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USAID Sudan (ROADS II/Sudan)
Final Report
(November 21, 2008 – September 30, 2009)

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ROADS II/Sudan
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Contents

ACRONYMS AND ABBREVIATIONS	IV
I. EXECUTIVE SUMMARY	1
ROADS II/SOUTH SUDAN.....	1
II. KEY ACHIEVEMENTS (QUALITATIVE IMPACT).....	2
PILLAR 1: CREATE A SAFE ENVIRONMENT FOR PEOPLE TO TALK OPENLY ABOUT HIV AND OTHER HEALTH ISSUES, AND PROMOTE HEALTH-SEEKING BEHAVIOR	2
Cluster Model Formation and Strengthening Activities.....	3
Juba HIV/AIDS Recreational and Resource Center (RARC)	3
PILLAR 2: SAFEGUARD HEALTH THROUGH INCREASED USE OF QUALITY HIV AND OTHER ESSENTIAL HEALTH SERVICES	3
HIV Counseling and Testing.....	3
HCT Facility Assessments.....	4
Palliative Care.....	4
PILLAR 3: ENHANCE ECONOMIC AND FOOD SECURITY AS A PREVENTION/CARE AND COMMUNITY SUSTAINABILITY STRATEGY	4
SPECIAL ASSESSMENTS AND STUDIES	4
Behavioral Monitoring Survey	4
Nimule Assessment.....	5
PEPFAR HIV/AIDS Implementers' Meeting, Windhoek, Namibia, June 2009.....	5
III. MONITORING	6
IV. CHALLENGES.....	9
V. FINANCIAL INFORMATION	10
VI: SUCCESS STORY.....	11

Acronyms and Abbreviations

ARC	American Refugee Committee
BCC	Behavior Change Communication
CE	Central Equatorial State
CF	Community Facilitator
DQA	Data Quality Assessment
FHI	Family Health International
GOSS	Government of South Sudan
HBC	Home-Based Care
HCE	HIV/AIDS Community Educator
HCT	HIV Counseling and Testing
IGA	Income-Generating Activity
IHAA	International HIV/AIDS Alliance
IP	Implementing Partner
IRC	International Rescue Committee
LIW	Low-Income Women
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MARP	Most-at-Risk Population
OVC	Orphans and Vulnerable Children
PE	Peer Educators
PLHIV	People Living with HIV
PSI	Population Services International
RARC	Recreation and Resource Center
ROADS	Regional Outreach Addressing AIDS through Development Strategies
TOT	Training of Trainers
VOIC	Volunteer Organization for International Cooperation

I. EXECUTIVE SUMMARY

The Roads to a Healthy Future (ROADS II) Project—a five-year Leader With Associates award managed by Family Health International (FHI) and funded by the U.S. Agency for International Development (USAID)—focused specifically on underserved, often remote transport corridor communities to enhance health and development among key and vulnerable populations. ROADS II, the follow-on to the Regional Outreach Addressing AIDS through Development Strategies (ROADS I) Project, went beyond HIV and AIDS to expand the quality, reach and uptake of family planning (FP)/reproductive health (RH) and maternal, newborn and child health (MNCH) services. The regional project worked with 52 vulnerable communities along transport corridors in 11 countries: Burundi, Democratic Republic of the Congo (DRC), Djibouti, Ethiopia, Kenya, Mozambique, Rwanda, Southern Sudan, Tanzania, Uganda, and Zambia. Like ROADS I, ROADS II utilized the “cluster” community organizing model, to maximize program reach by expanding participation and collective action of small, sustainable, indigenous volunteer groups with similar focus and interests. Through 80 clusters, ROADS built the capacity of 1,183 such groups with a combined membership of more than 80,000. Project partners implemented HIV and AIDS prevention, care and treatment programming, in addition to such wrap-around programming as community-based alcohol counseling, interventions to address gender-based violence, and economic strengthening as an HIV prevention and care strategy. Building on work initiated under ROADS I, the project also strengthened facility- and community-based delivery of FP/RH services in Burundi, DRC and Rwanda, as well as nutrition in Rwanda. In addition to skills-building in these areas ROADS II strengthened skills in monitoring and evaluation, program and financial management, leadership, conflict resolution and governance. To raise the visibility of the clusters and signal availability of quality services, including those provided through private drug shops and pharmacies, ROADS II socially marketed the *SafeTStop* concept, which used consistent but adapted strategies, branding and materials across countries.

ROADS II also supported the more traditional role of USAID/East Africa, effecting change at the regional policy level and gathering, documenting and disseminating lessons learned and best practices. Vehicles for dissemination included focused workshops, new and traditional media (e.g., digital video), university courses and, first and foremost, the African Network for Strategic Communication in Health and Development (AfriComNet). The project identified emerging issues related to health and development, including male attitudes and GBV as key barriers to HIV and AIDS and FP/RH services.

ROADS II/South Sudan

The South Sudan Associate Award under ROADS II (November 21, 2008 to September 30, 2009) worked with three implementing partners, American Refugee Committee (ARC), Population Services International (PSI), and International Rescue Committee (IRC), and provided funding to an additional partner, the International HIV/AIDS Alliance (IHAA). FHI provided overall management and technical support to all activities, including HIV counseling and testing and referral at the Juba SafeTstop Resource Center. Project sites included Juba, Lainya, Morobo Mundri, Rumbek, Tambura and Yei. Target beneficiaries included female sex workers; transport and other migrant workers; out-of-school youth; active and demobilized soldiers; and other vulnerable community members.

During the project period, ROADS II was a leader in HIV prevention programming in Southern Sudan, including provision of quality HCT services in Juba and Greater Yei. FHI with the US Centers for Disease Control and Prevention (CDC) established Southern Sudan’s first comprehensive HIV Counselor Training Program including training courses for: 1) HIV counselors; 2) refreshers for HIV counselors; 3) counselor supervision; 4) Provider initiated Testing and Counseling (PITC); and 5) training of trainers for HIV-related Courses. In addition to establishing 21 HCT centers in South Sudan, FHI conducted the country’s inaugural PITC course. In total, 15,612 individuals received HCT and their test results (including TB) at 21 HCT service outlets.

HIV prevention programming was a cornerstone of activities, being implemented through the cluster model approach reaching 60 CBOs and 8 categories of uniformed services. During the Associate Award period, the project reached 161,533 people with Other Prevention messages, 160,215 with AB messages, and 79,568 with A-only messages (72%, 91% and 642% of the respective annual targets). In addition, ROADS II/South Sudan supported 198 condom outlets (141% of annual target) and distributed 996,095

condoms throughout the project sites. ARC was the lead partner implementing HIV palliative care programming, training 116 people to provide palliative care in Greater Yei, who subsequently reached 452 PLHIV with palliative care (80% and 23% of the respective annual targets). Additionally, the project strengthened 60 CBOs in policy and systems strengthening, with 67 individuals trained in strategic information and other policy and systems strengthening.

As in other ROADS II countries throughout the sub-region, the SafeTstop Resource Center, cluster model, and the focus on working with and through the community were pivotal components to ROADS II/South Sudan programming. The SafeTstop located at Hai Kosti in Juba County has been one of the region's leading Resource Centers. The Resource Center continues to provide a conducive learning environment to increase knowledge for HIV prevention options while serving as an outlet for key and vulnerable populations. Identifying young, hidden sex workers and their clients through their social networks was a key achievement.

In June 2009, FHI participated in the USAID/PEPFAR HIV/AIDS Implementers' Meeting in Windhoek, Namibia. ROADS II presented an abstract on "How the SafeTstop Recreation and HIV Resource Center (RARC) in Juba linked hard-to-reach migrant populations with HIV prevention, care and treatment services despite challenges faced in a country emerging out of a war that lasted over two decades."

II. KEY ACHIEVEMENTS (Qualitative Impact)

The narrative below is broken out by ROADS II Pillars to demonstrate the project's achievements during the Associate Award period.

Pillar 1: Create a safe environment for people to talk openly about HIV and other health issues, and promote health-seeking behavior

Activities included one-on-one and group peer education, video shows, and special events, as well as youth and women peer educators targeting schools and church groups. OP messages covered HCT, STI and condom promotion targeting sex workers and their clients, transport and other migrant workers, out-of-school youth, uniformed services, demobilized soldiers, and other vulnerable community members. ROADS adapted its immediate social network approach to peer education, in which volunteers discuss HIV issues with people where they live, work or study. This helped peer educators better integrate volunteer work into their daily lives, minimizing time and travel burden and attrition. ROADS II trained 414 people to convey OP messages and 441 people to convey AB messages (69% and 68% of the respective annual targets). The project established 198 condom outlets that provided free condoms to the community (141% of the annual target). Fixed condom outlets included HCT sites as well as bars and lodges, kiosks, drug stores and other venues frequented by target audiences. A total of 996,095 condoms were distributed through the fixed outlets as well as during community outreach conducted by peer educators.

Strengthening Capacity of CBOs

The International HIV/AIDS Alliance (IHAA), one of the ROADS II partners, strengthened the organizational capacity of 30 sub-grantees (CBOs) in Juba, Yei, Lainya, Yambio and Nzara (100% of the annual target). The trainings focused on various themes and topics including: 1) internal systems, policy and procedures capturing aspects of Granting and Grants Management; 2) training in condom education and promotion; 3) training of volunteers in community-based HIV prevention; and 4) facilitating training of sub-grantees in community-based palliative care and support.

These trainings aimed at improving the capacity of the CBOs to understand and manage HIV programming, redefine their strategies and better understand data collection and reporting. Similarly the palliative care training components were aimed at improving the quality of the CBOs' HIV prevention, care and support work and to equip them with skills necessary for increasing their coverage of highly most at risk populations.

As an outcome of the trainings, 16 people in Yambio were trained in Grants Management, while 22 were trained in policies and procedures bringing the total number of participants trained in Yambio to 38. In

Juba site, 18 people were trained in community HIV prevention and an additional 18 were trained in condom programming.

Cluster Model Formation and Strengthening Activities

The ROADS cluster model was rolled out in Juba, with the formation of one Low-Income Women's Cluster, one Youth Cluster and one Uniformed Services Cluster. The cluster funding mechanism allowed the members to jointly implement program activities, with one organization per cluster elected by members to serve as the "anchor" to coordinate cluster planning and financial management. This approach is based on grouping local organizations with interventions in line with specific program areas and target groups. The cluster model ensures a coordinated, locally appropriate response, prevents duplication of effort, and fosters shared capacity building. The ROADS II team provided support to the clusters to develop activity work plans and budgets, complete their activity forms, and mobilize communities to attend HIV/AIDS education sessions and mentor CBOs and peer educators on correct messages for outreach. Additionally, ROADS II provided capacity strengthening to the clusters in financial management and data quality improvement.

Both the Low-Income Women's Cluster and the Youth Cluster presented complete technical and financial reports, as per their memorandum of understanding with the project, in September 2009, allowing them to access the second half of their funds. These reports were complete, technically accurate and a significant step forward in the ability of the organizations to operate independently. ROADS II conducted regular CBO support visits to the anchor organizations as they learned how to write financial reports. The Uniformed Services Cluster, which did not receive a grant, carried out project activities successfully with the community and service branches (SPLA, Police, Prisons, Wildlife).

Juba HIV/AIDS Recreational and Resource Center (RARC)

Through the SafeTStop Recreation and Resource Center in Juba, FHI distributed 60971 condoms and reached 65,683 people with OP and 33,272 with AB during the Associate Award period. HIV/AIDS Community Educators (HCEs) and HIV counselors trained by ROADS II conducted outreach activities including one-to-one and group mobilization which resulted in high number of patrons coming to the center for services. Recreational activities at the center helped attract patrons making it easier to hold discussions in an organized manner. Discussions at the center were conducted twice a day, whereby the HCEs discussed a range of topics mainly based on questions raised by patrons and emerging issues on HIV and AIDS. Topics included correct and consistent condom use; partner reduction; STIs; GBV; and alcohol and drugs abuse. Videos were used as another means to communicate messages; in particular the videos conveyed how HIV and other STIs are transmitted.

Pillar 2: Safeguard health through increased use of quality HIV and other essential health services

HIV Counseling and Testing

ROADS promoted HCT through peer education and community mobilization, generating significant uptake. The team supported HCT provision at a total of 23 HCT outlets to **15,612** people during the Associate Award period (135% and 92% of the respective annual targets). At the SafeTStop Recreation and Resource Center, Nyakuron PHCC and Munuki PHCC, FHI provided HCT services to more than 3,121 people, while the 18 ROADS-supported sites in Greater Yei provided HCT services to 10,363. Provision of HCT at Munuki PHCC resulted from a request by Central Equatoria MOH/SSAC and Juba Volunteer Organization for International, an Italian NGO funded by DFID and other private donors.

In Quarter 3, FHI in partnership with CDC conducted four distinct HCT counselor trainings. The first training was for seven new counselors, followed by a Training of Trainers (TOT) in which three counselors were trained. The last two trainings were for counselor supervisors, where two counselor supervisors were trained, and lastly a counselor refresher training in which 27 counselors were trained. In Quarter 4, as part of the ongoing comprehensive HCT Training Program, FHI and CDC conducted three different types of HCT trainings:

- The third and final phase of the HCT counselor supervision training was conducted with a total of two ROADS participants completing the training.
- The third and final phase of the TOT for HIV-related courses (TOT) was conducted, completing the first-ever TOT class for HIV-related courses in South Sudan. The course started in May 2009 and trained nine participants (two from the ROADS Project)
- The first-ever training in PICT was conducted in September, training 20 participants from seven health facilities. The PICT training laid the foundation and assisted South Sudan to roll out PICT programming in health facilities throughout the country.

Additionally, FHI expanded a Quality Assurance (QA)/Quality Improvement (QI) pilot program to include both Juba and Greater Yei. The pilot informed recommendations for the development of a QA/QI system and mechanism within project sites including data collection and quality control procedures covering HCT and HBC services. The pilot served the broader policy aims of standardizing the HCT and HBC QA/QI quality procedures as stated within the National Strategic Guidelines. QA/QI training in Yei included 8 participants from ROADS sites in HCT and HBC.

HCT Facility Assessments

Rumbek HCT Assessment: A joint team from FHI and the Ministry of Health (MOH) Government of Southern Sudan (GOSS) conducted an assessment in Rumbek March 18-20, 2009 to determine the way forward for two HCT centers that had been closed in January 2009 due to levels of project funding. During the assessment, the team decided to hand over the two HCT sites to NGOs, Malteser and Diakonie, to continue HCT services and outreach.

Palliative Care

ARC, the only partner working on palliative care, provided care to 452 clients (23% of the annual target) through 116 active HBC workers in Greater Yei over the course of the Associate Award period. Additionally ARC trained 17 caregivers. HBC workers provided bedside care, counselled families on basic nursing skills, stigma and discrimination reduction, and provided education to clients on how to live positively as well as provided clients with essential referrals to medical services. In addition, ARC formed two Village Health Committees. The main functions of the committees were to: 1) mobilize the community for support of HBC services; 2) create awareness of the communities' responsibility in health; and 3) encourage and facilitate community-based health initiatives including HBC. The committees focused on a range of issues, including community mobilization, HBC, HIV, water and sanitation, nutritional support, and stigma and discrimination.

Pillar 3: Enhance economic and food security as a prevention/care and community sustainability strategy

In February 2009 PSI conducted a TOT to support capacity strengthening activities and Income Generation through Social Marketing (IGSM) for partner CBOs. Through the skills acquired from the training, PSI piloted Income Generating Activities as a follow-up of the gaps (lack of viable income activities for CBOs) identified during ROADS rapid assessments in 2007. As a follow up to the training in February, PSI trained an additional 15 community-based distributors as part of the IGSM plan. The participants were selected from the clusters. The training was geared to help the community members become agents of socially marketed products (Number One, Water Guard and Pur) so as to create income for high performing members of partner CBOs,

Special Assessments and Studies

Behavioral Monitoring Survey

FHI in collaboration with MOH GOSS and Central Equatoria state, partners and the community carried out a Behavioral Monitoring Survey in Juba, Kaya, and Rumbek in August 2008. The objectives of the survey were four-fold:

- a) To assess baseline of HIV/AIDS/STI/RH/FP/TB and malaria health-seeking behaviors among key and vulnerable populations in South Sudan (Juba, Kaya and Rumbek transport corridor centers)
- b) To assess changes in HIV/AIDS/STI/RH/FP/TB and malaria health-seeking behaviors of targeted key and vulnerable populations
- c) To assess the impact of ROADS interventions on behaviors of key and vulnerable populations in respect to HIV/AIDS/STI/RH/FP/TB and malaria and health-seeking behaviors.
- d) To compile site demographic information

The BMS was conducted between May and August 2008. The report was finalized in *November 2009* and subsequently disseminated to about 50 national stakeholders in juba in December 2009.

Nimule Assessment

To assess vulnerability to HIV on the Uganda-South Sudan border, FHI conducted a site assessment in Nimule Town during June 24-27 2009. The main purpose was to provide an overview of the current health situation in Nimule and ascertain whether Nimule town meets the conditions for ROADS II border/transport corridor programming including the establishment of a SafeTstop center. The specific objectives of the assessment were to:

- a) Gather site-specific HIV and AIDS statistics
- b) Identify key and vulnerable populations in Nimule Town
- c) Gather information about existing HIV and AIDS programming
- d) Ascertain state- and county-level plans to expand HIV and AIDS services
- e) Identify programming opportunities and partners

As part of the assessment, ROADS partner Howard University conducted a baseline assessment of pharmacies, drug stores and clinics in Nimule to determine existing skills, training backgrounds and capacity of these facilities in the area of HIV. The assessment was used to forecast training materials and needs for the local context. In Quarter 4, Howard University updated South Sudan-specific training materials and prepared for subsequent trainings.

The Nimule assessment report was finalized in *27th June, 2009* and subsequently disseminated to community members and the local government officials.

PEPFAR HIV/AIDS Implementers' Meeting, Windhoek, Namibia, June 2009.

ROADS II submitted an abstract on: "How the SafeTstop Recreation and HIV Resource Center (RARC) links hard-to-reach mobile populations with HIV prevention, care and treatment services despite challenges faced by a country emerging out of a war that has lasted over two decades" for the PEPFAR HIV/AIDS Implementers' Meeting, 2009. The presentation highlighted the innovative programming provided at the RARC including quality HCT services and HIV and AIDS messages for key and vulnerable populations.

Success of the RARC was attributed to the following:

- Strategic location near truck parks
- Attractive branding linked with similar centers on transport corridors in neighboring Countries such as Kenya and Uganda
- Convenient hours for target audiences
- Strong recruitment and mobilization at trucker hangouts
- Strong community and local government buy-in and involvement

The conference provided an opportunity for ROADS II to present the success and the challenges faced while implementing the program at the RARC. It was concluded that creating an attractive "safe" space for transport workers draws them together, making it easier to reach them with HIV services in large numbers. Consistent branding across countries makes centers easily identifiable, enabling transport workers and community members to access HIV prevention, care and referral for treatment on a sustained basis.

III. MONITORING

During February 3-4, 2009, USAID/Sudan conducted a Data Quality Assessment (DQA) for the ROADS II Project in South Sudan, in which USAID visited FHI and one of the implementing partners, ARC, in Juba. The FHI M&E Officer made a presentation to provide an overview of the project's data management system including data collection process, data tools, data flow, reporting processes, data quality assurance, and the overall M&E challenges. The presentation was followed by discussions between FHI and the USAID assessment team.

TQA findings included:

- On-the-job (in-house) M&E training was conducted for M&E staff; yet there was no documented training plan for in-house M&E capacity building
- There were no operational definitions for front line data collectors
- Reporting timelines were not documented
- There was no documentation of who receives reports from the implementing partners (IPs)
- There were written policies on how long source documents should be stored, however this was not made clear at the time of the assessment
- There was no clear feedback mechanism to the community
- There was no back-up system for data

To improve upon ROADS II data quality, USAID suggested FHI implement the following:

- Provide a current organizational chart
- Develop a training plan for staff involved in the M&E process, based on staff training needs/requirements
- Develop operational definitions for relevant PEPFAR indicators
- Develop and/or implement a policy on storage and retention of source documents and reporting forms
- Harmonize reporting tools for all IPs
- Develop written instructions on how to complete data collection forms
- Document data aggregation, analysis and manipulation steps performed at each level of the reporting system
- Document procedures to address late, incomplete, inaccurate and missing reporting, including follow-up on data quality issues
- Develop an appropriate database for the ROADS II Project and document how the database would be managed

To implement the above action points, FHI designed a DQA action point tracker. The tracker aided FHI and the IPs to track progress in implementing the recommendations made by USAID after the DQA exercise.

The following table shows ROADS II data table:

ROADS II/South Sudan Data Table (November 2008-September 2009)								
INDICATOR	FHI	PSI	ARC	IRC	IHAA	TOTAL	Target	% Achievements
Prevention/Abstinence and Being Faithful								
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	10,533	38,202	111,198	258	24	160,215	175,512	91%
Male	9,638	20,061	57,508	179	19	87,405	-	
Female	895	18,141	53,690	79	5	72,810	-	
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence	-	20,976	58,490	102	-	79,568	12,400	642%
Male	-	10,921	31,902	33	-	42,856	-	
Female	-	10,055	26,588	69	-	36,712	-	
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	-	42	399	-	-	441	648	68%
Male	-	26	278	-	-	304	-	
Female	-	16	121	-	-	137	-	
Prevention/Condoms and other Prevention Activities								
Number of targeted condom service outlets	24	34	110	30		198	140	141%
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	12,418	69,570	60,842	178	18,525	161,533	224,000	72%
Male	11,060	37,095	33,273	139	6,058	87,625	-	
Female	1,358	32,475	27,569	39	12,467	73,908	-	
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	-	42	354	-	18	414	596	69%
Male	-	26	253	-	13	292	-	
Female	-	16	101	-	5	122	-	
Number of condoms distributed	187,496	151,851	547,760	47,728	61,260	996,095	-	
Palliative Care (Basic Health Care)								
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	-	-	452	-	-	452	2,000	23%

ROADS II/South Sudan Data Table (November 2008-September 2009)								
INDICATOR	FHI	PSI	ARC	IRC	IHAA	TOTAL	Target	% Achievements
Male	-	-	149	-	-	149	-	
Female	-	-	303	-	-	303	-	
Total number of individuals trained to provide HIV palliative care (including TB/HIV)	-	-	116	-	-	116	145	80%
Male	-	-	75	-	-	75	-	
Female	-	-	41	-	-	41	-	
Counseling and Testing								
Number of service outlets providing counseling and testing according to national and international standards	3	-	18	2	-	23	17	135%
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	3,121	-	10,363	2,128	-	15,612	17,000	92%
Male	1,648	-	2,808	210	-	4,666	-	
Female	1,473	-	7,555	1,918	-	10,946	-	
Number of individuals trained in counseling and testing according to national and international standards	23	-	4	-	-	27	40	138%
Male	12	-	2	-	-	14	-	
Female	11	-	2	-	-	13	-	
Strategic Information								
Number of local organizations provided with technical assistance for strategic information activities	-	-	-	-	26	26	-	
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	-	-	-	-	67	67	-	
Male	-	-	-	-	53	53	-	
Female	-	-	-	-	14	14	-	
Other/policy development and system strengthening								
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	-	-	-	-	46	46	30	153%
Number of individuals trained in HIV-related policy development	-	-	-	-	22	22	-	
Male	-	-	-	-	18	18	-	
Female	-	-	-	-	4	4	-	
Number of individuals trained in HIV-related institutional capacity building	-	-	-	-	90	90	-	
Male	-	-	-	-	60	60	-	
Female	-	-	-	-	30	30	-	

ROADS II/South Sudan Data Table (November 2008-September 2009)								
INDICATOR	FHI	PSI	ARC	IRC	IHAA	TOTAL	Target	% Achievements
Number of individuals trained in HIV-related stigma and discrimination reduction	1	-	-	-	-	1	-	
Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment	-	-	297	4	18	319	-	

IV. CHALLENGES

- The approach of solely focusing on sub-grantee programs challenged uniform implementation in the face of varying organizational systems, strategies and culture among partners such as PSI and ARC.
- There was significant staff turnover among implementing partners.
- High levels and frequent insecurity, significantly impeded project implementation
- Communication challenges due to high staff turnover and weak infrastructure.
- A major challenge in South Sudan was shifting partner organizational systems and strategies from an emergency to development response.

V. FINANCIAL INFORMATION

Sudan Actual Expenditures				
	Oct 2008 - Dec 2008	Jan 2009 - Mar 2009	Apr 2009 - Jun 2009	Jul 2009 - Sep 09
Obligation	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
2,693,967	-	51,718	844,048	1,798,200
Salary and Wages	-	20,874	194,121	129,011
Fringe Benefits	-	18,370	41,586	31,033
Travel, Transport, Per Diem	-	-	114,698	(33,965)
Equipment and Supplies	-	-	9,277	18,967
Subcontracts	-	-	-	-
Allowances	-	-	-	-
Participant Training	-	-	-	-
Construction	-	-	-	-
Other Direct Costs	-	1,256	234,669	63,112
Sub-grants	-	-	90,000	1,506,417
Overhead	-	-	-	-
G&A	-	11,218	159,696	83,626
Material Overhead	-	-	-	-

VI: Success Story

Building Capacity of the National Staff - Daniel Deng Ajang's Story

"I always dreamt of being a great facilitator and trainer and a smart trainer for that matter. My dream was to be a perfect trainer, building capacity and empowering others and thus making my contribution in the field of HIV and AIDS. In 2007 - I was trained as trainer when I was a refugee in Kakuma Camp in Kenya. In May 2009 - I was called for an interview by FHI for a HIV related Trainer of Trainers (TOT) course. I thought it wasn't necessary for me to go through another TOT training. All the same I went for the interview among others; after which I went for the course."



Since 2005, trainers for HIV Counseling and Testing courses for Southern Sudan have come from neighboring countries; Kenya, Uganda and Ethiopia among others. PEPFAR planned a joint class for training of trainers TOT for HIV related courses where Daniel Deng Ajang was a participant including other participants from NGOs working in Southern Sudan including: Across, Intrahealth, ARC, Save the Children and Merlin.

Daniel's initial training was in HIV Counseling and Testing. During this course Daniel was trained in counseling and testing in compliance with international standards - and the Southern Sudan's draft guidelines for HIV counseling and testing. After this training he became an HIV Counselor with FHI, trained to conduct counseling and carry out rapid testing in an array of categories: voluntary counseling and testing; provider initiated counseling and testing; prevention from mother to child counseling and testing; community based HIV counseling and testing; and mobile voluntary counseling and testing. He also learned how to integrate family planning, sexually transmitted infections and substance abuse into HIV counseling and testing, and how to handle different categories of clients including couples, children, men having sex with men, etc.

The first ever TOT class for HIV related courses in Southern Sudan started in May 2009 with nine participants. This was a PEPFAR supported class implemented through FHI.

The TOT class was implemented in three phases; the first phase was a five day in-house training and covered the principles and key aspects of being a trainer.

The second phase was a two month practical period where the participant facilitates for at least 15 hours. During this time the participants is expected to prepare a time table, make a work plan, facilitate using different methods and different training materials, use different methods of evaluation facilitate and write a comprehensive training report. During this phase, the TOT participant is observed by the professional trainer for at least two hours.



The last phase for TOT course brings all the trainees together where experiences are shared; they learn from each other experiences during the second phase. This was an experiential phase where each individual share on s/he was facilitating during phase 2.

"This TOT class was one with a difference" said Daniel. "It gave me the opportunity to use participants' experiences during training."

I am now a trainer in HIV related courses. I can prepare my own time table, use the scope of work to create a work plan and carry out trainings. Using the knowledge acquired I can write an excellent report after each training."

Though my schedule has been relatively busy, I have managed to facilitate PEPFAR funded HCT courses. I have had an opportunity to facilitate a refresher class which brought HCT counselors from PEPFAR supported sites during my observed practice.”

Due to his interest, dedication, and hard work - Daniel completed a separate three month 3 phased counselor supervision course. He was trained to support HIV counselors emotionally and professionally, handle management issues regarding counseling, data collection and logistics, and ensure the counselors are working within the code of ethics.

Due to his professional development and determination, Daniel Deng has trained a class of counselor supervisors for PEPFAR partners. In Juba County Daniel Deng has provided regular group counselor supervision for FHI supported sites of SafeTstop Recreation and HIV Resource Center, Munuki and Nyakuron Primarily Health Care Clinics.

“My aim is to ensure that the HCT sites provide quality service by ensuring that counselors are well trained and are working within the National Guidelines for HCT. I am ready to share my knowledge with all those who have interest in improving the quality of services in HIV and AIDS through counselor supervision and training.”

I know many people are not comfortable going for careers in the field of HIV counseling and testing, because of stigma and discrimination by our own Sudanese people. I am now a counselor supervisor and trainer and I want to urge my people to join hands and support the fight against HIV.”

Thanks to the USAID-funded project, Daniel is part of new cadre of inspired and dedicated Southern Sudanese professionals who will be leading the next generation of HIV programming in Southern Sudan.