



AN ASSESSMENT OF THE SUDAN HIV AND AIDS PROGRAM (SHAP)

Background

The world's newest nation, South Sudan is emerging from a devastating and protracted war; a war that stalled the development of fundamental state and social services, including basic health care systems and public health services. With an adult infection rate of HIV estimated at 3% and few prevention, care and treatment services, South Sudan's budding HIV/AIDS epidemic has potential to grow. This risk is compounded by the lack of necessary funding to treat and block the prospective epidemic. The missing funding is namely an absence of a follow-on Global Fund grant to support HIV care and treatment drugs, and recent Government of the Republic of South Sudan (GRSS) austerity measures due to fiscal constraints.

The United States Government (USG) is the largest bilateral donor supporting the national HIV/AIDS response in South Sudan. Under the President's Emergency Plan for AIDS Relief (PEPFAR), USG agencies, including the United States Agency for International Development (USAID), have supported HIV/AIDS initiatives in South Sudan since 2006. USAID/South Sudan's flagship HIV prevention and care project is the Sudan HIV and AIDS Program (SHAP), and in April 2012 the mission conducted an assessment of the project. The assessment team's objectives were to determine if the project's goals and tasks were well-designed and achievable, aligned to PEPFAR's new HIV prevention guidance, and consistent with current knowledge of best practices in HIV prevention programming.

SHAP is a five-year contract awarded by the USAID/South Sudan Mission. It is implemented by a consortium with Family Health International (FHI 360) leading as the prime and Population Services International (PSI), International HIV and AIDS Alliance (IHAA), and Howard University of Pharmaceutical Technology working under FHI 360. The goal of the program is to improve access for vulnerable populations to quality HIV prevention and care services in geographic hot spots. The period of project performance is December 1, 2009 to November 30, 2014. Working in Central Equatoria, Western Equatoria, Eastern Equatoria and Western Bahr el Ghazal States, SHAP has four project tasks:

- Task One: Reduce HIV transmission among the general population and key target groups through improved social and behavior change communication (SBCC) strategies including the correct and consistent use of products to reduce HIV transmission.
- Task Two: Improve the quality of life of people living with HIV (PLHIV) and their families by expanding access to and the promotion of community home-based care (CHBC) and through linkages to other non-HIV related services.
- Task Three: Expand and promote the use of quality HIV Counseling and Testing (HCT) services as an entry point to clinical and non-clinical HIV/AIDS services.
- Task Four: Build capacity in South Sudan for HIV policy development and implementation, and build systems to provide for ongoing sustainable activities.

Summarized Findings and Conclusions

In South Sudan, there exists considerable need for HIV/AIDS initiatives based on international and regional best practices that contribute to the country's evidence base, especially in geographic areas with high HIV prevalence rates.

Three years into project implementation, though SHAP has attempted to do so, there is still a need for the project to implement technical strategies and interventions that are based on current evidence, are theory-informed, and align to PEPFAR technical guidance. Challenges include the inherent and considerable difficulties of working in the world's newest nation that is in the process of developing infrastructure and health services.



SHAP has made significant contributions to GRSS' HIV prevention and care initiatives. These include:

- The project is the key provider for South Sudan's generic and socially marketed condoms. During the last year, SHAP achieved 82% of its annual goal to distribute condoms by target group and location (distributed 1,274,083 condoms against a target of 1,560,000).
- The project significantly contributed to the establishment of HCT in the targeted geographic areas, testing almost 35,000 individuals in 2011 and 2012 at 28 sites that the project established.
- The project helped draft the national CHBC guidelines, which are under review by the Ministry of Health.

Nonetheless, there are several issues and gaps in the project's design, implementation, and monitoring. For example:

- SBCC strategies targeting female sex workers, long-haul truckers, and *boda boda* (motorcycle) drivers do not follow PEPFAR guidance and international best practices in HIV prevention programming.
- Only three functioning community-based organizations (CBOs) are providing CHBC services and as such, these services are not provided in most of the targeted geographic areas. Furthermore, not all CBOs perform to the same technical standard.
- Although the project reports against the PEPFAR positive prevention indicator, it appears that activities in this area are not comprehensive, have not been taken to scale, and do not follow the indicator definition.
- There is little evidence that the project has made tangible linkages between PLHIV beneficiaries and HIV/AIDS and non-HIV/AIDS services.
- Although the project has expanded quality HCT services in the targeted geographic areas, it remains unclear to what extent the project is implementing voluntary counseling and testing (VCT)/Family Planning integration to date.
- The project only started to mainstream key contextual issues (e.g., gender or stigma and discrimination) in a significant manner within project activities during SHAP's third year of implementation.

SHAP also struggled to meet many of its targets during the previous project implementation year (USG Fiscal Year 2011). Most notably, the project:

- Achieved 35% of its annual target to reach most-at-risk populations (MARPs) with individual and/or small-group level interventions that are based on evidence and/or meet the minimum standards. (Planned: 35,000; achieved: 12,356 or 35%)
- Achieved 39% of its annual target of private pharmacies and drug shops with at least one person trained on referrals for services
- Achieved 0% of its targeted number of counseling visits for family planning/reproductive health as a result of USG assistance

The implementation model of working through CBOs via sub-awards to implement specific project activities has also been a challenge in South Sudan. SHAP has invested considerable time and resources to identify and train CBOs. However, there are few CBOs in South Sudan that can manage sub-awards; this has led to delays in implementation and limited activity coverage within targeted geographic areas.

Other significant issues include the unwieldy nature of the consortium. Some activities within the scopes of work became redundant as they overlapped with those of other partners, and there was an overall need for in-depth coordination within the consortium itself. As a result of the latter, technical activities implemented by different consortium members were not standardized or harmonized.

Way Forward for SHAP

Due to the findings of the assessment, significant changes must be made to the scope of SHAP to ensure that the project meets its goal of improving access for vulnerable populations to quality HIV services. Changes must take into account the evolving understanding of South Sudan's HIV/AIDS epidemic as well as the need to align HIV prevention programming to PEPFAR guidance. Other considerations include a reassessment of prioritized financial support for HIV/AIDS, particularly considering the lack of follow-on funding for the Global Fund Award for HIV/AIDS.