014 census in South Sudan, the future population data will enable PEPFAR to contribute resources to a larger Demographic and Health Survey. As requested by the GRSS, this would include biomarker data to determine HIV prevalence in South Sudan, in addition to information related to citizens' knowledge, attitudes and practices.

LABORATORY STRENGTHENING

Overall, PEPFAR South Sudan supports the MOH in the implementation of the National Laboratory Policy and 2011-2015 Strategic Plan, which constitutes a comprehensive, quality laboratory system. In FY2013 the piloting of the laboratory quality management system (QMS) in the Juba Teaching Hospital Laboratory will be expanded to one additional site. QMS is the process to bring the laboratories to an international standard and ultimately enable each lab to attain certification. In-service training will focus on building local capacity to implement the accreditation process. Pre-service training will focus on revising the pre-service curriculum for laboratory technicians so that it meets current international standards and the needs of the country in HIV/AIDS, TB and other opportunistic infections.

In FY 2013, HIV quality assurance will expand to other HTC sites and provide training to MOH staff in order to prepare DTS proficiency panels and promote the formation of a QA program for CD4 testing. PEPFAR will also participate on the South Sudan Laboratory Technical Working Group that serves as an advisory board to the MOH, leading laboratory activities to achieve the goals in the national strategic plan.

Significant Changes in Laboratory Strengthening Program from FY 2012

A critical missing piece for the country to be able to provide a quality HIV/AIDS program is a functioning National Public Health Laboratory (NPHL). The GRSS renovations of the NPHL completed in 2011 lacked sufficient funds to complete all necessary renovation so that the NPHL could be opened. Several assessments have been done to evaluate the remaining needs, including one by PEPFAR completed in May 2012 which identified perimeter and other exterior security needs for the NPHL to be functioning. The GFATM has placed a priority on the NPHL being opened and have prioritized GFATM resources to modify the internal infrastructure, where it has already invested substantial resources for equipment, including the TB lab.

To complement GFATM planned investments and address the crucial need for appropriate security at the NPHL, in FY 2013 PEPFAR South Sudan proposes to construct the outer perimeter wall, gate, and related landscaping to facilitate the opening of the NPHL. The opening of the NPHL will enable the country to implement a national QA program for HIV testing and CD4 testing, implement an early infant diagnosis program (supported by the GFATM), and enable the country to support MOH surveillance surveys including the planned AIDS Indicator Survey, as part of the DHS. Samples that are currently sent to Kenya for processing would be done in Juba at a substantially lower cost and quicker turn-around time.

New Procurements – Laboratory Strengthening
United Nations Office for Project Services (UNOPS): PEPFAR will support the construction of the perimeter wall and landscaping of the NPHL.

CARE AND SUPPORT
Based on a June 2011 interagency program assessment, care activities in FY 2013 will continue to focus on health maintenance of HIV-infected clients and their families, and retention of HIV-infected clients across the continuum of care from prevention to treatment. The USG will support an additional 12,000 people with ARVs over two years through the treatment bridge proposal. Activities will continue to be directed toward geographic areas with a high burden of HIV disease. Key activities include: exploring the use of nurses or clinical officers from HIV treatment sites to travel intermittently to satellite sites (e.g., PHCCs) within their catchment areas to expand HIV care services; continuing to implement the basic care package of clinical staging for ART eligibility (including obtaining specimens for CD4), CTX provision; TB screening and referral, condom provision, linkages to PLHIV support groups, and treatment of opportunistic infections; focusing on adherence counseling and support for ART to increase retention of all HIV positive persons, particularly pregnant women and their exposed infants; improving integration of the PwP components into routine clinical care provided at HIV care and treatment clinics, antenatal clinics and TB clinics with a focus on quality of care, and partner and family testing to identify discordant couples and others who may be infected; increasing the number of accurate and timely CD4 count results by increasing the number of facilities with PIMA machines; continue to work with community support groups

of PLHIV to improve linkages to treatment as well as provide clinical, psychological, spiritual, social, and prevention services; and capacity building of clinicians, data managers, and adherence counselors.

Significant Changes in Care and Support from FY 2012

The scale-up of TA at ART centers under the Treatment Bridge Program provides a direct linkage between PEPFAR supported HTC and PMTCT sites with the ART sites. The expected provision of ARTs for all eligible new persons under the Treatment Bridge Program as well as the TA to the ART sites should result in improved linkages between testing, care and treatment as well as improved retention of clients in care. The increased use of the PIMA CD4 machine enables HCWs to be able to accurately triage clients to care and treatment. PEPFAR will also work with the MOH NPHL to develop a QA program for CD4 counts to ensure reliable results.

TREATMENT

FY 2013 is the first year that South Sudan will be providing technical assistance for treatment. The first step will be site-specific assessment and development of action plans at each of the 22 ART sites. Assessments will be conducted in two phases; the Phase One sites have the highest number of clients in the higher HIV prevalence areas. At the same time action plans and implementation of corrective steps will begin at Phase One sites. Phase One assessments are to be completed by April 2013 and Phase Two assessments, which are the remaining ART sites, by July 2013. PEPFAR TA will be defined from the action plans with a focus on improving the quality of service, linkages to other programs (ANC/PMTCT, Care, HTC).

New Procurement- Treatment

The project period for the current treatment partner ends March 30, 2014. The new TBD Partner will have a different project year that begins on September 30, 2013. In order to ensure no break of service in this project, FY2013 funds are required for six months (April – September 2014) for the TBD partner.

ORPHANS AND VULNERABLE CHILDREN

New Procurement – Orphans and Vulnerable Children

UNICEF: PEPFAR will support a new post-rape community care project piloted by UNICEF. The project will have two components: 1) community-based management for survivors of sexual assault; and 2) changing social norms around GBV, particularly SV. The social norms component aims to advance and implement approaches to primary prevention of and response to GBV, especially SV against women and girls affected by conflict and disaster, which will include the development of evidence-based best practices. An important focus will be on strengthening positive social norms (including going beyond the typical approach of changing knowledge, attitudes and practices) that protect women and girls from

violence and leveraging societal dynamics to change social norms that serve to hide or actually encourage forms of violence. The social norms perspective applied throughout the project will promote the establishment of self-sustaining social rules that are upheld by social rewards and punishments that will eventually be further reinforced though legislation, policies and the concrete activities that support communities. This activity is consistent with the recommendations of a gender assessment from USAID to address GBV issues in country.

V. GHI, Program Integration, Central Initiatives, and Other Considerations Although South Sudan has not developed a specific Global Health Initiative (GHI) strategy, from its inception PEPFAR South Sudan's approaches have been consistent with the GHI, including investment in country-led plans as demonstrated by USG support to update the National Strategic Framework; close collaboration with the GFATM and UNICEF to ensure complementarity of support for HIV/AIDS programs and improved outcomes; use of strategic information as a core operating principle in terms of how it drives program activities and USG support to GRSS; PMTCT programs address women and children as the most vulnerable to HIV/AIDS; and a newly proposed activity will work with victims of sexual assault and will focus on changing harmful gender norms that support a continued cycle of violence.

The PEPFAR program aligns its activities with the updated five-year NSF, and complements other USG investments in health and development. USG development efforts aim to address citizens' high expectations for delivery of essential services at the state and local levels. Activities support a healthier, better educated and more productive population; development of critical infrastructure; capacity building for GRSS staff; enable institutions to respond to citizens needs for health, education and security; and engage citizens' active participation in their communities and with their government. By linking the HIV/AIDS response with South Sudan's development response, the hope is that there will be increased ownership of the HIV/AIDS program by the GRSS, civil society and private sector, while eventually decreasing the need for USG assistance.

Donors and NGOs provide approximately 60% of health services in South Sudan. In response to the GRSS's request for increased focus, the USG (through USAID) provides a basic package of health services (including HIV) to Central and Western Equatoria states. The USG's support for health systems activities (embedded advisors at the national MOH; and support for planning, budgeting, M&E, management at the state and county levels), including pharmaceutical systems management, creates an enabling environment and complements the on-going PEPFAR program; as does USG support for the National TB program. The USG has partnered with the United Kingdom and Norway to avert a nationwide depletion of essential pharmaceuticals due to the fiscal crisis, which ensures that life-saving drugs and commodities are available for all of South Sudan's citizens for one year.

Central Initiatives

In FY 2011 South Sudan received central funding for GFATM collaboration. These funds continue to be programmed and used to support activities that lead to successful applications for GFATM resources and also strengthen the CCM. With these resources the USG has provided key consultancies and stakeholder meeting support for the development of the 2013-2018 NSF. Resources have also been earmarked to support CCM members' travel to the field to assess GFATM activities. The USG continues to identify the best use for these resources in a dynamic environment.

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	130,000	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	03	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	16,000	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	11,000	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	13,000	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	00	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	1,300,000	2009	State of the World's Children 2011, UNICEF.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	7,800	2011	WHO			
Number of people	150,000	2011	AIDS Info,			

living with HIV/AIDS			UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	00	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	57,403	2011	WHO			
Women 15+ living with HIV	77,000	2011	AIDS Info, UNAIDS, 2013			

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

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

How is the USG providing support for Global Fund grant proposal development?

South Sudan has had only one successful Global Fund (GF) grant for HIV; while R4 contributed towards setting up structures and systems for effective AIDS response in the country. Through R5, the country has implemented programs to screen and treat HIV patients who are co-infected with TB. Both grants ended in November 2011 and March 2012 respectively. The country has lost R10 and R11 applications as they were cancelled. The PEPFAR country team has dedicated technical staff towards the development of successful Continuation of Service (CoS) and Transitional Funding Mechanisms (TFM) for both grants. USG also provided technical assistance to enhance the technical capacity of the Country Coordinating Mechanism (CCM) to effectively manage Rounds 4 and 5 and their respective CoS. Considering the new shift in the investment framework of the GF to align itself with country schedules and national priorities, USG is investing both technical and financial resources to support the GRSS to develop a technically sound National HIV/AIDS National strategic framework (NSF). This is to describe the national response and priorities that are results focused. The USG team collaborates with other multilateral bodies such as the WHO, UNAIDS, and UNICEF to jointly plan, coordinate, and implement HIV treatment and PMTCT programs. Systems strengthening and capacity development to the government is also provided.

Are any existing HIV grants approaching the end of their agreement (Phase 1, Phase 2, NSA, CoS, or RCC) in the coming 12 months?
Yes

If yes, please indicate which round and how this may impact USG programming. Please also describe any actions the USG, with country counterparts, is taking to inform renewal programming or to enable continuation of successful programming financed through this grant(s).
HIV round 4 CoS ends on Novemebr 30, 2013

Redacted

To date, have you identified any areas of substantial duplication or disparity between PEPFAR and Global Fund financed programs? Have you been able to achieve other efficiencies by increasing coordination between stakeholders?
No

Public-Private Partnership(s)

Created	Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
2012 COP	PEPFAR SSD HAS NO PPP		TBD			n/a

Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
Survey	ANC Sentinelle Survey	Sentinel Surveillance	Pregnant Women	Data Review	03/13/2013

		(e.g. ANC Surveys)			
Survey	Bio-behavioral survey in two locations	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Other	09/14/2013
Survey	Bio-behavioural survey to determine HIV prevalence and behaviours of high-risk groups 1	Behavioral Surveillance among MARPS	Female Commercial Sex Workers, Other	Planning	09/01/2013
Survey	Bio-behavioural survey to determine HIV prevalence and behaviours of high-risk groups 2	Behavioral Surveillance among MARPS	Female Commercial Sex Workers, Other	Planning	11/01/2013
Survey	Bio-behavioural survey to determine HIV prevalence and behaviours of high-risk groups 3	Behavioral Surveillance among MARPS	Female Commercial Sex Workers, Other	Planning	06/01/2013
Surveillance	Case reporting system	AIDS/HIV Case Surveillance	General Population	Planning	09/01/2013
Survey	DHS+	Population-based Behavioral Surveys	General Population	Other	06/01/2015
Surveillance	False Report Rate Survey (pre-incidence survey)	Recent HIV Infections	Other	Planning	06/01/2013
Survey	Formative assesment of commercial sex workers, their clients and long distance truckers	Other	Female Commercial Sex Workers	Other	09/14/2013
Survey	Formative assesments for female sex workers and long distance truck drivers/workers as a preparation for	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Other	09/14/2013

	bio-behavioural survey				
Survey	Formative assessment of cross cutting issues including socio-cultural and ethnograpic aspects of MC; gender issues, risk behavior. All agencies.	Qualitative Research	Female Commercial Sex Workers, Mobile Populations, Men who have Sex with Men, Uniformed Service Members	Planning	06/01/2013
Survey	Formative assessment to determine feasibility of conducting a bio-behavioral survey and the method to use	Other	Female Commercial Sex Workers, Other	Planning	06/01/2013
Surveillance	HTC Questionaire and Data Use	Other	General Population, Other	Implementation	06/01/2013
Survey	Pilot HIV/AID case based reporting	Other	Other	Other	09/14/2013
Survey	Population based HIV survey (Through DHS or other agreed method)	Other	General Population	Other	09/15/2013
Survey	Program PMTCT/ANC Data Quality Assesment	Other	Pregnant Women	Other	09/14/2013
Survey	SPLA survey	Other	Other	Other	01/13/2013
Survey	VCT bio-behavioural data collection, analyses, use and dissemination	Other	Other	Data Review	09/14/2013

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source			Total
	GAP	GHP-State	GHP-USAID	
DOD	0	1,350,000	0	**1,350,000**
HHS/CDC	396,891	6,981,078		**7,377,969**
USAID		5,358,031	2,010,000	**7,368,031**
Total	**396,891**	**13,689,109**	**2,010,000**	**16,096,000**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency				Total
	DOD	HHS/CDC	USAID	AllOther	
HBHC	300,000	361,284	690,000		**1,351,284**
HKID			496,715		**496,715**
HLAB	100,000	711,807			**811,807**
HMBL		40,000	64,000		**104,000**
HTXS		1,826,685	61,406		**1,888,091**
HVAB		131,015	372,344		**503,359**
HVCT	250,000	516,262	1,878,628		**2,644,890**
HVMS	150,000	1,132,185	397,938		**1,680,123**
HVOP	300,000	319,582	1,273,000		**1,892,582**
HVSI	50,000	1,520,353	562,000		**2,132,353**
HVTB	50,000	38,096	22,000		**110,096**
MTCT	75,000	631,704	1,150,000		**1,856,704**
OHSS	75,000	148,996	400,000		**623,996**
	1,350,000	**7,377,969**	**7,368,031**	**0**	**16,096,000**

National Level Indicators

National Level Indicators and Targets

Redacted

Policy Tracking Table

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	1,351,284	0
HKID	496,715	0
HVTB	110,096	0
Total Technical Area Planned Funding:	**1,958,095**	**0**

Summary:

Programmatic Strategy Overview

With an estimated population of 8.26 million (Sudan National Census, 2008) and a prevalence of 3.0% (GoSS ANC Sentinel Surveillance, 2009), an estimated 248,000 South Sudanese are infected with HIV yet only 2.2% of the population knows their status. While the epidemic in South Sudan is considered generalized, there are areas of geographic areas of hyperendemicity where HIV prevalence is as high as 15.7% (GoSS ANC Sentinel Surveillance, 2009).

The majority of HIV transmission in South Sudan is assumed to be through heterosexual sex, with multiple and concurrent sexual partnerships, transactional sex and intergenerational sex considered to be key drivers. Presumed high-risk populations include: commercial sex workers and their clients and partners; refugees returning from countries with high HIV prevalence; long distance truckers and their partners; miners; and the military. Data regarding these most at risk populations remain scarce but are critical to understanding the HIV epidemic in South Sudan.

The South Sudan PEPFAR program implements care and support programs through partners and partnerships with the national government and other stakeholders. The RSS is currently working on developing and disseminating national guidelines on care and support of PLHIV. PEPFAR will focus on prevention with HIV infected persons, access to and increased consistent and correct use of condoms, HIV testing for sex partners, early diagnosis and management of STIs, referral for tuberculosis (TB) screening of HIV infected patients at the facility level, family planning and adherence to treatment. PEPFAR programs collaborate with other donors and USG programs to link these care and support services with other health services such as antenatal care (ANC), malaria, maternal and child health (MCH), and nutrition services to ensure delivery of comprehensive health services. In addition, efforts to build capacity amongst indigenous groups, community based organizations (CBOs), faith-based organizations and PLHIV support groups to provide support services will continue.

Alignment with Government Strategy and Priorities

The HIV & AIDS Strategic Framework (SSHASF 2008-2012) sets out several priority responses for the GoSS. The overall SSHASF goal is to "Reduce new incidence of HIV infections and mitigate and improve the quality of life of those living with and affected by HIV/AIDS" through six thematic areas, one of which aims to improve Care, Treatment and Support by ensuring meaningful involvement and participation of PLHIV. In addition, the SSHASF has outlined other key policies and guidance to inform and direct programming efforts. USG activities align with RSS efforts described in the following strategic and guidance documents related to care and support: 1. Southern

Sudan HIV/AIDS policy; 2. Southern Sudan HIV/AIDS Strategic Framework (SSHSF 2008-2012); 3. HIV/AIDS Monitoring & Evaluation Framework; 4. GoSS HIV Care and Treatment Guidelines; and 5. Guidelines for the Syndromic Management of Sexually Transmitted Infections.

The specific GoSS guidelines on care are found in the Guidelines for the use of Antiretroviral Drugs in Adults and Children (MOH, 2008) and include provision of a comprehensive care model. The specifications of such care include: well-staffed chronic care center; entry points for care; wider comprehensive care links; and comprehensive care services for HIV-infected and affected individuals. These services include HIV testing and counseling (HTC), sustained counseling for risk reduction, sustained counseling for adherence to treatment; prevention of OIs via broad spectrum prophylaxis; prevention of tuberculosis disease via isoniazid therapy; OI treatment; and reproductive health services such as sexually transmitted infection (STI) prevention and treatment, prevention for positives, family planning, and cervical screening and nutrition.

Major Accomplishments in Last Two Years
In the past two years, care activities have aimed to provide quality interventions to those who are infected with and affected by HIV, to link HIV care and support activities to other health interventions and to build the capacity of government and community structures to create and implement standards in a sustainable manner. In particular, efforts have targeted strengthening the continuum of care approach by working with positive individuals by promoting access to and increased uptake of condoms; risk reduction and OI prevention education; HIV testing for sex partners; and referral for tuberculosis screening and treatment. In addition, strengthening networks and referrals to treatment at the health facility level, leveraging partnerships with the Global Fund supported treatment sites and furthering efforts to reduce stigma and promote an open and supportive environment through PLHIV networks and support groups.

Clinical services have included a broad range of services provided to HIV-infected 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 PLHWA.

USG partners to date have implemented a variety of facility-based and home or community-based activities for HIV-infected adults and their families that aim to extend and improve quality of life for HIV-infected patients and their families. Partners provide clinical, psychological, spiritual, social, and prevention services throughout the continuum of illness related to HIV infection. Clinical care efforts have included the distribution of home based care (HBC) kits to those infected with HIV. This kit includes insecticide-treated bed nets to prevent malaria, a safe water vessel, water purification tablets, condoms, filter cloth and information, education and communication materials. Partners refer HIV-infected persons to the nearest health facility, and for broad spectrum prophylaxis against OIs, with cotrimoxazole tablets. HIV/AIDS education is a key component of USG adult care and support efforts. Partners have trained peer educators (some of whom are unpaid volunteers), with preferential recruitment of PLWHIV and service providers. These educators and providers, in turn, instruct clients during the distribution of the HBC package. Additionally, they also organize small group discussions as well as community-wide events such as dramas and video viewings to provide education related to HIV and AIDS.

The USG team and partners have worked to identify appropriate and viable systems to link HIV/AIDS with other health services such as antenatal care (ANC), malaria, maternal and child health (MCH), and family planning/reproductive health (FP/RH) and to maximize the health benefits from the delivery of comprehensive services. A mapping exercise of existing HIV services was conducted, including ART clinics, organizations providing care and support and integration with other USG supported projects leading to increased care and support of people testing HIV positive. PEPFAR has also worked to strengthen referral systems by linking HIV infected patients to risk reduction counseling, ensuring reliable access to and promotion of the uptake of condoms, mitigating the morbidity of alcohol abuse, screening for and treatment of STIs, screening for TB, and determining eligibility for highly active antiretroviral treatment.

Through implementing community-based activities and building the capacity of local CBOs, partners have worked to strengthen linkages to MCH/FP, food assistance/security, education, livelihood assistance and micro-finance where feasible. Efforts to standardize and harmonize programming across USG and strengthen capacity building for indigenous groups, including associations of PLHIV to implement HBC programs have been strengthened and a standard package of services is in the final stages of being developed. The HBC team in Yei, Lainya and Morobo comprising of two supervisors and 52 active CHBC workers and volunteers provided services to 168 clients (63 males and 105 females) through 98 home visits in which they provided a minimum of one HBC kit. In order to improve quality of service delivery, follow up meetings have been held on a monthly basis.

Last year a mapping exercise was done to identify the capacity gaps of community based organizations and associations who can benefit from the sub-granting scheme. Following the assessment, clusters of these organizations were formed in Kaya/Morobo, Yei and Juba. International HIV/AIDS Alliance (IHAA) had applied its capacity assessment tool to identify the capacity gaps of 31 CBOs/FBOs in the targeted counties and the capacity assessment of 9 more CBOs working in home based care activities.

PEPFAR partners have also developed a strategy dubbed Accelerated Response Initiative (ARI) aimed at improving access to HIV prevention, HCT and uptake of community home base care and treatment services in four counties of Central Equatorial State.

Through PEPFAR South Sudan, a social marketing program for condoms and water purification products (coordinated with USAID South Sudan health program support) in the major towns of South Sudan is ongoing. These products provide an alternative for replenishing of these supplies by PLWHA.

USG programming has supported the South Sudan People's Liberation Army (SPLA) through of the delivery of prevention and care services to complement the GFATM supported treatment program at the Juba military hospital (JMH). It provides care and treatment for adult and children civilians and military HIV infected members and the JMH serves as the referral care and treatment facility for the SPLA PLHIV who is from regions throughout the country. Additionally, the SPLA program conducts health education and coordinates a PLHIV support group. In the past two years, the PEPFAR-GFATM supported SPLA program has successfully enrolled individuals in care and treatment services.

Key Priorities & Major Goals for Next Two Years
Despite all of the progress made over the last couple of years, progress in care and treatment faces the risk of a major setback in fighting the HIV epidemic by the inability to provide the needed care and treatment necessary to offset the loss of GFATM support. Given the end of GF Round 4 and subsequent unavailability of treatment for newly diagnosed clients through the cancellation of GF Round 11, the impact of care and support activities supported by the USG will be vitally important. Based on the recommendations from an interagency program assessment in June 2011, these activities will focus on health maintenance of HIV-infected clients and their families and retention of HIV-infected clients across the continuum of care from prevention to treatment.

In order to use current resources most efficiently and effectively, and in concert with MOH priorities, care activities will be directed toward geographic areas with a high burden of HIV disease until HIV funding and programs become more widely available. In the new context of limited treatment and prevention services, PEPFAR South Sudan is in the process of identifying and using criteria to identify health facilities that were supported under GFATM funding that may need PEPFAR support for HTC and Care.

1. In selected HIV treatment sites (currently limited by GFATM funding), support will be provided for the provision of select basic HIV care services (e.g., cotrimoxazole prophylaxis, screening for active TB, condom distribution, and linkage to PLHIV support groups). Consideration will be given for the use of nurses or clinical officers from HIV treatment sites to travel intermittently to satellite sites (e.g. PHCCs) within their catchment areas to expand these HIV care services more broadly.

2. In settings where referral to care and treatment services is not feasible, sites offering HTC services will be encouraged to provide HIV-infected patients with a broader basic care package consisting of cotrimoxazole prophylaxis, screening for active TB, distribution and education on the use of condoms, linkage to local PLHIV support services and CD4 staging. PEPFAR South Sudan will need to work closely with the MOH to encourage adoption of any necessary policy changes such as task shifting.

Care services will be steam lined based on evidence and as discussed at an Implementing Partners meeting held in September 2011. The agreed to basic package includes: Staging for eligibility for ART (including obtaining specimens for CD4); Providing cotrimoxazole (CTX); TB screening and referral; Providing condoms; and Linkage to a PLHIV support group. Other services that ideally would be provided are currently not fiscally feasible. In the new context of limited treatment and prevention programs, PEPFAR will use resources for the basic care package for the expected increase in clients. The other services are: Nutritional assessment and support; Provision of insecticide treated bed nets; and Safe water interventions

PwP is a critical component of the care services that requires further strengthening particularly with the current limited availability of treatment, the need to maximize retention and adherence, and minimize the risk to families and partners of PLHIV. Currently PwP activities are inadequately integrated into routine clinical care provided at HIV care and treatment clinics, antenatal clinics, and tuberculosis treatment clinics. It has not been well developed or standardized in PEPFAR programming, creating significant variation in what partners provide in existing programs. As a consequence, PLHIV do not currently receive a comprehensive PwP package. Compliance with the recommendation for partner and family testing would readily identify large numbers of individuals infected with HIV and discordant couples who have a direct impact on the viability of successful therapy for those on ART and health of those not yet accessing treatment.

Retention will become a key priority of care activities, particularly given the need to track patients who test positive but will not be able to initiate therapy due to lack of availability. PEPFAR will encourage the use of MOH M&E Tools, including "Pre-ART" registers at all care and treatment sites, to record all patients enrolled, including those not yet staged, those staged but not eligible for ART, and those who have been referred for ART to maintain vital information to track patients and readily identify those who may be eligible for treatment in the future if treatment resources become available for South Sudan. Pregnant women and children will be prioritized within this group given the interventions available for pregnant women (see PMTCT TAN) and the need to closely follow their exposed infants.

Finally, provision of home-based services will be redirected to selected patients and will concentrate on only cost-effective services (as defined in the basic care package) that have the greatest public health impact (e.g., adherence support, CTX prophylaxis, and screening for TB).

Contributions from or Collaboration with Other Development Partners
The Global Fund for AIDS, Tuberculosis and Malaria (GFATM), implemented by its principal recipient the United Nations Development Programme (UNDP) has been the main funder of HIV treatment activities in South Sudan since the initial Round 4 award in 2006. UNDP reports that 2,375 persons are currently receiving ART, of whom 88 are children. This award also funds PMTCT activities and ARV prophylaxis. The Round 4 funding was due to expire on July 31, 2011 but a no-cost extension was granted through November 30, 2011. A Round 10 Global Fund HIV/AIDS proposal to continue treatment and PMTCT activities was rejected. UNDP, with the support of the GoSS, submitted an emergency continuation application to maintain patients currently on ART through 2013 (decision pending). These funds cannot be utilized to initiate new eligible patients nor for the continuation of PMTCT services. In FY 11 PEPFAR South Sudan requested OGAC support to utilize the emergency Supply Chain Management System (SCMS) commodity mechanism to provide limited HIV rapid tests, cotrimoxazole and ARVs for PMTCT to fill an estimated two year gap between the end of the current GFATM grant and anticipated future funding. The request was granted, however it does not allow for the continuation of ART for eligible mothers post-partum. The SSAC has further requested a $12 million annual budget from the GoSS to support treatment and other services for newly identified HIV positive patients, however, despite approval pre notification of Round 11

cancellation, the current fiscal crisis due to the lack of oil revenue (January 2012), it is nearly impossible that this funding will be available during the current year. The GoSS is currently working with all stake holders including the USG to develop a strategy for the GF Transitional Funding Mechanism should this funding become available to South Sudan.

A top priority for PEPFAR South Sudan remains in the provision of technical assistance to strengthen the Country Coordinating Mechanism (CCM) and upcoming Global Fund applications for 2014 or after. The largest HIV/AIDS donor aside from the USG in South Sudan has been the GFATM necessitating an efficient and strategic GFATM response in South Sudan. Through its participation in GFATM's CCM, PEPFAR will continue to support any future application process by sitting on technical work groups and providing technical consultants for the application process. PEPFAR South Sudan will continue to assist technical committees with progress assessments and implementation as appropriate. In addition to building the capacity of the CCM, PEPFAR South Sudan strives to compliment and leverage other key stakeholders including UNDP, United Nations Children's Fund (UNICEF), Joint United Nations Programme on HIV/AIDS (UNAIDS), and World Health Organization (WHO). For example, PEPFAR South Sudan is working closely with UNICEF in the implementation of PMTCT and HIV testing and counseling (HTC) 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.

Policy Advances or Challenges
PLHIV groups in South Sudan face challenges related to limited access to services, especially due to high mobility of vulnerable populations and large distances between care and treatment delivery sites. Other challenges relate to high levels of stigma and discrimination, alcohol abuse and mental disorders including PTSD. There is an ongoing need to lower the barriers to care and retention in treatment and to maximize post conflict management, including service delivery to post conflict group returnees, current and redeployed soldiers, ex-combatants, and internally displaced persons). These groups can be linked to services such maternal and child health, family planning, and tuberculosis care provided by other donors and can benefit from any investments made to strengthen information management systems to track patients and creative methods to decentralize care. There is a large cadre of community health workers (CHWs) that can play an important role in providing care services. This cadre, however does not have standard training, nor is their role currently well defined by the MOH.

PEPFAR will advocate to the MOH for their support, gradual development and capacity building of these community health workers, including peer educators and counselors, who can promote HIV awareness, encourage HTC, link HIV+ patients to appropriate facility-based services where available, and possibly to provide selected basic HIV care services. The GoSS has committed to achieving universal access to HIV services in South Sudan. However, access to HIV services, and ongoing retention in care, will be severely limited by the high cost of transportation due to high petrol prices and poor road infrastructure. Community-based health workers and PLHIV support groups can be an inexpensive and effective means of delivering messages on positive living and prevention, providing basic HIV care services and facilitating linkage to care. While relatively inexpensive over the long-term, the development of CHW capacity will require significant investments in training and capacity building for existing CHWs to assume these additional tasks. Strengthening a network of community-based health care providers can create a stronger platform upon which other simple services can be integrated and result in greater retention of PLHIV over time. Several models have been used with success, including the use of Village Health Care Workers in Uganda, and will be considered for modification to fit the Southern Sudan context. The USG PEPFAR team will need to work closely with the MOH to encourage any necessary policy changes and to encourage their adoption. South-to-South technical assistance will also be considered in developing training materials, documentation forms and/or appropriate service delivery models. In the meantime, mapping of existing community organizations in South Sudan (taking into account their capacity and activities) can identify areas where the efforts of community-based health workers can be strengthened to have the greatest impact. PEPFAR S Sudan will advocate to GoSS for access to essential drugs and the inclusion of malaria and diarrhea treatment, insecticide treated bed nets, safe water interventions, pain and symptom relief, nutritional assessment and support and related laboratory services.

An additional policy challenge at the national level is the lack of a defined minimum package that constitutes what is reportable as "Care" for PLHIV. This has complicated the reporting system with some partners reporting condom distribution as care while negating other important care elements such as TB screening, family and partner HIV testing and family planning. National HMIS tools have been designed to capture HIV care interventions but not all the critical components are captured or reported. PEPFAR will work with the MOH to review and revise the current tools to ensure all elements of a basic care package (as defined above) are included and that this information is collected in a standardized manner across the country.

Efforts to Achieve Efficiencies
The PEPFAR South Sudan team has made and is considering a number of ways to increase efficiency including under Care. Care services will be directed towards the highest geographic areas with a high burden of HIV disease. Provision of home-based services will be redirected to selected patients and will concentrate on only cost-effective services (as defined in the basic care package) that have the greatest public health impact (e.g., adherence support, CTX prophylaxis, and screening for TB). These measures are necessary to identify and provide services to as many patients as possible under the new context of extremely limited Care services (anticipated to be provided almost entirely by the PEPFAR program.)

Efforts to Build Evidence-Base – How Evidence Informs Strategy & Priorities
South Sudan has limited data on vulnerable populations and the potential drivers of the epidemic. The PEPFAR South Sudan program and the MOH have started to get some of this data and FY12 SI program is focused on obtaining data to better understanding the epidemic. However in FY2011 data from previous surveys became available including the Sudan Household Survey 2010, GoSS ANC Surveillance Survey 2009, the PEPFAR supported SPLA BBSS, and the PEPFAR "Formative Assessment of Most at Risk Populations in South Sudan: Report of Findings 2011" (e.g. "RARE Study"). Findings around alcohol abuse, mental health, stigma and discrimination and harmful gender norms have provided key information that need to be considered including strategies to address harmful gender norms and other combination prevention interventions. Future endeavors to further characterize the epidemic include the SPLA BBSS in Western Equatoria planned for Spring 2012 that will capture HIV and other STI information from a high prevalence state and valuable information about male circumcision in the military population. Other strategic information efforts in FY 12 will provide additional data to prioritize interventions.

Cross-Cutting Program Elements

Key Vulnerable Populations and Targeted Interventions
PEPFAR South Sudan will use the evidence that is coming forward to direct programs to the most at risk populations.

Health Systems Strengthening
HRH: In-service training to improve the quality of prevention, care and treatment service delivery will continue to be supported in FY 12 to build critical capacity across cadres to respond to the HIV epidemic. Consideration of additional cadres for the expansion of basic service delivery for PLHIV will be made in consultation with GoSS. PEPFAR South Sudan is critically looking at the need for standard training curricula for care.

Lab Strengthening: Key to the provision of quality HIV care and treatment is the assurance of quality in HIV testing, staging, monitoring and the diagnosis of OIs, TB and STIs. PEPFAR South Sudan will continue to work with the MOH in the strengthening of the national laboratory system including the National Public Health Laboratory and the development of a Quality Management System as well as with military and other labs to provide timely and quality testing.

Care Areas:

Adult Care and Support: The Adult Care and Support program has critically assessed the current care program, and is in the process of streamlining the care package around effective evidence based interventions aimed to maintain health and improve retention. As a result, there will be a substantial shift in some of the components of the current care package from general care activities towards a focus on the provision of OI prophylaxis, TB screening, targeted HTC around index cases, redoubled efforts around retention, and provision of PwP including condoms and the assessment and management of STIs.

Pediatric Care and Support: PEPFAR does not currently support pediatric care and support although this has been identified as a major gap in HIV programming in South Sudan. PMTCT partners and the USG care, support and treatment assessment teams have recommended starting to program in this area to close critical gaps. However at the current resource level the USG is not able to consider programming in this area. With Headquarter support it is possible that the USG may provide technical assistance to address this need.

TB/HIV: Current PEPFAR support has reactivated the TB/HIV/AIDS coordinating bodies at the National and State levels. PEPFAR will continue to work to leverage and link to other partners working in TB. South Sudan is a Global Fund recipient of $57,694,881 from Rounds 2, 5 and 7 to increase comprehensive and quality delivery of Direct Observed Therapy (DOT) and establish linkages between TB and HIV. These funds have been used to improve TB case detection, provide training on TB case detection, train laboratory technicians, establish TB centers for service delivery, establish a TB/HIV coordinating body develop and distribute educational materials on TB, train health care workers, enhance counseling and testing for HIV in TB infected individuals and ensure linkages to treatment, support and care for co-infected individuals.

Implementing Partners will continue to provide basic TB screening to all clients that test HIV positive and provide referrals to TB treatment. As the TB/HIV/AIDS coordinating bodies become more active it is expected that PEPFAR will be able to better work with the TB units at the county and State levels to improve counseling and testing of TB patients for HIV/AIDS, referrals, and diagnosis with the aim to improve the diagnosis and management of TB in HIV-infected patients.

Food and Nutrition: PEPFAR partners currently do not provide any food and nutrition programming although they encourage partners to help PLHIV groups to network and link with the World Food Program. In addition, the USG is exploring how to link and leverage programming with the USAID FARM project to start income generating activities with PLHIV groups to grow food for consumption and for sale.

Orphans and Vulnerable Children: PEPFAR South Sudan does not fund programming for orphans and vulnerable children.

Technical Area: Governance and Systems

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	811,807	0
HVSI	2,132,353	0
OHSS	623,996	0
Total Technical Area Planned Funding:	**3,568,156**	**0**

Summary:
Country Context

The Republic of South Sudan achieved independence from Sudan on July 9, 2011 following decades of civil war. The Comprehensive Peace Agreement established a transitional period of semi-autonomous governance that culminated with a referendum on January 9, 2011, in which Southern Sudanese chose independence by an overwhelming 99% of the vote. The newly independent country now encompasses approximately one-third of the land area of what was greater Sudan. South Sudan has a population estimated at 8.26 million and is divided into 10 states and 97 counties, with over 90% of the population living in rural areas and surviving on subsistence agriculture or cattle rearing. Prior to independence, PEPFAR Sudan focused its limited resources on southern Sudan due to the higher HIV prevalence and limited resources in the region. The former PEPFAR Sudan program is now officially called PEPFAR South Sudan (PEPFAR-SS) and is comprised of three USG agencies (USAID, HHS/CDC and DoD) and their implementing partners; the program works through partnerships with development agencies to support South Sudan's national HIV response. The PEPFAR South Sudan strategy consists of service delivery in the short-to-medium term and focused technical assistance to strengthen national health systems for an enhanced, sustainable and country-owned approach in the medium term. PEPFAR South Sudan further provides technical assistance to strengthen the capacity of the Government of South Sudan (GoSS) through the Ministry of Health (MOH), the South Sudan AIDS Commission (SSAC) and other national structures to ensure the HIV response is country-led.

Years of conflict and neglect have left South Sudan's health system and infrastructure weak. In an address to the UN General Assembly on September 23, 2011, the President of South Sudan, General Salva Kiir Mayardit, stated, "Even before the ravages of war set in, our country never had anything worth rebuilding. Hence we characterize our post conflict mission as one of construction rather than reconstruction." The civil war devastated the few basic services and destroyed nearly all infrastructures which existed, including health care, roads, and schools. What physical infrastructure does exist is minimal and frequently in disrepair. There are a mere 190 physicians serving South Sudan; nurses, midwives, laboratory technicians and health professionals are also in scarce supply. There are very few education programs to train the health care workforce, and investments in primary, secondary, and tertiary education are unable to meet current and future needs. The proportion of women who can read and write is less than half that of men 15-49 years of age, 14.5% versus 35.4% (South Sudan Household Health Survey, 2010). Parallel supply chains for over 90 NGOs outside the MOH procurement system complicate logistics and distribution of critical supplies. Combined with limited data use to inform forecasting and procurement, this results in frequent supply stock outs of commodities including HIV test kits, and antiretroviral and other HIV medications at health facilities. Finally, the HIV epidemic in South Sudan is not well understood. A dilapidated transportation infrastructure and limited human capacity hinder the collection of high quality demographic and epidemiologic data. It is certain, however, that with high rates of extreme poverty, several million refugees and internally displaced persons, and a virtually non-existent health system, South Sudan is highly vulnerable to the HIV/AIDS epidemic.

Elements for the potential rapid spread of HIV that are present in South Sudan include:

- *Concentrated areas of high HIV seroprevalence that exist along the borders with Uganda, the Democratic Republic of Congo (DRC), and the Central African Republic (CAR).*
- *Refugees that have returned in large numbers from neighboring high HIV prevalence countries such as Kenya, Uganda, and DRC.*
- *Trade and transport are expanding into rural areas with the construction of new roads.*
- *Sex work has become common in urban areas and transport hubs, with many sex workers coming from neighboring countries.*

South Sudan has among the highest maternal mortality (2,037/100,000) and child survival measures (under-5 mortality rate of 106/1,000) in the world. The country is experiencing a generalized HIV epidemic with a prevalence of 3.0% with geographic areas of hyperendemicity with HIV prevalence as high as 15.7%. At the state level HIV prevalence ranges from 0% (Northern Bahr el Ghazal) to 7.2% (Western Equatoria) (GoSS ANC Sentinel Surveillance, 2009). Available evidence indicates that knowledge and awareness of HIV transmission remains low across South Sudan and considerable stigma surrounds the disease. Just 20.1% of women know effective methods to prevent HIV, while only 9.5% of women had comprehensive knowledge of HIV transmission; 42% of women know

that HIV can be transmitted from mother-to-child; 41% of women and 58% of men know that condoms can prevent HIV infection; and only 1.6% of women and 3.5% of men used a condom at last sexual intercourse (Sudan Household Health Survey, 2010).

The Government of South Sudan continues to grow in terms of size and capacity in order to fulfill state functions but within a very complex environment; the MOH is further challenged by the many demands of building a health infrastructure and responding to health care expectations of citizens. The health system is decentralized with each State MOH (SMOH) responsible for service provision through the county MOH. At each tier the number of management and technical staff is limited. Many dedicated MOH and SSAC officials are limited in conducting their management roles and responsibilities. This limited institutional capacity further hinders service provision. However, despite the numerous constraints and challenges facing HIV/AIDS programming in South Sudan, there are also many opportunities for USG contributions to strengthen the national response in the immediate future while strengthening country capacity to sustain new health systems and even improve the response in the long term.

National Response to HIV/AIDS
The MOH and the SSAC are committed to directing a coordinated country response for addressing the HIV/AIDS epidemic. They have shown leadership in the development and adoption of a National HIV/AIDS Strategic Framework (SSHASF 2008-2012) in 2008 with technical support from other stakeholders. PEPFAR South Sudan continues to structure its assistance and interventions in support of this Framework. The USG supports programs that strengthen the ability of the GoSS to fight the HIV/AIDS epidemic through education, prevention of new infections, and providing care and treatment to people living with HIV and AIDS. PEPFAR works with the MOH to implement health system strengthening activities including developing national policies and strategies such as the Health Policy of the Government of Southern Sudan (2007-2011), the HIV/AIDS Monitoring & Evaluation Framework, National Medical Laboratory Policy (2010) and National Medical Laboratory Strategic Plan (2011-2015), and the South Sudan Development Plan (2011-2013).

The GoSS is developing its second National HIV/AIDS Strategic Framework (SSHASF-2), which outlines goals to reduce new infections, reduce 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 HIV/AIDS Strategic Frameworks emphasize capacity building and strengthening 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 strengthens the broader health and social service systems. Specifically, the SSHASF-2 aims to achieve:

- *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 people living with HIV (PLHIV) will receive comprehensive HIV care and support;*
- *70% of HIV positive pregnant women will complete a course of antiretroviral (ARV) prophylaxis;*
- *100% of PLHIV who are eligible for ART will receive treatment;*
- *Reduce social stigma related to HIV/AIDS.*

PEPFAR South Sudan is oriented to support the five-year HIV/AIDS Strategic Frameworks and reinforce other PEPFAR and USG investments in health and development that will lead to a healthier, better educated, and more productive population. By linking the HIV/AIDS response with South Sudan's development response there will be increased ownership of the HIV/AIDS program by the GoSS and a decreased need over time for PEPFAR South Sudan resources. In FY12, PEPFAR will support SSHASF-2 goals by focusing on:

- *High quality, targeted HIV prevention services including a focus on prevention of mother-to-child transmission (PMTCT),*
- *Improved quality of care and support services to PLHIV,*
- *Strengthening workforce and public health capacity through in-service training of health cadres,*
- *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 National Laboratory Strategic Plan.*

Partnerships and Donor Response
The Global Fund for AIDS, Tuberculosis and Malaria (GFATM), implemented by its principal recipient the United Nations Development Programme (UNDP) has been the main funder of HIV programs in South Sudan since the initial Round 4 award in 2006 and has been the only funder for HIV treatment drugs. UNDP reports that 2,375 persons are currently receiving ART, of whom 88 are children. This award also funded PMTCT activities and ARV prophylaxis. The Round 4 funding was granted a four month no-cost extension through November 30, 2011.

The GoSS was not successful for HIV GFATM awards in Rounds 9 or 10 and the Round 4 resources are now exhausted. With the cancelation of Round 11, the GoSS' strategy, and subsequently that of PEPFAR, has been changed. UNDP, with the support of the GoSS, submitted an emergency continuation application to maintain patients currently on ART through 2013 (decision pending). As these funds may not be used to continue PMTCT services, PEPFAR South Sudan requested OGAC support in the summer of 2011 to utilize the emergency Supply Chain Management System (SCMS) commodity mechanism. This request was granted and PEPFAR will provide HIV rapid tests, cotrimoxazole and ARVs for PMTCT during the current gap between the end of the GFATM grant and anticipated future funding. Although the SSAC requested an annual budget of $12 million from the GoSS to support treatment and other services for newly identified HIV positive patients, the current fiscal crisis in South Sudan due to the closure of the oil pipeline (January 2012) makes it nearly impossible for these funds to be made available.

The USG continues to work with GoSS on GFATM applications (TB) and continuum of services awards. At this time the only funds available for treatment are from the CoS for patients identified before Nov. 30, 2011 and PEPFAR funds for PMTCT programs. PEPFAR South Sudan is reassessing how best to use the PEPFAR funds in the new country context of extremely limited treatment services. The historical focus of the PEPFAR South Sudan program as well as shifts in the program initiated before the current crisis provides a foundation for assisting the GoSS in the current situation. We will continue to assess how we can do more with our resources. The PEPFAR focus include: service delivery in the highest prevalence geographic areas, a concentration within those areas on locations where HIV positive persons are found, a move to ensure the same quality Care services through all PEPFAR projects, and a shift to PITC as a move to both a more sustainable HTC method and one that can more quickly identify HIV positive persons.

Technical assistance to strengthen the Country Coordinating Mechanism (CCM) remains a high priority of PEPFAR South Sudan. This support will include technical consultants, assistance to technical committees with progress assessments and implementation as appropriate. In addition to building the capacity of the CCM, PEPFAR South Sudan strives to compliment and leverage other key stakeholders including UNDP, United Nations Children's Fund (UNICEF), Joint United Nations Programme on HIV/AIDS (UNAIDS), and World Health Organization (WHO). For example, PEPFAR South Sudan is working closely with UNICEF in the implementation of PMTCT and HIV testing and counseling (HTC) 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.

Key Priority Area Technical Descriptions
1. Global Health Initiative:
While South Sudan has been allowed to postpone the development of a Global Health Initiative (GHI) strategy, the PEPFAR strategy is guided by GHI principles including collaborating with the GoSS for impact, expanding interventions that have proven results, and building stronger health systems. PEPFAR South Sudan also supports gender equality and improving health outcomes for women and girls. To ensure that programs are addressing the gendered dynamics of the epidemic, gender issues will be included in all planned formative research in FY12. All PEPFAR South Sudan investments support country-led plans to build sustainable health systems. This strategy will strengthen capacity of national structures to develop and implement high-quality data-driven HIV programming.

PEPFAR South Sudan supports the government's effort to prevent and identify new HIV infections in the general population and targeted high-risk groups through biomedical and behavioral interventions including PMTCT, condom promotion, HTC, and sexual behavior change communication. These efforts exist within the context of a wider systems strengthening approach to HIV prevention and are closely aligned with the strategies and priorities outlined by the MOH and SSAC. An example of the success of this collaboration is that by mid-2011, over half of the 749 HIV positive pregnant women who received ARV prophylaxis to prevent mother to child transmission of HIV were identified through PEPFAR sites.

PEPFAR South Sudan is helping the MOH to move towards a four prong approach to PMTCT to provide comprehensive care for women, their children, and their partners. This is being accomplished through building capacity within ANC centers by providing training and supplies to conduct PMTCT as well as training on the provision of PMTCT. To further improve the quality and effectiveness of HIV prevention interventions, contribute to the strengthening of health systems and improve the health outcomes of women in South Sudan, PEPFAR supports the model of care that integrates PMTCT, family planning/reproductive health, and maternal-child health (MCH) services. Discussions regarding the integration of other programs and services at the state level are ongoing, including with the MOH's reproductive health department and the expanded program on immunization (EPI) department.

PEPFAR South Sudan's commitment to strengthening and leveraging key partnerships is exemplified by its collaboration of implementing partners linking with the MOH's Global Fund-supported ART program to provide ART. A further example is the work at one clinic to strengthen the capacity of the military to provide high quality treatment services, with the treatment itself being provided by the Global Fund.

Care and support has been available to all South Sudanese identified as infected with HIV. Care and support is built into the HTC and ART programs in accordance with the national HTC guidelines. PEPFAR-SS supports the provision of basic care to all HIV positive individuals with a minimum package of services for South Sudan, referred to as the "basic care package". This package is being scaled-up and is to be provided by all PEPFAR partners in FY12. The basic care package includes: provision and promotion of condoms, provision of cotrimoxazole, staging and referral for ART, TB screening, and linkages to PLHIV community support groups. The strategy will involve providing the national Pre-ART registers to all partners that will help ensure the consistent care and monitoring of HIV positive patients until they are eligible to be enrolled in treatment services.

2. Leadership, Governance and Capacity Building:
In FY12, PEPFAR will continue to work through partnerships to strengthen MOH capacity in governance, leadership, policy, and finance through its contribution to the development of and implementation support for policies, guidelines, protocols, and coordination of HIV programming. At a system-wide level, it will coordinate with the MOH to support the integration of HIV/AIDS services into existing health care services to ensure a continuum of response.

PEPFAR South Sudan employs several activities to support health system strengthening related to the design and implementation of health programs. These include:
- *Technical support for the MOH officials to develop policies and guidelines.*
- *Training to targeted state and county health officials on management and leadership as well as finance and budgeting.*
- *Participation on technical work groups to develop and review Standard Operating Procedures such as for laboratory services.*
- *Train-the-trainer workshops for government and military health workers for HIV/AIDS counselors and testers and to support Care programs.*
- *Embedding a Monitoring and Evaluation Advisor within the MOH to mentor staff.*
- *Technical assistance to strengthen the governing capacity of the CCM including rewriting of the constitution, establishing conflict of interest policy, and training on using a Dashboard for monitoring activities*

- *Technical assistance and training to establish a national laboratory quality management system*
- *Support to the Nursing and Midwife Association to receive training and mentorship to develop appropriate regulations for their profession*

At the facility level, in-service training of health care workers will enhance the skills of medical professionals to implement HIV programs including PITC and PMTCT. Training in personnel management, organizational development, leadership, computer skills and the development of policy, frameworks and guidelines will also be provided to state and county health officers. At the community level, PEPFAR will strengthen the leadership and capacity of civil society groups including NGOs and other local stakeholders through the provision of technical assistance in developing strategies, policy, implementation, evaluation of prevention initiatives and continued financial assistance in the procurement of supplies. Projects will also build the capacity at the community level through training and capacity building of midwives and community members to serve as home-based care workers to enable them to provide quality health services. The home based care programs are conducted through partner programs. In the medium term, PEPFAR South Sudan plans to review and update the curriculum for certificate and diploma laboratory training programs.

Support for the South Sudan military has focused on strengthening the capacity of the military's HIV Secretariat to develop and deliver HIV/AIDS prevention programs. Technical support by PEPFAR includes fostering military to military collaboration with neighboring countries (Uganda and Kenya) to share best practices and get a buy-in for leadership support of HIV programs.

PEPFAR South Sudan works directly with the MOH in all areas, often providing technical expertise that is lacking among the MOH staff. Through this regular communication with the MOH, the ideas and suggestions provided by PEPFAR are well regarded. PEPFAR has also provided leadership training to various MOH officials to provide a context for the need to develop policies and to ensure an effective continuum of response.

3. Strategic Information:

Given the lack of sufficient information on the HIV epidemic in South Sudan, PEPFAR South Sudan has placed considerable importance on supporting the MOH to develop an evidence-base from which to build its response. A USG PEPFAR Strategic Information Advisor is expected to start in early 2012. In FY11 PEPFAR South Sudan completed a qualitative survey of female sex workers, long distance truck drivers and motorcycle taxi drivers as well as a bio-behavioral survey among the military. The results from the 2009 ANC surveillance survey were also released. The results of these studies will be included in the epidemiologic profile that PEPFAR South Sudan is developing to better describe the epidemic in South Sudan and support future funding requests.

In FY11 PEPFAR South Sudan helped develop the HIV components of the national health information system data collection form in an effort to standardize required data elements to meet the needs of the MOH, PEPFAR and the Global Fund. PEPFAR South Sudan further supported the MOH to develop a protocol for the 2011/12 ANC survey, which will be expanded from 24 sites in 2009 to 37 sites. The survey will be implemented entirely by the MOH with analytic and financial support provided by PEPFAR South Sudan. The limited number of staff in the MOH has resulted in many delays to this survey. Strengthening the capacity of the MOH to conduct strategic information (SI) activities will remain a priority. We will continue to provide technical support for surveillance, monitoring and evaluation (M&E), data quality assessments, and the harmonization of indicators. PEPFAR South Sudan will support the MOH to develop a surveillance strategic plan and assist in the implementation of its M&E strategy, including rolling out its health information system.

PEPFAR South Sudan will continue to support the GoSS to develop an evidence-base for decision making for policy and programming in addition to strengthening the M&E of programs by placing an M&E Advisor in the MOH who will also support SSAC. The Advisor will support the MOH in standardizing data collection tools and processes throughout South Sudan, and to identify and develop data collections to monitor and evaluate the epidemic and inform future HIV programming.

Additionally, PEPFAR South Sudan will support the following SI activities in FY12:

- *Support the MOH to conduct an ANC survey, analyze data and write a report.*

- *Conduct bio-behavioral surveys of female sex workers, long distance truck drivers, and the military, and conducting formative research to identify other groups at higher risk of HIV.*
- *Develop a national HIV case reporting system with the MOH.*
- *Support the MOH and implementing partners to collect accurate and reliable data by conducting a PMTCT data quality assessment with a view toward using PMTCT data for HIV surveillance.*
- *Implement a data collection tool among PEPFAR partners to collect real-time bio-behavioral data from people accessing HTC services. This will serve as a stop-gap measure until data from other studies are available. The MOH may expand the use of the data collection tool to non-PEPFAR sites in future years.*
- *Conduct an HIV incidence false recent rate survey to lay the groundwork for future incidence testing of biological specimens from large surveys.*
- *Support the MOH to track HIV prevalence among volunteer blood donors and TB patients.*

4. Service Delivery

PEPFAR South Sudan services and interventions are implemented in conjunction with and integrated among capacity building efforts aimed to build the government, private sector, military, and civil society's ability to own and eventually sustain a coordinated and quality HIV response.

PEPFAR partners provide prevention as well as care and support services to HIV infected and affected populations with most of its activities in Central and Western Equatoria states. As previously described, PEPFAR supports the model of care that integrates PMTCT, family planning/reproductive health, and maternal-child health (MCH) services. A continuum of response approach has been developed with the goals to: assure and improve upon the sustainability of existing service systems; improve access and distribution of services; reduce HIV transmission; improve retention and adherence of HIV positive clients in care and treatment programs; and improve client, family and community health outcomes. To provide effective oversight and ensure this continuum of response approach is successful, PEPFAR partners will focus their resources to sites with higher HIV prevalence (which may require shifting resources), which will improve access to services in these areas, and will result in increased linkage of prevention, care and support services. As previously mentioned, PEPFAR is scaling up support to provide the "basic care package" (condoms, cotrimoxazole, staging and referral for ART, TB screening, and linkages to PLHIV community support groups) to all HIV positive individuals receiving services at PEPFAR sites. The use of MOH approved Pre-ART registers by PEPFAR-supported partners will assist them in providing consistent, quality care to HIV-infected patients until they enroll for treatment services and will provide a monitoring mechanism to improve retention in care. PEPFAR South Sudan will work with partners to use monitoring and evaluation data to improve program quality.

5. Human Resources for Health

South Sudan faces severe health workforce shortages and a lack of qualified personnel to manage health facilities at all levels. Most health units depend on community health workers (CHWs) and midwives who complete nine months of training and typically have no more than a primary school education for their core personnel. Qualified health workers (doctors, nurses, laboratory technologists, etc.) are concentrated in the major towns. The need for trained laboratory personnel and midwives is large. Midwives are key to the provision of ANC, PMTCT and Emergency Obstetric Care services but there is a shortage of trained Midwives in the Country. The amount of formal laboratory training varies for staff; some have no formal laboratory training and are not licensed by the medical council while others have received only specialized training. Filling positions for laboratory personnel and health care workers particularly those requiring higher levels of training, remains a challenge. The problem is further compounded by turn-over of health personnel leaving the public sector for the private sector for better pay and benefits and the lack of a retention policy. USG plans to provide support in FY12 to GoSS/MOH in the development of a retention policy for health personnel, which will require new health personnel to be obligated to work in the public sector for a minimum time period. In FY12, PEPFAR will continue to support the MOH in enhancing the capacity of the existing health personnel through in-service training and technical support. PEPFAR South Sudan in collaboration with the South Sudan USAID Health team is also exploring the possibility of supporting pre-service training for midwives and other key health personnel.

To address the lack of health care personnel PEPFAR, in collaboration with the Directorate of Training and

Professional Development in the MOH, will support a variety of training activities including:

- *Review and update the current laboratory curriculum for medical laboratory technicians and technologists.*
- *Train laboratory managers on laboratory strategic management, laboratory techniques, and biosafety.*
- *Provide refresher trainings for counselors on HIV testing, collecting dry blood spots and conducting quality control using the MOH curriculum for HTC.*
- *Train midwives to provide PMTCT-related activities.*
- *Train nurses and other health care workers on provider-initiated counseling and testing (PITC).*
- *Train health officers on monitoring, evaluation and surveillance.*
- *Train health workers on PMTCT interventions, laboratory techniques and HIV/AIDS management skills.*
- *Support for nursing and midwifery leadership to participate in the African Health Profession Regulatory Collaborative (ARC) to lay the foundation for a strong regulatory body for this cadre to address issues such as task-shifting, credentialing, licensing, and accreditation.*
- *PEPFAR will conduct an assessment of the pre-service training schools and provide relevant support based on the recommendations of the assessment.*

6. Laboratory Strengthening

Medical laboratory services existed for many years in South Sudan without the direction of a national laboratory policy, greatly crippling the laboratory infrastructure and leading to poor mobilization and allocation of resources. With the support of PEPFAR, the GoSS developed the National Medical Laboratory Policy in 2010 which outlines the framework for a national quality-assured network of tiered laboratories to provide health care services at all levels. In 2011 the 2011-2015 National Medical Laboratory Strategic Plan (NMLSP) was developed by GoSS, outlining the planning, implementation, monitoring and evaluation of the laboratory policies for South Sudan.

PEPFAR South Sudan has prioritized supporting the MOH in strengthening the national laboratory system to achieve the goals outlined in the NMLSP. The ultimate outcome is a national integrated quality-assured network of tiered laboratories. To build the foundation of a fully functional, quality assured laboratory system that will include standardization of clinical services performed at each tier, training and retention programs for laboratory staff, development of a functioning and coordinated sample referral system, and development of national biosafety guidelines, and development and implementation of a Quality Management System (QMS). PEPFAR South Sudan will focus on the basic building blocks of a QMS by supporting the MOH to implement quality assurance measures that include:

- *standardizing lab testing menus at each laboratory level within the tiered system*
- *developing and implementing standard operating procedures for each test performed at all testing facilities*
- *standardizing recording of laboratory results through the use of a standardized logbook at all testing facilities*
- *using quality control panels to monitor test kit performance and lot-to-lot validation*
- *developing and implementing an EQA program through the use of dried tube specimens to monitor the proficiency of counselors and laboratory workers at HTC sites*
- *enrolling laboratories in EQA proficiency testing programs for HIV EIA and CD4 testing.*

PEPFAR South Sudan will support the MOH to identify and train Quality Assurance managers at each laboratory level as well as pilot the Basic Laboratory Information System (BLIS), a robust system developed by Georgia Tech University and HHS/CDC to address the specific needs of laboratory data collection and management from specimen receipt to results reporting in resource-constrained laboratories with limited or no IT equipment and across sites with good to no internet availability. It is meant to be an effective and sustainable enhancement to manual logs and paper-based approaches. The goal will be to roll out the system to all laboratories within the network starting in FY13.

Other activities to be supported in FY2012 to strengthen the national laboratory system include establishing a South Sudan Laboratory Technical Working Group (SSLTWG) that will serve as an advisory board to the MOH and lead laboratory activities to achieve the goals in the NMLSP; conducting an assessment of the National Public Health Laboratory building to determine areas that need to be addressed in order to make it operational; and continue

providing support for the HIV diagnostics external quality assurance (EQA) testing began at the Juba Teaching Hospital laboratory in FY11 including procurement of supplies and enrolling the serology laboratory into Serology EQA program based in Atlanta, GA.

7. Health Efficiency and Financing

The PEPFAR South Sudan team continues to look for ways to maximize resources in order to have the biggest impact. A number of strategies have been used in order to ensure the maximum use of PEPFAR resources. In FY11 two OGAC technical review teams were invited to South Sudan to guide future programming. Based on their feedback PEPFAR South Sudan has already begun reorienting programs to ensure greater efficacy and efficiency. The largest shifts are: a) moving implementing partner sites, programs and services to areas where more HIV positive persons will be detected; b) transitioning to PITC; c) improving the quality and focus of care programs to those who need them most; and d) supporting implementation of a laboratory QMS as the foundation for the national laboratory network. This strategy enables PEPFAR to strengthen the overall health care system in key areas, implement best practices at the facility level that will be sustainable, and continues to assist the MOH with data that defines the epidemic so that resources can be further targeted.

The PEPFAR team holds regular meetings with partners (2-4 per year) to improve program quality, reduce duplication, and maximize sharing of information and strategies. FY12 PEPFAR South Sudan will request support from agency Headquarters to perform costing activities. To help guide current planning PEPFAR South Sudan has made use of the 2011 report by Health Systems 20/20 "Sustainability Analysis of HIV/AIDS Services: Southern Sudan". This PEPFAR supported report was conducted to provide analysis to the SSAC of country information on the unit costs and five-year resource requirements for the SSAC program. The SSAC as well as PEPFAR and other stakeholders will be able to use this analysis to scale up programs.

The South Sudan PEPFAR program aims to ensure sustainability by working within the MOH system. HTC sites are located within health facilities and most staff is from the facilities. Care activities are linked with MOH ART sites funded through the GFATM. PEPFAR South Sudan is further increasing coordination with WHO to leverage resources in the areas of in-service training for surveillance officers and laboratory activities.

8. Supply Chain and Logistics

Supply of testing kits and other related laboratory commodities has been a challenge in South Sudan due to the lack of storage facilities and high freight costs. Previously, laboratory supplies and HIV test kits were stored outside the country at the Supply Chain Management System (SCMS) Regional Warehouse; CDC facilitated the downloading of supplies to the CDC/Kenya office where each partner had to collect and ship the supplies to South Sudan. In FY11 SCMS began transporting commodities directly into Juba. Once in Juba, the commodities are distributed to PEPFAR partners by an SCMS agent. During the transition period there were delays in commodity delivery; however, now that SCMS understands the customs and other procedures for RSS, the time for delivering commodities to the partners has been greatly reduced. Partners are able to store commodities in their facilities and manage stock without much additional support from PEPFAR staff, resulting in improved availability and information within the supply chain system for decision making.

The MOH has its own procurement and logistics section which operates independently of the PEPFAR system. The delivery of supplies to MOH facilities is erratic and not dependent on the needs at the different levels of health care due to the push (kit) system that is in use. This has resulted in some facilities receiving some excess commodities while stocking out in others, and some facilities may not receive any commodities or may receive a level below their utilization rates.

9. Gender

Partners that provide care and support services will leverage gender-based violence support services provided by the American Refugee Committee in sites where both of them are operating. Military and other partner programs will develop and incorporate into prevention curricula key aspects related to male norms and the reduction of sexual coercion. The integration of PITC and increased advocacy for couple's testing should also begin to address

gender issues. The model of care that integrates PMTCT, family planning/reproductive health, and maternal-child health (MCH) services will not only strengthen health systems, but will improve the health outcomes of women in South Sudan. Baseline assessments by PEPFAR partners during services provision and SI activities will assist in identifying which areas will need to be addressed in future programming. In addition routine PEPFAR M&E and other data collection will also enable the USG to better assess gender in its programming as data is disaggregated by sex.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	1,680,123	0
Total Technical Area Planned Funding:	**1,680,123**	**0**

Summary:
(No data provided.)

Technical Area: Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	104,000	0
HVAB	503,359	0
HVCT	2,644,890	0
HVOP	1,892,582	0
MTCT	1,856,704	0
Total Technical Area Planned Funding:	**7,001,535**	**0**

Summary:

Overview
Key Populations Geographic Location, Incidence, Prevalence-by Age & Sex
Approximately fifty percent of South Sudan's estimated 8.26 million people (Sudan National Census, 2008) are of reproductive age (15-49 years). The bi-annual MOH ANC surveillance survey data is used for estimating national and state level prevalence levels. From the Southern Sudan Antenatal Care Clinics Sentinel Surveillance Report: 2009 (ANC Surveillance Report 2009), the national HIV prevalence is estimated at 3.0% with a high variability between the ten states ranging from 0.0% to 7.2%. The three Equatoria states have the highest prevalence levels: Western Equatoria (WES)-7.2%; Central Equatoria (CES)-3.9%; and Eastern Equatoria (EES)-3.3%. There are three states with a prevalence level between 2.1% and 2.7% (Upper Nile-2.7%; Lakes-2.5%; Joonglei-2.1%). The remaining four states have a prevalence rate below two percent (Unity-1.6%; Western Bahr El Ghazel (WBEG)-1.3%; Waarap-0.7%; and Northern Bahr El Ghazal (NBEG)-0.0%).

The 2009 ANC data also indicates that there are differences between age groups; although the differences are likely not statistically significant that prevalence is higher among the younger age groups suggests that there is high

HIV-related mortality or that the epidemic has yet to mature in South Sudan. It also highlights that many women likely become infected with HIV in the few years following sexual debut. The prevalence follows: 15-19 yrs-2.3%; 20-24yrs-3.3%; 25-29 yrs-3.2%; 30-34 yrs-3.4%; 35-39 yrs-2.4%; 40-44 yrs-2.3%; over 44 years-0.0%.

From the beginning of the PEPFAR South Sudan program identified WES, CES, and EES as for prevention activities due to the then perceived higher HIV prevalence rate. In addition the major transportation routes in South Sudan go through these states; as the war ended the borders opened for trade and commerce. The primary borders along South Sudan for trade are those of Uganda, Kenya, DRC, CAR, and Ethiopia – all high HIV prevalence countries. Recent internal PEPFAR South Sudan HTC data indicates that the populations that live on or very near the major roads are most at risk for HIV; as one moves away from the major roads less HIV is detected. The populations of the Equatoria states remain a key population over the next two years for prevention activities with a focus within these states of the areas where HIV is highest. In addition PEPAR will assess population centers with higher HIV prevalence in the other states to determine if the PEPFAR program needs to shift resources to those sites.

The military also remains a key population for prevention activities. Data from the Sudan People's Liberation Army (SPLA) bio-behavioral surveillance survey (BBSS) conducted in 2010 showed an overall HIV prevalence of 4.4% (range 2.4%-6.6%) and representing 8 base locations. Results show that the military population is highly mobile, predominantly male, and young and many reported having multiple wives or live-in partners. High risk sexual behaviors included a large number of married individuals reporting other sexual partners, over one-fifth of sexually active participants reporting multiple sexual partners and about 15% of individuals reporting having had an STI. Higher self-reported STIs correlated with men who reported a history of sexual coercion, probable PTSD, screening positive for major depression and high levels of alcohol use.

Population size Estimates of MARPs and Contributions to Overall HIV Incidence
South Sudan does not have population size estimates of MARPs or the other vulnerable populations. This continues to be an identified information gap. HIV transmission in South Sudan is assumed to be driven by heterosexual practices of multiple and concurrent sexual partnerships, transactional and intergenerational sex. In FY2011 a formative study of MARPS was conducted among commercial sex workers (CSWs) and their clients, long distance truckers (LDTs), and boda boda drivers (BBDs) or motorcycle taxi drivers. It revealed a high degree of mobility of CSWs and LDTs, high rates of unprotected sex among CSWs, multiple casual partners among LDTs, low self-perception of HIV risk among BBDs, problems of alcohol and reported high rates of gender violence. Further behavior surveillance studies (BSS) will begin in FY2012 to better define and understand the most-at-risk-groups in South Sudan.

Key Risk Factors
HIV awareness is very low among the general population as is knowledge of correct and comprehensive prevention methods; the military resembles the general population in awareness, knowledge and comprehension of HIV. The 2010 Southern Sudan Household Survey-MOH reported very low levels of comprehensive knowledge of HIV/AIDS (9.5%), as well as low levels of women who have ever been tested for HIV and know their results (9.4%). According to the 2006 Sudan Household Health Survey, 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 intercourse. A 2007 survey undertaken in Juba County (South Sudan's largest urban center) by UNHCR found men and women aged 15-49 who had more than one sexual partner in the past 12 months reported using a condom during their last sexual relationship only 39.6% of the time.

Elements for the potential rapid spread of HIV are present in South Sudan and include:
- *Concentrated areas of high seroprevalence exist along the borders with Uganda, Democratic Republic of the Congo (DRC), and the Central African Republic.*
- *Refugees are returning in large numbers from neighboring high prevalence countries such as Ethiopia, Kenya, Uganda, and DRC.*
- *Trade and transport are flourishing as road construction projects get underway with hundreds of truckers transiting daily, often spending days or weeks covering cities and small towns along major transport corridors.*

- *The military is highly mobile, deployed to many regions throughout the country, including being stationed in transportation hubs, as are unemployed, demobilized former soldiers.*
- *Poorly educated, widely dispersed populations living in hard to reach areas.*

Influence of gender issues
The extremely low development indicators in South Sudan are even lower for women. This translates into several layers of ender issues that influence risk for HIV. For example the literacy rate for women is only 14.5% and only 21.8% of girls attend primary school (Sudan Household Health Survey, 2010). Data from several studies indicate that gender based violence is common in South Sudan. The ROADS II Behavioral Monitoring Survey for MARPs in South Sudan Juba, Rumbek and Morobo 200-2009 by FHI reported that 37% of female respondents in Juba and Morobo reported experiencing at least one form of gender-based violence. From the SPLA SSBB-2010, 22% of respondents believe that women are raped because of something they said. The Qualitative Assessment of MARPS-Report Findings 2011 reports that acts of violence associated with CSWs were mentioned frequently and included forced sex and rape without a condom and beatings for insisting on condom use. More than half of both male and female survey participants agree that men were justified in beating their wives if they argue or refuse to have sex with their husbands or go out without telling him (Southern Sudan 2010 Household Survey Abridged Report -MOH).

Influence of other social/cultural factors
The early age of first intercourse can be seen in the rate of births among adolescents. In South Sudan, one third of the 15-19 year old females have started childbearing, 30% have had a live birth and 5.3% are pregnant with their first child. Women ages 15-19 with no formal education were more likely to already have had a live birth (32.6%) than women with either a primary (19.4%) or a secondary education (12.9%).

Implementing partners have reported informally a number of social/cultural factors that may be key factors to identifying both barriers and opportunities to stopping the spread of HIV/AIDS. One example is the practice in one community that encourages young girls (14 years of age) to have male visitors with the intention of the girl becoming pregnant from a man with some wealth and this will be used to pay the family. The girl is given her own room at the house to entertain men. In order to determine specific social or cultural factors such as these, Partners as well as PEPFAR will conduct assessments at the community level during the next two years.

Sources of the next 1,000 Infections
South Sudan is developing a data collection tool to assist PEPFAR partners to collect real time bio-behavioral data about HTC clients to help determine where new infections are coming from. PEPFAR is considering support to the MOH for a national case reporting system. Because incidence testing is currently beyond the reach of South Sudan given its HIV prevalence, these and other surveillance data can be triangulated to support identification of where new infections are coming from.

Use of Epidemiological data to Support Prevention Portfolio Investments
Epidemiological data is being used to better identify those most at risk of HIV. Results are being used to further focus the PEPFAR South Sudan prevention programs to better reach the more at risk and vulnerable populations. The ANC Surveillance Survey is being used to identify more specific geographic areas of higher prevalence with a look at moving prevention programs to other sites. Information from the SPLA SSBB and the Qualitative Assessment of MARPS-Report Findings 2011 is being used by partners to both determine the more-at-risk populations in their communities and for use in developing community assessments of risk behavior.

Overarching Accomplishments in Last 1-2 Years
Despite South Sudan's critical lack of infrastructure and human resource capacity for health, PEPFAR partners had many achievements in FY10-11. Some of the most notable achievements in HIV prevention include:
- *A national HTC training curriculum for South Sudan is in draft. Over 130 VCT counselors have been trained, of whom, about 100 are currently offering VCT services at the 43 PEPFAR supported sites.*
- *Community outreach activities in Juba in 2010 trained a total of 750 (659 males and 91 females) pharmacy*

and drug store personnel (whose facilities are frequented by truck drivers, cross border traders and local community members) in sexual risk prevention messages.

- *Community oriented information resources including flipcharts, leaflets and booklets were developed and distributed to trained health personnel at participating facilities to assist in the dissemination of prevention messages.*
- *In FY11, a PEPFAR partner successfully conducted an exit interview exercise of 150 clients, analyzed the data and obtained useful information which they are now using to inform HTC programming in FY 12-13.*
- *An important milestone in QA capacity building was achieved in the transfer of QA laboratory validation processes previously conducted in CDC's Kenya laboratory to Juba Teaching Hospital in FY11.*
- *In FY11, efficiency in supply chain management was gained when HIV test kits and commodities began being shipped directly to PEPFAR implementing partners in RSS.*

Key Priorities & Major Goals for the Next Two Years

In order to maximize utility of the limited PEPFAR funding and in response to the impending closure of Global Fund HTC sites, an impending programmatic change will be the closing of partner sites in areas with low HIV prevalence and shifting these resources to higher prevalence areas or taking over some critical Global Fund supported sites given that these services are ending. Further examination of all PEPFAR sites and their respective number of HIV positive persons identified in FY10-11 will guide the decisions on whether to close or relocate sites. PEPFAR will analyze health facility HTC sites formally supported by Global Fund to determine if they meet the criteria for PEPFAR support.

As of December 1, 2011 no funding was available to put newly diagnosed individuals on ARVs; it is not known how long this gap in treatment will last given the cancellation of Round 11 of GFATM and the unlikely prospect of the GoSS or other donors to provide resources for ARVs. With this new dynamic, PEPFAR is examining the areas of counseling and testing and care to determine how traditional services delivered/responsibilities expected of counselors need to be adjusted, e.g. asking counselors to provide a minimum package of care to newly identified HIV positive individuals (e.g. condoms, TB screening, cotrimoxazole, prevention education); expansion of the care providers' role; best and most efficient methods to deliver HTC (e.g., PITC).

PEPFAR South Sudan will continue to prevent new HIV infections through mother-to-child transmission, testing and counseling, behavior change communications and targeting MARPs (CSWs) and other vulnerable populations (truckers, clients of CSWs, the military, and persons living in high HIV prevalence areas). These prevention activities are in addition to ongoing capacity building and systems strengthening activities which reach across prevention, care and support activities.

Alignment with Government Strategy and Policies

As to be expected in post-conflict settings, South Sudan faces many challenges in the health care sector in general, and the HIV program in particular. The Government of South Sudan (GoSS) is committed to preventing the spread of HIV and has developed strategic frameworks, policies and other guidance documents for a coordinated and targeted national response to HIV/AIDS. PEPFAR has and will continue to provide technical assistance (TA) and support in the development of these documents. Our prevention activities are aligned with and support the priorities and strategies outlined by MOH and South Sudan AIDS Commission (SSAC). Key prevention documents that inform PEPFAR prevention strategies for South Sudan include:

- *Southern Sudan HIV/AIDS Policy*
- *Southern Sudan HIV/AIDS Strategic Framework (SSHSF 2008-2012)*
- *Southern Sudan HIV/AIDS Strategic Framework-II (SSHSF-II, under development)*
- *HIV /AIDS Behavior Change Communication (BCC) Strategy*
- *HIV/AIDS Monitoring & Evaluation Framework.*
- *Guidelines for HIV Testing and Counseling (HTC)*
- *Guidelines for the Prevention of Mother to Child Transmission of HIV (PMTCT)*

Contributions from or Collaboration with Other Development Partners

South Sudan is heavily dependent on donors for the provision of health care services. The Global Fund for AIDS, Tuberculosis and Malaria (GF), implemented by its principal recipient, the United Nations Development Programme (UNDP), has been the main funder of HIV prevention and treatment activities in South Sudan since the initial Round 4 award in 2006. PEPFAR South Sudan has coordinated with the GF to ensure that there was no duplication of services and to fill gaps. PEPFAR supported trainings for HTC counselors and laboratory staff are offered to providers from GF sites and vice versa. All PEPFAR HTC sites refer those clients testing HIV positive to GF treatment sites. The GF Round 4 no-cost extension ended on November 30, 2011 and with it all funding for treatment for those individuals newly eligible for HIV treatment. This situation is one that PEPFAR South Sudan will continue to grabble with to identify the best and most humane way to support HIV prevention in South Sudan.

Policy Advances or Challenges
PEPFAR South Sudan has made substancial technical contributions to the MOH on the development of the National Policies and Guidelines and strategies that are currently in place. Key priority areas for policy development include development and implementation of PITC guidelines; updating HTC guidelines; and finalizing the National Condom Distribution Strategy. The major challenge is the small number of staff at the MOH who are stretched to both develop and review policies and guidelines, conduct surveillance, and implement and provide oversight for service delivery.

Efforts to Build Evidence-Base
PEPFAR South Sudan is developing a data collection tool to help PEPFAR partners collect real time bio-behavioral data. Support to the MOH is also being considered for a national case reporting system. These and other surveillance data can be triangulated to support evidence-based programming in country.

Prevention Areas:
1. PMTCT
PEPFAR South Sudan has identified specific challenges to strengthening and expanding PMTCT services. ANC and maternity service utilization is low with only 30% of pregnant women attending at least one ANC visit and only 10% of births attended by a skilled attendant. Though the MOH has outlined a standard package of PMTCT services, these are not consistently delivered across sites. PEPFAR partners provide HIV testing for pregnant women but not all sites have access to ARV prophylaxis. At these facilities, women can only access AZT or NVP-based prophylaxis through referral. Linkages for HIV-positive pregnant mothers to sites providing ARV prophylaxis are limited due to distance and high transportation costs. Additionally, few health care workers are trained to provide PMTCT services.

To address these specific challenges to PMTCT in FY12-13, PEPFAR South Sudan partners will support the provision of all PMTCT components included in the GoSS Essential Package of Integrated ANC Services at ANC sites offering PMTCT. The components outlined in the GoSS essential package of services will qualify a site as providing essential PMTCT services. Ensuring sites are considered as PMTCT providers only if they provide all essential PMTCT elements will assist the MoH in service delivery mapping, scale-up planning, and monitoring. Components included in the Essential Package of Integrated Antenatal Care Services are:
- *Primary prevention through HIV education*
- *Routine, provider-initiated, rapid HTC to pregnant women and their partners. Counseling on repeat testing for those testing negative.*
- *Infant feeding counseling emphasizing exclusive breastfeeding for the first 6 months*
- *ARV prophylaxis for HIV-infected women with linkage to care, support, and treatment programs where available.*
- *Provision of ART within MCH where feasible, with clear referral networks to senior clinicians.*

In order to implement a standard package of PMTCT services, PEPFAR partners will address implementing all 5 elements of the Essential Package of Integrated ANC services in ANC settings using a tiered approach that would include, at minimum, HTC and single-dose NVP prophylaxis, while building capacity to prescribe more efficacious regimens. PEPFAR also recommends Cotrim provision be included in this first tier to prevent morbidity and

mortality. Implementation will be challenging but PMTCT services remain evidence-based, cost-effective approaches to both prevent new infections and strengthen the MCH platform for women and children. By using a tiered approach, this will facilitate rapid decentralization of basic packages while developing the capacity of sites to offer a more efficacious package.

Dependent on FY12-13 funding, second tier implementation will include using the WHO recommended more efficacious ARV prophylaxis regimens including building human resource capacity through training on the new guidelines. Single dose NVP will be replaced with the more-efficacious AZT prophylaxis regimen. This is in line with the MOH's policy to slowly improve quality of service by adopting the new WHO guidelines. PMTCT counselors in 40 out of the 59 PMTCT programs have received training and are implementing the use of option A. Implementation of new regimens will be prioritized to higher prevalence areas. As PEPFAR begins to use PITC, this will impact how HTC is conducted at ANC-PMTCT sites. It is expected that couples counseling will increase. In addition as the basic care package for HTC is used, drawing of CD4 samples and returning results as well as and clear linkage to ART services will be provided at PMTCT sites.

Some partners have been providing additional PMTCT services at their sites. If funding allows, these will continue in FY12-13 and include: Support for client-provider counseling; STI testing and referral or management; Family planning services for prevention of unintended pregnancies among HIV-Infected women; Forming mother to mother support groups; Testing for syphilis, referral and/or treatment when necessary; Providing mosquito nets to pregnant women (through support from the GF program).

To address system issues and improve quality of services, partners will conduct trainings and refresher courses for PMTCT providers, recruit TBAs to be trained to follow mother-infant pairs, and where not already in use, introduce MOH registers for data collection. This will improve data quality, record keeping for patient management and support for ANC sentinel surveillance. PEPFAR will continue to advocate for the development and implementation of training programs, particularly at the pre- and in-service level, to strengthen human resource capacity to provide HIV care, treatment and PMTCT services.

2. HIV Testing and Counseling (HTC)

The HTC model commonly practiced in RSS is client-initiated counseling and testing (CICT) traditionally referred to as voluntary counseling and testing (VCT). The VCT services are offered at static health facilities sites, fixed outreach sites located in the communities and mobile outreach sites. In FY11, PEPFAR partners supported 43 static VCT sites (out of 102 sites nationally), with the majority in CES, EES, and WES. Of these, 11 sites are part of the prevention program that targets the military and are located at military barracks. The geographic location was selected as these are in the highest HIV prevalence states. Sites are located in border towns, main transport corridors and areas with a high volume of refugees returning from neighboring countries. Most of the HTC sites are located in public health facilities. An additional 20 outreach sites are supported from these sites. The outreach sites target health facilities in communities that are not served by static sites. Unlike the fixed outreach sites, the mobile outreach sites are positioned either in a health facility or in a make-shift facility like a tent and target traveling populations (returnees and truck drivers) and crowds attracted by community events and celebrations (e.g. Independence day, sports and national HIV campaigns). Couples and group pre-test counseling are also available at all HTC sites, with more individual TC being done in static sites and more groups TC done in outreach and mobile sites. The uptake for couples HIV counseling and testing (CHCT) remains low; this is an area targeted for increased attention in the coming two years. In FY11 alone, 78,830 people were counseled and tested for HIV and received their test results at all PEPFAR supported sites. These people were linked to other HIV prevention, care and treatment services. Those who were HIV positive were linked to the nearest and/or convenient ART center by use of referral forms or personally accompanying or transporting them to the center. For HIV positive clients who were referred by use of referral forms, monthly visits to the ART centers were done by supervisors for follow-ups to ensure that they were successfully enrolled.

In FY12-13, PEPFAR South Sudan will use recommendations from the Prevention Review conducted in July 2011 to

inform HTC strategies. PEFAR will continue HIV HTC activities in WES, CES, and EES and within these areas target the higher-prevalence areas. This may mean a transition of resources from existing VCT sites in low prevalence areas. HTC will continue to serve as a key entry point for services within the continuum of care. Partners will be focused on improving HTC services to test partners and children of PLHIV, implement PITC in clinical settings so that HTC is offered as part of the health care system and not as a parallel system. Early identification of HIV infected individuals and timely referral to care and treatment will be a key priority. HTC programs will adopt approaches to strengthen the referral system of newly identified HIV positives to care and (future) treatment. Clients will be screened for TB using a standard checklist; those needing TB management will be referred to the nearest TB center. Capacity building within social support services like PLHIV Groups and post-test clubs (PTC) will be strengthened with the goal of transforming them into community based organizations (CBOs) or local non-governmental organizations (NGOs) for sustainability of HTC services.

Static HTC sites are encouraged to incorporate relevant media such as DVDs and other IEC materials including books, magazines and newspapers with entertaining and informative HIV/AIDS-related contents to attract additional clients. Outreach activities can have additional benefits of increasing awareness of other health services like ANC, PMTCT, Care, and general health promotion. Local outreach activities will ensure messages are culturally appropriate and delivered in the local language. Emphasis will continue to be placed on empowering women to make informed decisions about their risks of HIV infection and access to services to know their HIV status in addition to addressing healthy gender norms for men.

PEPFAR will continue to strengthen quality control of HTC services. By the end of FY13, all PEPFAR supported HTC sites will participate in Quality Assurance activities to ensure minimum standards of quality and accuracy of test results. Program monitoring activities will include TA through emails and phone calls; field visits to partner sites; regular reporting, PEPFAR TWG meetings, regular counselors' supportive supervision meetings, client exit interviews, and HIV testing validation using DBS. The validation report will be shared with each participating HTC site to identify necessary corrective measures to improve HIV testing services.

PEPFAR provides syphilis kits to all the VCT and PMTCT sites as a way of integrating STI screening into HTC programs. In many settings STIs are prevalent among MARPs and other vulnerable groups and can facilitate transmission of HIV. PEPFAR partners indicate that the STI services can attract clients into HIV testing services. In FY12, PEPFAR will carry out an evidence based study to determine if provision of syphilis kits translates into increased number of persons accessing HIV services. PEPFAR will continue to provide commodities for HIV and syphilis testing, their associated reagents and DBS accessories to its implementing partners. PEPFAR will continue working to strengthen the supply chain system to make it more efficient and hence ensure continuity of testing services.

3. Condoms

The RSS's central medical store is responsible for the procurement, storage and distribution of health commodities including condoms that are distributed to health facilities. However, the national procurement and other supply chain systems have faced many operational challenges and have a limited ability to fulfill the needs for condom procurement, storage and distribution. The two main suppliers of condoms in South Sudan are PEPFAR and the GF. The GF and USG/USAID are working with the central medical store to build the national system to eventually transition and assume the responsibility for forecasting, procurement, supply chain and distribution of commodities.

In FY 11, condom forecasting and distribution systems for PEPFAR sites became more efficient and have streamlined all distribution activities in partner sites. Condom programming and distribution sites were expanded in FY11. The current coverage of male and female condoms is not currently known however, some PEPFAR partners were able to receive female condoms procured by the UNFPA. Despite reports that there is demand for female condoms distribution has stopped due to lack of supply. In FY12 and FY13 the PEPFAR team and implementing partners will explore and assess the demand for female condoms and request them as needed.

4. Voluntary Medical Male Circumcision

The GoSS MOH does not have national male circumcision (MC) targets. While MC is reportedly performed in many areas of the country, there is limited available data to support or quantify these claims. Findings from the 2010 SPLA BBSS showed moderate levels of self-reported circumcision, however only 55.87% of men circumcised reporting the procedure performed by a medical provider. An evaluation of whether complete circumcision has been performed will be done within the military population in an upcoming SPLA BBSS in WES.

5. Positive Health, Dignity and Prevention (PHDP)

PHDP interventions will be integrated into routine care of PLHIC as a core component of prevention, care and treatment utilizing materials developed for both facility and community based settings. Providers, lay counselors, PLHIV, social workers and chaplains will be trained to deliver quality PHDP interventions focusing on the key areas of assessing partners' status and disclosure with the provision of HTC for partners and children of PLHIV, client's sexual and other risk behaviors that impact adherence to care and treatment (e.g. alcohol), adherence to ART, OI prophylaxis and treatment for OIs (e.g. TB), signs and symptoms of STIs and OIs, family planning intentions, the need for linkages to other support and provision of condoms at all encounters.

6. MARPS

HIV transmission in South Sudan is assumed to be driven by heterosexual practices like multiple and concurrent sexual partnerships, transactional and intergenerational sex. PEPFAR South Sudan's sexual prevention programming has addressed both the general population (where HIV awareness levels are extremely low) and traditional most at risk populations (MARPs) with other vulnerable groups identified based on the country context. Presumed high-risk populations for South Sudan include: CSWs, their clients and partners; refugees returning from countries with high HIV prevalence rates; long distance LDTs and their partners; BBDs, the military and HIV-discordant couples. Together these groups represent populations that could facilitate potential rapid spread of HIV due to the concentrated areas of high seroprevalence which exist along the borders with Uganda, DRC, and the CAR and refugees who are returning in large numbers from neighboring high prevalence countries such as Ethiopia, Kenya, Uganda, and DRC. Data regarding these vulnerable groups and MARPs are critical to understanding the HIV epidemic in South Sudan however, reliable sources remain scarce.

FY11 saw improved efforts (e.g. Qualitative Survey of MARPs-Report of Findings 2011, SPLA BBSS-2010) to gather and report information on vulnerable and most-at-risk groups to identify key risk behaviors and contribute crucial information for the development of potentially effective interventions to improve HIV/AIDS prevention, care, and treatment programs as well as informing the development and implementation of the upcoming South Sudan Integrated BBSS. In FY12-13, data from the Qualitative Survey, the extension of the SPLA BBSS to WES and from the pending BBSS will provide enriched information resulting in better strategic targeting of programming for MARPs and other vulnerable group interventions. In addition, PEPFAR South Sudan implementing partners will conduct rapid qualitative assessments on Socio-cultural drivers of the epidemic and conduct additional qualitative and quantitative assessments on classically defined MARPs and other vulnerable populations.

In FY11, the PEPFAR South Sudan prioritized prevention efforts focused on MARPs and other vulnerable groups through implementing BCC strategies, outlined in the SSHASF, to guide programming. The BCC strategy also addresses norms, attitudes, values and behaviors that increase vulnerability to HIV such as multiple and casual sexual relations, cross generational and transactional sex, the unequal status of women and sexual coercion, and provide full and accurate information about correct and consistent condom use. In addition, MARPs and other vulnerable populations have been reached through peer education programming, community outreach at both small and medium size events and through community drama programs.

In FY2012-13, PEPFAR Partners will continue to work with CSWs and their clients. These groups will be reached through peer education, BCC and community outreach programs through formal and informal settings. Other vulnerable groups like LDTs, BBDs and other vulnerable youth will be reached using similar strategies. Messages will be targeted to the particular group and condom promotion and distribution to high-risk populations will continue through condom outlets; there will be improved quality of information as well. Partners will integrate

prevention messages into models of care and support for PLHIV. In addition, activities will integrate messages to address quality of life; effects of drugs and substance abuse and gender based violence. Activities will also promote gender equity and access to services through integrating and mainstreaming gender related issues in interventions and promotion of male involvement.

From the first years of the PEPFAR program the military was identified as a vulnerable population. The SPLA BBSS demonstrate the military is a population vulnerable for HIV and other STIs. Given the high mobility and broad geographic distribution of the SPLA and its approximately 150,000 members throughout the 10 states in South Sudan, the PEPFAR program will concentrate in areas of highest HIV prevalence and SPLA population density targeting soldiers and the other populations in the surrounding areas of military barracks. PEPFAR will continue to work with the SPLA to promote institutional commitment towards sexual health and prevention, integration of prevention programs into routine military training, and support by military leadership, with a position against stigma and discrimination and harmful gender norms.

Commercial sex work is illegal in South Sudan and men-who-have-sex with men (MSM) is not a population that much is known about. Culturally sex with the same gender is forbidden and not a topic that is easily broached. On the policy level, the PEPFAR South Sudan has not begun a dialogue with the MOH on policies or regulations that concern these groups. However we are discussing and looking at how we can conduct surveillance to better understand MSM in the context of South Sudan. Once there is reliable data, PEPFAR South Sudan will be in a better position to address policy issues.

7. General Population
About half of the South Sudan's estimated population of 8.26 million people is in the reproductive age of 15-49 years. It is important to provide prevention activities targeting the general population to prevent new HIV infections. The PEPFAR South Sudan prevention program is focused in the geographic areas with the highest prevalence of HIV (WES, CES, and EES). By targeting these areas the population most at risk for HIV has accessibility to prevention services. The primary entry point to prevention services is through HTC which are mostly located as static sites associated with health facilities. Partners also use outreach and mobile services to provide HTC to areas not located near a large town. The PEPFAR program is transitioning to PITC to better identify more persons who are HIV positive and also to make the program more sustainable. PEPFAR also supports PMTCT programs; these programs are part of the ANC program at the health facility.

To address the low HIV awareness and low knowledge of correct and comprehensive HIV prevention methods, PEPFAR partners disseminate key messages through local and national radio programs targeting the general population and specifically those of reproductive age. Awareness messages include what HIV and AIDS is, ways HIV can and cannot be transmitted, how one can prevent oneself from becoming HIV infected including consistent and correct condom use, positive living with HIV and information regarding service availability including VCT and ART. PEPFAR also provides test kits and TA to the MOH for the annual national awareness and HIV testing campaigns around World AIDS Day. In addition, PEPFAR South Sudan provides assistance in planning and implementation of the campaign through the provision of trainings, use of trained of HTC providers, process supervision, and commodities and QA for HIV testing.

Youth
There is not a national health curriculum that includes HIV education for school youth. PEPFAR is not involved with working with the Ministry of Education on developing a curriculum for in-school youth. Some of the Partners have in-school youth programs to educate youth on HIV and to promote health life-styles.

There are no statistics on the number of out of school youth or the number that may be covered with HIV programs. Programs for these youth are conducted by donor agencies; there is not a national focus on the youth. PEPFAR is working with some of these youth particularly with the activities that focus on BBDs.

Cross-cutting Areas

Health Systems Strengthening/Human Resources for Health
With fewer than 200 doctors and 2,000 nurses serving the entire population, human resources for health are a critical need for RSS. Few institutional programs to build health care worker capacity exist and current primary, secondary, and tertiary education investments are unable to meet demand. PEPFAR contributes to building a cadre of trained competent health care professionals through conducting a variety of pre-service and in-service trainings. Since FY10-11, PEPFAR has supported the development of a national HTC training curriculum for South Sudan. In FY 12-13, PEPFAR will continue to support HTC trainings for new providers and refresher trainings for current providers in South Sudan. PEPFAR supported PMTCT providers will be trained on provision of 3-dose combination ARV prophylaxis (replacing single dose nevirapine) for PMTCT. This will bring South Sudan's PMTCT practices in line with current WHO recommendations. Providers and other allied health workers will be trained in the delivery of PHDP interventions in both facility and community based settings.

Quality assurance (QA) is part of a strong foundation in rebuilding South Sudan's health systems. PEPFAR will continue QA activities to ensure minimum standards of quality are maintained throughout all programs. Monitoring activities include technical assistance, field visits, regular partner reporting, regular providers' supportive supervision meetings, client exit interviews and external quality assessments (EQA) consisting of dried blood spots and data quality assessments. Quarterly site visits are conducted by PEPFAR at least once per year at each site to follow up and correct issues any QA issues. HTC results from a FY11 partner conducted exit interview exercise of 150 clients are now being used to inform prevention programming in FY12-13. The validation of DBS samples previously sent to CDC-Kenya is now conducted at Juba Teaching Hospital and will be transitioned to the South Sudan National Public Health Laboratory when it opens. Additional activities supporting health systems strengthening and building human resource capacity for health are described in the specific prevention areas below. QA activities in PMTCT via quality monitoring and PHDP will be conducted as well to ensure minimum standards are met.

Medical Transmission
The RSS has 7 state hospitals and 3 referral hospitals in the three regions of South Sudan. All ten hospitals currently rely on replacement donations for purposes of emergency transfusion. Facilities conducting blood transfusions do not have standardized forms and most do not have basic equipment such as refrigerators for storing blood. The country does not have a policy for biosafety or biosecurity and most health facilities do not have incinerators for handling medical waste. This poses a risk to health workers, the community and environment.

Through the Global Fund, three blood transfusion centers are being constructed at Wau, Malakal and Juba. GF will also support the procurement of some essential equipment and supplies at these centers for blood screening to reduce the risk of transfusion transmission of these infectious diseases. With the completion of the construction of the blood transfusion centers, there will be a need to develop documents that will guide the operations of the blood transfusion services. For example, National blood transfusion service (NBTS) structure and organogram, policy, legislation, operational plan, guidelines for the use of blood and blood products, QA manuals and SOPs will all need to be developed and implemented. There will also be a need to train laboratory personnel on transfusion transmitted infections (TTI) screening, universal precautions and injection safety.

Starting in FY12-13, PEPFAR South Sudan will provide TA to support the MOH in the development of documents relating to blood safety and prevention of TTIs in addition to in-service trainings for blood safety and medical transmission. PEPFAR will also provide TA to the MOH to develop national guidelines on biosafety and biosecurity, including waste management.

Gender
South Sudan faces extremely low development indicators. Many of these national indicators are even lower for women. As an example, literacy rates are 35.4% for men but drop to only 14.5% for women. Only 21.8% of girls attend primary school (35.4% for boys). Low education levels impact health care service utilization. Knowledge and awareness of HIV transmission show similar discrepancies across gender lines. Only 41.1% of women (58.1% of men) know that condoms can prevent HIV infection and a mere 1.6% of women (3.5% of men) used a condom at

last sexual intercourse. Only 15% of women know that HIV can be passed during pregnancy and childbirth. South Sudan's women have limited access to and minimal utilization of ANC and maternity services with 30% of pregnant women attending at least one ANC visit and 14.7% of births attended by a skilled attendant. Most women deliver at home (86.9%) and more than 40% of women deliver without any assistance (Sudan Household Health Survey, 2010).

Gender-based violence remains a problem in South Sudan as highlighted in the 2010 SPLA BBSS and the Qualitative Assessment of MARPS 2011 formative assessment findings. Partners that provide care and support services to women can leverage gender-based violence support services provided by the American Refugee Committee. Military programs will incorporate into its prevention curricula key aspects related to harmful male norms and the reduction of sexual coercion and promote responsible behaviors, alcohol reduction that influences social behaviors, increased access of health services by men, adherence to care and treatment as well as institutional approaches that endorse positive gender norms and revise policies that promote healthy behaviors.

The integration of provider-initiated testing and counseling (PITC) and increased advocacy for couple testing will also begin to address gender issues. Baseline assessments by PEPFAR partners during service provision and strategic information activities will assist in identifying areas that need to be addressed in future programming. Additional activities targeting gender issues are described in the prevention areas below.

In FY 2012, Partners will address gender norms as a critical component of social/individual behavior change and deal with issues related to early sex among girls; pregnancy, cultural practices that put girls at high risk, among other gender related issues

Strategic Information:
In FY11 PEPFAR South Sudan conducted an external assessment that provided evidence-based information and recommendations for strategic decisions regarding prevention programs. The incorporation of findings and recommendations into programming will help ensure maximum impact on HIV/AIDS prevention in South Sudan. The Qualitative Assessment of MARPS was also completed. Additional data for evidenced-base interventions are still needed in South Sudan. In FY 12-13, standardized reporting and M&E systems already underway will be completed with contributions from PEPFAR and its implementing partners. A standardized system used by all stakeholders will harmonize data collecti

Technical Area: Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXS	1,888,091	0
Total Technical Area Planned Funding:	**1,888,091**	**0**

Summary:
The Global Fund for AIDS, Tuberculosis and Malaria (GFATM) has been the main funder of HIV treatment activities in South Sudan since the initial Round 4 award in 2006. As a direct result of GFATM funding, the National HIV/AIDS program has managed to scale-up the HIV response across the 10 states. The number of HIV treatment facilities increased from nine in 2009 to 23 by the end of 2011. By the end of September 2011, there were 4,511 individuals on ART, up from 374 in 2007. However, ART coverage rates in South Sudan remain among the lowest globally, with those currently on ART representing about 5% of individuals in need of ART.
Low coverage rates can be attributed to multiple factors including limited availability of ART service delivery sites; physical access issues such as poor roads, flooding, high transportation costs, and security in some areas of the country; and suboptimal identification of eligible patients by CD4 and clinical criteria. HIV counseling and testing (HTC) rates remain low with weak linkages between HIV testing and treatment services, compounded by a

disconnect between where testing is taking place and where treatment services exist. Furthermore, retention rates of patients who have started ART or enrolled in care remain critically low, reducing the impact of current investments in HIV treatment and potentially increasing the risk for transmission of resistant virus.
Available resources to maintain the progress made in recent years in expanding ART access and ensuring quality of care remain very limited. The GFATM Round 4 grant for treatment services expired in November 2011. The National HIV Program, through the Country Coordinating Mechanism, was awarded a Continuity of Services (COS) grant, which can support patients enrolled on ART prior to the Round 4 expiration for two additional years. This funding is expected to cover staff and operational costs for implementers, and essential commodities (antiretroviral drugs, laboratory reagents, tests, opportunistic infection drugs), for up to 4,511 patients at the 23 ART facilities. Efforts by the Government of South Sudan (GoSS), with support from PEPFAR, to obtain expanded funding for HIV treatment were hindered by the cancellation of Round 11 GFATM funding in late 2011. The Ministry of Health (MOH) has requested $12 million USD from the GoSS to help mitigate the loss absence of Round 11 funding, but limited government revenues place this request in significant jeopardy.
Given the expected gap between Round 4 and the next potential opportunity for new funding through GFATM, already identified HIV-infected patients in pre-ART but not yet clinically or immunologically eligible for ART, as well as newly identified HIV positive individuals after November 2011 will not have guaranteed access to ART once clinically or immunologically eligible. Maintaining these individuals successfully in pre-ART care, as well as supporting the retention and adherence of those currently receiving ART will be critical in FY12. Effective tracking and monitoring systems to identify these individuals promptly for intervention once funding for ART becomes available will be equally important. Maintaining the health status of PLHIV through preventive and other early intervention measures will also be critical.
Building upon an interagency Care, Treatment and PMTCT technical consultation visit just prior to South Sudan independence in July 2011, the PEPFAR South Sudan COP12 strategy seeks to provide focused support to the national treatment program through:
1) Targeting technical assistance to improve the quality of services delivered, in particular to support patient adherence and retention to minimize disruptions among those on ART. This will enhance the impact of the limited funding available for treatment, as well as minimize the chance for transmission of drug-resistant virus.
2) Strengthening pre-ART services and monitoring and tracking systems to keep this population engaged in care and ready to start ART when resources become available.
3) Focusing support in high-impact geographic areas and populations at greatest risk, such as the states of Western and Central Equatoria
PEPFAR South Sudan will provide focused support to the national treatment program to assist and strengthen service delivery within a select number of Comprehensive Care Centers that provide ART (i.e., ART sites) in the high prevalence areas including the states of Central and Western Equatoria, along the continuum of HIV prevention, treatment and care. The GFATM through the COS, and ideally through future new funding mechanisms, will continue to provide ARVs for treatment as well as for prophylaxis in PMTCT. Successful retention of PLHIV in care, before and after ART initiation, is a high priority. The PEPFAR South Sudan program will provide ongoing mentoring and supportive supervision for improved service delivery at targeted sites with specific emphasis on improved retention and adherence. Given the large distances in South Sudan, many individuals are not able to access services despite having tested HIV positive. Additional strategies to promote retention of both ART and pre-ART patients will be pursued in FY12; promotion of decentralized care by training additional healthcare workers and counselors in the provision of the preventive care package (cotrimoxazole, TB screening, condoms, prevention education) for individuals in pre-ART as well as access to every six month CD4 testing, and consideration for decentralized care for those on ART (preventive care package with ARV refills and linkage or referrals for more complex care (e.g. TB, STI, OI diagnosis and management).
PEPFAR South Sudan will continue to strengthen the capacity of the MOH to build their monitoring systems for pre-ART and ART patients including the use of routine data for clinical and supportive decision making to improve the provision of services. Data quality assurance exercises and feasible continuous quality improvement exercises will be instituted (e.g. PDSA) for improved patient adherence and retention and efficient service delivery.
The screening of individuals with HIV for TB and the timely diagnosis of TB in PLHIV is critical to mitigating a significant cause of morbidity and death in South Sudan. PEPFAR South Sudan will support strengthening systems for specimen collection for TB screening in PLHIV who screen for signs or symptoms suspicious for TB and closer

coordination with specimen processing facilities for use of data for clinical decision making. In coordination with the MOH, technical support will be provided for TB program activities with the aim of reducing the incidence of TB in HIV infected patients and identifying co-infected patients early, and providing INH prophylaxis and TB treatment where appropriate. Providers will also be trained in HIV/TB co-infection management.

Capacity building of clinical and public health workers remains an important component of the PEPFAR-South Sudan portfolio and critical for the development of an effective and sustainable treatment program for this new nation. Appropriate identification of newly eligible individuals, patients with lapses in adherence, and patients failing ART is necessary to ensure that the global investments in HIV treatment in South Sudan result in tangible clinical and public health benefits. The ultimate goal is to help the National HIV Program in South Sudan develop quality HIV care and treatment services that meet the basic quality indicators outlined below, starting with patient care, then ART service delivery sites, and to the National HIV/AIDS treatment program. ICAP will work closely with the MOH and provide TA to lay the foundation for building quality HIV care and treatment program.
Patient Care
1. All patients with a positive HIV test are linked into care and tracked through successful enrollment.
2. All patients in care and treatment are assessed and treated by qualified health care professionals trained in the management of HIV/AIDS and TB/HIV.
3. All patients enrolled in care are staged appropriately according to WHO guidelines.
4. All patients enrolled in care have a baseline CD4 count performed and recorded.
5. All patients enrolled in care receive cotrimoxazole per national guidelines.
6. All patients enrolled in care are screened for active TB on intake and at each clinical visit.
7. All patients enrolled in care have at least two documented clinic visits per year until ART is initiated.
8. All patients who are eligible for ART are placed on an appropriate antiretroviral regimen (when resources become available) according to national guidelines.
9. All patients receiving ART are monitored according to national guidelines for clinical visits and laboratory monitoring.
10. All patients initiated on ART have routine adherence counseling to support an adherence rate of 90% or greater (no more than 3 missed doses per month).
11. All patients receive routine counseling, including couples counseling when applicable, on preventing sexual transmission of HIV (i.e., PwP).
12. All patients in care and treatment are referred to a community support group upon enrollment.
13. All patients who are eligible for cotrimoxazole are placed on it.

ART Service Delivery Sites
1. All ART sites have adequate human resources, infrastructure and equipment for the management of patients.
2. All ART sites have adequate numbers of qualified health care professionals trained in the management of HIV/AIDS and TB/HIV.
3. All ART programs have an adequate number of qualified pharmacy staff, a reliable supply of antiretroviral medications, and an effective medication management system.
4. All ART sites with laboratory capacity have an adequate number of qualified staff, functioning equipment, an adequate supply of commodities, and an effective quality management system (QMS).
5. All ART sites have a reliable system for the collection and reporting of patient information and program data, and perform routine data quality assessments.
6. All ART sites have a reliable method of measuring retention on ART at 6, 12 months and beyond, tracking those transferred out versus lost to follow up, and bringing them back into care.
7. All ART sites maintain an 85% retention rate on ART at 12 months, and an 80% retention rate thereafter.
8. All ART sites have an ongoing quality improvement projects focused on increasing rates of couples counseling and testing, improving retention, improving rates of TB screening and linkage to appropriate services, ensuring high coverage of CTX, and improving adherence to ART

National HIV/AIDS Care and Treatment Program

1. The national HIV/AIDS programs maintain current care and treatment guidelines, which are reviewed at least every 3 years.
2. The national HIV/AIDS programs achieve and maintain an 80% or greater coverage on ART to patients who are eligible according to national guidelines within five to 10 years.
3. The national HIV/AIDS programs have an effective supervisory framework for programs at each level of the healthcare system, including regular supportive site visits and clinical mentoring.

Technical Area Summary Indicators and Targets

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P1.1.D	P1.1.D Percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	n/a	Redacted
	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	11,950	
P1.2.D	P1.2.D Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery	100 %	Redacted
	Number of HIV-positive pregnant women who received antiretrovirals (ARVs) to reduce risk of mother-to-child-transmission	645	
	Number of HIV-	645	

	positive pregnant women identified in the reporting period (including known HIV-positive at entry)		
	Life-long ART (including Option B+)	128	
	Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B during pregnancy and delivery)	0	
	Maternal AZT (prophylaxis component of WHO Option A during pregnancy and deliverY)	471	
	Single-dose nevirapine (with or without tail)	46	
	Newly initiated on treatment during current pregnancy (subset of life-long ART)	0	
	Already on treatment at the beginning of the current pregnancy (subset of life-long ART)	0	
	Sum of regimen type disaggregates	645	
	Sum of New and	0	

	Current disaggregates		
P6.1.D	Number of persons provided with post-exposure prophylaxis (PEP) for risk of HIV infection through occupational and/or non-occupational exposure to HIV.	23	Redacted
	By Exposure Type: Occupational	23	
	By Exposure Type: Other non-occupational	0	
	By Exposure Type: Rape/sexual assault victims	0	
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	4,068	
P8.1.D	P8.1.D Number of the targeted population reached with	n/a	Redacted

	individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required		
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	31,360	
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV	20,295	

	prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required		
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	2,250	
	By MARP Type: CSW	850	
	By MARP Type: IDU	0	
	By MARP Type: MSM	0	
	Other Vulnerable Populations	1,400	
	Sum of MARP types	2,250	
P11.1.D	Number of individuals who received T&C	61,495	Redacted

	services for HIV and received their test results during the past 12 months		
	By Age/Sex: <15 Male	767	
	By Age/Sex: 15+ Male	26,109	
	By Age/Sex: <15 Female	940	
	By Age/Sex: 15+ Female	33,679	
	By Sex: Female	43,619	
	By Sex: Male	26,876	
	By Age: <15	1,707	
	By Age: 15+	59,788	
	By Test Result: Negative		
	By Test Result: Positive		
	Sum of age/sex disaggregates	61,495	
	Sum of sex disaggregates	70,495	
	Sum of age disaggregates	61,495	
	Sum of test result disaggregates		
C1.1.D	Number of adults and children provided with a minimum of one care service	16,028	Redacted
	By Age/Sex: <18 Male	1,282	
	By Age/Sex: 18+ Male	4,531	
	By Age/Sex: <18 Female	1,875	

	By Age/Sex: 18+ Female	8,341	
	By Sex: Female	10,215	
	By Sex: Male	5,813	
	By Age: <18	3,157	
	By Age: 18+	12,871	
	Sum of age/sex disaggregates	16,029	
	Sum of sex disaggregates	16,028	
	Sum of age disaggregates	16,028	
C2.1.D	Number of HIV-positive individuals receiving a minimum of one clinical service	7,018	Redacted
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	0	
	By Sex: Female	4,534	
	By Sex: Male	2,484	
	By Age: <15	0	
	By Age: 15+	0	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	7,018	
	Sum of age disaggregates	0	
C2.2.D	C2.2.D Percent of	112 %	Redacted

	HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis		
	Number of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	7,868	
	Number of HIV-positive individuals receiving a minimum of one clinical service	7,018	
T1.1.D	Number of adults and children with advanced HIV infection newly enrolled on ART	1,500	Redacted
	By Age: <1	0	
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	0	
	By: Pregnant Women	0	
	Sum of age/sex disaggregates	0	
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	9	Redacted
H2.2.D	Number of community	359	Redacted

	health and para-social workers who successfully completed a pre-service training program		
H2.3.D	The number of health care workers who successfully completed an in-service training program	161	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	

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	GHP-State	784,000
10706	IntraHealth International, Inc	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,230,500
12473	Catholic Medical Mission Board	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	976,000
12661	FHI 360	NGO	U.S. Agency for International Development	GHP-State, GHP-USAID	1,700,000
13142	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	300,000
13506	U.S. Department of Defense (Defense)	Other USG Agency	U.S. Department of Defense	GHP-State	100,000

13685	Research Triangle International	Private Contractor	U.S. Department of Defense	GHP-State	100,000
13687	JHPIEGO	University	U.S. Agency for International Development	GHP-USAID	330,000
13712	World Health Organization	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	40,000
14415	JHPIEGO	University	U.S. Agency for International Development	GHP-State, GHP-USAID	2,900,000
14416	IntraHealth International, Inc	NGO	U.S. Department of Defense	GHP-State	0
14418	IntraHealth International, Inc	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,250,000
14563	African Society for Laboratory Medicine	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	200,000
14708	International Center for AIDS Care and Treatment Programs,	University	U.S. Department of Health and Human Services/Centers for Disease	GHP-State	1,547,338

	Columbia University		Control and Prevention		
16525	U.S. Department of Defense (Defense)	Other USG Agency	U.S. Department of Defense	GHP-State	475,000
16868	TBD	TBD	Redacted	Redacted	Redacted
16922	United Nations Children's Fund	Multi-lateral Agency	U.S. Agency for International Development	GHP-State	496,715
16931	TBD	TBD	Redacted	Redacted	Redacted
16958	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-State	350,000
17118	TBD	TBD	Redacted	Redacted	Redacted

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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 784,000	
Funding Source	**Funding Amount**
GHP-State	784,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Supply Chain Management Systems (SCMS) is to procure HIV testing and counseling and HIV Quality assurance program supplies for the PEPFAR South Sudan program. These supplies include HIV rapid test kits (RTKs) and reagents and materials for the laboratory quality assurance.

The management, storage and distribution of HIV RTKs were done from CDC Nairobi until FY2011. In FY2011 SCMS started delivering supplies directly to Juba, South Sudan. In early FY2012, SCMS identified Freight in time (FIT), a local agent in Juba, to handle shipments, clearance, storage and distribution of commodities. In FY 2012, SCMS through FIT will be able deliver supplies directly to the PEPFAR partners' offices in Juba efficiently and within the shortest time possible. SCMS will streamline the delivery process by ensuring that FIT communicates with partners prior to delivery in order to have site personnel receive, inspect and validate commodities for discrepancies in quality or quantity. FIT will also ensure that the partners are notified of the status of all upcoming deliveries, and submit proof of delivery to PEPFAR point of contact. The PEPFAR partners will then be able to distribute commodities to their field sites in the states in a timely fashion.

In order to avoid incidences of stock-outs, PEPFAR South Sudan will be monitoring consumption of HIV commodities through collection of quarterly consumption data from implementing partners and sub-partners and cross-checking record at the field sites during support supervisory visits.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(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	HBHC	90,000	0
Narrative:			
In order to strengthen the Care program in South Sudan that is being implemented by the PEPFAR Partners, procurement of cotrimoxazole will be done centrally through SCMS. In an environment where it is unknown when or if ARVs will be available for those HIV positive individuals who are eligible for treatment, it is critical that cotrimoxazole is available and a part of care programs. Based on the PEPFAR FY12 target for number of persons testing for HIV, it is estimated that 7,633 clients will test positive for HIV and all will receive cotrimoxazole for prophylaxis.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HVTB	22,000	0

Narrative:

The funding for HIV Rapid Test Kits (RTK) for TB clinics as well as many near-by VCT sites to TB clinics was thorough the Global Fund. This funding is no longer available. No donor has come forward to provide HIV test kits for the TB clinics or for the health facilities that are near TB clinics. This funding is to assist the MOH in sustaining the gains made over the previous five years in having TB patients tested for HIV by procuring the HIV RTKs to be used to test TB patients for HIV. It is expected that about 6,000 TB patients will be tested for HIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	64,000	0

Narrative:

The MOH's blood transfusion safety program has relied on HIV RTKs procured through the HIV Round 4 Global Fund resources. The Round 4 ended on 30 November 2011; the Round 10 HIV Global Fund was not successful. At this time the MOH has not identified resources or another donor to support HIV testing of blood that will be transfused. In order to fill this critical gap in public health safety and ensure that blood transfusion is safe, PEPFAR South Sudan will include procurement of RTKs for the blood transfusion centers located at hospitals in FY2012.

The procurement will provide HIV test kits to enable screening of 18,000 donors in FY12. About half of the blood donation in South Sudan takes place in Juba at the Juba Teaching Hospital; both the Al-Sabaha Children's Hospital and the Juba Military Hospital send the majority of their transfusion patients to the Juba Teaching Hospital.

PEPFAR South Sudan, through a different Implementing Mechanism, will be providing technical assistance to the MOH in the area of blood transfusion safety. The availability of RTKs in the current settings will support the other planned TA.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	608,000	0

Narrative:

Through SCMS, PEPFAR South Sudan will provide to Implementing Partners the necessary RTKs for the HTC program. PEPFAR South Sudan is supporting 43 static HIV testing and counseling sites and regular outreach and mobile services. Details of the HVCT program are found in the Implementing Mechanism budget narrative. The national algorithm is followed and this is the same as the recently adopted WHO two-test algorithm where Determine HIV 1/2 will be used as a first line test and Unigold HIV 1/2 as a confirmatory test. In FY 12, PEPFAR

target for persons testing for HIV is approximately 90,000 clients.

The estimated number of RTKs needed for HTC is based on a) target for FY12 that is 20% higher than the FY11 achievement of 87,512 clients; b) expected increase in clients/sites from sites that had been funded under the Global Fund Round 4 and for which no donor or funds are currently identified; and c) support to the MOH for the 2012 World AIDS Day National Testing Campaign of up to 50,000 people.

In FY11, PEPFAR supported the MoH to start performing quality assurance for its HIV program from the Juba Teaching Hospital laboratory as the National Public Health Laboratory (NPHL) has not yet been completed. PEPFAR will continue to provide reagents and related commodities for performing quality assurance for the HIV program. The QA activities to be conducted will include:

- *Kit-to-kit validation of HIV test kits when they reach in-country and before distribution to partners.*
- *Provision of internal quality control panels to sites for checking kit performance and ensure reliability of results obtained from the field. These panels will be prepared by the Serology laboratory at the CDC International laboratory branch in Atlanta, shipped to CDC South Sudan and then distributed to HIV testing sites to be used for internal quality control.*
- *Dry blood spot (DBS) collection and testing. DBS specimen will be collected from 10% of those tested for HIV using the rapid test strips at the HTC and PMTCT sites, and sent to the NPHL for testing using 4th generation HIV assays. The counselors at the field locations will be trained to properly collect and store DBS cards and have them transported to the NPHL in a timely manner. The laboratory technician at NPHL will be trained periodically on the testing protocols and trouble-shooting to ensure that results are reliable.*
- *PEPFAR will also support Proficiency testing (PT) at 50 sites in FY 12 and later expand to cover all testing sites in subsequent years through use of Dry tube specimen (DTS). PEPFAR South Sudan will make arrangements to obtain DTS panels from the HIV reference laboratory in Kenya until at a time when the NPHL in South Sudan is in position to prepare DTS in country. At the testing sites counselors will run the test and send results back to Kenya for counselor performance analysis. SCMS will provide test kits to be used for conducting the PT at the site and for associated trainings on the use of DTS.*
- *External quality assurance program for serology. PEPFAR will support the participation of the NPHL in a serology external quality assurance program through the provision of supplies and technical assistance. Panels will be prepared by the International Laboratory Branch at Atlanta, and sent to the NPHL in Juba- South Sudan for testing. Results of these tests will be sent back to ILB serology laboratory in Atlanta for performance assessment.*

Implementing Mechanism Details

Mechanism ID: 10706	**Mechanism Name: Intrahealth-Prevention**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: IntraHealth International, Inc	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

Total Funding: 1,230,500	
Funding Source	**Funding Amount**
GHP-State	1,230,500

Sub Partner Name(s)

Merlin	St. Bakhitas Health Center	

Overview Narrative

IntraHealth International implements comprehensive HIV prevention and care programs focused on service provision in high prevalence areas of Central, Western and Eastern Equatoria States. During the first 3 years of the 5 year cooperative agreement with CDC, IHI also targeted the military population. In FY 2012 IntraHealth's activities will no longer include this target population as the USG is transitioning all military related programs to the DoD. IHI works with MOH and SSAC to strengthen health systems and provide technical support for policy development. In FY 12, prevention services will focus on PMTCT, Care including prevention with positives, sexual and other behavioral risk prevention. HIV testing and counseling (HTC) will be scaled-up using different models. Health systems strengthening activities will include training in HTC, PMTCT, PITC, and in strategic information. Technical support and assistance will be provided to the MOH for policy and guidelines development which may include PwP curricula, PITC Guidelines, Alcohol and HIV prevention.

IHI will focus sexual prevention programs at the most-at-risk or vulnerable populations. Assessments will be conducted in communities to determine cultural or social factors that may contribute to risk for HIV and this will inform the sexual prevention messages and focus.

M&E activities using a newly developed data base will be implemented. IntraHealth will continue to strengthen MOH M&E capacity to improve the quality of reporting and planning by 1) on-the-job training for VCT counselors, PMTCT providers and data clerks, reporting and analysis staff, and 2) quarterly supervision visits and data review meetings, and monthly phone calls to field-based staff to address questions and concerns

Cross-Cutting Budget Attribution(s)

Human Resources for Health	329,297

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support
Mobile Population
Safe Motherhood
TB
End-of-Program Evaluation
Family Planning

Budget Code Information

Mechanism ID:	**10706**		
Mechanism Name:	**Intrahealth-Prevention**		
Prime Partner Name:	**IntraHealth International, Inc**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	237,284	0

Narrative:

At the national level, technical support will continue to be provided by IntraHealth to the HIV/AIDS Directorate at the MOH and SSAC in development of appropriate guidelines and strategies with specific support for the development and adoption of national PwP or other care guidelines and curriculum.

Adult care and support services will be provided at all health facilities supported by IntraHealth including testing

and counseling services and PMTCT. At health care facilities, all age groups will be provided with care services. The PEPFAR Basic Care Package will be offered to all HIV positive individuals receiving services at PEPFAR sites (e.g., TB screening, condoms, Cotrimoxazole, staging and referral for ART, and linkages to people living with HIV (PLHIV) or other community support groups). Persons infected with HIV will continue to be referred to the closest MOH Comprehensive Care Center; these centers will provide treatment and other care services. Persons detected with HIV through counseling and testing will also be referred to the nearest support groups.

Support services at the community level will include social, psychosocial and spiritual support; this will be offered to HIV-positive individuals and their families through home visits by volunteers drawn from post-test support groups. Treatment retention will be supported by use of volunteers who will work as treatment supporters. Loss to follow up to care will be minimized by strengthening counseling both at the facility and in community through support group educators. IntraHealth will work with other agencies to acquire and deliver home based care kits for bed ridden and extremely ill clients.

PLHIVs who have been trained as support group educators will promote HIV/AIDS prevention among their peers. The intervention was piloted in Juba and will be expanded to Yambio and Yei. These educators will conduct group education sessions at health facilities especially in OPD and ANC/PMTCT and will also be used for outreaches by local partners in CES and WES.

One method that will be used to strengthen the referral system will be to confirm the client's telephone number at the point of entry. Positive clients will be called within 48 hours to determine which facility they used and confirmation will be made by calling that facility.

Retention of HIV positive clients will be a primary focus in FY12. The use of volunteers has been one method to provide retention and the same method will be assessed for retention in care. IQ charts will be used to access client's condition, CD 4 levels and to follow up on clients missing their appointments for Cotrimoxazole refill.

Supportive supervision and on the job training will be provided by IntraHealth's staff to health care workers to ensure high quality care and support services. Client exit interviews will be used to access client satisfaction with the services provided.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	38,096	0

Narrative:

IntraHealth will continue with TB/HIV/AIDS collaborative activities at the national level by providing technical

assistance and support to MOH TB/HIV initiatives. TB screening will be done at all VCTs and clients referred to TB diagnostic centers for treatment. Health care workers at TB wards will be trained in PITC. Methods will be assessed to strengthen the referral system at both point of entry and the TB diagnostic and treatment centers and the use of cell phones to track clients will be considered. With support from the MOH TB/HIV section, health care workers at the facilities will be encouraged to identify clinical signs of TB patients. TB screening will be part of basic care package provided during home based care visits. Children with any sign or symptoms coming to pediatric wards/OPD will also be offered TB/HIV services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	36,680	0

Narrative:

The GoSS continues the reconstruction of its health care infrastructure including laboratory services. PEPFAR is working with the MOH at the national level to develop and implement a quality management system that will lead to the ability of laboratories to develop the level and quality of services that lead to accreditation. However there is a need to ensure that laboratory staff has the opportunity to have refresher training on basic laboratory skills as well as specific skills for HIV or opportunistic disease diagnosis. Intrahealth will support in-service trainings for Laboratory staff in the geographic regions where they operate in order to improve the quality of laboratory services for HIV clients. The training curricula will be reviewed by the PEPFAR Laboratory Advisor to ensure the training is appropriate.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	101,226	0

Narrative:

IntraHealth will work with partners to develop their capacity to collect and use strategic information by strengthening monitoring and evaluation skills, HMIS and sentinel surveillance through training, supervision and mentoring. IntraHealth will conduct semi-annual data quality assessments for partner sites to ensure data quality by identifying strengths and weaknesses in data collection and reporting, and providing feedback and support. The first one is a "mini data quality assurance (DQA)" and entails a quick review of partners' data collection and reporting tools for consistency (reliability) and accuracy (validity). The second is the "real DQA" exercise and this entails a comprehensive review of our partners' data systems. The objectives of the DQA exercise are to: Assess validity and reliability of the data collected and reported by partners, assess the data collection tools, data storage methods, data flow, and data analysis methods used by partners, assess M&E strengths and gaps within partners, especially on data collection and reporting along with providing supportive supervision and mentoring to partners. A data use plan for the project will be developed to ensure utilization-focused monitoring and evaluation approach.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	122,996	0

Narrative:

The MOH HIV Directorate and the SSAC have a limited number of personnel at all levels; this hinders their ability to develop policies, frameworks and guidelines. Technical assistance will continue to the MOH and SSAC in the development of HIV/AIDS policies, frameworks and guidelines. IntraHealth will continue to participate on the SSAC and MOH technical working groups which are responsible for development and/or review of Global Fund applications, other documents, and national initiatives such as activities related to World AIDS Day. The participation by IntraHealth fills a gap in both technical skills and general manpower to ensure all tasks are accomplished.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	74,015	0

Narrative:

IntraHealth has used a comprehensive HIV/AIDS prevention approach that includes abstinence and being faithful (AB). The communication strategies are simple and clear and reflect an integrated behavior change communication strategy of promoting AB as well as linking partner reduction to couple-centered HTC. The program will continue to raise awareness on HIV/AIDS to reduce stigma and use HIV/AIDS awareness activities as an entry to HTC, PMTCT, care and treatment programs. Both small and large group events will be used to effectively reach as many people as possible with HIV/AIDS prevention messages and provision of HTC services at the same outreach session. Training remains a key component for effective implementation of HIV/AIDS sexual prevention activities. IntraHealth will work with its partners to implement services that are aimed at reducing multiple concurrent partners through raising awareness. Religious leaders from 15 churches and 5 mosques in Juba (CE) and Tambura (WE) will be sensitized on HIV awareness and HIV prevention knowledge will be provided, so as to incorporate AB messages in their sermons for church services. The message is expected to reach large groups per service. AB, IEC material will be adapted/developed and printed for wide circulation. Sexually-active youth will be encouraged to learn their HIV status. In Yei, St. Bakhita will continue radio talk shows and work through the Catholic Churches network on AB messages. Similar radio messages will be aired to raise HIV awareness in other parts of Central and Western Equatoria.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	254,699	0

Narrative:

The Global Fund (GF) was the largest donor for HTC services in South Sudan. With the end of resources from

Global Fund Round 4 for HIV/AIDS and the cancelation of Round 11, there are no identified resources to continue HTC at GF supported sites. PEPFAR South Sudan and the MOH are identifying high priority HTC sites to be considered for services under PEPFAR; as sites are identified, IntraHealth will work with the MOH at the new PEPFAR sites to implement testing and counseling services. The sites for implementation of HTC services are expected to be in Central Equatoria and/or Lakes states with some possibility in Eastern or Western Equatoria.

PEPFAR South Sudan is focusing on transitioning and using PITC as the primary testing and counseling method. IntraHealth is providing technical assistance and working with the MOH to develop national guidelines and training curriculum for PITC services; once developed the national curriculum will be used to train health care workers involved with PITC. Participatory planning techniques will be used to engage State Ministries of Health, SSAC, MOH and stakeholders.

To implement PITC at the facility level, IntraHealth will make an assessment in coordination with the local authorities of each facility and develop a plan specific to the facility for PITC. The primary target departments for PITC include: ANC; Tuberculosis clinics; STI and/or Family Planning Clinics; OPDs; Inpatient Medical/Surgical; Laboratory; and to attendants of patients in medical, surgical and pediatric wards. Current sub-contractors will begin to transition to PITC; IMC will introduce PITC services at its current static sites (Tambura Hospital and Source Yubu PHCC). St. Bakhita's staff is already trained on PITC and PITC services will be initiated at their OPD and inpatient department.

Outreaches and mobile counseling and testing will continue to be used to provide testing and counseling services to increase access to hard to reach areas, and where there are no functional health facilities. At new sites, the focus will be on using PITC to implement testing and counseling services.

All HIV positive clients from CDC-funded IntraHealth sites are linked by use of referral cards to the nearest treatment center where counselors from these sites follow the progress of the referred clients. IntraHealth will continue to strengthen its referral linkages through support groups, use of referral cards and client tracing using telephone.

Regular supportive supervision will be provided to all HTC sites to ensure the quality of service is maintained and the appropriate services are being conducted. VCT and PMTCT sites will continue collecting dried blood spot (DBS) samples for external quality assurance. The HTC sites will also be enrolled onto a dry tube specimen proficiency testing program.

Refresher trainings that follow the national guidelines will be provided to already trained counselors. Counselors will be trained on universal precautionary measures, and post exposure prophylaxis services will be provided at all sites. As needed any new counselors will be trained following the national guidelines. As the MOH develops and

provides guidelines for PITC, PITC trainings will be conducted for each site following the guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	169,582	0

Narrative:

During FY12 a greater focus will be placed on detecting as many cases of HIV as possible with a focus on more at risk populations. In an effort to reach more persons with HIV and direct them to prevention programs, IntraHealth will focus sexual prevention programs in the communities and target populations identified or thought to be most at risk in the service areas of the other prevention programs.

The mobile and most at risk populations include transport workers, sexually active youth, transactional sex workers, discordant couples, and those who use drugs and misuse alcohol. These populations will continue to be targeted through HIV awareness outreaches and workshops, and condom distribution. IH will work with bar and hotel managers where commercial sex is taking place in order to sensitize them on HIV risks, and to encourage use of condoms by the sex workers and their clients. As per the rapid assessment report of Alliance International, there are around 6000 female sex workers (FSWs) in Central and Eastern Equatoria. IH plans to reach 1000 FSW and carry out HIV awareness workshops for FSW in Central and Western Equatoria states through its partners.

IH will also work in close collaboration with Association of boda boda drivers (motorcycle taxi drivers) in Juba and Tambura, to identify boda boda drivers who will work as peer educators for HIV awareness. IH will revise its peer educators' manual to add topics on reducing alcohol use, MCP, safer sex practices, etc. Peer educators will conduct awareness sessions, condoms promotion along with provision of IEC material to their peers. MCT will be carried out in collaboration with local partners. Few peer educators will be trained as peer educator's supervisors, who will then supervise the work of the educators. Norms and cultural practices that lead to high risk behavior will also be identified for focused interventions for a larger impact. Condom dispensers will be placed at specific sites (e.g., bars and brothels) and refilled regularly. Where feasible, condom distribution will be linked to mobile HTC services and HIV/AIDS awareness outreach sessions where condoms are distributed at the end of the outreach sessions. Both penile and vaginal models will be used to demonstrate correct usage of male and female condoms, respectively. HIV/AIDS educators and peer educators will distribute condoms during small and large group events to more effectively reach as many people as possible. Condoms will also be available at all VCT and PMTCT sites. The prevention program will also promote and synergize with HTC and PMTCT programs, as well as care and treatment programs. The communication strategies will reflect an integrated behavior change communication strategy of promoting use of condoms where couple status is unknown.

Target Population *Approx Dollar Amount* *Coverage – number to be reached by each intervention component* *Activity*

CSW *$69,280* *1000* *HIV awareness workshops*
Condoms
C&T

Boda boda drivers *$100,000* *1500* *Peer educators will conduct awareness sessions, condoms promotion along with provision of IEC material to their peers. MCT will be carried out in collaboration with local partners.*

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	195,922	0

Narrative:

In FY12, IntraHealth will continue to implement the WHO's 4 pronged approach strategies from FY11, namely:

- *Prevention of primary HIV infections through ABC (Abstinence, Being Faithful and Condom use) messages and integration of HIV/AIDS education;*
- *Family planning services for prevention of unintended pregnancies among HIV-infected women;*
- *Rapid provider-initiated HIV counseling and testing for pregnant women at the antenatal and maternity settings;*
- *Combination short-course ARV prophylaxis for mother and infant, and referral for ART for mothers and infants;*
- *Provision of care and support to the mother and infant, including counseling and support for infant feeding, links to nutrition services and support during immunization visits;*
- *Improved record keeping for patient management*

These strategies will continue to be implemented at the existing PMTCT sites in Western and Central Equatoria states. These existing sites have easy access to CD4 testing facilities provided at Tambura Hospital and Yei Civil Hospital. GoSS resources for PMTCT are limited in FY12 due to the continuation of services which support sites that were operational during FY11. IntraHealth will further focus on using existing ANCs and related MNCH and FP services as the primary platform for PMTCT with the goal of an integrated ANC program that includes PMTCT.

In collaboration with the PEPFAR South Sudan & the GoSS, IntraHealth will identify other sites to strengthen PMTCT programs and outreaches which may have less support now due to the CoS. Appropriate methods will be identified for these sites such as PMTCT outreach campaigns.

Teams from St. Bakhita Health Center plan to offer outreach PMTCT services to nearby primary health care centers (PHCCs) and primary health care units (PHCUs) on pre-arranged dates and times as per schedule. Community mobilization for outreach activities will be carried out by radio messages and through the network of Catholic Churches.

To improve the quality of PMTCT services, including the roll-out of WHO's new strategy for 3-dose combination short-course ARV prophylaxis, IntraHealth will conduct trainings and refresher courses for PMTCT providers. Midwives and traditional birth attendants will be trained and linked closely with the facility to bring pregnant HIV-infected mothers to the hospital for delivery, bring prophylaxis to their homes and follow up on mother-infant pairs. IntraHealth will continue to use the MOH registers for data collection at all sites. This will not only improve data quality but also follow-up of mothers needing additional health services. Other PMTCT support activities for FY12 will include:

- *Encourage formation of mother to mother support groups where positive pregnant mothers will be linked to the groups through mentor mothers.*
- *Testing for syphilis, referral and/or treatment when necessary.*
- *Provision of mosquito nets to pregnant women through support from PSI and other donors.*

Implementing Mechanism Details

Mechanism ID: 12473	**Mechanism Name: Catholic Medical Mission Board (CMMB)**
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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 976,000	
Funding Source	**Funding Amount**
GHP-State	976,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Catholic Medical Mission Board (CMMB) is implementing the ANISA project in Western Equatoria State to strengthen clinical and public health services in order to prevent and reduce the impact of HIV in South Sudan. Western Equatoria State's (WES) HIV prevalence rate of 7.2% (2009 ANC Surveillance Survey) is the highest in South Sudan; the country's average is 3.0%. The ANISA project is being implemented in the four most western counties of WES – Yambio, Nzara, Ezo and Ibba; which are also thought to have the highest burden of HIV in WES. The ANISA project supports the Ministry of Health by working within and strengthening the existing government health care system. The ANISA project trains and mentors government staff at the facilities as well as conducts policy and related workshops for county level health officials. Project training is extended to and conducted with local health workers in all ten counties in WES. CMMB abides by the approved South Sudan guidelines and policies.

CMMB is working together with World Vision Incorporated (WVI) to implement the primary prevention as well as care and support components of the program. The size of the target population in the four counties is over 120,000 annually. Given the prevalence level and population size, all sexually active adults are considered at-risk and are targeted in order to detect those with HIV infection. A specific focus is also made on the refugee population from neighbouring countries. Project ANISA has expanded the availability and quality of HIV testing and counseling (HTC) services, PMTCT, palliative care and support, and primary prevention programs for youth and at-risk adults. All activities have set targets that are monitored and reported with the help of an M&E Officer.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	79,025

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support
Military Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**12473**
Mechanism Name:	**Catholic Medical Mission Board (CMMB)**
Prime Partner Name:	**Catholic Medical Mission Board**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	124,000	0

Narrative:

PEPFAR South Sudan is focusing on providing the PEPFAR South Sudan Basic Care Package to all persons who test for HIV and to ensure compliance by patients with treatment and follow up to ensure referrals are completed. This Basic Care Package provided at clinic settings consists of cotrimoxazole prophylaxis, screening for active TB, distribution and education on the use of condoms, linkage to local PLHIV support services and CD4 staging.

A home based care kit is provided to those infected with HIV; this kit is provided by CMMB's sub-partner World Vision International. The home based care kit includes: insecticide-treated bed nets to prevent malaria, a safe water vessel, water purification tablets, condoms, filter cloth and information, education and communication materials.

World vision will continue to update and train more care givers and procurement and distribute home based care (HBC) kits. To ensure care and support services get closer to PLHIV, ANISA will continue sub-granting CBOs that have always been in the communities and played a great role in supporting PLHIV. The CBOs have a set of experienced care givers and understand the communities and needs of PLHIV well.

Currently there are 171 trained and supervised care givers. Training of 200+ care givers is of utmost importance. Care givers take care of bed-ridden individuals living with their families and visit friends and neighbors living with HIV and AIDS. Care givers also take care of bed ridden individuals who are abandoned by relatives. The need for training of health providers is more than ever before because of the high number of HIV patients in Western Equatoria. This is one sure way of stigma reduction among health providers against PLHIV.

ANISA also sub-contracts with local CBOs who are trained and monitored to deliver care and support to PLHIV. The project will sub-contract to 5 CBOs this year.

In year three, there will be training of 15 Health Workers for standard management of opportunistic illnesses will also be of focus.

Information, Education and Communication (IEC) materials are small sized posters with HIV prevention and or care and support sensitization messages. One thousand five hundred posters will be printed and put up around the community to raise awareness in year three. Production of this kind of material will continue in next two years.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	76,000	0

Narrative:

During the war years, which most recently ended in 2005, the laboratory personnel in WES primarily received various non-standardized institutional training such as from NGOs focused on one disease area or on emergency medical responses. A recent assessment made by CMMB revealed a serious lag in laboratory skills amongst the 12 laboratory staff in the health facilities in the four counties where ANISA delivers programs in WES. In order to address this skills gap and ensure laboratory results used for decision making are accurate, an annual up-date training with mentoring have been instituted. In consultation with the CDC laboratory focal person, a laboratory training will be conducted focusing on basic laboratory skills and developing internal SOPs, record keeping, biosafety, universal precautions, inventory management and equipment maintenance and will build on the training conducted in the previous year.

The ANISA program will continue to provide some basic laboratory consumables to the four Primary Health Care Centers (PHCC) laboratories that service the areas of ANISA implementation. This will ensure that the facilities are able to perform necessary laboratory tests to all clients.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	70,000	0

Narrative:

CMMB employs a Monitoring and Evaluation specialist who works together with the M&E officer on the ground to carry out continual monitoring of the project activities as well as actively participate in capacity building of the

County Health Departments. In year three and next two years this support will be one of the key activities to ensure the counties take charge of collecting, analyzing and dissemination of HIV data to stakeholders to guide planning and implementation.
Support is provided to the County Health Department for necessary supplies to enable the surveillance officer to be trained and supported in strategic information. Ensuring a steady supply of stationary and printer cartridges is a supplement to this to enable them to collect data from throughout the respective counties and share it with relevant stakeholders.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	26,000	0

Narrative:

South Sudan only recently came out of a more than two decades civil war. The new Government of South Sudan has established a decentralized government system with each state having semi-autonomous decision making power. The overall level of general knowledge and understanding of HIV and AIDS in South Sudan is very low and this is reflected in the leaders. They often do not understand HIV/AIDS well. They can contribute to, or even be a source of, HIV misinformation that can circulate quickly in the local communities. In addition health and especially HIV is not given priority by the state decision makers whose support can provide a positive influence at all levels of program implementation and garnering community support. The major outcome of this component of the ANISA program is to ensure that leaders from all levels (local, county, and state) understand the disease and actively participate in leveraging resources for HIV as well as actively supporting interventions geared towards stopping the spread of HIV in WES.
CMMB will train 60 policy makers and implementers from the local, county and state level on policy issues affecting health; this will be a continuation of trainings conducted in the current year. Top State government officials have been trained in FY2011 in HIV trends with a focus on the trends in WES as well as their roles as decision makers in leveraging resources for responding to HIV in their state. The next set of decision- makers will be members of Legislative Assembly, County executive secretaries as well as Payam Chiefs from WES. These decision makers/community gate keepers are chosen from the four counties of Yambio, Nzara, Ezo and Ibba where ANISA implementation is focused.
CMMB is developing a standard training manual for the training of both policy makers and health workers. The training objectives include: informing key state decision makers about HIV; increasing participants' knowledge of the effect of HIV on economic growth; and helping participants to recognize their role in controlling HIV and other diseases in the State. Key topics to cover are:

- *HIV/AIDS facts and fiction*

- *History and dynamics of HIV/AIDS*
- *HIV: who is affected & who is not affected; Stigma*
- *Key WES Indicators (HIV prevalence, MMR, etc)*
- *Primary Prevention of HIV and its challenges in WES*
- *Secondary Prevention of HIV (HTC, PMTCT, etc.)*
- *Treatment Care and Support*
- *Key determinants of Health in WES*
- *The 5 control knobs of Health service delivery*
- *Role of politics/politicians in health service delivery*
- *Impact of HIV on economy/future of a State*
- *Identifying a common voice for advocating for more resources to support health service delivery/HIV in the State*

A second training program addresses improving the level of knowledge and skills of clinical officers. There are not many in-service opportunities to improve skills related to HIV/AIDS and this activity provides needed in-service training to clinical officers in the 4 counties where ANISA is being implemented. Using adopted training manuals from MOH and WHO, 16 Clinicians will be trained in the management of opportunistic infections, including diagnosis, treatment, as well as managing side effects of ARVs and drugs used to treat opportunistic infections. The clinicians will also be given training so as to reduce stigma against HIV patients by health workers, which is quite common in WES.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	57,000	0

Narrative:

PEPFAR South Sudan has prioritized activities to detect as many persons with HIV as possible. In the next two years, Sexual prevention activities under AB will target about 80,000 relatively more at risk population along the busy trade routes of: Ibba-Yambio, Yambio- Nzara, Nzara- Ezo via Diabio. HTC data from the last two years have shown that there are more positive adults in town areas and along these corridors compared to rural areas. Young adult men and women aged 18-30 who engage in concurrent partnerships will be targeted with designed messages on HIV transmission, faithfulness and benefits of taking an HIV test. The AB is linked to other services through the messaging. The target groups and convinced to know their HIV status to better inform their choice of A or B risk reduction. The target groups are also linked to health facilities to seek help for any health need arising including access to condoms as part of OP programming should they fail to maintain the A or B option. ANISA project has been able to package messages to unlock community and cultural social norms and practices as well and myths

that. These messages are uniform throughout the program to ensure that quality assurance (QA) is promoted. AB, OP, HTC as well as PMTCT are all linked; a combined team carries out combined sensitization twice a month on the local FM station, key markets and churches.

ANISA project has established fixed static and outreach HTC centres along the Ibba-Yambio-Nzara-Ezo corridor which are easy to reach points of taking a HIV test. A focus will be made to test the partners and families of those who test HIV positive; discordant couples will be targeted to reduce transmission of HIV from one partner to the other partner.

Gender inequalities among families and communities tend to put individuals into circumstances that increase HIV risk behaviors. Activities to reduce gender inequalities will also be prioritized.
Relationships involving multiple and concurrent partners are common in WES. In a geographic area with high HIV prevalence like WES, activities aimed at reducing multiple and concurrent partners to eventually one partner and being faithful to that one partner will also be focused on.

Currently the project has 396 trained community peer educators in target counties. Nearly a half of these are quite active. They are the frontline persons who spread the messages and actively participate in organized community visits. Organized visits occur targeting high risk groups like those in markets, truck driver's stops, public transport stations (including taxi motorcycles -boda boda) and church functions.

In the next two years, more 160 peer educators will be trained altogether. The peer education trainings used a standard curriculum which is used uniformly in all the trainings to ensure the graduated peer educators deliver the intervention uniformly across the program and thus promoting QA. An estimated 80,000 youth and adult male and females will be directly reached with AB messages.

The M&E specialist and the more experienced peer educators are used to monitor the progress of the program after orientation of the needed supervisory work. All visits to target groups are scheduled and peer educators show up to pass on the prescribed messages. The M&E team visits these service delivery points at random to monitor and provide needed support to the educators.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	212,000	0

Narrative:

The ANISA project is targeting to test 40,000 adults men and women in the four counties where the project is being

implemented. In year two about 11% of the 17,312 persons tested at stand-alone HTC sites were found to be positive.

ANISA has primarily used client-initiated approaches in the past; the four static sites at the PHCCs have stand-alone VCT sites. In year one and two, 37 HTC outreach sites have been active in the counties of Ibba, Yambio, Nzara and Ezo. Increase in cost of fuel made the number of fixed outreach sites to be reduced to 16. ANISA is assessing how to transition to PITC in the next project year. ANCs use PITC approaches. ANISA supports the annual National HCT Campaign around World AIDS Day.

ANISA is conducting refresher training for sixteen of the HTC counselors in year three. TB screening using a checklist will form part of the training, to ensure they pick up this important bit as soon as they are trained. Otherwise the refresher training focuses on ensuring the protocol is clearly followed. As PITC will be rolled out, ANISA project will also be training clinicians and laboratory staffs of the health facilities in the protocol of HTC/PITC. Those who have been trained will have to begin PITC, and then eventually rolled on to all health facilities in the next two years. HTC activities related to PWPs are arranged in that a counselor accompanies care and support team visiting PLWHA. Family members during this visit are counseled and tested.

The national algorithm of serial testing has been used since January 2010 (Determine and Unigold). The tie breaker test Bioline has been suspended since January 2012 because some batches were found faulty.

Linkages to treatment and care services are provided through the referral system that has already been established with ART centers in the state. VCT supervisors follow-up with ART centers to pick up the referral slip. Ongoing counseling is through the post-test clubs that is formed at all static centers and meet regularly. In next two years, VCT counselors will undergo training to enable them provide basic HIV care where referrals have proven a challenge. This basic care will include TB Screening, provision of cotrimoxazole to initiated clients, and making appropriate referrals. Linkages to treatment and care are provided through counselors who follow-up on monthly referrals at area clinics. Patients are also offered post-test club entry after testing positive, and more are accepting their status within a post-test environment.

Clients that have tested positive as part of the post test counseling are referred for treatment as well as care and support services by use of referral cards. A monthly follow up and counting of the number of referral cards are done in all the ART centres to assess the proportion of those who reach the ART services. In the past two years, nearly 90% of positive clients have registered with the nearest Care and Support organizations. HTC activities are closely linked to AB and OP as well as PMTCT; the team carries out combined sensitization twice a month on the local FM station, key markets and churches.

ANISA project has a skilled team leader who does regular supervision of counselors. Counselor monthly meetings

are conducted as a means of continual quality of services check. DBS has been drawn and processed for 10th client and sent to reference laboratory in Juba. DBS sample is also collected for discrepant results.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	150,000	0

Narrative:

The high uptake for HTC in the 4 counties ANISA is implementing in is greatly attributed to the awareness campaign as part of other prevention activities. Activities in the next two years will continue to target locations with a growing HIV risk including the trade corridors and town centres and suburbs. There will be out reach into the main markets, where a music system blaring music is used to attract people and peer educators sit and chat with those selling items. Male peer educators talk with the men and female peer educators talk with the women. Questions and answers about some of the myths around HIV transmission and condom use are given in these sessions and communities are made aware of the places where counseling and testing services are provided. Churches have been another place where peer educators address the congregation and the pastor gives them a few minutes to respond to questions and fears of church goers. All these mentioned are captured as big groups according to new generation PEPFAR indicators. The small group comprised of between 1-25 persons met, talked to and the peer educator has been able to respond to their questions. Local FM radios have been used once a week to discuss live on air HIV prevention messages and often people called to ask questions and are responded to.

Promotion of condom use forms a big component of the OP campaign. Peer educators are given special topics on condoms and their role in controlling the spread of HIV. Their peer-educators use the same messages for communicating the message to their peers in the communities. ANISA adopted and designed condom promotion leaflets with pictures showing correct use of condoms and benefits. Condoms are regularly distributed to outlets in lodges, bars, saloons and trailer parks in Yambio, Nzara, Ezo and Ibba. Through their network peer educators have identified individual condom distributors who are regularly supplied with condoms. By the end of year two of ANISA, 14 condom distributors were known, 6 of whom were women. Use of condoms in WES, which is assessed by the rate and number of replacements at the condom access points, has substantially increased. The current average condom consumption has increased to 45,000 a month for male condoms and 5000 a month for female condoms. This is expected to increase in the next two years are more are reached with messages and supply of condoms remain fairly constant.

The HVOP activities are estimated to reach over 75,000 people directly through both small group and big group discussion in next two years. However multiplier effect and radio program ensures that over 500,000 people are reached. Over $196,306 is set aside for these activities and as well $10,000 to be spent on refresher training for 80 peer educators in year 3.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	261,000	0

Narrative:

Implementation of PMTCT is part of the ANC program and the four PMTCT prongs are delivered directly or through appropriate referrals. The ANISA project adopted a comprehensive approach to integrating HIV testing and PMTCT to the ANCs in order to reduce infant and maternal death. At ANC sessions HIV testing has been integrated as part of the other diseases which increase infant mortality like malaria, syphilis, diabetes and hypertension.

The CMMB ANISA project will continue to conduct PMTCT activities in four established PMTCT clinics in Yambio, Nzara, Ezo and Ibba counties and 16 fixed outreach sites. With the PMTCT outreach services, 40% of the mothers were reached in Year Two of the project; ANISA also provided testing for 4,243 women, 201 of whom were found positive. In the next two years, about 10,000 mothers will be reached with ANC/PMTCT services. Based on the current project prevalence rate among pregnant women, about 1000 HIV positive mothers and babies will receive a comprehensive PMTCT package.

All HIV positive women receive ARV prophylaxis at the ANC except those in stage three and four who are referred to the nearest ART center for ART initiation. All HIV positive mothers are enrolled for ongoing care and support. A "basic care package" of condoms, cotrimoxazole, staging and referral for ART, TB screening, and linkages to persons living with HIV community support groups is offered to all HIV positive individuals at the sites. The static PMTCT centers supported have a nearby ART center. STI screening and treatment is offered to every woman at ANC clinics.

PITC is currently being used within the ANCs; however, it is expected that as PITC is introduced to the PHCUs and other sections of the PHCCs by ANISA, there will be an increase in the number of women accessing ANC/PMTCT. As ANISA assesses how PITC will be integrated at supported facilities, there may be changes in the PMTCT program.

ANISA supports in-service PMTCT refresher training for project and MOH health care workers in PMTCT for the 15 midwives and 9 counselors that work in project sites. With PEPFAR South Sudan's focus on integration of services, all the PMTCT services will be part of the ANC services in the maternal and child health (MCH) of the government's health facilities.
To improve and strengthen retention and adherence of mother-infant pairs as well as strengthen care and support services for HIV positive mothers, ANISA uses a Mentor Mothers program. A Mentor Mother is an HIV positive

mother who works within her community. The goal for Mentor Mothers is to ensure women adhere to taking their ARVs in order to prevent MTCT, mobilize pregnant women for testing, and follow up on babies to ensure exclusive breast feeding. The program also includes teaching mothers within their communities about HIV and how to live in a positive manner.

Traditional birth attendants (TBAs) remain an important cadre within the healthcare system in South Sudan. ANISA trains and uses TBAs to increase the number of pregnant women who attend ANC and are thus tested for HIV and to increase the proper use of prophylactic medicines to ensure babies are born HIV free. Each TBA is assigned a positive pregnant woman at ANC who resides close to her to monitor and refer for health center delivery, or to ensure the baby receives Nevirapine syrup in a timely manner for a home delivery. TBAs receive refresher training annually on safe delivery to prevent MTCT.

Implementing Mechanism Details

Mechanism ID: 12661	**Mechanism Name: SSHAP**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,700,000	
Funding Source	**Funding Amount**
GHP-State	120,000
GHP-USAID	1,580,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goal: To improve access by vulnerable populations to quality HIV prevention and care services in 4 states and 10 counties. Target groups are perceived to be at higher risk of HIV infection. Objectives: To reduce HIV/AIDS transmission among the general population and key target groups through improved BCC strategies; To improve

the quality of life of PLHIV 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; to build capacity in South Sudan for HIV policy development and implementation and to build systems to provide for sustainability of activities. Cost efficiency strategy: SHAP supports the national efforts to decentralize services to the lower levels; integrate services, strengthen referrals and encourage provider initiative counseling and testing (PICT). Transition strategy: SHAP will continue to strengthen health systems through continued capacity building at the government and community level. Staff will work with providers and managers at all levels of the health system to build their capacity to plan, manage and monitor. Monitoring and Evaluation: SHAP will continue to build capacity at all levels to better understand the HIV epidemic and its drivers, by strengthening GoSS and community partners to collect, use, and disseminate quality data to support evidence based decision making for policy-making, programming and program strengthening. In this COP year, increased emphasis will be placed on following up on use of registers and data collection tools for data collection and analysis, thereby improving the M&E system for better aggregation of data at the country level.

Cross-Cutting Budget Attribution(s)

Key Populations: FSW	900,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increasing women's legal rights and protection
Mobile Population
Family Planning

Budget Code Information

Mechanism ID:	**12661**

Mechanism Name:	SSHAP		
Prime Partner Name:	FHI 360		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	232,000	0

Narrative:

SHAP has been working with the County AIDS Commission (CAC) in strengthening M&E systems and promoting the utilization of information. In previous years, Data Use and M&E trainings were organized for CAC staff. SHAP will continue to provide technical support until the end of the program. Under this COP, SHAP will work on capacitating CAC in the areas of monitoring and reporting of program results.

Monitoring program results: Using information obtained from previous Health System Strengthening (HSS) M&E assessments, conducted by SHAP, the project will continue to strengthen the M&E systems of select government departments and promote the adoption of the systems by others.

Illustrative Activities: If necessary, review and refine existing monitoring tools, developed by SHAP, to address evolving needs and issues of the select departments. Sensitize local level structures on any changes in reporting tools including the CACs, Boma health committees, County Health Departments and Sate M&E Officers. Organize refresher training on how to use the data collection tools developed by government and SHAP to government partners. Organize refresher training on how to use the data collection tools developed by government and SHAP to sub-grantees. Provide regular (quarterly) on site monitoring visit and mentor Data Officers. Provide technical support to these government departments to share their experiences to other counties and states. Conduct quarterly DQA, jointly with the government staff, to insure the quality of the reports received from sub-grantees and field staff.

Reporting results: Due to current capacity gaps, the health sector information management system is not fully developed. In some instances, more emphasis is given to data collection than analysis and utilization.

In the last two years, SHAP has taken the initiative to now analyze the data collected by facilities supported by the program. The major objective of analyzing this data was to advocate for its use by government departments. SHAP will continue to advocate for data analysis and use by providing feedback to facilities, supporting analyses, and promoting guidelines for data analysis and use. The feedback sessions serve the purposes of: 1) building capacity to use data for decision-making, 2) ensuring that the data is used to measure progress, and 3) examining barriers to achieving expected results.

The flow of information from county to state to national levels is hampered by weak infrastructure, communication and logistical systems. Under this COP SHAP will conduct random spot checks to identify problems and help resolve data flow challenges, by creating a virtual communication forum.

In this COP year, SHAP will continue to strengthen and support the data management system at community level by

on site mentoring and by providing support supervision to sub-grantees.
Illustrative activities: Continue to conduct annual quality of life surveys to measures project activities effect on improving the life of PLHIV. Collaborate with GoSS and other stakeholders in surveys/studies and continue to participate in the M&E TWG. Take part in national level studies/research/surveys initiated by government and/or other stakeholders. Dissemination of best practices in community and facility based data management. FHI will also conduct behaviorial qualitative studies in its project areas.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	270,000	0

Narrative:

The SHAP program will implement HIV and AIDS sexual prevention Abstinence / be faithful (AB) prevention activities to reach youth in and out of school peer education and Behavior change communication strategies, and through trained school based peer educators.
Ongoing peer education sessions and BCC interventions will equip youth with skills to cope with peer pressure and help them develop positive norms and values to make appropriate and safe choices in relationships. In addition, the activities will integrate messages to address prevention with positives; comprehensive condom promotion; correct and consistent use of condoms; and correct condom disposal and distribution. SHAP will also continue to address issues on quality of life, effects of drugs and substance abuse, and gender based violence among young people. The activities engender to increase gender equity in HIV and AIDs activities and services through integrating and mainstreaming gender related issues in the training of peer educators, peer education and behavior change communication activities.

SHAP will work with Ministry of Education and other partners to reach out to young people with abstinence only messages through the life skills program in lower primary classes.
SHAP Abstinence and Be Faithful Program activities will link the target population to other prevention services especially for the sexually active youth and also encourage all to know their status by linking to counseling and testing services and treatment for those eligible for ART.
The geographic coverage for this intervention includes schools in and around big towns, city and transport corridors; which are associated to hot spots and high behavior groups such as CSWs, truckers and other vulnerable populations. The hot spots are where key populations at higher-risk have located their activities. SHAP will continue to support the MOH to disseminate best practices in PE, targeting the various sub-groups such as, Youth in schools, Youth out of schools, and MARPs.
The BCC for AB will be linked to HCT, STI, condom distribution and family planning for youth above 15 years of age. There will be outreach activities targeting secondary and tertiary schools within the areas of implementation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVCT	25,000	0

Narrative:

The Southern Sudan AIDS Strategic Framework 2008 outlined the policy for HIV and AIDS implementation and the response to the Declaration of Commitments. The Framework underlined HIV counseling and testing as one of the six thematic areas of responding to the epidemic by partners.

SHAP will begin the process of transitioning the management of HCT services and support of the HCT counselors to the Government in all project sites. In order to facilitate the smooth transition, SHAP, in consultation with the government, will develop an effective transition plan that will be used to monitor and document handover of services. This will be a phased out approach, starting with the stronger sites, ending with the weaker ones. This transition will involve joint supervision of sites, mentoring, and on the job training. Special attention will focus on assisting the government to better use HCT site data for decision making. SHAP's role will mainly be to ensure that all sites continue to use HCT protocols and standard guidelines, and to provide feedback to the government to ensure improved quality of services.

In this COP year SHAP will assist the government to increase PITC services, and to intensify CT services in sites where there are more HIV positive clients. A greater emphasis on PITC will minimize missed opportunity for HIV testing and improve access to care and treatment. Provision of couple counseling, Youth Friendly HIV services, and mobile CT will continue to improve access to HCT. To further improve access for MARPs, mobile outreach teams will conduct CT services in special locations like brothels, Boda Boda (motor bikes used for transport) parks and other work place settings. SHAP will continue to collaborate with strategic partners and sub-grantees to promote the culture of the need to know one's sero-status through community mobilization.

SHAP will continue to ensure quality services through Quality Assurance and Quality Improvement activities at all HCT sites. This will be done through the use of checklists, job aids, and the provision of supportive supervision.

Illustrative Activities:

Increased access for HCT: Continue provision of HCT in the already existing sites, Renovations of health facilities at: 4 sites in WES; 1 in Greater Yei; 2 in WBG; and 1 in EES, Work with CBOs in mobilization for increased uptake of HCT, Monitoring and supporting PITC in all Health facilities supported by SHAP, Updating existing referral systems and tools, including directories, Supportive supervision for MOH staff to continue to provide services, Workplace HCT, Youth Friendly HIV Services (YFS): Strengthen TWG on YFS, Refresher training focusing on YFS, Integrate YFS in Health Facilities providing HCT and FP, Document experiences in providing YFS, Mobile and Outreach HCT, Documentation of successes and challenges of providing Mobile HCT, Participate in special events including WAD celebrations; Couple HIV counseling and Testing CHCT: Promote couple counseling through the use of IEC materials, Awareness creation on CHTC, Conducting routine checks on quality of CHCT services; Capacity Building: Counselor Supervision, Refresher PITC training, Lab Supervision Support, Mentorship; Quality Assurance and Quality Improvement: Reinforce the use of QA/QI guidelines and practices; systematically administer questionnaires to monitor Quality of PITC services. Analyze and develop improvement strategies, Quarterly mentorship for all HCT providers

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,173,000	0

Narrative:

In this COP year, SHAP will consolidate Other Sexual Prevention activities through peer education, BCC, community outreaches and continue with condom distribution through established outlets. These interventions will build on HIV and AIDS OP implemented under the previous COP in the four states of Central Equatoria, Eastern Equatoria, Western Equatoria and Western Bar El Gazal. The activities will focus on reaching the Most at Risk Populations in formal and informal settings. These interventions will continue to be implemented by the sub-grantees in all the four states.

The sub-grantees will also continue to target the general population to increase their knowledge and awareness on the risks associated with unsafe sexual practices, including cultural norms and behaviors that would expose them to HIV infection.

SHAP Strategic partners will continue to provide assistance and capacity building to partner organizations to implement other sexual prevention programs. The program will link with and provide referrals to existing networks of HIV/AIDS counseling and testing, home-based care, and ART programs in the program areas.

SHAP will integrate prevention messages into models of care and support for PLHIV. In addition SHAP will integrate messages to address quality of life, effects of drugs and substance abuse, and gender based violence. The interventions will also continue to promote gender equity in HIV and AIDs services delivery and access through the promotion of safe sexual norms among men, increased negotiation skills of condom use among females, and increased involvement of women in other HIV and AIDS prevention.

Implementing Mechanism Details

Mechanism ID: 13142	**Mechanism Name: APHL**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Association of Public Health Laboratories	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 300,000	
Funding Source	**Funding Amount**

GHP-State	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Efficient, appropriate and reliable laboratory services are essential and fundamental components of an effective, well-functioning health system. High-quality laboratory testing is critical for prevention , disease surveillance outbreak investigations and patient care.

The APHL supports the development of quality laboratory services and provides technical assistance to the MOH in the implementation of the National Laboratory Strategic Plan to achieve comprehensive quality of laboratory services. This is in line with the APHL vision of "a healthier world through quality laboratory practice" and in agreement with PEPFAR program strategy of ensuring a strong national network of laboratories that provide quality services as well as developing qualified technical personnel.

The focus of the APHL technical assistance to the MOH is to establish a quality laboratory management system (QMS) at all levels of a national tiered laboratory system. A QMS is a systematic approach that describes, documents, implements, measures and monitors the effectiveness of laboratory work operations in meeting international, national, regional, local and organizational requirements and promotes the efficient use of resources. Through working on the 12 quality system essentials, it is expected that by the end of FY12, two laboratories will be able to enroll into the WHO stepwise laboratory improvement process towards accreditation (SLIPTA).

Cross-Cutting Budget Attribution(s)

Human Resources for Health	10,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13142**		
Mechanism Name:	**APHL**		
Prime Partner Name:	**Association of Public Health Laboratories**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	300,000	0

Narrative:

Laboratories play vital roles in disease diagnosis, surveillance, patient care and management. Accurate and timely laboratory analyses are critical in identifying, tracking and limiting public health threats. Optimal functioning of the public health system to curb these threats is dependent on uniform and quality laboratory services and testing, which also depends on a well-organized laboratory network, adequate skilled workforce, and good infrastructure.

In order to improve the quality of laboratory services, APHL will provide technical assistance and support to the MOH to develop quality management systems (QMS) at the National Public Health Laboratory (NPHL) and at all levels of the laboratory system. The QMS is expected to provide an opportunity to deliver consistent, high-quality and cost effective laboratory services. Critical areas for the implementation of QMS in FY 12 will include organization, personnel, facilities and safety, documents and records and purchasing and inventory and information management.

APHL will develop and distribute a quality manual, which will state the quality policy, quality system and quality practices for laboratory services in South Sudan. The quality manual will provide guidelines for meeting quality system requirements and demonstrates management's commitment to quality.

APHL will provide training to laboratory managers on laboratory leadership and management. It will also train quality managers on ISO 15189 implementation. These trainings will be for managers in the NPHL, regional hospital laboratories and the state hospitals laboratories, and are expected to lead to enrolment of two laboratories into the WHO stepwise Laboratory process towards accreditation.

APHL will support the MOH in the development of documents such as standard operating procedures for routine laboratory tests including HIV, STIs and opportunistic infections, job aids, instructions on handling incoming specimens, and quality control charts and trouble-shooting instructions. These documents will be available at each

testing site in the laboratory. *In order to continuously monitor quality systems, it is essential that laboratories have record keeping procedures in place. Most of the laboratories do not yet have proper recording practices. Therefore, APHL will work together with the MOH to ensure that there are standardized laboratory request and reporting forms, registers, quality control, External quality assurance, equipment maintenance, personnel, specimen referral and inventory records are available in the laboratory.* *In FY12 APHL will introduce a paper based Laboratory Information Management system to all ten state hospital laboratories; an assessment will be done to determine if a paper or electronic system will be established at the NPHL, referral laboratories and Al-Sabaha Children's Hospital and technical assistance provided to implement the most feasible system in each of these sites.* *In order to ensure safety of personnel and environment, APHL will support the MOH in the development of a national biosafety and biosecurity guidelines, and implementation of the guidelines at all levels of the laboratory system.*

Implementing Mechanism Details

Mechanism ID: 13506	**Mechanism Name: DOD-Direct**
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: U.S. Department of Defense (Defense)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 100,000	
Funding Source	**Funding Amount**
GHP-State	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

DOD HQ in collaboration with the DoD lab NAMRU 3 will strengthen the diagnosis of HIV and other STIs, TB and OIs in the SPLA with QA. Lab personnel will be trained in bacteriology, serology,

parasitology and PCR (VL machine acquired by SPLA in 2010) and lab information management to improve the timely diagnosis, accuracy and use of testing for quality patient care and disease surveillance. TA for SOP development, specimen collection/ transport will be provided. NAMRU 3 will provide limited follow on mentoring for the SPLA lab while the majority of lab efforts will rely upon the coordination with the MOH and USG CDC lab strengthening efforts.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Military Population

Budget Code Information

Mechanism ID:	**13506**		
Mechanism Name:	**DOD-Direct**		
Prime Partner Name:	**U.S. Department of Defense (Defense)**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	100,000	0
Narrative:			
.Ongoing efforts to strengthen the diagnosis of HIV and other STIs, TB and OIs in the SPLA with QA will be performed in collaboration with the US military lab, NAMRU 3. Lab personnel trained in the areas of bacteriology (meningitis, diarrhea, blood, urine, antibiotic susceptibility testing), serology (HIV, hepatitis, stool parasites), parasitology (stool and blood smears) and PCR (VL machine			

acquired by SPLA in 2010) and lab information management to improve timely, accurate diagnosis and use of testing for quality patient care and disease surveillance will be mentored for continued rational use for lab monitoring of PLHIV.

Implementing Mechanism Details

Mechanism ID: 13685	**Mechanism Name: Alcohol intervention - military**
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: Research Triangle International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 100,000	
Funding Source	**Funding Amount**
GHP-State	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Findings from the 2010 and 2011 SPLA BBSS demonstrated the SPLA were highly mobile, predominantly young males with many reporting having multiple wives or partners. Major gaps in basic knowledge of HIV transmission, HIV prevention measures, and awareness of HIV testing were seen. Other findings included relatively low reports of condom use and knowledge on how to use condoms. High risk sexual behaviors included a large number of married individuals reporting other sexual partners with over one-fifth of sexually active participants reporting multiple sexual partners and approximately 15% of individuals reporting having had a sexually transmitted infection (STI). The HIV prevalence was 5.0%.

The SPLA and its HIV/AIDS Secretariat aim to control the spread of HIV/AIDS and mitigate the negative impact of HIV and other STIs among its population and communities. Program components include sexual and other behavioral risk prevention, HIV testing and counseling.
RTI will work directly with SPLA to support the military in its ability to plan, implement, monitor and evaluate HIV program activities. Given the high mobility and broad geographic distribution of the SPLA and its approximately 150,000-200,000 members throughout the ten states in South Sudan; program areas will concentrate in areas of

highest SPLA population density and HIV prevalence.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Military Population

Budget Code Information

Mechanism ID:	13685		
Mechanism Name:	Alcohol intervention - military		
Prime Partner Name:	Research Triangle International		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	50,000	0

Narrative:

Research Triangle Institute will provide technical assistance to the SPLA in terms of data dissemination and the translation of data to information to program activities. These efforts were begun in FY12 and will continue into FY13, with increasing ownership of the SPLA in data analysis and dissemination activities in localized military command contexts.

Research Triangle Institute will work with the SPLA to strengthen linkages between data collection and program design, implementation and monitoring using simple monitoring tools across program areas that allow

decentralized implementers (e.g. focal persons in the field, lay counselors providing PHDP interventions in the community) to transmit program information in a more efficient and timely fashion, and allow the central HIV SPLA secretariat routine access to information for analysis and corrective program changes/improvement. Research Triangle Institute will support a decentralized tracking and monitoring tool to monitor patients (cotrimoxazole provision, TB and other symptom screening, provision of education and referral services) to allow the SPLA HIV coordinating body, the HIV/AIDS secretariat, and the SPLA medical corps to ability to maintain a feedback monitoring loop for continuous quality improvement and corrective action as operational work plans are implemented.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	50,000	0

Narrative:

The BBSS conducted in 2010-2011 indicated HIV prevalence rate of 5.0% among the SPLA population sampled, gaps in knowledge of HIV transmission and prevention, relatively high level of AIDS related stigma, and low overall condom use (44% ever used). Strong correlations between STIs and risk factors including depression, probable PTSD (23%), alcohol dependency, and sexual coercion beliefs among men) were also observed. In response to this information, a pilot alcohol risk reduction project was implemented in a partnership between Research Triangle Institute and the SPLA, in FY12, the project will be evaluated in FY13 and, if found to be effective, rolled out by the partner in a larger context in FY 13.

Research Triangle Institute will support prevention assessment and planning collaborations between the SPLA and the Uganda People's Defense Force (UPDF). UPDF was instrumental in the formation of the SPLA HIV/AIDS Secretariat in 2006 and is viewed by the SPLA as a valuable partner in program planning and design. Visits between the two military HIV/AIDS program and Research Triangle Institute staff in Uganda will be facilitated by Research Triangle Institute.

Implementing Mechanism Details

Mechanism ID: 13687	**Mechanism Name: MCHIP**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No

Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

Total Funding: 330,000	
Funding Source	**Funding Amount**
GHP-USAID	330,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

MCHIP will continue to provide critical technical assistance and skills transfer to the Ministry of Health (MOH) through strategic placement of long-term advisors.

MCHIP supports four technical advisors to the MOH in the areas of family planning/reproductive health (FP/RH), budgeting and finance, monitoring and evaluation of HIV programs, and maternal and neonatal health (MNH). In addition, with carry over funds, MCHIP conducted a workshop in October 2011 to disseminate and provide training on immunization policies. MCHIP will also design and implement a program to prevent PPH through the promotion of misoprostol in both facility- and home births.

The M&E Specialist, hired from PEPFAR FY2011 funds is providing critical TA to the MOH to strengthen the national capacity in monitoring and evaluation. FY 2012 funds will be used to continue this activity. This Position is located at MOH and the M&E advisor is working with three entities, namely MOH HIV/AIDS division, MOH general M&E division and South Sudan HIV/AIDS Commission M&E section. The advisor coordinates M&E activities at the MOH as well as M&E TWG, supports HIS coordination of roll-out. This support will strengthen the M&E capacity at the State and County level as the advisor will work with the State M&E advisors (funded through Global Fund). Funds include support to pay for travel to the states and counties to conduct training.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	10,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13687		
Mechanism Name:	MCHIP		
Prime Partner Name:	JHPIEGO		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	330,000	0

Narrative:

MCHIP will continue to provide critical technical assistance and skills transfer to the Ministry of Health (MOH) through strategic placement of long-term advisors.

MCHIP supports four technical advisors to the MOH in the areas of family planning/reproductive health (FP/RH), budgeting and finance, monitoring and evaluation of HIV programs, and maternal and neonatal health (MNH). In addition, with carry over funds, MCHIP conducted a workshop in October 2011 to disseminate and provide training on immunization policies. MCHIP will also design and implement a program to prevent PPH through the promotion of misoprostol in both facility- and home births.

The M&E Specialist, hired from PEPFAR FY2011 funds is providing critical TA to the MOH to strengthen the national capacity in monitoring and evaluation. FY 2012 funds will be used to continue this activity. This Position is located at MOH and the M&E advisor is working with three entities, namely MOH HIV/AIDS division, MOH general M&E division and South Sudan HIV/AIDS Commission M&E section. The advisor coordinates M&E activities at the MOH as well as M&E TWG, supports HIS coordination of roll-out. This support will strengthen the M&E capacity at the State and County level as the advisor will work with the State M&E advisors (funded through Global Fund). Funds include support to pay for travel to the states and counties to conduct training.

Implementing Mechanism Details

Mechanism ID: 13712	Mechanism Name: Blood Transfusion Safety
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: World Health Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 40,000	
Funding Source	**Funding Amount**
GHP-State	40,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The TBD Partner will provide technical assistance to the Ministry of Health (MOH) to strengthen the current blood transfusion services at hospitals while assisting with the development of a national blood transfusion service. The MOH's National Laboratory Policy and Strategic Plan state a need to establish a national blood transfusion service that will follow WHO guidelines for a centralized system reliant on regular, voluntary non-remunerated blood donors (VNRD). Global Fund HRH Round 10 supports establishing three regional blood banks as part of a national blood transfusion service.

The Clinical Laboratories Services in the public sector are provided through three National Teaching Hospitals, seven State hospitals, and seventeen County hospitals. Current blood collection is located within all hospital facilities and is reliant on replacement donations from friends and relatives. All blood transfused is supposed to be tested for HIV, hepatitis B and C, and syphilis.

The overall goal the technical assistance is achieving a safe and adequate supply of blood for South Sudan's clinical needs. The objectives are to conduct or use an existing assessment of the blood collection, processing and utilization at hospitals in South Sudan and based on the outcome of the assessment, assist the hospitals and Ministry of Health (MOH) to a) increase blood collections from low risk donors; b) improve blood testing; c) improve monitoring and

evaluation; and d) determine training needs and plan a multi-level training program. The initial geographic target will be facilities located in the higher HIV prevalence areas. Over the course of the project, the ultimate coverage will be all public facilities that provide transfusions services.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13712**		
Mechanism Name:	**Blood Transfusion Safety**		
Prime Partner Name:	**World Health Organization**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	40,000	0

Narrative:

The MOH is striving to implement a national blood transfusion service; with the limited resources available within the country for blood transfusion safety, the Partner will coordinate activities with the MOH and other stakeholders in South Sudan. The Partner will support the MOH to develop a situational assessment and plan for strengthening the current blood transfusion services within the overall plan for a national blood transfusion service. Currently all blood transfusion services are located in the three National Teaching Hospitals, seven State hospitals, and seventeen County hospitals.

The Partner will conduct a situational analysis/assessment of blood services in South Sudan. Based on the results of

the analysis, the Partner will identify gaps that can be improved through technical assistance. This may include assistance to develop a 5 year Strategic Plan in collaboration with the Ministry of Health (MOH) and CDC. It is expected that the following key technical areas will be the focus of the Partners technical assistance; the following are examples only at this stage of the possible direction of Partner activities.

1. Blood collection:

• Develop site-specific Standard Operating Procedures (SOPs) for collecting, handling and storing, transporting and distributing blood in and from fixed and/or mobile blood collection facilities.

• Advise on how to develop and maintain a system to recruit and retain low risk donors in accordance with the National Laboratory Strategic Plan, i.e., VNRD.

• Strengthen the capacity of blood donor recruiters and blood donor counselors.

2. Blood testing

• Develop generic national and site-specific protocols for all required testing of blood: including for HIV and other relevant transfusion-transmissible pathogens; sero-typing and cross matching following Good Laboratory Practices. All testing algorithms should be based on internationally accepted standards and include internal and external quality assurance components.

3. Monitoring and evaluation (M & E)

• Provide recommendations and guidance on systems for collecting, managing and analyzing data on key programmatic indicators. This may extend to providing advice and guidance on methods and mechanisms for reviewing and adjusting program activities based on monitoring data. Examples of the use of M&E data may include: a) tracking trends in the prevalence of TTIs in donated blood to adjust donor recruitment practices and/or improve educational materials on ways donors can maintain a healthy lifestyle and reduce their risk of HIV infection; and b) tracking program costs to develop cost-recovery and other systems to ensure the program's sustainability.

4. Training

• Develop a training plan for pre-service, in-service and on-the-job training, continuing education and short and long-term career development.

Implementing Mechanism Details

Mechanism ID: 14415	**Mechanism Name: Service Delivery Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 2,900,000	
Funding Source	**Funding Amount**
GHP-State	2,800,000
GHP-USAID	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

To increase access to primary health care services in South Sudan, USAID plans to support a five year Service Delivery Project, beginning in April 2012 and ending in April 2017. The goal of the Service Delivery Project is to increase access to quality primary health care services for all people in Central and Western Equatoria States. Through increasing the capacity of health facilities to provide a minimum package of primary health care services and increasing community access to information and services through health education, mobilization, and community based service provision, the Service Delivery Project will support the Ministry of Health in its goal to provide comprehensive health care to all people in South Sudan.

The Service Delivery Project aims to expand access and increase the quality of health services through an integrated, standardized package of services, and increase demand through community mobilization. By increasing access to information and standardized, quality services, the project will ultimately improve health outcomes and reduce morbidity and mortality, especially among women and children under five. HIV prevention is part of the standard package of services, and, where appropriate, includes access to quality PMTCT and testing and counseling services. The objective of the HIV/AIDS program is to develop PMTCT services in selected counties, provide Testing and Counseling through Provider Initiated Counseling and Testing (PITC), facility based Care and Support services as well as TB/HIV referrals

Cross-Cutting Budget Attribution(s)

Human Resources for Health	40,000

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support
TB

Budget Code Information

Mechanism ID:	14415		
Mechanism Name:	Service Delivery Project		
Prime Partner Name:	JHPIEGO		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	600,000	0

Narrative:

South Sudan depended on Global Fund for the provision of ARVs in the whole Country. Given the fact that there is no treatment for new clients who are eligible for treatment in the next few years, there is need to strengthen care services both at community as well as facility levels. The Service Delivery Project will provide some facility based care services including cotrimoxazole prophylaxis and treatment of OIs. TB/HIV services and referrals will also be provided.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	50,000	0

Narrative:

In South Sudan, the human capacity for effective program management is constrained both at the central Ministry and State Ministry of Health. To address this, Jhpiego will participate in and support regular joint support supervision with the state Ministry of Health staffs to improve effectiveness of AIDS programs at the PHCCs. They will also support monthly state HIV/AIDS coordination meetings. At the national level the project will support relevant policy and guideline development through participation in SSAC and MoH National technical working

groups for HIV/AIDS, especially PMTCT. Other activities involve support for national activities such as World AIDS Day.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	1,000,000	0

Narrative:

The Service Delivery Project will continue to provide HIV testing and counseling (HTC) for pregnant women at the ANC Clinic as part and parcel of ANC services. PITC services will be coupled with treatment of and/or referrals for treatment of opportunistic infections (OIs). Linkages will be maintained between the facilities and other home and community based psychosocial and economic support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	0

Narrative:

Other prevention services will be provided through this partner. These services will target vulnerable populations in the project sites both at community and facility level.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,150,000	0

Narrative:

The Service Delivery Project will support current PMTCT sites in Western and Central Equatoria States. PMTCT services will be provided to new clients in existing sites but in the next two years there will be no scale up of these services due to limitation of PMTCT funding in South Sudan. The PMTCT implementation utilizes national protocols and guidelines, with the four prongs of Primary prevention of HIV infection among pregnant women: prevention of unintended pregnancies among women living with HIV; prevention of HIV transmission from women living with HIV to their infants; and care, treatment and support for mothers living with HIV, their children and families.

Health workers will be trained in PMTCT provision including the provision of ARVs to pregnant mothers (OGAC is supporting provision of emergency commodities for PMTCT in the next 2 years) on site. Through routine data collection and supervision of the sites, the Service Delivery Project will ensure quality of service and standards are kept. The County Health Department will be involved in monitoring the provision of services at the facilities. The PMTCT sites shall be part of the routine antenatal care services at the sites and integrated with family planning services. Demand creation for services will be part of the community mobilization outreaches from the facilities. There will be continued coordination of activities with partners providing community related HIV/AIDS services.

Implementing Mechanism Details

Mechanism ID: 14416	Mechanism Name: DoD-IntraHealth Prevention
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: IntraHealth International, Inc	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Findings from the 2010 SPLA BBSS demonstrated the SPLA was highly mobile, predominantly male, young, with many reporting having multiple wives or partners. Major gaps in basic knowledge of HIV transmission, HIV prevention measures, and awareness of HIV testing were seen. Other findings included relatively low reported condom use and knowledge on how to use condoms. High risk sexual behaviors included a large number of married individuals reporting other sexual partners, over 1/5 of sexually active participants reporting multiple sexual partners and approximately 15% of individuals reporting having had an STI. The HIV prevalence was 4.4% (range 2.4%-6.6%).

The SPLA and its HIV/AIDS Secretariat aim to control the spread of HIV/AIDS and mitigate the negative impact of HIV and other STIs among its population and communities. Program components include sexual and other behavioral risk prevention, HIV testing and counseling (HTC), PMTCT and clinical care services utilizing ARVs from the GFATM, and lab services to support clinical care. Human resource training is a key component of the program.

TBD Partner will work directly with the SPLA to support the military in its ability to plan, implement, monitor and evaluate HIV program activities. Given the high mobility and broad geographic distribution of the SPLA and it's approximately 150,000-200,000 members throughout the 10 states in S Sudan, program areas will concentrate in areas of highest SPLA population density and HIV prevalence. Program evaluation to identify barriers, challenges and effective interventions will be incorporated and a model of supervision and mentoring will be implemented to improve program quality.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	14416		
Mechanism Name:	DoD-IntraHealth Prevention		
Prime Partner Name:	IntraHealth International, Inc		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	0	0

Narrative:

Develop with the HIV/AIDS Secretariat a structured capacity building plan with targets, milestones and timeline; Provide TA to launch and operationalize decentralized HIV/AIDS Secretariat subcommittees; Orient and train the subcommittee focal person in human resources management, financial management, supervision, financial accountability, travel claims, inventory, and logistics; Develop a work plan to incorporate and monitor the current prevention activities into the military system; Identify GOSS training opportunities that would benefit the Medical Corps' plans for the development of new allied health professionals; Help the Medical Corps obtain funding to develop new allied health professionals; Arrange refresher training as needed for SPLA staff in HTC, PMTCT and PITC; With the HIV/AIDS Secretariat, revise the HIV/AIDS policy; Support the organizational development of the three SPLA PLHIV support groups that are registered as CBOs, including providing funding for the revolving loan fund; Support the HIV/AIDS Secretariat to use the for data management; Jointly develop an M&E operational plan;

Conduct monthly M&E data review; Conduct semiannual DQAs at HTCs; Conduct joint supervision visits especially focused on quality assurance; Provide TA for concept notes and reports that the Secretariat staff will write; Strengthen their capacity to develop and lead presentations (e.g., PowerPoint presentations, charts and maps); Assist the HIV/AIDS Secretariat to institutionalize a standardized DQA process and to incorporate it into supportive supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

Maintain/relocate current HTCs; Provide the Basic Care Package of services and STI screening and referrals at all the HTC sites; Support Mobile HTC outreach; Help the MOH to develop the PITC service guidelines, SOP and training curriculum; Train PITC trainers and health workers in PITC service delivery; Implement PITC at JMH, targeting the TB, STI and in-patient wards; Provide refresher training to those counselors who have worked for three years since completing the initial HTC counselor training; Expand the capacity of the Medical Corps to carry out mobile HTC in targeted areas including Juba, Yei, Nimule and Lainya; Strengthen couples counseling; Incorporate Post-exposure Prophylaxis (PEP); Adapt the Brief Motivational Intervention (BMI) approach and introduce an Alcohol Consumption Screening Questionnaire at ART clinics; Produce and disseminate a leaflet on alcohol abuse; Conduct on the job training of providers and counselors in using the BMI Questionnaire; Strengthen and sustain quality assurance systems for HTC, including site-level performance evaluations, supportive supervision, DBS collection and awards of certificates for high quality. Conduct joint supervision of HTC, PMTCT, and ART sites; Facilitate quarterly counselors' meetings to address issues pertaining to HTC.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

Develop and implement an integrated BCC strategy to promote an evidence-based combination prevention package using multiple channels; Provide HIV refresher training to the currently active HIV focal persons and peer educators; Mentor SPLA focal person's trainers to train new military personnel to replace those focal persons who have transferred or are not active; Revise and update the HIV training curricula for HIV focal persons and peer educators to include PwP, post-exposure prophylaxis (PEP), alcohol abuse, HIV/TB co-infection, gender norms, PMTCT and MCP; Conduct HIV/AIDS education outreach sessions for SPLA troops and their families, including focal persons leading 12 commander sensitizations each year; Extend HIV/AIDS education outreach sessions and promotion of condoms to communities surrounding military barracks; Implement a model whereby each HTC center and/or focal person is responsible for supervising 3-4 peer educators; Design, organize and facilitate one-day workshops on HIV/AIDS for female soldiers and wives of commanders in Juba and Yei;

Conduct mobile awareness campaigns to include opportunities for HTC and provision of combination prevention interventions; Promote male involvement in HTC center counseling sessions and collaborate with the care and treatment component of the program to ensure that there is partner notification and/or family testing; Support MOH and SSAC in World AIDS Day activities; Support PLHIV support groups.

Implementing Mechanism Details

Mechanism ID: 14418	**Mechanism Name: CDC FOA SI-OHSS**
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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,250,000	
Funding Source	**Funding Amount**
GHP-State	1,250,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a TBD FOA whose objective is to strengthen HIV strategic information and human resources in South Sudan through the design and implementation of surveillance activities; monitoring and evaluation of existing programs; human resources and other system development; and technical assistance and training for the South Sudan Ministry of Health (MOH), USG partners, and government of South Sudan stakeholders. In addition support will be provided to the MOH in the following areas to increase the capacity of the MOH and the GoSS to respond to the HIV/AIDS epidemic. The areas include strengthening the CCM for Global Health, training of health cadres including but not limited to laboratory professionals, surveillance officers, community health workers.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	322,132

TBD Details

(No data provided.)

Key Issues

Mobile Population

End-of-Program Evaluation

Budget Code Information

Mechanism ID:	**14418**		
Mechanism Name:	**CDC FOA SI-OHSS**		
Prime Partner Name:	**IntraHealth International, Inc**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	1,250,000	0

Narrative:

To strengthen HIV strategic information and human resources in South Sudan through the design and implementation of surveillance activities; monitoring and evaluation of existing programs; human resources and other system development; and technical assistance and training for the South Sudan Ministry of Health (MOH), USG partners, and government of South Sudan stakeholders. This may include the expansion of existing HIV surveillance activities in South Sudan; the capacity strengthening for the South Sudan Ministry of Health and the South Sudan Center for Census, Statistics, and Evaluation in surveillance; and the strengthening of other technical areas related to HIV/AIDS including blood transfusion safety and laboratory strengthening that will lead to health systems strengthening in South Sudan.

Implementing Mechanism Details

Mechanism ID: 14563	Mechanism Name: African society for laboratory medicine (ASLM)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: African Society for Laboratory Medicine	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHP-State	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

South Sudan faces severe health workforce shortages and lack of qualified personnel to manage health facilities at all levels. The 2009 laboratory assessment indicated that there is inadequate staffing levels and lack of qualified personnel at most laboratories. Improvement of the human resource situation would require among other things, supporting the pre-service and in-service training capacity through developing and harmonizing curricula and training materials, training of trainers, and meeting the recurrent costs of training programs. The African Society for Laboratory Medicine (ASLM) will support the MOH in enhancing the capacity of the existing health personnel through pre-service and in-service training. The objective of this implementing mechanism is to review the current MOH curriculum for training certificate and diploma holders in medical laboratory sciences, provide recommendations and produce a revised training curriculum that clearly indicates a career path for laboratory professionals. The training curricula will lead to improvement of quality of laboratory workers and quality of patient care. Being a National curriculum, it will be used by all training institutions in South Sudan that have training programs for laboratory sciences. ASLM will monitor the implementation process of the curricula in collaboration with the Directorate of human resource and professional development in the MOH.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	80,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	14563		
Mechanism Name:	African society for laboratory medicine (ASLM)		
Prime Partner Name:	African Society for Laboratory Medicine		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	200,000	0

Narrative:

South Sudan has three Laboratory training schools with an average output of about 50 laboratory assistants per annum. These training schools have been using the South Sudan MOH curriculum for the training laboratory assistants and technicians. The course duration for laboratory assistants is two years, leading to the award of Certificate in Medical Laboratory Sciences while the laboratory technicians are trained for three years and conferred a Diploma in Medical Laboratory Sciences. A curriculum for a Higher Diploma in medical laboratory sciences was prepared in 2005 but has not been implemented to date. Despite the availability of the curricula, implementation has not been done uniformly in the three training institutes because of perceptions that some modules are missing and others are not necessary. As a result graduates from the three training schools qualify with different levels of knowledge and understanding of laboratory concepts. Reviewing the current curricula which is more than five years old and up-dating it in line with current disease patterns, modern diagnostic techniques and training methods will support improvement of quality of laboratory personnel. ASLM will provide technical assistance to review and up-date the current pre-service curricula that will enable South Sudan to produce competent, skilled laboratory personnel. ASLM will also develop tools that the Directorate of Human Resource and

Professional Development will use to monitor and evaluate the implementation process of the curriculum and measure the impact after five years. *The amount of formal laboratory training varies for staff; some have no formal laboratory training and are not licensed by the medical council while others have received only specialized training e.g. in malaria diagnosis, TB smear microscopy or detection of Trypanosomes. Bridging the gap between those who had informal training and those who are certified to practice is not possible because of the absence of training modules that would allow them to move from one recognized level to another. The same situation exists for diploma holders who would like to join a degree programme in the University. Thus filling positions for laboratory personnel that require higher qualifications remains a challenge. ASLM will develop a curriculum that will describe a career development and progression path which will allow more laboratory personnel to acquire higher qualifications.* *In future, ASLM will also support in-service training for laboratory workers working at the NPHL, referral laboratories and state hospital laboratories. These trainings will be decided on in collaboration with the MOH and will support continuous professional development for laboratory staff.*

Implementing Mechanism Details

Mechanism ID: 14708	**Mechanism Name: ICAP Columbia University**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: International Center for AIDS Care and Treatment Programs, Columbia University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,547,338	
Funding Source	**Funding Amount**
GHP-State	1,547,338

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Access to comprehensive HIV prevention, care, and treatment services, as well as many other primary health services, is limited in South Sudan. The Government of South Sudan (GoSS), with limited external funding and involvement of a number of international NGO has taken initiatives to address the lack of HIV care and treatment and other public health needs; however the unmet needs for the full continuum of HIV services in South Sudan is large. With limited human resources for health and capacity, challenges must be met in order for the necessary delivery of HIV services to be implemented under the guidance and coordination of the GoSS.

A focus will be made to implement a series of interventions to ensure quality services delivered at the comprehensive care centers that include ART. Strengthening the current CCC/ART sites will also provide a framework for future expansion of services. Activities will include updating policy frameworks, updating or creating guidelines, developing implementation work plans, developing tools to facilitate implementation, and strengthening the monitoring and evaluation systems. A focus will be on strengthening the capacity of health care workers at the service delivery site as well the policy framework and systems in place for quality provision and follow up of persons receiving treatment.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	250,000
Motor Vehicles: Purchased	80,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14708**
Mechanism Name:	**ICAP Columbia University**
Prime Partner Name:	**International Center for AIDS Care and Treatment Programs, Columbia**

	University		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	150,000	0

Narrative:

ICAP will provide focused support to the national HIV treatment program which includes the military health care service delivery sites through:

1) Targeted technical assistance to improve the quality of services delivered, in particular to support patient adherence and retention to minimize disruptions among those on ART. This will enhance the impact of the limited funding available for treatment, as well as minimize the chance for transmission of drug-resistant virus.

2) Strengthening pre-ART services and monitoring and tracking systems to keep this population engaged in care and ready to start ART when resources become available.

3) Focusing this support in high-impact geographic areas and populations at greatest risk, such as the states of Western (WE) and Central Equatoria (CE)

ICAP will provide ongoing mentoring and supportive supervision for improved service delivery at selected ART sites in high prevalence areas with specific emphasis on improved retention and adherence. Additional strategies to promote retention of both ART and pre-ART patients will be pursued including decentralization of care by training additional healthcare workers and counselors in the provision of preventive care package (cotrimoxazole, TB screening, condoms, prevention education) for individuals in pre-ART as well as access to every six month CD4 testing, and consideration for decentralized care for those on ART.

ICAP will provide ongoing training, mentoring and supervision of clinical officers, nurses and other health care workers at the selected ART and PMTCT sites. Capacity building will cover HTC including PITC, clinical and laboratory monitoring of ART patients, OIs and STIs screening and management, national ART and PMTC treatment guidelines with the emphasis on appropriate use of ARVs and integration of ART and PMTCT programs, implementing quality improvement programs, and data quality and reporting. As many health services in South Sudan are provided by NGO, it will be essential to ensure that NGO-provided or supported health services adhere to national treatment and program guidelines and provide timely reporting and quality assurance feedback mechanisms.

ICAP will focus on building the capacity of the MOH offices and clinics to strengthen their monitoring systems for pre-ART, ART and PMTCT patients through systematic utilization of information captured during visits including routine use of data to make improvements in the provision of services. Data quality assurance and feasible continuous quality improvement exercises will be instituted for improved patient adherence, retention and efficient service delivery.

The ultimate goal of all these activities is to help the national HIV program in South Sudan to develop a quality HIV care, treatment, and PMTCT programs starting at the national level to the facility level. ICAP will work with State Ministries of Health to ensure that the local governments have the necessary HIV treatment, care and PMTCT policies, guidelines, and curricula and that they understand their use. ICAP will work to support services and conduct activities outlined above (e.g. training of healthcare workers on national guidelines, establishing or strengthening M&E systems, etc.)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,397,338	0

Narrative:

ICAP will provide focused support to the national HIV treatment program which includes the military health care service delivery sites through:

1) Targeted technical assistance to improve the quality of services delivered, in particular to support patient adherence and retention to minimize disruptions among those on ART. This will enhance the impact of the limited funding available for treatment, as well as minimize the chance for transmission of drug-resistant virus.

2) Strengthening pre-ART services and monitoring and tracking systems to keep this population engaged in care and ready to start ART when resources become available.

3) Focusing this support in high-impact geographic areas and populations at greatest risk, such as the states of Western (WE) and Central Equatoria (CE)

ICAP will provide ongoing mentoring and supportive supervision for improved service delivery at selected ART sites in high prevalence areas with specific emphasis on improved retention and adherence. Additional strategies to promote retention of both ART and pre-ART patients will be pursued including decentralization of care by training additional healthcare workers and counselors in the provision of preventive care package (cotrimoxazole, TB screening, condoms, prevention education) for individuals in pre-ART as well as access to every six month CD4 testing, and consideration for decentralized care for those on ART.

ICAP will provide ongoing training of clinical officers, nurses and other health care workers at the selected ART sites. The training will cover HTC including PITC, clinical and laboratory monitoring of ART patients, OIs and STIs screening and management, national ART treatment guidelines with the emphasis on appropriate use of ARVs, and how to design and implement quality improvement programs at each ART site. As many health services in South Sudan are provided by NGO, it will be essential to ensure that NGO-provided or supported health services adhere to national treatment and program guidelines

ICAP will focus on building the capacity of the MOH offices and clinics to strengthen their monitoring systems for

pre-ART and ART patients through systematic utilization of information captured during visits including routine use of data to make improvements in the provision of services. Data quality assurance and feasible continuous quality improvement exercises will be instituted for improved patient adherence, retention and efficient service delivery.

The ultimate goal of all these activities is to help the national HIV program in South Sudan to develop a quality HIV care and treatment program starting at the national level to the facility level. At the national level, ICAP will conduct a needs survey of existing HIV treatment documents to identify what is missing, what needs to be updated, what is present and in good shape. At the local level, ICAP will work with State Ministries of Health to ensure that the local governments have the necessary HIV treatment policy, guideline, and curricula and that they understand their use. A framework is necessary at the State level regarding a State level workplan and supervision structure for HIV related health services within their jurisdiction. At the facility level, ICAP will work to support services and conduct activities outlined above (e.g. training of healthcare workers on national guidelines, establishing or strengthening M&E systems, etc.)

Implementing Mechanism Details

Mechanism ID: 16525	**Mechanism Name: DoD - Care and Treatment**
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: U.S. Department of Defense (Defense)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 475,000	
Funding Source	**Funding Amount**
GHP-State	475,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

DOD HQ will work directly with the SPLA to support the military in its ability to plan, implement, monitor and evaluate HIV program activities. Given the high mobility and broad geographic distribution of the SPLA and its approximately 150,000-200,000 members throughout the 10 states in S Sudan, program areas will concentrate in areas of highest SPLA population density and HIV prevalence. Program evaluation to identify barriers, challenges

and effective interventions will be incorporated and a model of supervision and mentoring will be implemented to improve program quality.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	45,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Military Population

Budget Code Information

Mechanism ID:	**16525**		
Mechanism Name:	**DoD - Care and Treatment**		
Prime Partner Name:	**U.S. Department of Defense (Defense)**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	300,000	0

Narrative:

DOD HQ will assist and strengthen the service delivery within the SPLA along the continuum of HIV prevention, treatment and care (GFATM provides ARV and PMTCT ARV support). Successful retention of PLHIV in pre-ART and ART care is a high priority. Supportive supervision for improved service delivery in the SPLA with greater emphasis on improved retention and adherence of patients will be provided. Given the large distances in S Sudan, many individuals do not access services despite having been HIV tested. In FY 12, strategies that may promote retention will be pursued e.g. specimen transport movement vice patient movement for lab specimens, provision of decentralized care with additional SPLA healthcare workers and counselors trained in the provision of the

preventive care package (cotrimoxazole, TB screening, condoms, prevention education) for individuals pre-ART, and consideration for decentralized care for those on ART (preventive care package with ARV refills and linkage or referrals for more complex care (e.g. TB, STI, OI diagnosis and management).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	50,000	0

Narrative:

.The screening of individuals with HIV for TB and the timely diagnosis of TB in PLHIV is critical to mitigating a significant cause of morbidity and death in S Sudan. TBD partner will provide support for specimen collection for TB screening in PLHIV who screen for signs or symptoms suspicious for TB, and closer coordination with specimen processing facilities for use of data for clinical decision making. In coordination with MOH support, SPLA TB activities will aim to reduce the incidence of TB in HIV infected patients and identify co-infected patients early, provide INH prophylaxis and TB treatment where appropriate. Providers will also be trained in HIV/TB co-infection management. TA for laboratory processing and specimen collection improvements will be provided.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	50,000	0

Narrative:

.Combination prevention should focus on societal factors that affect risk and vulnerability. BBSS findings demonstrated stigma, high levels of alcohol use and harmful gender norms exist within the SPLA. In FY 13, DOD HQ will work with the SPLA on structural interventions, such as assistance in the development, implementation and monitoring of a SPLA specific alcohol policy, policy to address stigma, discrimination and harmful gender norms by SPLA members within their military and civilian communities. Capacity building of health and public health workers has been a constant, important component of the PEPFAR-RSS work and critical for the development of a sustainable response for this new nation. TA in the development of other cadres e.g. nurses and allied health workers. SPLA leadership advocacy is essential for sustainable programs and addressing the socio-cultural norms within the SPLA environment that may create risk. Leadership advocacy for the emphasis on transforming gender norms and male involvement in sexual health will be supported, TBD partner will provide TA for the establishment of a decentralized HIV/AIDS secretariat within the SPLA across their bases will be provided through support for the formation of HIV secretariat subcommittees that will work with base leadership and health personnel to enable an environment where prevention is integrated into military training, and addresses gender norms, stigma and discrimination reduction and the enabling of supportive systems for PLHIV in the SPLA. The decentralized sub-committees will also serve as critical feedback loop for program monitoring and relevance. In service training of health care workers and other SPLA personnel in areas to include TC, PITC, PMTCT,

laboratory techniques and HIV/AIDS management skills will also be provided.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	75,000	0

Narrative:

.DOD HQ will support the WHO PMTCT guidelines utilizing rapid HIV counseling and testing for PMTCT in antenatal and maternity settings in the SPLA; Combination short-course ARV prophylaxis or at minimum single dose Nevirapine for mother and infant pair (as per the new WHO PMTCT guidelines and availability of access to ARVs in country), with referral for ART for mothers (dependent on available ARVs) will be made. Support for mother to mother groups, STI diagnosis and management, and linkages for infant feeding, nutrition services and family planning will be provided. HIV/AIDS education, care and support for the mother-infant pairs during immunization visits will be provided. Improved record keeping for patient management to improve retention and adherence and ensure a smooth transition post-partum to adult care and treatment resources will be strengthened. If available through lab strengthening efforts, point of care CD4 testing will be utilized to stage pregnant women immediately post HIV TC.

Implementing Mechanism Details

Mechanism ID: 16868	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16922	**Mechanism Name: OVC Program**
Funding Agency: U.S. Agency for International Development	Procurement Type: Umbrella Agreement
Prime Partner Name: United Nations Children's Fund	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 496,715	
Funding Source	**Funding Amount**
GHP-State	496,715

Sub Partner Name(s)

(No data provided.)

Overview Narrative

PEPFAR proposes supporting a post-rape community care project piloted by UNICEF. The project will have two components: 1) community-based management for survivors of sexual assault; and 2) changing social norms around gender based violence (GBV), particularly sexual violence (SV). The social norms component aims to advance and implement approaches to primary prevention of and response to GBV, especially SV against women and girls affected by conflict and disaster, which will include the development of evidence-based best practices. An important focus will be on strengthening positive social norms (including going beyond the typical approach of changing knowledge, attitudes and practices) that protect women and girls from violence and leveraging societal dynamics to change social norms that serve to hide or actually encourage forms of violence. The social norms perspective applied throughout the project will promote the establishment of self-sustaining social rules that are upheld by social rewards and punishments that will eventually be further reinforced though legislation, policies, and the concrete activities that support communities. This activity is consistent with the recommendations of a gender assessment from USAID to address GBV issues in-country. Healthcare worker trainings in selected location will also be conducted. The activities will be implemented in Juba. The target group includes victims of sexual violence, gender based violence and child headed families.

Cross-Cutting Budget Attribution(s)

Gender: GBV	100,000
Gender: Gender Equality	60,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	**16922**
Mechanism Name:	**OVC Program**
Prime Partner Name:	**United Nations Children's Fund**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	496,715	0

Narrative:

In a post conflict country like this the long effect of the protracted war has left many children with no parents or has lost at least one parent. In western Equatoria where the HIV prevalence is highest the problem has been made worse by the recent activity of the Lord's resistance army (LRA).
The USG will work with UNICEF to support care activities with OVC. The goal of the activity is to develop and implement community based management of survivors of sexual violence and changing societal norms around SV and GBV. The target group will be foster families and orphans who live in the community.
UNICEF will work with local groups including faith based organization to support the orphans and the foster families with educational and nutritional support. To improve the evidence base UNICEF will conduct an assessment of and develop models for community based management of survivors of SV and GBV.

Implementing Mechanism Details

Mechanism ID: 16931	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16958	**Mechanism Name: MSH-SIAPS**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 350,000	
Funding Source	**Funding Amount**
GHP-State	350,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Over the past three years the level of procurements supported by the South Sudan PEPFAR program has had an expediential growth including from the ECS and Treatment Bridge Program. PEPFAR South Sudan finds it necessary to engage a procurement specialist to assist the PEPFAR team with forecasting, quantification, verification and other activities related to PEPFAR procured commodities to support the MoH. The current mechanism being used to support the MoH on supply chain issues including strengthen pharmaceutical sector governance, enhance capacity for pharmaceutical supply management and services, and introduce rational drug use and quality assurance interventions will be used to hire the procurement specialist. The specialist will work with the PEPFAR South Sudan program as well as the MoH and the UNDP (the prime recipient of Global Fund resources) to ensure that accurate supply-chain information is collected, shared, and used; and ensure the provision of quality, affordable, health care products supplied by PEPFAR are procured in a timely manner to avoid stock out. Collaboration with the UNDP/GFATM warehouse managers is needed to monitor inventory and determine the rate of dispensing of commodities. The specialist will provide recommendations on how to strengthen logistics activities within the PEPFAR supply chain

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**16958**
Mechanism Name:	**MSH-SIAPS**
Prime Partner Name:	**Management Sciences for Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	350,000	0

Narrative:

The level of commodities being procured by PEPFAR for South Sudan had grown substantially over the past year. The partner will contract with a procurement specialist to provide supply chain support to the Global Fund and Ministry of Health to facilitate the forecasting for PEPFAR supported commodities (treatment bridge, ECF, etc.), determine consumption of products , monitor stock levels, and work with customs and SCMS (who is procuring the products) to ensure proper procedures are followed and documents completed. The procurement specialist will interact on a regular basis with the PEPFAR South Sudan team on supply chain issues as well as provide recommendations on the quantities and products to be procured from SCMS.

Implementing Mechanism Details

Mechanism ID: 17118	**TBD: Yes**
REDACTED	

USG Management and Operations

Assessment of Current and Future Staffing.

Redacted

Interagency M&O Strategy Narrative.

Redacted

USG Office Space and Housing Renovation.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Capital Security Cost Sharing		85,000		85,000
Computers/IT Services		54,000		54,000
ICASS		86,000		86,000
Management Meetings/Professional Developement		60,000		60,000
Non-ICASS Administrative Costs		72,000		72,000
USG Staff Salaries and Benefits		450,316		450,316
Total	**0**	**807,316**	**0**	**807,316**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHP-State		85,000
Computers/IT Services		GHP-State		54,000
ICASS		GHP-State		86,000
Management Meetings/Profession		GHP-State		60,000

al Developement				
Non-ICASS Administrative Costs		GHP-State		72,000

U.S. Department of Defense

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Institutional Contractors	0	150,000	0	150,000
Total	**0**	**150,000**	**0**	**150,000**

U.S. Department of Defense Other Costs Details

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

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Capital Security Cost Sharing		5,653		5,653
Computers/IT Services		6,921		6,921
ICASS	238,437	605,395		843,832
Management Meetings/Professional Developement		46,106		46,106
Non-ICASS Administrative Costs		31,420		31,420
Staff Program Travel		45,036		45,036
USG Staff Salaries and Benefits	158,454	292,144		450,598
Total	**396,891**	**1,032,675**	**0**	**1,429,566**

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		GHP-State		5,653
Computers/IT Services		GHP-State		6,921
ICASS		GAP		238,437
ICASS		GHP-State		605,395
Management Meetings/Professional Developement		GHP-State		46,106
Non-ICASS Administrative Costs		GHP-State		31,420