

BHR/OFDA SUDAN FINAL REPORT

July 2002–December 2006

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT



USAID
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BHR/OFDA Sudan Final Report



July 2002 to December 2006



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*Submitted to USAID
By Family Health International*

July 2007

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GLOSSARY OF ACRONYMS

AIDS	Acquired immune deficiency syndrome
ARC	American Refugee Committee
BHR	Bureau of Humanitarian Response
FGD	Focus-group discussion
FHI	Family Health International
IDI	In-depth interview
IMPACT	Implementing AIDS Prevention and Care Project
IRC	International Rescue Committee
OFDA	Office of US Foreign Disaster Assistance
PVC	Office of Partnership and Voluntary Cooperation
STI	Sexually transmitted infection
USAID	US Agency for International Development

EXECUTIVE SUMMARY

The US Agency for International Development (USAID) Bureau of Humanitarian Response (BHR) Office of Partnership and Voluntary Cooperation ((PVC) requested the Implementing AIDS Prevention and Care (IMPACT) Project to provide technical support to a pilot HIV/AIDS prevention project in southern Sudan in 2002. The IMPACT project provided technical assistance to two main implementing organizations: the American Refugee Committee (ARC) and the International Rescue Committee (IRC). The IMPACT project provided technical assistance in the areas of program planning and behavior change communication.

PROGRAM STRATEGIES, IMPLEMENTATION, AND RESULTS

Introduction

In 2002, the Bureau of Humanitarian Response (BHR) committed US\$100,000 to the IMPACT project to provide technical support to the American Refugee Committee (ARC) and the International Rescue Committee (IRC) to strengthen their Office of US Foreign Disaster Assistance (OFDA)-funded HIV/AIDS project in southern Sudan. This obligation was later increased to \$140,000 due to a shift of funds from an obligation from another IMPACT project, BHR/PVC. IMPACT provided technical assistance primarily in the early stages of program planning and strategy development and in behavior change communication.

Country Context

Due to the protracted civil war in Sudan, millions of people were displaced internally and into neighboring countries. This led to a general disruption of social structures, norms, and infrastructure for services such as education and health throughout southern Sudan. The ongoing civil war, cross-border movements, poor literacy levels, low levels of health awareness, poorly developed health systems, and lack of resources in southern Sudan have created an environment favorable for the transmission of communicable diseases such as HIV/AIDS and other sexually transmitted infections (STIs). In April 2001, recognizing this threat, the Sudanese People's Liberation Movement developed an HIV/AIDS policy to serve as a framework for its response to HIV/AIDS in southern Sudan. Despite this commitment at a higher level, there continued to be limited internal capacity in southern Sudan to develop strategies aimed at reducing HIV transmission.

In 2003, the Centers for Disease Control conducted a population-based HIV sero-behavioral survey in the postconflict areas of Yei and Rumbek, areas with a high density of internally displaced persons. The sample population came from the general population of individuals ages 15–49 in Yei town and Rumbek town. Twenty-seven clusters from Yei and 30 clusters from Rumbek were selected and 1,034 blood samples from Yei and 962 from Rumbek were tested for HIV. The HIV prevalence in Rumbek town was 0.4 percent while in Yei it was 2.7 percent; the HIV prevalence was significantly higher in Yei town (4.2 percent) than in rural areas outside of Yei town (0.7 percent) or in Rumbek town. Using a form of antenatal clinic sentinel surveillance in addition to the population-based survey, the HIV prevalence was found to be 2.3 percent among pregnant women in the towns of both Rumbek and Yei. The area was heavily affected by conflict in the 1990s, when the Sudanese People's Liberation Army successfully recaptured both towns in March 1997. Consequently, at one point in time, 20 percent of the population in Rumbek and 45 percent of the population in Yei had been internally displaced within southern Sudan due to the war.

Program Objectives, Strategies, and Activities

The IMPACT project was asked to provide short-term technical assistance to a pilot HIV/AIDS project in southern Sudan. This project was the first of its kind and aimed to develop strategies to promote safer sex and appropriate reproductive health practices and to increase the demand for and access to HIV/STI and related reproductive health services by the population at the pilot sites in Rumbek and Yei Counties of southern Sudan. After reviewing the draft proposal and discussions with the main implementing partners, IMPACT was to provide technical support for the overall design phase of the project, development of the detailed implementation plan, and the behavior change communication activities.

IMPACT participated in a detailed implementation plan development meeting held by ARC and IRC in July 2002. During the meeting, IMPACT provided technical guidance in the development of the action plan for the pilot projects in southern Sudan.

Behavior Change Communication

In July 2002, IMPACT assisted ARC in the development and implementation of the formative assessment instruments for use in behavior change communication. In Yei, the team worked to develop focus group discussion (FGD) and in-depth interview (IDI) guides to recruit and train FGD/IDI moderators and interviewers, to train them in recording and analysis techniques, and to supervise implementation of more than 25 FGDs and IDIs. Following the assessments, IMPACT assisted with the analysis and write-up of the Yei formative assessment results. In Rumbek with IRC, IMPACT assisted in disseminating the formative assessment findings to community leaders and the development of a work plan for follow-up behavior change communication activities.

In addition, IMPACT worked with ARC and IRC in the development of a workshop for moderators/interviewers in FGD/IDI techniques, as well as the in the development of numerous site-specific techniques needed for achieving the highest quality results from the FGDs/IDIs.

Key risk findings found in Yei and Rumbek Assessments

- Yei River County is the main gate to southern Sudan, resulting in large movement related to trade and relief operations into Uganda and Congo.
- Numerous unions are polygamous and wife inheritance is practiced.
- Very low condom use was universally reported. Condoms are not available at all health facilities as part of family planning or STI management services, and there are very few commercial outlets selling condoms in towns and none in rural areas.
- Existing patterns of mobility favor increased casual sexual relationships and decreased accessibility to health and prevention services. These include cross-border trade, military movement, traveling, and working away from home by both sexes.

Behavior Change Communication Strategy Development Workshops

During a follow-up technical assistance visit, IMPACT used the data gathered during the behavior change communication assessments to provide technical assistance to ARC and IRC. The organizations were preparing two behavior change communication strategy development workshops for 35 participants from local organizations. In Yei, the main target groups were youth, women traders, and the military. In Rumbek, the four main target groups were in- and out-of-school youth, women, and the military. The objectives of the workshop were to ensure a basic understanding of the social implications of HIV/AIDS, promote better understanding of the need for behavior change communication activities, improve understanding of the principles of behavior change, and teach how to develop a behavior change communication strategy to confront HIV/AIDS. The theme of “New Weapons for a New Enemy” was developed during the workshops, and this was further pretested.

During the last technical visit to the pilot project, IMPACT assisted ARC in review and revision of peer-education materials, review and revision of messages for the four target groups, and identification of a graphics firm for media design and production. Focus group discussions were held with each of the four groups and final messages decided upon. Those messages were:

Women traders: *Be at peace, use condoms*

Military: *Protect your family, go for VCT* [voluntary counseling and testing]

In-school youth: *Avoid problems, use condoms*

Out-of-school youth: *Use condoms today, have a healthy family tomorrow*

LESSONS LEARNED AND RECOMMENDATIONS

1. Implementation of such a pilot project in an environment with limited human resources should take place incrementally and should start with peer education. Groups with the highest level of risk behavior should be addressed first, and as capacity is built, project activities can be expanded and increased.
2. Epidemiological information should be used to determine project activities and to prioritize the risk-behavior groups to be targeted.
3. Organizational needs of local partners should be assessed at an early stage, so that appropriate capacity building mechanisms can be established.

Country Program Financial Summary

The USAID BHR committed US\$140,000 to the IMPACT project to provide technical support to the ARC and IRC to strengthen their Office of US Foreign Disaster Assistance (OFDA)-funded HIV/AIDS project in southern Sudan.