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2009

Sudan

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Table 1: Overview**Executive Summary**

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Sudan - Congressional Notification Summary rev.doc	application/msword	11/29/2008		MLee

Country Program Strategic Overview

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

Yes No

Description:

FY09 Five Year Strategy Update

Actions implemented by the Government of Southern Sudan (GoSS), decrease in funding from the United States Government (USG), and knowledge gained in implementation require modifications of some of the strategies.

The Southern Sudan HIV/AIDS Commission (SSAC) led the process of drafting the "Southern Sudan Strategic Framework for HIV/AIDS" for 2008-2012. Its ratification is expected by the end of 2008. With assistance of funding from Global Fund for AIDS, TB, and Malaria (GFATM), SSAC has set up "State HIV/AIDS Commission" (SAC) in eight of the ten states. The Ministry of Health (MoH) also asserted its role by creating the "Directorate for HIV/AIDS and STIs" and appointing staff.

USG activities are in keeping with the letter and spirit of the national strategic framework and are supportive of the efforts of GoSS. These developments demand even greater GoSS/donor collaboration and coordination and thus increased USG staff time commitment. Due to the USG budget decrease, the USG team will join forces with the GFATM and the Multi-Donor Trust Fund (MDTF) to provide and support improved HIV/AIDS services in Southern Sudan. Funding available through GFATM and MDTF far exceeds PEPFAR's funding level. USG partners can provide systems assistance and have the capacity to significantly increase implementation. The USG Team will also promote greater linkage with other USG health activities (e.g. TB, MCH, water - sanitation, Title II food) and all sectors focusing on gender (e.g. education).

A major problem identified in FY 2008 is supply chain management. Partner sites have been found with expired test kits of various brands from multiple sources. Moreover, the discovery of insufficient management at the GoSS central supply elicited the removal of USG-donated condoms to the Population Services International (PSI) warehouse. PSI has also assumed responsibility for distribution of male and UNFPA supplied female condoms to USG partners. However it is largely a "push" rather than a "pull" system. A two pronged approach will be initiated during FY09. The longer term strategy involves working with all stakeholders to develop a functional national logistics system which will require additional financial resources. The second short term strategy involves ensuring a consistent supply of test kits and condoms to USG partners.

Prevention of sexual transmission in "hot spot" towns and hubs and with high risk groups remains the highest priority. However, to increase efficient use of scarce resources, activities will better correlate scant epidemiological data, including two recent reports, with partner performance data to identify geographical areas of USG comparative advantage. Increased effort will be applied to avoid duplication and create linkages with other donors.

The nascent network of "People Living with HIV/AIDS" (PLWHA) will receive increased support to combat stigma and build its capacity to play a greater advocacy role. A sustainable community participation model that builds civil society capacity will be implemented to expand prevention and care, including alcohol abuse and gender based violence interventions.

While relatively successful, the Sudan People's Liberation Army (SPLA) program needs fine tuning to achieve greater coverage and sustainability. The USG team proposes an early FY 2009 assessment that will help identify activities to increase top command commitment and strategies to motivate HIV positive officers and soldiers to join forces with enlisted PLHA.

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
Ambassador's Letter.pdf	application/pdf	11/12/2008		CIOkello

Country Contacts

Contact Type	First Name	Last Name	Title	Email
HHS/CDC In-Country Contact	Fazle	Khan	GAP Director	Fkhan@ke.cdc.gov
USAID In-Country Contact	Carol	Vazquez	Health Team Leader/Sudan	Cvasquez@usaid.gov
U.S. Embassy In-Country Contact	Mark	Asquino	DCM	asquinoml@state.gov
Global Fund In-Country Representative	Daniel	Kabira	Global Fund Project Manager	Daniel.Kabira@undp.org

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2009?	\$9546000
Does the USG assist GFATM proposal writing?	No
Does the USG participate on the CCM?	Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	8,400	0	8,400
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	201	0	201
Care (1)				
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	2,750	0	2,750
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	0	0	0
8.1 - Number of OVC served by OVC programs	0	0	0	0
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	35,000	0	35,000
Treatment				
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	0	0	0
Human Resources for Health				
End of Plan Goal				
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	0	0	0

2.2 Targets for Reporting Period Ending September 30, 2010

	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
Prevention			
End of Plan Goal			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	8,400	0	8,400
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	201	0	201
Care (1)			
End of Plan Goal			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	2,750	0	2,750
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	0	0
8.1 - Number of OVC served by OVC programs	0	0	0
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	35,000	0	35,000
Treatment			
End of Plan Goal			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	0	0
Human Resources for Health			
End of Plan Goal			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	0	0

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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: FOA-CoAg

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5632.09
System ID: 8969
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: FOA-CoAg

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11448.09
System ID: 11448
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: FOA-CoAg

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11729.09
System ID: 11729
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: ROADS2 & TBD CA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11717.09
System ID: 11717
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: To Be Determined
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: ROADS2 & TBD CA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11825.09
System ID: 11825
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: SHTP II

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8256.09
System ID: 8967
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: CA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11828.09
System ID: 11828
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: IntraHealth International, Inc
New Partner: No

Sub-Partner: International Medical Corps
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Merlin
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes:

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

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes:

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
02-HVAB	11333.29066.09	Due to the timing of the end of the current budget year and fund availability, early funding needed to make the continuation award and ensure that there is not a break in services.	\$45,000	\$0

Mechanism Name: KEMRI CA

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5653.09

System ID: 8971

Planned Funding(\$): \$20,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Kenya Medical Research Institute

New Partner: No

Mechanism Name: MSI

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 11826.09

System ID: 11826

Planned Funding(\$): \$300,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Management Systems International

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: SCMS

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5634.09

System ID: 8973

Planned Funding(\$): \$332,480

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Partnership for Supply Chain Management

New Partner: Yes

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
14-HVCT	11325.20141.09	This is a new mechanisms for PEPFAR Sudan to use. In order for SCMS to be able to procure the needed supplies and materials for FY09 activities, SCMS must be able to purchase the materials before funding would become available. Early funding for the first three months under this budget are requested.	\$10,000	\$96,000
16-HLAB	28511.09	Early funds are needed In order for SCMS to be able to provide needed supplies in the first quarter of the year.	\$13,000	\$83,480
01-MTCT	28510.09	SCMS will need to provide supplies in the first quarter of the funding year; early funding is needed in order for SCMS to be able to process the order for supplies.	\$10,000	\$40,000

Mechanism Name: CA

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 11829.09

System ID: 11829

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Save the Children US

New Partner: No

Sub-Partner: Sudan Inland Development Foundation

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Nile Inter-Development Program

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes:

Mechanism Name: Cost of doing business

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11718.09
System ID: 11718
Planned Funding(\$): \$1,081,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: PEPFAR office

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11827.09
System ID: 11827
Planned Funding(\$): \$50,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: Yes

Mechanism Name: GAP-BASE

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8355.09
System ID: 8978
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: Multiple activities

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5640.09
System ID: 8975
Planned Funding(\$): \$751,520
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
11828.09	11828	IntraHealth International, Inc	HHS/Centers for Disease Control & Prevention	GHCS (State)	Across	Y	\$0
11828.09	11828	IntraHealth International, Inc	HHS/Centers for Disease Control & Prevention	GHCS (State)	International Medical Corps	Y	\$0
11828.09	11828	IntraHealth International, Inc	HHS/Centers for Disease Control & Prevention	GHCS (State)	Merlin	Y	\$0
11829.09	11829	Save the Children US	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nile Inter-Development Program	Y	\$0
11829.09	11829	Save the Children US	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sudan Inland Development Foundation	Y	\$0

Table 3.3: Program Budget Code and Program Narrative Planning Table of Contents

Program Budget Code: 01 - MTCT Prevention: PMTCT

Total Planned Funding for Program Budget Code: \$624,425

Program Area Narrative:

Overview

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

HIV is just one of numerous serious health threats to pregnant mothers and their children in Sudan, and approaches to strengthen prevention of mother to child HIV transmission (PMTCT) must take this into account. With support from HHS/CDC, UNICEF launched a "Safe Motherhood" project in 2005 that provided a package of evidence-based antenatal and peri-partum interventions including routine HIV testing and counseling and standard interventions recommended by WHO to decrease the chance of vertical HIV transmission. The pilot program, the first PMTCT experience in Southern Sudan, was encouraging, demonstrating high levels of interest in maternal health care and HIV, with generally excellent patient uptake of routine HIV testing. But, the pilot also highlighted the limited capacity of most health facilities and personnel, the intensive demands of program support, and the need for integrated efforts to raise knowledge and decrease stigma in facilities and communities alike.

In the absence of a comprehensive health care in Southern Sudan, there is compelling need to strengthen reproductive health care and develop unified policies, guidelines and standard care packages for Southern Sudan.

CURRENT USG EFFORTS

PEPFAR Sudan is accelerating access to PMTCT through education and awareness of the benefits of counseling and testing. The existence of routine HIV education and testing incorporated into Maternal and Child Health care services (MCH) has important prevention and entry to care benefits, and is likely to reduce stigma over time.

In the last year, PEPFAR set up three PMTCT sites. Two other sites that were envisaged could not be materialized due to logistical, management and security issues.

Twenty health workers were trained in PMTCT. To date, a total of 6,964 women have been counseled and received their test results, of which, 139 women have received prophylaxis. The prophylaxis regimen started with single dose Nevirapine, but the USG team is now exploring how to advance to more effective regimens given that Global funds have begun ART services in limited sites in Southern Sudan.

PEPFAR USG members are directly involved in PMTCT training and mentoring, working in collaboration with our implementing partners. The major challenges in initiating more sites include inadequate infrastructure and staffing. Even in areas where there is great need, as has been shown by the results obtained from Voluntary Counseling and Testing (VCT) services like Yambio, there is generally no infrastructure for antenatal care services. Many MCH staff are traditional birth attendants with no formal training or MCH workers with limited training.

HIV testing as a routine component of antenatal care with couples and family counseling will be emphasized from the outset. The program has been successful in initiating follow up clinics for post natal clients and their infants. The program also provides cotrimoxazole prophylaxis, following WHO recommendations, serving as motivation for some clients to return for follow up. But in general, post natal follow up is a neglected service in Southern Sudan.

Apart from cotrimoxazole, HIV positive mothers and their families are provided with basic health package kits comprised of insecticide-treated bed nets, water treatment equipment, condoms and information materials. Service provision is supported by community mobilization efforts designed to increase demand and reduce stigma. Exclusive breast feeding is promoted for all mothers, regardless of HIV status, and locally appropriate recommendations and educational material for post-weaning infant nutrition counseling will be incorporated into the training manual to be used across board.

Linkages with communities have been established, and one particular site, Tambura, is a success story in establishing a support group that meets weekly and fosters peer counseling. The communities' demand for more services speaks to the efforts in tackling stigma in this region.

Improved record keeping is crucial to providing better service delivery, and interim patient registers have been developed and staff trained in their use. However, due to low literacy levels, record keeping and reporting faces ongoing challenges. The Southern Sudan HIV/AIDS Commission, Ministry of Health and USG are working on harmonizing record keeping and monitoring and evaluation tools

FY2009 USG SUPPORT

With limited funding and a commitment to more basic prevention services, we plan to strengthen the established sites for quality services and plan to set up two new sites. Working together with the Sudan Health transformation Project (SHTP), a USAID funded program, resource leveraging and integration will be promoted. PMTCT services will be integrated in 3 SHTP sites where renovations have improved infrastructure. Some of 2008 PMTCT funds were reprogrammed to go towards this integration. Additionally, USG Sudan team has initiated discussions with the State health authorities and administrators of organization operating three recently renovated health care facilities in Juba to work together and integrate PMTCT into their services. In total, we plan to initiate 6 new PMTCT sites. Renovations to provide room for privacy and staff planning will need to be carried out in each site.

Nurses and midwife service providers in each facility, who often rotate in all departments with no designated maternity nor ANC staff, will require substantial support and mentoring due to the low levels of staff knowledge. Establishment of support groups will increase adherence and utilization of services as well as reduce stigma. Community capacity building will be intensified to encourage male involvement for increased service utilization. Gender barriers to accessing care will be addressed in such mobilization activities targeting the opinion leaders.

Logistics management is a big challenge with commodities and supplies coming in from neighboring countries, thus increasing cost and possible delays which need to be efficiently managed. CDC is in the process of contracting with Supply Chain Management Services (SCMA) to procure, manage and distribute all supplies more efficiently in Southern Sudan.

LINKAGES AND COLLABORATION

The USG will continue to work in collaboration with UNICEF, WHO, and the GFATM in the revision of PMTCT standards, procurement of drugs, and linkages to other services including treatment, as the PEPFAR program will be referring women from PMTCT services to the Global Fund funded ART services. Discussion have already been held with WHO, the implementers of Global Fund ART services, to establish strong referral services to ART sites for continued treatment. Discussions have also moved forward with WHO to establish ART services at Tambura and Nimule, two USG funded PMTCT sites which are providing good services. With more stakeholders coming on ground e.g. MDTF, ongoing collaboration and networking will be essential to avoid duplication of efforts and maximize use of resources.

PEPFAR organized a two day meeting where all stakeholders were invited and the results of our work were shared. In FY 2009, a national PMTCT stakeholder meeting will be organized to share the initial successes and challenges of the existing sites, and will serve to sensitize and advocate coordinated action.

POLICY ISSUES

The review and adoption of National Guidelines for PMTCT remains a high priority, and WHO and PEPFAR will continue to collaborate in this endeavor. Additionally, as mentioned above, the Emergency Plan is participating in the development of common monitoring and evaluation tools spearheaded by the Ministry of Health and the Southern Sudan AIDS Commission.

Expected results:

PEPFAR will establish 6 new PMTCT programs and continue support to the already established ones

Staff will be trained in the provision of comprehensive PMTCT services integrated into MCH services.

Patients will receive PMTCT services according to national and international guidelines and standards

Utilization of comprehensive reproductive health services including PMTCT by the community will be increased

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards: 9

1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results: 8400

1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting: 201

1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards: 45

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 5640.09

Mechanism: Multiple activities

Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 28504.09	Planned Funds: \$55,800
Activity System ID: 28504	
Activity Narrative: Cost of doing business related to 50% of one person for a total Cost of Doing Business of \$55,800 infrastructure overhead \$23,014 ICASS \$32,200 ITSO \$586	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 8355.09	Mechanism: GAP-BASE
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 28501.09	Planned Funds: \$43,625
Activity System ID: 28501	
Activity Narrative: Direct implementation by CDC; parital support for 1 staff person and related costs including travel for technical assistance to partners, site visits, etc.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5634.09	Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 28510.09	Planned Funds: \$40,000
Activity System ID: 28510	
Activity Narrative: To purchase laboratory supplies and equipment to support activities related to prevention of mother to child transmission.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 11729.09	Mechanism: FOA-CoAg
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 28833.09

Planned Funds: ██████████

Activity System ID: 28833

Activity Narrative: CDC is issuing a Funding Opportunity Announcement (FOA) in FY09 which will replace the current cooperative agreements for implementation activities including the continuation of the PMTCT activities.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 11828.09

Mechanism: CA

Prime Partner: IntraHealth International, Inc

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 11412.29065.09

Planned Funds: \$0

Activity System ID: 29065

Activity Narrative: Reprogrammed in May 2009 as the cost extension was shorter than had been planned. Support for cost extension of current agreement as a bridge before the new CDC FOA.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17592

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17592	11412.08	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	7817	5632.08	CA	\$230,000
11412	11412.07	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	5632	5632.07		\$146,216

Program Budget Code: 02 - HVAB Sexual Prevention: AB

Total Planned Funding for Program Budget Code: \$1,010,000

Program Area Narrative:

Overview

Sexual prevention, including promoting abstinence, fidelity including partner reduction, and other prevention interventions including correct and consistent use of condoms (ABC), is the highest USG program priority. Southern Sudan is an archetype post-conflict society. The conflict era isolation has rapidly eroded since signing of the Comprehensive Peace Agreement (CPA). All elements are present for the rapid spread of HIV in a country ill-prepared to handle even routine medical care. Refugees in large numbers are returning from neighboring higher prevalence countries such as Ethiopia, Kenya, Uganda and the Democratic Republic of the Congo (DRC), often carrying the virus with them. Trade and transport are increasing exponentially with hundreds of truckers, a high risk group, arriving daily and often staying for days to weeks in major transport corridor hubs. A large population of Sudanese People's Liberation Army (SPLA) is garrisoned in these hubs, as are large numbers of jobless, demobilized SPLA. Mobile populations often have extended periods of time away from their families and are thus prone to risky sexual behavior. Vulnerable women and youth also flock to these transport hubs due to the promise of economic opportunity.

While the prevalence of HIV in Southern Sudan is estimated to be 2.6% and the epidemic mimics the regional one, it is probable that HIV is spreading rapidly in “hotspot” towns or hubs along transport corridors. Regionally, prevalence is often at least twice as high in such hubs as compared to national estimates. The combination of poverty, concentration of truckers and other transient workers, sexual networking including polygamy and concurrent relationships, gender based violence often as result of widespread alcohol abuse, lack of recreational facilities, and dearth of services create an environment of elevated risk. These hubs are, in effect, incubators of HIV, driving transmission in areas well beyond their geographic location. Without strong sexual prevention efforts linked to other services, this rate is likely to further increase in a post-conflict environment.

Preliminary results of a Behavior Monitoring Survey in three transport corridor towns suggest the depth of the challenge. Knowledge levels of sexual transmission of HIV and of AIDS as a disease are among the lowest in Africa. Only 63% of women surveyed knew that HIV can be transmitted through sexual intercourse, 18% had never heard of AIDS, and 25% responded “no” or “don’t know” respectively to the question “can people protect themselves from HIV?” Furthermore, only 15% of women surveyed reported “ever use” of condoms, and 43% or nearly half reported some form of gender based violence (GBV) or coercion. Studies from other countries suggest that since the delicate issue of GBV is often seriously underreported in surveys, the real percentage probably far exceeds this. There is also a need to improve strategic communications skills, as expertise in state-of-the-art communications is restricted to several USG implementing partners. Many implementing partner staff, for instance, have difficulty discussing means of sexual prevention other than abstinence.

Current USG Efforts

USG implementing partners focus on geographical areas with higher risk of HIV transmission, including border areas with high rates of returnees, large numbers of transient groups, the military, and vulnerable resident populations. All implementing partners promote comprehensive ABC interventions, and sexual prevention efforts are generally linked to other USG services including counseling and testing (C&T), prevention of mother to child transmission (PMTCT) and home based care (HBC). In FY08, 492,105 individuals were reached with abstinence and being faithful (AB) messages; 163,134 with abstinence only messages; and 484,906 with other prevention interventions, including the establishment of 488 condom outlets. Other achievements included support to 35 community based organizations (CBOs) and to a national network of people living with HIV/AIDS (PLHA) to implement ABC programming.

ABC prevention interventions are available to both the mobile and the less transient populations in select truck stop towns under the banner of “SafeTStop”. The target beneficiaries are truck drivers, low-income women and other women’s groups, PLHA, out of school youth, religious leaders, demobilized soldiers, community members, orphans and other at-risk populations. Also included in the SafeTStop prevention menu are trucker recreation and resource centers that provide a basis for organizing education, services, and entertainment alternatives for transport workers and community men; the cluster model of community mobilization; and interventions to address root causes of risk behaviors. These include substance abuse and gender based violence interventions. The first “SafeTStop Recreation and HIV Resource Center” was implemented in Juba and received over 16,000 visitors in the first two months; 156 local pharmacies and other buildings were branded with the distinctive SafeTStop logo to develop a link between the recreation center services and the rest of the SafeTStop community. As elsewhere in the region, the two approaches contributed significantly to the increase in number of people reached and uptake of services. For example, over 600 people accessed C&T in the first two months of the Resource Center’s operation. However, although ABC targets were mainly achieved by the SafeTStop partners, difficulties in resolving problems due to the differing development approaches of the various partners hampered building a stronger basis for future efforts.

The ABC behavior change program with the Sudan Peoples Liberation Army (SPLA) covered two out of eight divisions nationally. Activities included support to a PLHA support group of enlisted men, the training of 86 peer educators in ABC interventions, and the production of BCC materials appropriate to the SPLA. Notable program achievements included the production of a Juba-based radio program that carried ABC messages to the military and surrounding communities, a stigma reduction mass media campaign, the creation of 76 condom outlets, and a series of posters targeting risk behaviors including multiple partners. In all, more than 150,000 SPLA, their families and community members were reached with ABC interventions. However, as mentioned above, there remain problems with the degree of SPLA command buy-in, including SPLA support to USG trained peer educators. For instance, the SPLA command has not mandated 100% of the peer educators’ time to this work and peer educators once trained are often moved to non-program divisions where they are not empowered to continue their activities.

FY09 Funds

Given the assumed nature of the HIV epidemic in Southern Sudan, the focus of ABC programming will remain largely the same. However, given even more limited resources in FY09, programming will focus more attention on known high risk groups and the towns and surrounding areas with suspected highest prevalence based on available data from antenatal clinic (ANC) surveillance and counseling and testing centers. For example, certain towns now targeted for services may be eliminated, or their level of support decreased, due to estimated lower prevalence (e.g. Kaya) whereas other towns with estimated high prevalence and with opportunities to link with other donors may be added or receive increased attention (e.g. Wau which has GFATM funded ART services). Efforts initiated in FY08 to increase linkages between USG implementing partners working in the same areas and avoiding duplication of efforts will be given greater attention in FY09. Facility and community based partners will continue to offer comprehensive ABC interventions integrated into other services and a pilot project will test bringing services under the SafeTStop banner for its recognition factor and as a branded quality service. To ensure greater sustainability, increased effort will also focus on building capacity of Community Based Organizations (CBOs) and even smaller local groups (e.g. church groups, savings groups, etc.) to support services. However, despite changes to improve efficiency and synergy, targets will have to be reduced.

SPLA will continue to provide comprehensive HIV prevention programming, including stigma reduction and anti-discrimination activities. However, based on the strategies identified during the assessment planned early in the fiscal year, there will be more

emphasis on strategies that more actively incorporate military PLHA, particularly those that motivate officers to disclose their status and become PLHA advocates. Likewise, it is anticipated that the program assessment will identify potential interventions targeting SPLA top leadership that will increase their buy-in and ensure greater program sustainability. CDC will procure a new mechanism which, in addition to supporting other ABC activities, will integrate its SPLA work into a seamless program that avoids duplication of efforts.

To minimize the USG team management burden, the newly awarded five year ROADS II mechanism and the planned CDC procurement will each incorporate several implementing partners under their umbrellas. Some of these partners were previously managed under individual agreements, which due to field staff shortages, resulted in an excessive management burden and insufficient oversight. All USG partners will continue to use community outreach/mobilization to promote awareness, faithfulness and partner reduction specifically among men, including long-distance transport workers, community men and vulnerable youth, including those in internally displaced camps scattered around Juba and other towns. The nascent national PLHA network will receive increased support to promote ABC, address gender concerns and combat stigma and discrimination. All USG partners will increasingly incorporate interventions addressing the gender issues that inhibit women from accessing services. For instance, implementing partners will work with communities to identify and address community norms that allow domestic and other forms of violence against women and girls.

The USG Health Team will integrate AB interventions at its health sites where PMCT is being offered by providing AB funding to partners providing such services.

The USG team will work with the GoSS and other donors to address the supply chain logistics issue through a combination of technical assistance and advocacy. However, given the critical immediate need, the USG team will also in the short term support implementing partners with the appropriate expertise to support condom procurement and distribution for all USG partners.

Linkages

All community and SPLA outreach efforts (peer education, community theatre, sporting events, etc.) will promote HIV testing-and care-seeking, linking individuals, couples and family members to facility-and non-facility-based C&T and care and support. Likewise, facility services offering such services as C&T and PMTCT will also promote ABC interventions. Substance abuse interventions as a prevention measure are also effective means to promote better ART adherence and positively impact on care and support interventions.

Expected Results

More sustainable approaches to the range of sexual prevention interventions

Increase in the number of individuals who can correctly perceive their degree of risk leading to changed behaviors such as condom use or getting tested.

Development of community-created solutions to address gender based violence

Decrease in stigma and discrimination against PLHA

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 11828.09	Mechanism: CA
Prime Partner: IntraHealth International, Inc	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 11333.29066.09	Planned Funds: \$0
Activity System ID: 29066	
Activity Narrative: Reprogrammed all funding in May2009 as the cost extension needed as for a shorter time period than had been planned. Support for cost extension of current agreement as a bridge before the new CDC FOA.	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 17593	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17593	11333.08	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	7817	5632.08	CA	\$81,000
11333	11333.07	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	5632	5632.07		\$279,877

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11825.09
Prime Partner: To Be Determined
Funding Source: GHCS (State)
Budget Code: HVAB
Activity ID: 29053.09
Activity System ID: 29053
Activity Narrative: TBD - ROADS 2
New/Continuing Activity: New Activity
Continuing Activity:

Mechanism: ROADS2 & TBD CA
USG Agency: U.S. Agency for International Development
Program Area: Sexual Prevention: AB
Program Budget Code: 02
Planned Funds: ██████████

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11448.09
Prime Partner: To Be Determined
Funding Source: GHCS (State)
Budget Code: HVAB
Activity ID: 28525.09
Activity System ID: 28525
Activity Narrative: A new Funding Opportunity Announcement (FOA) will be issued by CDC to replace the current cooperative agreemenets for program implementation.
New/Continuing Activity: New Activity
Continuing Activity:

Mechanism: FOA-CoAg
USG Agency: HHS/Centers for Disease Control & Prevention
Program Area: Sexual Prevention: AB
Program Budget Code: 02
Planned Funds: ██████████

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11718.09
Prime Partner: US Agency for International Development
Funding Source: GHCS (USAID)
Budget Code: HVAB
Activity ID: 28763.09

Mechanism: Cost of doing business
USG Agency: U.S. Agency for International Development
Program Area: Sexual Prevention: AB
Program Budget Code: 02
Planned Funds: \$50,000

Activity System ID: 28763

Activity Narrative: Cost of Doing Business \$50,000
Indirect Costs (USAID) \$10,000
Overhead/Admin \$13,000
ICASS \$12,000
CSCS \$5,000
IRM tax (USAID) \$10,000

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 11717.09

Mechanism: ROADS2 & TBD CA

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 28756.09

Planned Funds: ██████████

Activity System ID: 28756

Activity Narrative: TBD-AB

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 03 - HVOP Sexual Prevention: Other sexual prevention

Total Planned Funding for Program Budget Code: \$1,469,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 11717.09

Mechanism: ROADS2 & TBD CA

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 28757.09

Planned Funds: ██████████

Activity System ID: 28757

Activity Narrative: TBD - expected that ROADS 2 will receive \$658,000 and TBD \$71,000 for OP activities.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 11718.09

Mechanism: Cost of doing business

Prime Partner: US Agency for International Development

Funding Source: GHCS (USAID)

Budget Code: HVOP

Activity ID: 28761.09

Activity System ID: 28761

Activity Narrative: Includes the cost of doing business including travel for 1 person.
Cost Cost of Doing Business \$50,000
Indirect Costs (USAID) \$10,000
Overhead/Admin \$13,000
ICASS \$13,000
CSCS \$14,000
IRM tax (USAID)
Travel: Regional Eafrica Tech Assistance \$15,000

New/Continuing Activity: New Activity

Continuing Activity:

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: \$65,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5632.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 28509.09

Activity System ID: 28509

Activity Narrative: A new Funding Opportunity Announcement (FOA) will be issued by CDC to replace the current cooperative agreements for program implementation.

New/Continuing Activity: New Activity

Continuing Activity:

Mechanism: FOA-CoAg

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: ██████████

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 11825.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 29054.09

Activity System ID: 29054

Activity Narrative: TBD with GHCS (STATE) Funds.

New/Continuing Activity: New Activity

Continuing Activity:

Mechanism: ROADS2 & TBD CA

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: ██████████

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 11828.09

Mechanism: CA

Prime Partner: IntraHealth International, Inc

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 11344.29067.09

Planned Funds: \$0

Activity System ID: 29067

Activity Narrative: All funds reprogrammed from this partner in May 2009 as the cost extension was needed for a shorter period of time than had been planned. Support for cost extension of current agreement as a bridge before the new CDC FOA.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17594

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17594	11344.08	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	7817	5632.08	CA	\$226,000
11344	11344.07	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	5632	5632.07		\$399,494

Program Budget Code: 04 - HMBL Biomedical Prevention: Blood Safety

Total Planned Funding for Program Budget Code: \$0

Program Area Narrative:

N/A

Program Budget Code: 05 - HMIN Biomedical Prevention: Injection Safety

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 06 - IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 07 - CIRC Biomedical Prevention: Male Circumcision

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 08 - HBHC Care: Adult Care and Support

Total Planned Funding for Program Budget Code: \$1,473,425

Program Area Narrative:

OVERVIEW

Southern Sudan has numerous competing health needs. This is compounded by poor infrastructure and limited human capacity occasioned by the prolonged civil war. Since the signing of the peace agreement, there are enormous population movements, with the return of internally displaced people, professionals, and other individuals in search of career and economic ventures. Many of these individuals come from neighboring high prevalence countries. No population based survey has been done in Sudan to determine HIV prevalence. These circumstances make it difficult to determine the number of people in need of ART in Southern Sudan. However, based on an estimated population of 10 million, with a 2.6% prevalence rate of HIV, the expected number of individuals in need of care and potential ART is approximately 25,000, with a larger estimate in need of care and support services.

ART provision is currently available in 7 locations that provide treatment to approximately 800 HIV-infected individuals. All these sites are under the management of the Global Fund. Over the past year, ART guidelines have been established with support from World Health Organization (WHO). With the development of STI guidelines by SSAC, training on screening and treatment of STIs will begin in FY 08.

Counseling and testing services are on the increase, and a significant amount of uptake is seen in mobile services. This poses a challenge for referrals, follow up and linkages to care and support for those found to be HIV positive. PMTCT services have also been functioning in a few sites and is another entry into care and support. An additional challenge is the coordination with non-USG funded ART programs which lack significant care components or community linkages.

At least one established home-based care (HBC) program exists, and a number of new HBC programs are planned. The concept of basic preventive care for people living with HIV/AIDS (PLWHA) and their families is being introduced to Southern Sudan by the PEPFAR program, and is integrated as a core part of the country strategy. TB screening is encouraged, and in PEPFAR supported centers, a simple TB evaluation tool has been designed but not uniformly implemented.

The USG believes that care and support is an essential component of an integrated prevention-focused HIV program. Simple, basic care interventions, focused on the prevention and treatment of opportunistic infections (OIs), can prolong life and decrease morbidity. Beyond the immediate clinical benefits to those affected, the provision of HIV care has an important prevention potential due to the effect of decreased stigma created by the availability of care. Supporting systems to provide care and support sends the message that HIV-related illnesses can be prevented or treated, and that people infected with HIV deserve care and support. Although many basic care interventions can be effectively delivered outside health facilities, the USG strategy encourages a central healthcare worker role. Access to clinics for prevention, care and support services, through strengthening health facilities in the community, improves the quality of all health related services and builds on the foundational goals of establishing comprehensive care programs.

CURRENT STATUS

PEPFAR Sudan, through its work and collaboration with the Southern Sudan HIV/AIDS Commission (SSAC), the Government of Southern Sudan Ministry of Health (MOH) and USG implementing partners, has introduced a model for preventive care based on the successful basic package of preventive/palliative care (PC) delivered in Uganda. With PEPFAR and GOSS leadership, PEPFAR partners have adapted training materials from Uganda for lay people and community groups for use in Southern Sudan. USG is supporting the delivery of basic HIV care, including education of patients and family members on issues related to care and efforts to reduce stigma and promote an open and supportive environment. One partner, PSI, is responsible for the procurement of supplies, development of communication materials, and training. Other USG partners in the field are responsible for the implementation and design of a locally-appropriate distribution strategy, utilizing health facilities, community groups and individuals. People living with HIV/AIDS are encouraged to participate, and in turn this has encouraged them to become openly involved.

Over the past year, over 811 kits have been distributed, and over 201 service providers and lay persons have been trained in palliative care. Basic care kit contents are comprised of a water vessel, 90 water treatment tablets, 72 condoms, 2 treated mosquito nets, a filter cloth, and information materials on HIV/AIDS. Cotrimoxazole prophylaxis is given in health facilities where the client's health status is evaluated. Due to supply purchase delays, a delay in the delivery and program activities has occurred. The current USG strategy is to have all PEPFAR supported facilities, including military sites, offer counseling and testing and encourage clients to continue with care. Support groups have been formed and strategies to retain patients in care continue to be sought and require ongoing strengthening to include adequate staff capacity.

Care and support interventions are provided at no cost to families infected and affected by HIV. Program wrap-arounds promote synergy between PC and existing partner activities, and include social marketing of bed nets, safe water interventions, and provision of condoms to the general population. Communication strategies built around these interventions incorporate the benefits for people living with HIV, but marketing strategies emphasize the benefits for other key population groups. Children are a focus of safe water campaigns and pregnant women, a targeted population for bed net distribution. It is expected that broadly promoting these proven public health interventions will prevent perceived associations between their use and HIV status.

FY 2009 PLANS

Service delivery is expected to significantly increase in FY2009, as growing CT and PMTCT program activities identify more people in need of care. Concomitantly, geographic coverage will also increase to include areas covered under the Sudan Health

Transformation Project (SHTP) funded by USAID whose goals seek to revamp primary health care in Southern Sudan. In addition, there is envisaged expansion of the SPLA prevention and CT program to other divisions, which if successful, will create added demands on care and support needs. Health facilities are a major priority in need of strengthening. PEPFAR will work with facilities to establish and strengthen care and support activities. Better and strong referral strategies will be designed to capture those tested at outreach services

PEPFAR Sudan will strengthen the existing program by training and retraining service providers and lay people in the provision of care and support. Additional peer educators will be trained in the utilization of basic care packages as well as other basic preventive strategies to help PLWHA live healthy lives. In addition to education and the distribution of basic package kits, family members and volunteers will be trained as home based care givers to foster the continuity of care. Emphasis on a multidisciplinary approach to care, to include spiritual, psychological and economic support, as feasible, will also be placed. Community resources such as pastors, among others, will be mobilized for these activities. Collaboration with the ROADS project for possible economic empowerment activities such as the establishment of small community farms for good nutrition will be fostered. Linkages will be made with World Food Program (WFP) in very needy cases, but self reliance will be encouraged. The USG will facilitate the development of national standards for HIV care that include a set of basic care interventions offered to all people living with HIV, regardless of the stage of illness

LEVERAGING AND COORDINATION

With the expected finalization of the M & E framework, the creation of standardized data collection and reporting tools between PEPFAR stakeholders, SSAC, MOH and others will be encouraged and supported. Other policy documents, such as the strategic plan for TB developed by the TB program with PEPFAR participation will soon be finalized. Global Fund for AIDS, TB and Malaria (GFATM) will help establish strong linkages and synergy between HIV and TB care screening and treatment. With PEPFAR support for the development of care guidelines and training curricula, consistent with global best practices, we hope that evidence-based preventive care services will be rapidly adopted by HIV programs that are supported by other donors, such as the GFATM and the Multi-Donor Trust Fund (MDTF).

The palliative care program will continue to benefit from coordination and synergy with other donors for provision of bed nets, safe water distribution programs, and small scale condom social marketing activities.

EXPECTED OUTCOMES

The following are the expected outcomes:

1. Strengthened and expanded number of HIV-specific care and support outlets in Southern Sudan
2. Improved data collection systems and data capture, and utilization of the number of people currently in need of care and/or treatment, among other measures of care.
3. Increased number of components of care and community linkages.
4. Increased number of home-based care programs.
5. Improved basic preventive care for people living with HIV and their families.
6. Development of national guidelines for HIV care and support inclusive of a basic care. for HIV-infected people irrespective of stage of infection.

Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV): 33

6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV): 2498

6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV): 350

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 11828.09	Mechanism: CA
Prime Partner: IntraHealth International, Inc	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 11351.29068.09	Planned Funds: \$0
Activity System ID: 29068	

Activity Narrative: All funds reprogrammed from this parnter in May 2009 as the cost extension was needed for a shorter period of time than had been planned. Support for cost extension of current agreement as a bridge before the new CDC FOA.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17595

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17595	11351.08	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	7817	5632.08	CA	\$120,000
11351	11351.07	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	5632	5632.07		\$198,216

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 11829.09

Mechanism: CA

Prime Partner: Save the Children US

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 11345.29071.09

Planned Funds: \$0

Activity System ID: 29071

Activity Narrative: All funds reprogrammed from this parnter in May 2009 as the cost extension was needed for a shorter period of time than had been planned. Support for cost extension of current agreement as a bridge before the new CDC FOA.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17607

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17607	11345.08	HHS/Centers for Disease Control & Prevention	Save the Children US	7822	5634.08	CA	\$50,000
11345	11345.07	HHS/Centers for Disease Control & Prevention	Save the Children US	5634	5634.07		\$55,408

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 11448.09

Mechanism: FOA-CoAg

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 11344.27593.09

Planned Funds: [REDACTED]

Activity System ID: 27593

Activity Narrative: A Funding Opportunity Announcement (FOA) will be issued by CDC to replace the current cooperative agreements for program implementation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17594

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17594	11344.08	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	7817	5632.08	CA	\$226,000
11344	11344.07	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	5632	5632.07		\$399,494

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 8355.09

Mechanism: GAP-BASE

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 29051.09

Planned Funds: \$34,625

Activity System ID: 29051

Activity Narrative: Direct support; partial salary support for one staff to provide technical assistance and oversight to partners in areas related to care and support.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 11718.09

Mechanism: Cost of doing business

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 28764.09

Planned Funds: \$80,000

Activity System ID: 28764

Activity Narrative: Proportional cost of doing business for one person.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5640.09

Mechanism: Multiple activities

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 29056.09

Planned Funds: \$55,800

Activity System ID: 29056

Activity Narrative: Proportional cost of doing business for 50% of one person.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 11825.09

Mechanism: ROADS2 & TBD CA

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 29057.09

Planned Funds: [REDACTED]

Activity System ID: 29057

Activity Narrative: TBD expected \$500,000 to ROADS 2 and \$500,000 TBD.

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 09 - HTXS Treatment: Adult Treatment

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 10 - PDCS Care: Pediatric Care and Support

Total Planned Funding for Program Budget Code: \$0

Program Area Narrative:

N/A

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 12 - HVTB Care: TB/HIV

Total Planned Funding for Program Budget Code: \$0

Program Area Narrative:

N/A

Program Budget Code: 13 - HKID Care: OVC

Total Planned Funding for Program Budget Code: \$0

Program Area Narrative:

N/A

Program Budget Code: 14 - HVCT Prevention: Counseling and Testing

Total Planned Funding for Program Budget Code: \$1,463,670

Program Area Narrative:

OVERVIEW

Sudan has a low generalized HIV/AIDS epidemic with Southern Sudan having an estimated HIV prevalence of 2.6% (UNAIDS, 2007). The country is rebuilding from years of civil war that caused great damage to all sectors and infrastructure, including the health infrastructure. Intensive and focused efforts in HIV prevention, care, and treatment are needed to ensure the HIV epidemic does not become a greater problem in this fragile society. HIV Counseling and Testing (HVCT) is a key element of the PEPFAR-Sudan HIV program, and is an opportunity for individuals, couples, and groups to not only learn about their HIV status, but to establish personalized risk reduction plans. HVCT is important for helping HIV negative persons remain HIV negative, and for linking HIV positive persons with care, treatment and support options.

Client-initiated counseling and testing (CICT) services have continued to expand steadily with support from US Government (USG) through PEPFAR, the United Nations Children's Fund (UNICEF), and to lesser extent European donors. Most CICT occurs at fixed sites that are located at health facilities. In fiscal year (FY) 2008, PEPFAR introduced new mobile and outreach HVCT services in Yei and Juba counties to meet the increasing demand for HVCT services.

While couples HIV counseling and testing (CHCT) remains a priority for PEPFAR Sudan, demand for couples testing remains low. Female involvement in HVCT services is limited due to cultural barriers against women. In FY 2008 alone, 28,386 people were counseled and tested and received their HIV test results in the PEPFAR supported CICT sites. In general, PEPAR sites utilize a parallel testing algorithms using simple rapid HIV test kits, with a third kit available to resolve discrepant results.

Comprehensive HVCT Guidelines incorporating CICT and provider initiated testing and counseling (PITC) has been developed by Southern Sudan AIDS Commission (SSAC) and Ministry of Health (MoH), with a draft produced in June 2008. This effort was supported by World Health Organisation (WHO) with assistance from PEPFAR partners and USG PEPFAR team members, including reviews by the HVCT technical working group (TWG) in Atlanta. Once finalized and launched, the HVCT guidelines will be implemented throughout Southern Sudan.

Standardized reporting and monitoring and evaluation (M&E) systems are now in an advanced formative stage by the MOH and SSAC. A Health and HIV M&E framework (Year 2008 - 2012) is being developed with external technical support from partners, including that of PEPFAR to guide the health and HIV/AIDS programs. This M&E framework is part of the National Strategic Framework (NSF, 2008 - 2012) developed by Government of Southern Sudan (GoSS). PEPFAR partners contribute to the development of the harmonized data collection and reporting tools that are utilized by all stakeholders.

Logistics management remains a challenge in Southern Sudan, due to low levels of infrastructure and high costs of transporting supplies and other items. Despite slow improvements on roads, Southern Sudan remains largely undeveloped and transporting goods by air remains the primary mode of moving supplies and people. Much effort is needed to support partners for proper planning and logistics management, to ensure consistent availability of supplies and services

CURRENT PEPFAR SUPPORT

PEPFAR continues to be the principal supporter of CT services in Southern Sudan. USG partners are currently operating 36 CICT sites, a figure which has increased from 23 sites at the beginning of FY 2008. These sites are located in Yei, Juba, Morobo, Lainya, Magwi, Rumbek, Yambio, Nzara, Tambura, Source Yubu, Mvolo, Otogo, and Maiwut counties. Target HVCT services for high-risk populations have been initiated in some locations. A stand-alone CICT site was established in an urban market area in Juba, which is frequented by truck drivers, traders and their associates. This stand alone site integrates recreational facilities, such as cable television, as well as distribution of information, education for HVCT services. Additionally, three integrated sites have been established in army barracks, specifically targeting the military populations. HVCT service delivery is concentrated in the areas considered at greater risk of spread of the epidemic, such as transport corridors, certain towns and hubs including boarder towns and areas with high volume of persons returning from neighbouring countries that have high prevalence.

The PEPFAR team continues to support HVCT training both for new lay counselors and refresher trainings for existing counselors. Currently the USG team conducts these trainings along with an experienced trainer / technical advisor from a partner. This is in fulfillment of the mandate to develop CT training capacity in Southern Sudan. A PEPFAR partner has recently hired an experienced trainer from the region to support these training efforts in addition to the existing capacity. These professionals are working as a team to provide technical leadership in client initiated and provider initiated HVCT, as well as training of new HVCT providers. A total of 78 counselors, up from 40, at the beginning of the FY 2008, are now offering CICT services at PEPFAR supported sites. Additionally, the first cadre of six HVCT counselor supervisors has been trained to offer support supervision to counselors in Yei, Juba, Rumbek and Kajo Keji. These supervisors also receive mentorship from the two USG and partner staff. The USG staff also offers general HCT technical assistance to PEPFAR implementing partners, including the government and other stakeholders. Leadership is also provided in the area of HVCT laboratory quality assurance (QA). QA for rapid HIV testing services is done using standardized dried blood spot (DBS) specimen collection techniques and centralized testing conducted at the CDC's laboratory in Kenya.

The PEPFAR Sudan team has faced many challenges maintaining the quality of HVCT services, given the complex environment of the region. Despite these challenges, the PEPFAR team has taken a lead in strengthening existing CICT services by providing specific technical assistance to USG partners, conducting frequent field visits to HCT sites, and making recommendations to CICT partners. Additionally, it has played a key role in the establishment of new CICT centers in Southern Sudan.

The team and its implementing partners have also actively participated in the process of development of the HVCT guidelines which are awaiting finalization and launching. The incorporation of guidelines for routine PITC into the comprehensive HVCT guidelines is an opportunity to advance the cause of this important approach to HVCT in health facilities, which is not widely implemented. Additionally, the guidelines offer an opportunity to highlight other key areas of focus, such as quality assurance of HVCT services, and prioritization of couples HIV counseling and testing.

PLANNED FY 2009 SUPPORT

PEPFAR Sudan plans to implement a comprehensive HIV prevention package that includes HIV education and targeted outreach efforts for youth and other at-risk populations, as well as condom distribution and education, HIV counseling and testing, and provision of basic palliative care. In the coming years, the PEPFAR team will focus efforts on scaling up PITC, with targeted efforts in at least two PEPFAR supported health care facilities. Couples HIV counseling and testing (CHCT) will also be prioritized in FY 2009. HIV prevention partners will be engaged to educate the population on the benefits of this service and the facts about HIV discordance among couples. Hence the USG team will expand the existing models of service provision to include more emphasis on quality assurance, PITC and couples HCT, as these are also key priorities for Southern Sudan.

Partners engaged in HIV sexual prevention education, stigma reduction and creation of demand for services will continue emphasizing the importance of couples and partner testing, recognizing that discordant couples are relatively common and must be an important intervention target. Sudan's HVCT program emphasizes the importance of mutual disclosure of HIV status among sex partners, and decision making based on each individual's status, through CHCT. Emphasis will also be put on addressing barriers to females accessing HVCT services. To further increase demand for the HCT services in static sites, strategies to make the sites clients friendly will be encouraged to attract more clients to the sites. This will be done by integrating recreational facilities into the HVCT sites e.g. cable TV, DVD's with informative and entertainment contents and IEC materials including books, magazines and newspapers with HIV/AIDS- related contents. Also, considering the low literacy rate in Southern Sudan, some of the IEC materials will be translated to local languages at very basic level, and increased emphasis will be provided on community mobilization activities like drama and posters.

Quality Assurance (QA) strategies will be scaled up so as to ensure HVCT services meet and maintain minimal standards of quality. The number of counselor supervisors will be increased, and their skills developed, so that more HVCT counselors can access these support services. The first cadre of HVCT trainers will also be trained and mentored to train service providers. USG team and partners will continue assisting SSAC and MOH in the development of the HCT training curricula and guidelines for QA and HVCT supervision. The USG PEPFAR team will continue to offer HVCT technical assistance to PEPFAR partners, the government and other stakeholders in HVCT issues. An additional experienced Sudanese CICT counselor and trainer will be hired by a PEPFAR partner in line with the MOH mandate to develop HVCT training capacity in Southern Sudan.

HVCT service delivery will continue to be targeted to both general and high risk population groups. One approach to increasing access to HVCT services will be offering services at flexible hours when targeted populations are more likely to use them. Some of the high risk populations that will be targeted include the military personnel, truck drivers, traders and their associates, sex workers, and returnees. In addition, more HIV counseling and testing sites will be established in high volume areas like urban

markets, truck drivers resting spots, and other semi-urban areas.

Outreach HVCT services have recorded a comparatively higher service uptake than stand alone HCT sites. Partners operating stand alone sites will be encouraged to offer outreach services on a regular basis, with the aim of having all sites that have capacity to offer these services, offering them. More service providers will be trained to support the increase in outreach HCT. Additionally, services should primarily target locations with limited or no HCT sites, but have demand for HVCT. These may also be potential locations for establishing stand alone sites in the future.

Intensified efforts will be made to address the continued high levels of stigma around HIV counseling and testing. Mass Media campaigns, 'information, education and communication' materials (IEC), and peer education strategies will continue to be used to mobilize and inform communities about HIV counseling and testing, to encourage uptake of HVCT, including couples HVCT, and to reduce stigma around HVCT. Appropriate messages will continue to be developed and communicated for this purpose.

Referrals to other services like care and treatment are a pivotal component of HVCT services. Referral systems and linkages will be strengthened to ensure that all HVCT sites are appropriately referring clients to available services. Follow-up of these referrals will also be done to determine the extent to which people access the services they are referred to. Social support services that clients are referred to including support groups for people living with HIV/AIDS (PLHA) and post test clubs (PTC) will also be strengthened to ensure their services are meeting the needs of their clients.

Finally, logistics management remains a challenge in Southern Sudan, due to low levels of infrastructure and high costs of transporting supplies and other items. Despite slow improvement, roads in Southern Sudan remain largely undeveloped and transporting goods by air remains the primary mode of moving supplies and people. To address this, PEPFAR Sudan team will work more closely with the MoH and other partners from GFATM and MDTF to leverage and enhance the supply chain management in Southern Sudan.

COLLABORATIONS AND LINKAGES

TB/HIV collaboration activities with WHO will continue in the coming FY 2009. This linkage will be strengthened so that all TB patients and suspects receive testing and counseling for HIV and all HIV positive clients are screened for TB. These models of PITC and diagnostic testing in TB programs utilize rapid test algorithms identical to those in use in client-initiated programs.

EXPECTED RESULTS	FY09
Number of service outlets providing counseling and testing according to national and international standards	40
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0
Number of individuals trained in counseling and testing according to national and international standards	50
Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	35,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 11829.09

Mechanism: CA

Prime Partner: Save the Children US

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 11325.29072.09

Planned Funds: \$0

Activity System ID: 29072

Activity Narrative: All funds reprogrammed from this partner in May 2009 as the cost extension was needed for a shorter period of time than had been planned. Support for cost extension of current agreement as a bridge before the new CDC FOA.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17608

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8355.09	Mechanism: GAP-BASE
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 28502.09	Planned Funds: \$96,070
Activity System ID: 28502	
Activity Narrative: Direct Implementation by CDC	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 11718.09	Mechanism: Cost of doing business
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 28766.09	Planned Funds: \$45,000
Activity System ID: 28766	
Activity Narrative: Proportional cost of doing business under C&T for partial support of one person.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5640.09	Mechanism: Multiple activities
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 28505.09	Planned Funds: \$111,600
Activity System ID: 28505	
Activity Narrative: Proportion of the cost of doing business related to one person: \$111,600 Overhead/Admin \$46,028 ICASS \$64,400 ITSO (CDC) \$1,172	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5632.09 **Mechanism:** FOA-CoAg
Prime Partner: To Be Determined **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Prevention: Counseling and Testing
Budget Code: HVCT **Program Budget Code:** 14
Activity ID: 11322.20123.09 **Planned Funds:** ██████████
Activity System ID: 20123
Activity Narrative: To support the Funding Opportunity Annoucnment (FOA) that CDC will issue to replace the current program implementaion cooperative agreements.
New/Continuing Activity: Continuing Activity
Continuing Activity: 17596

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17596	11322.08	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	7817	5632.08	CA	\$430,000
11322	11322.07	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	5632	5632.07		\$438,016

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5634.09 **Mechanism:** SCMS
Prime Partner: Partnership for Supply Chain Management **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Prevention: Counseling and Testing
Budget Code: HVCT **Program Budget Code:** 14
Activity ID: 11325.20141.09 **Planned Funds:** \$96,000
Activity System ID: 20141
Activity Narrative: N/A
New/Continuing Activity: Continuing Activity
Continuing Activity: 17608

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17608	11325.08	HHS/Centers for Disease Control & Prevention	Save the Children US	7822	5634.08	CA	\$201,908
11325	11325.07	HHS/Centers for Disease Control & Prevention	Save the Children US	5634	5634.07		\$140,241

Program Budget Code: 15 - HTXD ARV Drugs

Total Planned Funding for Program Budget Code: \$0

Program Area Narrative:

N/A

Program Budget Code: 16 - HLAB Laboratory Infrastructure

Total Planned Funding for Program Budget Code: \$271,180

Program Area Narrative:

OVERVIEW

Following the signing of the Comprehensive Peace Agreement (CPA) which ended over 2 decades of conflict in Sudan, the newly-formed Government of Southern Sudan (GOSS) has been struggling to address formidable health needs across the country. Southern Sudan is faced with a critical lack of basic infrastructure and profound human resource challenges. Donor support for health services during the war focused on curative clinical services and there was no functioning public health system. To date, two and a half years after the CPA, no functional public health or clinical reference laboratory exists in Southern Sudan. Clinical laboratories are basic in nature and struggle with inadequate staff, equipment and infrastructure, as well as relatively frequent supply problems. The Central Reference Laboratory in Juba has been under renovation for years and is expected to be functional in the next few months. A few Primary Health Care Centers (PHCC) are associated with delivery of basic laboratory services. The policy of the Ministry of Health (MOH), Government of Southern Sudan (GOSS) is to offer a decentralized quality health care package with laboratory services from referral hospitals down to the level of Primary Health Care Centers. These laboratories are expected to be functional with trained personnel, functioning equipment and an adequate supply chain that ensures for no stock-outs of supplies. After the CPA the MOH restructured the laboratory services and began with the recruitment of a cadre of laboratory personnel and renovation of the Central Reference Laboratory. The renovation began almost two years ago in 2006 and is expected to be completed early in 2009. In the absence of appropriate infrastructure, trained technologists are difficult to retain and they often leave government service for the private or non-governmental sector. Neither a comprehensive national laboratory assessment nor a National Strategic Plan for Laboratories has been developed for Southern Sudan. In September 2008, the MOH requested technical assistance from the US Centers for Disease Control and Prevention to assist in conducting a comprehensive laboratory assessment, and in the development of a national strategic plan. The USG team is conducting preliminary work to be able to respond to this request. Other significant constraints include the complete lack of ELISA testing capacity in Southern Sudan. The only functioning CD4 machine in all of Southern Sudan is at the Sudan Peoples' Liberation Army (SPLA) headquarters laboratory near the SPLA ART center in Juba. The rest of the four ART sites in Southern Sudan rely on syndromic management of HIV. These has a significant negative impact, as the majority of HIV positive clients, already weakened with the disease, have to either travel to Uganda for CD4 testing or not have valuable laboratory monitoring.

HIV testing in Southern Sudan is done within counseling and testing centers by lay counselors using Determine and Unigold test kits. Hospitals and PHCC laboratories perform HIV testing, mostly for transfusion purposes, using the same algorithm.

Support for the establishment of GOSS laboratory capability to perform ELISA testing is critical for a range of surveillance activities and quality assurance. In FY 08, the USG plans to hire an FSN laboratory technologist to provide leadership in HIV-related laboratory activities. Renovation of the Central Reference Laboratory will hopefully be completed by early 2009.

Current PEPFAR Sudan support

In FY07 PEPFAR Sudan CDC provided training in laboratory sample management, biosafety, quality assurance, record keeping, stock management and good laboratory practices to the laboratory staff at nine sentinel surveillance sites. This training enabled the staff to successfully complete the first ANC sentinel surveillance in December 08 in Southern Sudan. From the nine sentinel sites, a total of 6,227 samples were tested at CDC Kenya laboratory and the overall prevalence rate was 3.2% with prevalence ranging from 1 to 15%.

Other key accomplishments included the establishment of an External Quality Assessment (EQA) program for HIV rapid testing at the 12 PEPFAR counseling and testing (CT) sites; training 27 Voluntary Counseling and Testing (VCT) counselors; and training one senior laboratory technologist from the SPLA hospital on ART laboratory monitoring.

Direct assistance continues to be provided in the area of quality assurance of laboratory samples and the supervision of laboratory operations at the SPLA laboratory and Juba teaching hospital laboratory.

Planned Support for FY 09

The PEPFAR Sudan program will continue to provide technical assistance and training for laboratory activities related to surveillance, quality assurance, PMTCT, VCT, treatment monitoring and other areas as needed. With expansion of sentinel surveillance to cover eight out of ten states within Southern Sudan, the need for this support will greatly increase. PEPFAR Sudan, with technical assistance from CDC Headquarters, will provide technical assistance to the MOH to conduct a comprehensive laboratory assessment that includes looking at the flow of laboratory services and capacity issues (i.e., infrastructure, equipment, trained personnel, etc) from all levels of service, i.e., Central, State, County and Primary Health Care Centers. Technical assistance will also be provided for the development of the national laboratory strategic plan. Discussions are on course with the Directorate of Laboratory services related to this activity, both of which are paramount for developing and implementing smooth delivery of laboratory services.

With Global Fund support, WHO in collaboration with MOH, has reported having procured 12 CD4 machines to be installed in five existing and other proposed ART treatment sites in Yei, Nzara, Juba, Kajokeji, and Nimule. Additional machines are planned to be installed in more sites in the coming months. PEPFAR Sudan plans to collaborate with Global Fund to offer trainings on ART laboratory monitoring, good laboratory practice and basic training to laboratory personnel working in these facilities. As a PEPFAR team, we are also considering mentoring up to 3 laboratory personnel as trainers of trainers (TOT) in rapid HIV testing and support supervisors to maintain rapid HIV testing quality as counseling and testing scales up.

Once the renovation of the Central Reference Laboratory in Juba is completed, technical assistance will be provided to assist the MOH with setting laboratory standards. We plan to train and mentor laboratory technicians and technologists on how to conduct laboratory sentinel surveillance using DBS samples, perform rapid HIV kit evaluation and other procedures as identified through the laboratory assessment. Currently the rapid HIV test kits being used have not been evaluated within the country and ELISA dried blood spot (DBS) technology is limited; the training provided will increase the local capacity to perform these evaluations and procedures. A critical piece of equipment needed in order to perform the needed tests is the ELISA system (composed of the incubator, washer, and reader). PEPFAR Sudan will work with partners and MoH in acquiring this capability.

PEPFAR Sudan, with technical assistance from CDC Headquarters, plans to conduct a surveillance of the genetic make up of HIV in Sudan. This will help understand the nature of the epidemic by tracking the movement of the virus in the country and to determine if there is any significant difference in the genetic make up of the virus between the north and the south of the country. Sudan National AIDS Program (SNAP) in Khartoum has shown great interest in this project.

Linkages and Collaboration

The USG PEPFAR team will continue to work closely with its partners in Sudan, including the MOH, WHO, Global Fund, SSAC and SPLA. This will include linking the MOH with other financial resources, providing technical assistance and training to the extent possible when either requested by the MOH or as outlined in agreed upon planning or strategic documents. The linkages and collaborations are to develop, improve, and increase laboratory capacity in Sudan including the standardization of guidelines and policies, development of quality assurance practices, improving forecasting for supplies and supply chain management. Expected Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests =0

12.2 Number of individuals to be trained in the provision of laboratory-related activities=18

12.3 Number of tests to be performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring= 5400

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 5640.09	Mechanism: Multiple activities
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 28506.09	Planned Funds: \$72,000
Activity System ID: 28506	
Activity Narrative: Provide technical assistance, oversight, and training by PEPFAR/CDC Staff to grantee partners and the Ministry of Health in various laboratory areas. Technical support will be provided to the Ministry of Health for the development and establishment of appropriate laboratory procedures in the central reference laboratory after it is opened at the completion of current renovations which are expected by April 2009. Support also includes technical assistance from CDC Headquarters to assist the Ministry of Health to develop tools to conduct a laboratory needs assessment and to guide the MOH in this needs assessment; technical assistance will also be provided on the development of a national strategic plan for laboratories. Activity includes support for training 1-2 Sudanese Ministry of Health personal in areas identified during the laboratory needs assessment and strategic planning process and partial funding for an Elysis machine for the central referenece laboratory so as to assist the MOH to strengthen the infrastructure in Sudan to be able to conduct necessary laboratory tests which are currently being performed in Kenya.	

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 5640.09	Mechanism: Multiple activities
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 28507.09	Planned Funds: \$105,700
Activity System ID: 28507	
Activity Narrative: Proportional cost of doing business for 75% of one person including travel for site visits and to conduct training.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 5653.09	Mechanism: KEMRI CA
Prime Partner: Kenya Medical Research Institute	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 28514.09	Planned Funds: \$10,000
Activity System ID: 28514	
Activity Narrative: Some funds reprogrammed from this partner in May 2009 as it became evident that there would be carry-over in the cooperative agreement to support most of the laboratory person and related cost. CDC-support for one officer with 75% of time to support laboratory infrastructure through technical assistance to the Ministry of Health and to partner organizations on appropriate lab techniques and related areas and 25% of time focused on issues related to strategic information for C&T and PMTCT.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 5634.09	Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 28511.09	Planned Funds: \$83,480
Activity System ID: 28511	
Activity Narrative: For the purchase of laboratory supplies, rapid test kits, and other materials or equipment to support quality assurance and laboratory activities by partner organizations with technical support from CDC.	
New/Continuing Activity: New Activity	

Continuing Activity:

Program Budget Code: 17 - HVSI Strategic Information

Total Planned Funding for Program Budget Code: \$766,900

Program Area Narrative:

Program Area Context:

There is extremely limited information on HIV/AIDS strategic information in Sudan. HIV epidemiological information is still scanty though the estimated seroprevalence is now estimated at 2.6% (UNAIDS). The recent completion of drafting of the "Southern Sudan HIV/AIDS Framework" (2008-2012) provides a basis for the implementation of a national monitoring and evaluation (M&E) framework which reportedly will be launched in FY 2009. During this planning period, the USG Team will continue to support efforts to better understand the epidemiological situation, strengthen sentinel surveillance in both the South and North, build related laboratory capacity, and obtain better HIV data from surveys. In addition, PEPFAR will support the national M&E framework implementation and training of M&E staff in the Southern Sudan HIV/AIDS Commission (SSAC) and the Ministry of Health (MOH) to implement a unified and efficient monitoring system that provides information for decision making on HIV/AIDS in Sudan. The program will continue to strengthen M&E processes, with a special focus on improving data quality.

The USG Country team has no full-time Strategic Information (SI) staff or a defined SI Team. Due to high staff turnover over the past year, various CDC and USAID staff, with the support of the USAID/East Africa regional staff have been functioning intermittently as the SI Team. This has hampered surveillance and survey activities in Sudan, which are critical as the program strives to gather epidemiological data to inform the program.

In spite of all the problems mentioned above, the PEPFAR Sudan team has been gradually strengthening M&E capacity in Sudan over the last two years, relying upon technical assistance (TA) from CDC and OGAC, as well as assistance from USAID/East Africa. In collaboration with USG partners and the host government authorities, the USG team began discussions on the development of standardized data collection procedures, tools and a database. USG was active in the development of the M&E component of the Southern Sudan HIV/AIDS Strategic Framework, HIV indicator lists, and M&E frameworks which now form the basis for the development of a unified monitoring and reporting system for Southern Sudan.

The new M&E Officers appointed by SSAC in 10 States continue to receive capacity building support from the USG team though staff attrition is high. In FY 2008 USG provided training in monitoring and evaluation for M&E coordinators from GOSS and partner staff. The challenge during the coming year is to support SSAC and MOH to implement a unified and efficient monitoring and reporting system from the states to the national level.

PEPFAR Sudan, with support from CDC headquarters, has supported antenatal clinic sentinel surveillance activities both in the North and the South. In Southern Sudan, CDC established the basis of an ANC surveillance system, but due to various reasons, including lack of manpower and resources, surveillance activities are not taking place at this time. This has been a great disappointment. However, CDC actively participated in assessing additional sites throughout Southern Sudan for ANC surveillance. In addition, the proposed Sudan AIDS Indicator Survey (AIS) has distracted authorities from other surveillance activities; though ANC surveillance is now slowly taking off.

Laboratory capacity remains an important constraint for HIV surveillance in Sudan. For example, there is no ELISA testing capacity in Southern Sudan. The USG PEPFAR team plans to support the development of laboratory capacity at the Juba Reference Laboratory for surveillance purposes has also not been successful due to slow pace of progress on renovation.

SURVEILLANCE AND SURVEYS

CDC has been responsible for all aspects of ANC surveillance in Sudan to date. The relative lack of engagement of the MOH and the SSAC in planning and management has been a major weakness. However, the MOH is actively engaged with CDC and UNDP in planning for the expansion of ANC surveillance. USG anticipates collaborating with GFATM to support GOSS capacity. ANC surveillance data showed a mixed epidemic, with an overall HIV prevalence rate of 3.2%, ranging from 1% to 15% depending on the site. In 2007, the program began dried blood spot (DBS) specimen collection. More sites have been assessed and it is anticipated that at least three additional sites will become active this year.

In the North, CDC will continue to provide TA to the Federal MOH with sentinel surveillance. USG procured supplies and provided TA and training to support the transition for the ongoing surveillance round. Some of the USG assistance has been undertaken in collaboration with the UN High Commissioner for Refugees (UNHCR), which funded CDC headquarters technical assistance with ANC Sentinel Surveillance.

FY 2009 SUPPORT

The key activities initiated in 2008 are expected to continue in 2009. However, basic challenges such as lack of trained and experienced strategic information personnel and poorly coordinated efforts will continue to hinder progress for the foreseeable future. USG will continue to collaborate with UNDP as the principal recipient of the Global Funds for AIDS, TB, and Malaria (GFATM) grants that are currently the major source of HIV/AIDS funding in Sudan.

The likely role for the USG in supporting laboratory development is still being worked out with the MOH. The plan to hire an FSN laboratory technologist, based at the Juba Reference Lab to provide leadership in HIV-related laboratory matters, is still pending. Once the renovation of the reference lab is completed, PEPFAR Sudan will provide assistance in the foundation of HIV reference section so as to set standard in evaluation of test kits and support Dried Blood Spot (DBS) Enzyme Linked Immunosorbent Assay

(ELISA) HIV testing mainly for surveillance and quality assurance purposes. These services are currently non-existent in Southern Sudan.

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

LEVERAGING AND COORDINATION

The Sudan PEPFAR team's efforts in the area of SI will link to the efforts of the GFATM and other donors and stakeholders. Currently, CDC and UNDP are working closely with the MOH to make plans for the expansion of ANC surveillance and the development of some GoSS capacity. In northern Sudan, the request from the Sudan National AIDS Program (SNAP) for USG technical assistance in the North is directly linked to implementing a program supported by Round 5 GFATM grant

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

Expected outcomes

- Strengthened antenatal surveillance in Sudan.
- Increased number and improved distribution of ANC surveillance sites in Southern Sudan.
- Established laboratory testing (ELISA assays) for surveillance in Southern Sudan.
- Improved laboratory standards, surveillance data management system and quality assurance procedures.
- Completed Data Quality Assessment.

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities: 30

13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS): 200

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 5634.09	Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 28512.09	Planned Funds: \$113,000
Activity System ID: 28512	
Activity Narrative: For laboratory supplies and related materials to conduct the ANC sentinel surveillance activity.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 11729.09	Mechanism: FOA-CoAg
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 28834.09	Planned Funds: ██████████
Activity System ID: 28834	
Activity Narrative: To support the Funding Opportunity Announcement (FOA) to be issued by CDC to replace the current program implementation cooperative agreements.	
New/Continuing Activity: New Activity	

Continuing Activity:

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 11825.09	Mechanism: ROADS2 & TBD CA
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 29058.09	Planned Funds: ██████████
Activity System ID: 29058	
Activity Narrative: TBD - ROADS 2	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 11826.09	Mechanism: MSI
Prime Partner: Management Systems International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 29059.09	Planned Funds: \$300,000
Activity System ID: 29059	
Activity Narrative: To provide an expert on M&E to the PEPFAR team to work with the USG PEPFAR Sudan staff and PEPFAR partners in Sudan to improve strategic information activities.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 11718.09	Mechanism: Cost of doing business
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 29060.09	Planned Funds: \$36,000
Activity System ID: 29060	
Activity Narrative: Proportional cost of doing business for the part time of one person and related travel costs.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5640.09 **Mechanism:** Multiple activities
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Strategic Information
Budget Code: HVSI **Program Budget Code:** 17
Activity ID: 28508.09 **Planned Funds:** \$47,900
Activity System ID: 28508
Activity Narrative: Support provided directly by CDC staff to provide training to parnter organizations and the MOH related to quality assurance and performing HIV related tests correctly and conducting the ANC surveillance survey (\$20,000) and for the cost of doing business related to 25% of time of 1 person.
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5653.09 **Mechanism:** KEMRI CA
Prime Partner: Kenya Medical Research Institute **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Strategic Information
Budget Code: HVSI **Program Budget Code:** 17
Activity ID: 18549.20130.09 **Planned Funds:** \$10,000
Activity System ID: 20130
Activity Narrative: CDC-support for 1 technical officer that provides 25% of time to support strategic information activities with grantee partners; 75% of time is spent providing technical assistance and other related activities to the Ministry of Health and partners under laboratory infrastructure.
New/Continuing Activity: Continuing Activity
Continuing Activity: 18549

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18549	18549.08	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	7819	5653.08	CA	\$40,000

Program Budget Code: 18 - OHSS Health Systems Strengthening

Total Planned Funding for Program Budget Code: \$275,000

Program Area Narrative:

Overview

Sudan is the largest country in Africa with an estimated population of 35 million. Its nature and population are quite diverse, the north being predominantly Muslim where the population identifies itself as Arabs, the south comprising of Africans, mostly Christians and animists. The north and the south had been engaged in prolonged civil wars for the most part of Sudan's existence as an independent country. Peace returned to Sudan in 2006 with the signing of the Comprehensive Peace Agreement (CPA) between the north and the south. Southern Sudan is rebuilding from years of civil war that caused great damage to all sectors and infrastructure. Literally it was left with an almost non-existent health infrastructure. The Government of Southern Sudan (GoSS)

with assistance from the international community has started rebuilding the health systems from the scratches.

Health Systems Strengthening is an important foundation for ensuring sustainability of services and interventions for HIV/AIDS in any country. The United States Government (USG) through the "President's Emergency Plan for AIDS Relief" (PEPFAR) continues to support and strengthen the GoSS and its citizens in the fight against HIV/AIDS. This includes engagement and interaction with the leadership at all levels, creating appropriate and conducive policy and regulatory environments, developing human capacity, strengthening systems, building local government and non-governmental institutions, and enhancing coordination and collaborative efforts with other bilateral and multi-lateral cooperating partners, non-governmental organizations, faith-based organizations, the private sector, and the civil society.

Starting in 2006, great progress has been made as a result of the USG working closely with the Southern Sudan HIV/AIDS Commission (SSAC) and the Ministry of Health (MoH) directly and through its partner organizations. Most of the offices over at the compound of SSAC were provided with funding from USG. The Ministry of Health was also provided with support in setting up the HIV/AIDS unit (now called the "Directorate of HIV/AIDS and STI") and its activities. The USG has also worked with the Global Fund and other partners to provide technical assistance for HIV/AIDS at SSAC and MoH through improving organizational and individual performance for service delivery.

Current USG Support

In 2007 and 2008, USG and its PEPFAR partners provided technical assistance to SSAC and MoH in developing the "Southern Sudan HIV & AIDS Strategic Framework 2008 - 2012" (now at its final stage of adoption), the "M & E Framework for Southern Sudan", "Guidelines for Antiretroviral Therapy (ART)", "HIV Testing and Counseling Guidelines" and in developing "Tools for Data Collection and Transmission".

Through its partners, the USG has worked to build sustainable financial and management capacity of local organizations to respond to HIV/AIDS appropriately. ROADS partners in Southern Sudan have provided ongoing technical assistance to government agencies, CBOs, NGOs, religious leaders, youth and other implementing partners in policy analysis and systems strengthening.

Working with Global Fund/UNDP, in 2007 - 2008, the USG assisted in the formation of State HIV/AIDS Commissions (SAC) in some states, and assisted several County HIV/AIDS Commissions (CAC) in organizing HIV/AIDS taskforce meetings for relevant stakeholders in their counties. These meetings provided a forum for all partners working directly on HIV/AIDS activities to develop goals and objectives, identify gaps and needs, and coordinate activities. These also helped in planning for comprehensive and standardized referral systems, creating central database, and mapping available HIV/AIDS services.

In 2008, the PEPFAR Sudan program, through its partner Intra Health, continued work with the SPLA by providing ongoing assistance to the "SPLA HIV/AIDS Secretariat". Assistance was provided in drafting the "SPLA Strategic Plan for HIV/AIDS". That plan has goals and objectives for which an action plan including strategies, activities, targets, implementers, indicators, outputs and time frame were developed.

The Sudan PEPFAR program, along with its partners and their sub-partners, has continued to provide technical assistance in improving the provision of Counseling and Testing services, PMTCT services, and Care and Support activities in Southern Sudan. Efforts are being made to incorporate some of these activities in the "Sudan Health Transformation Project" (SHTP), a multi-million dollar effort of USG in rebuilding health facilities for providing primary health care in war-ravaged Southern Sudan.

In 2008, the USG provided support to the "Southern Sudan Country Coordinating Mechanism" (CCM) in overseeing its activities of the recipients of Round IV Global Fund activities for HIV/AIDS. USG also assisted in selection of Principal Recipients for Global Fund Round VIII funding for HIV/AIDS.

Planned FY 2009 Support

In 2009, PEPFAR Sudan will continue to work on strengthening the 'Southern Sudan HIV/AIDS Commission' by assisting the leadership in filling all the positions in the commission and in adopting broad policy reforms to create better enabling environments. At the same time, technical assistance will continue to be provided at the Ministry of Health in its implementation of HIV/AIDS activities in Southern Sudan. We will continue to provide greater support to the SPLA HIV/AIDS Secretariat in expanding its activities in at least two additional divisions in two more states. This will include provision of funds for expansion of static and mobile counseling centers in areas not currently covered, training additional counselors and peer educators, ongoing Commander Sensitization activities and providing other technical and material support to build greater capacity in the SPLA to fight HIV/AIDS among the military and its communities.

Working with Global Fund, advisors for Strategic Information will be placed at the Ministry of Health and SSAC to strengthen their capabilities for Monitoring and Evaluation (M & E) and Surveillance and Informatics. To assist the USG partners perform better on the ground, a 'Strategic Information Advisor' will be recruited by PEPFAR and positioned in Juba.

Investment in systems strengthening and policy analysis will continue to focus upon efforts that have proven to be effective or hold great promise. The USG team will provide greater support to networks of PLWHA, including HIV-positive teachers, religious leaders, women and ART patients, so that they can provide mutual support to one another and become effective participants in policy development and in promoting accountability, efficiency, and transparency in HIV/AIDS programs.

To strengthen the GFATM management structure and to improve donor coordination, USG will continue to support the CCM in setting up and maintaining an effective Secretariat in 2009, assisting the technical committees with progress evaluation and

implementation of Global Fund supported projects, and supporting the Global Fund recipients in planning, procurement, and programming.

USG will also work with the 'Multi Donor Trust Fund' (MDTF), which is providing millions of dollars over the next few years through SSAC to fight HIV/AIDS in Southern Sudan. These inter agency collaborations will help provide HIV/AIDS services in a more coordinated manner in Southern Sudan, avoiding duplication and wastage of meager resources and efforts.

In 2009, the USG will also continue to support the expansion of laboratory informatics and supply the equipment and training needs in targeted states. USG assistance has been sought in conducting a "Laboratory Needs Assessment" and "Strategic Planning for Laboratories" in Southern Sudan. Work is in progress to implement these activities.

In 2009, USG support will enhance system-wide approaches to include strengthening the procurement and logistics systems for HIV/AIDS, TB and Malaria medicines, equipment and supplies at the national and state levels. This will include procuring test kits and laboratory supplies from the Supply Chain Management System (SCMS) and working with SCMS to identify weaknesses in the supply chain management.

Enhancing organizational capacity for financial and program management and policy development among USG partners, SSAC, and MoH will also be a priority.

Stigma and gender issues related to HIV/AIDS are major challenges in Southern Sudan due to traditional religious and tribal beliefs, ignorance, lack of education, and geographic isolation resulting in lack of access and exposure to the outside world, exacerbated by the long prolonged civil wars for decades. USG will continue to work with SSAC, SAC and CAC to strengthen leadership in adopting and enforcing policy to reduce stigma and discrimination against HIV and HIV-infected individuals in Southern Sudan.

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11825.09	Mechanism: ROADS2 & TBD CA
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 29061.09	Planned Funds: ██████████
Activity System ID: 29061	
Activity Narrative: TBD - ROADS 2	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11729.09	Mechanism: FOA-CoAg
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 28835.09	Planned Funds: ██████████
Activity System ID: 28835	
Activity Narrative: To support the Funding Opportunity Announcement (FOA) to be issued by CDC to replace the current program implementation cooperative agreements.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 11828.09 **Mechanism:** CA
Prime Partner: IntraHealth International, Inc **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Health Systems Strengthening
Budget Code: OHSS **Program Budget Code:** 18
Activity ID: 11329.29070.09 **Planned Funds:** \$0
Activity System ID: 29070
Activity Narrative: All funds reprogrammed from this partner in May 2009 as the cost extension was needed for a shorter period of time than had been planned. Support for cost extension of current agreement as a bridge before the new CDC FOA.
New/Continuing Activity: Continuing Activity
Continuing Activity: 17597

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17597	11329.08	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	7817	5632.08	CA	\$80,000
11329	11329.07	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	5632	5632.07		\$116,000

Program Budget Code: 19 - HVMS Management and Staffing

Total Planned Funding for Program Budget Code: \$1,483,400

Program Area Narrative:

BACKGROUND

Sudan is considered a low-prevalence country for HIV. Although the true prevalence rate is unknown, it is estimated to be approximately 2.1% for all of Sudan. The rate varies widely among the north and the south, ranging from a low of 0.5% prevalence in certain parts of Northern Sudan to about 15% in parts of Southern Sudan. The overall prevalence of HIV in Southern Sudan is estimated to be 2.6%.

Southern Sudan is bordered by high prevalence countries like Ethiopia, Kenya, Uganda, and the Central African Republic. Relative peace returned to Sudan with the signing of the Comprehensive Peace Agreement (CPA) in 2006, resulting in mass population movements along the porous borders of Southern Sudan. Thousands of Southern Sudanese who took refuge at neighboring countries during the civil war are returning or have returned to Sudan. Internally displaced people have also started to return home. Trade and commerce has resumed with the neighboring countries, the main pipeline being the transport corridor in the south. With peace and stability has come development and relative prosperity. All these above factors are relevant and could contribute to rapid spread of HIV, especially in Southern Sudan. With those in consideration, Sudan was brought under the President's Emergency Plan for AIDS Relief (PEPFAR) as a bilateral mini-COP country in 2006.

Since its inception, the PEPFAR Sudan Team has primarily been based in Nairobi due to inadequate infrastructure and insecurity in Southern Sudan. FSN staff based in Nairobi has to travel to Sudan to conduct activities, and each time they have to obtain Sudanese visa and Country Clearance to get into Sudan. The latter is also dependent on several factors, including the availability and presence of a Point of Contact (POC), a space in the very limited living quarters for temporary duty employee (TDYers), and the overall security situation at the time in Sudan. All these contribute to great challenges for functioning smoothly as a PEPFAR team in Sudan.

CURRENT STAFFING SITUATION

The Sudan PEPFAR team currently consists of members from the US Centers for Disease Control and Prevention (CDC) and the

United States Agency for International Development (USAID). The US Department of State (DoS) and the Department of Defense (DoD) also participate in advisory roles.

The CDC Global AIDS Program (GAP) staff include five fully funded country positions: the GAP Director (the only full-time PEPFAR team member in Juba until recently), and four Nairobi based positions (1 Senior Technical Advisor, 1 Administrative Assistant, 1 Counseling and Testing Advisor, and 1 Laboratory Technical Advisor). The first three positions are FSNs, while the Laboratory Technical Advisor is on contract through the Kenya Medical Research Institute (KEMRI). In August 2008, CDC placed a Deputy Director for Operations for GAP Sudan at its headquarters in Atlanta to support the country team. A Country Officer is also assigned at CDC GAP headquarters to support GAP Sudan. These last two positions are funded and supported by CDC headquarters. The current half-time Administrative Assistant position at GAP Sudan has recently (October 2008) fallen vacant.

The USAID staff include the HIV/AIDS Program Manager (resumed position in Juba starting October 2008), the Health Team Leader and a Health Advisor, all based in Juba, and three advisors from the USAID East Africa Regional Office based in Nairobi (which includes an HIV/AIDS Senior Advisor for Prevention, Care, and Support, an M&E Advisor and a Care and Treatment Specialist). The HIV/AIDS Program Manager is the only fully funded USAID position for PEPFAR. The other USAID positions are not currently funded by PEPFAR.

As stability increases in Southern Sudan, the Government of Southern Sudan (GoSS) expects that donors and implementing partners transition operations to Juba. Without a presence in Sudan, serious opportunities are missed for the USG to develop and implement a unified and cohesive program. It is critical that the USG PEPFAR team engages with government counterparts as well as implementing partners on a regular basis. It continues to be difficult to find required TDY space on the USAID compound in Juba for Nairobi-based technical staff for regular visits to Juba. Travel and other expenses also add up to the total cost of doing business in Sudan when staff travels from Kenya to Sudan. All considered, it is imperative that PEPFAR Sudan makes a transition to Sudan at its earliest. All positions that had been planned to be filled and transitioned to Sudan in previous Country Operational Plans (COP) still need to be filled for greater efficiency and delivery of services in Sudan.

Due to the improved security situation and completion of renovation of the USG office compound and additional residential units at the residential compound in Juba, all USAID FSNs have started relocating to Juba. CDC is working with the US Embassy/Khartoum and USAID/Juba to put in place the necessary administrative structures and to identify approved office space in order to move the Nairobi based Sudan positions to Juba. It is expected that one or more of the positions will be relocated during FY 2009.

CDC continues to work with the Ministry of Health and the US Embassy in Khartoum for final approval for co-locating technical staff within the Ministry of Health in Juba. Highest level GAP leadership in CDC Atlanta, high officials in the GoSS Ministry of Health, and senior US embassy officials in Sudan support the concept, but final approval involves clearance from the Regional Security Officer (RSO) at the US Embassy. The Ministry of Health has indicated that space would be made available at the National Reference Laboratory in Juba, currently under renovation, but has yet to identify the specific space for the co-location. Once the MOH identifies the space, the RSO will be able to make an assessment and process the co-location request.

CDC GAP Director and the entire USAID Health Team, including its PEPFAR staff, had been assigned spaces at the newly renovated USG Office Compound. CDC has recently been allocated an additional space in that compound. With the Administrative Assistant position falling vacant recently and this additional office space becoming available, GAP Sudan plans to transfer the current Nairobi-based Program Assistant position to Juba. This position will be converted to an Administrative Officer serving as the office manager and providing administrative support to GAP Sudan.

Due to the limitation of resources and a review of program priorities, the FY 2008 proposed position of a Technical Advisor based in Khartoum has been revisited, and this position has been eliminated. Instead GAP Sudan proposes to provide short term technical support for surveillance and other activities in Northern Sudan utilizing CDC/GAP headquarter technical support and set aside some funding for travel and incidental expenses related to travel of these personnel.

FY 2009 STAFFING AND MANAGEMENT PLAN

Three new positions, to be hired by USAID, include an M&E Advisor, a Prevention Advisor, and a Program Assistant.

The M&E Advisor will be responsible for supporting development of PEPFAR planning and reporting documents (including future Sudan PEPFAR Country Operational Plans); mentoring GOSS and PEPFAR partners in the collection and use of HIV strategic information; coordinating the development and management of necessary databases, and leading the responsibility for the collection, collation, and submission of PEPFAR program data.

The PEPFAR Sudan team is planning to staff for results and thus a Prevention Advisor is needed to serve as a technical advisor to USG partners in furthering their HIV/AIDS prevention programs, with a focus on ensuring non-duplication of services. The advisor will work closely with the government and other collaborative organizations involved in HIV/AIDS prevention programs to adopt appropriate strategies for their program activities. Prevention programs include but are not limited to, education, outreach, youth directed programs, voluntary counseling and testing (VCT), and prevention of mother to child transmission (PMTCT). Initially, the advisor will concentrate on sexual prevention activities.

Due to a high workload and a need to ensure adequate administrative support to the PEPFAR team as well as adequately address specific agency needs, two Program/Administrative Assistants will be hired (includes the one recently vacated at CDC). The Program/Administrative Assistants will ensure the smooth running of technical and administrative operations and other related activities through program coordination and provision of logistics support. This includes being responsible for day to day coordination of project activities, overseeing the day-to-day management, administrative, financial and program coordination

functions and supporting a broad range of administrative functions. The work portfolio includes finance, human resources, procurement, information management, and logistics.

In lieu of hiring additional FSNs, which is currently not feasible due to space limitations in Juba, USAD will use a contract with Management Systems International (MSI) to provide support services to the PEPFAR team such as administrative program support, monitoring and evaluation expertise, and HIV prevention expertise.

The time line for transferring the Nairobi-based CDC FSN and contract positions to Juba is dependent on identification of office space. In addition to the Program Assistant who will serve as an office manager and provide administrative support to PEPFAR GAP Sudan activities, the planned CDC positions in Juba include a physician Care and Treatment Technical Advisor, a Laboratory Officer/Technologist, and a Counseling and Testing Advisor.

The physician Care and Treatment Technical Advisor will provide technical guidance to partners on predominantly clinical issues such as care, treatment, and PMTCT. This advisor would participate in guideline and curriculum development, conducting training, and mentoring partners in care and treatment.

The Laboratory Officer/Technologist will work in tandem with the existing Nairobi-based Laboratory Technologist to support surveillance and counseling and testing in southern Sudan in addition to providing technical support and leadership in HIV laboratory methods to the National Reference Laboratory in Juba.

The Counseling and Testing Advisor will continue to provide training and technical support to partners and the GoSS on HIV counseling and testing.

PEPFAR Sudan team has been receiving technical support from the USAID East Africa Regional Office since its inception. Estimates for staff time (up to 30 days each) has been made and some FY 2009 funds will be set aside from the Sudan PEPFAR budget to contribute towards the partial funding for specific technical assistance and program support of three critical staff (the HIV/AIDS Senior Advisor for Prevention, Care, and Support, the M&E Advisor and the Care and Treatment Specialist). USAID'S Health Advisor will provide about 25% of his time to PEPFAR which will be funded with FY 2009 funds.

The Sudan PEPFAR team continues to work between agencies. The FY 2009 revised staffing pattern, including all contract mechanisms for needed support, was discussed between the agencies and agreed upon. All PEPFAR positions for Sudan, whether hired through USAID or CDC or one of the agency's contract mechanisms, are to support any PEPFAR need or partner regardless of the source of funding for the position or the partner. Almost all areas cross-cut and the technical support of an M&E Advisor or one for Prevention or Care and Treatment will be available to PEPFAR Sudan.

The PEPFAR team has also held discussions on the need for inter-agency site visits, including joint site visits and the ability for either agency to visit and report back on any partner activities during a site visit. The team plans to work collaboratively in all aspects to implement PEPFAR Sudan goals and objectives and to attain the targets, while reducing the burden of HIV in Sudan.

In FY 2009 the combined cost of doing business is projected to be over one million dollars at \$1,058,000, or 11% of the total budget. This has been proportioned to the appropriate program areas. The Management and Staffing budget also includes the one-time cost of either obtaining space within the MOH and the remodeling costs of procuring a pre-fabricated or other structure for space on MOH property. Travel costs for M&S staff are included in the M&S budget.

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 11718.09	Mechanism: Cost of doing business
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 29062.09	Planned Funds: \$805,000
Activity System ID: 29062	
Activity Narrative: Support for 3.5 staff and related cost of doing business.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8355.09 **Mechanism:** GAP-BASE
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 28503.09 **Planned Funds:** \$325,680
Activity System ID: 28503
Activity Narrative: Support for salary and benefits one country director and one administrative officer.
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 11827.09 **Mechanism:** PEPFAR office
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 29063.09 **Planned Funds:** \$50,000
Activity System ID: 29063
Activity Narrative: The PEPFAR team is working with the Ministry of Health and the Regional Security Officer to identify space that can be used for co-location of locally engaged PEPFAR USG staff. CDC has the lead on working with the MOH to identify space. Depending on the space identified, support will be provided to purchase and install a pre-fab, renovate MOH space, and/or purchase necessary equipment and furniture. The intent over the medium term is to identify and make-ready space for all PEPFAR-Sudan agencies to use.
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 5640.09 **Mechanism:** Multiple activities
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 11419.20143.09 **Planned Funds:** \$302,720
Activity System ID: 20143
Activity Narrative: Support for CDC staff including travel costs related to oversight and monitoring of program activities and technical administrative assistance to partners, the cost of doing business for two full time staff, and support for management assistance from CDC headquarters.
New/Continuing Activity: Continuing Activity
Continuing Activity: 17623

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17623	11419.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7827	5640.08	CDC M&S	\$0
11419	11419.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5640	5640.07	CDC M&S	\$3,074

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?	Yes	X	No
If yes, Will HIV testing be included?	Yes	X	No
When will preliminary data be available?			
Is an Demographic and Health Survey(DHS) planned for fiscal year 2009?	Yes	X	No
If yes, Will HIV testing be included?	Yes	X	No
When will preliminary data be available?			
Is a Health Facility Survey planned for fiscal year 2009?	Yes	X	No
When will preliminary data be available?			
Is an Anc Surveillance Study planned for fiscal year 2009?	X	Yes	No
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			6/30/2009
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2009?	Yes	X	No

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
Ambassador's Letter.pdf	application/pdf	11/12/2008		Ambassador Letter	CIOkello
Gender1.doc	application/msword	11/14/2008		Gender Program Area Narrative*	CIOkello
Funding Limit justification.doc	application/msword	11/14/2008		Budgetary Requirement Justifications	CIOkello
COP 09 Human Resource for Health.doc	application/msword	11/14/2008		HRH Program Area Narrative*	CIOkello
nov24 FY09 Budgetary Requirements Worksheet .xls	application/vnd.ms-excel	11/22/2008		Budgetary Requirements Worksheet*	CMurray
nov24-or other Sudan FY2009 Staffing Spreadsheet CLEANING(1).xls	application/vnd.ms-excel	11/22/2008		Management and Staffing Budget Table	CMurray
BDG RQ Sudan Budgetary Requirements Justification AB.docx	application/vnd.openxmlformats-officedocument.word	11/25/2008		Other	WCoggin
BDG RQ Sudan Budgetary Requirements Justification Care RX.docx	application/vnd.openxmlformats-officedocument.word	11/25/2008		Other	WCoggin
BDG RQ Sudan Budgetary Requirements Justification MS.docx	application/vnd.openxmlformats-officedocument.word	11/25/2008		Other	WCoggin
rpoUSG Sudan Table 2 1 Table 2 2 and Table 3 3 target Justification FINAL (2).doc	application/msword	11/14/2008		Summary Targets and Explanation of Target Calculations	CIOkello
Sudan - Congressional Notification Summary rev.doc	application/msword	11/29/2008		Executive Summary	MLee
Sudan OVC budgetary justification.doc	application/msword	12/5/2008	OVC Budgetary Requirement Justification	Budgetary Requirement Justifications	MLee
Sudan COP 2009 Global Fund Supplemental.doc	application/msword	12/30/2008		Global Fund Supplemental	MLee
Sudan_Summary Targets and Explanations Table.xls	application/vnd.ms-excel	12/10/2008	Table 3 Summary Targets & Explanations / Table 2 Target Explanations	Summary Targets and Explanation of Target Calculations	NSolehdin
Sudan - PEPFAR Country Team Relationship with the Global Fund for AIDS.doc	application/msword	12/15/2008		Other	MLee