

ARC International -- Sudan

FINAL PROGRAM REPORT for:

**Reducing HIV/AIDS Transmission and Improving Related Reproductive
Health Practices in Yei and Rumbek Counties, Southern Sudan**

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By

Amber Kimbro
HIV Program Manager

Vincent Ojiambo
HIV Program Officer

Ann Reiner
HIV Field Officer

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ACRONYMS AND ABBREVIATIONS

AAH	Aktion Africa Hilfe
ANC	Antenatal Care
ARC	American Refugee Committee
BCC	Behavior Change Communication
BCC CMO	Behavior Change Communication Community Mobilization Officer
CBO	Community-Based Organization
CCM	Doctors for Developing Countries
CDC	Centers for Disease Control and Prevention
CRS	Catholic Relief Services
DIP	Detailed Implementation Plan
DRC	Democratic Republic of Congo
HBC	Home Based Care
HCP	Health Care Provider
IRC	International Rescue Committee
LMIS	Logistics Management Information System
LOP	Life of Project
MCHW	Maternal and Child Health Worker
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
NPA	Norwegian People's AID
NSNAC	New Sudan National AIDS Council
OLS	Operation Lifeline Sudan
PE	Peer Educator
PHCC	Primary Health Care Center
PHCU	Primary Health Care Unit
PL	Peer Leader
PLHA	People Living with HIV/AIDS
REDSO	Regional Economic Development Services Office for East and Southern Africa
RH	Reproductive Health
RHRC	Reproductive Health for Refugees Consortium
RPR	Rapid Plasma Reagent
SRRC	Sudan Relief and Rehabilitation Commission
STI	Sexually Transmitted Infection
TB	Tuberculosis
TBA	Traditional Birth Attendant
TPO	Tran psychosocial Organization
UNDP	United Nations Development Program
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WOM	World Outreach Ministries

I. Executive Summary

Program Location	Southern Sudan - Yei River County, Eastern Equatoria - Rumbek County, Bahr El Ghazal
Problem Statement	Prolonged civil conflict causing a complex emergency situation resulting in inadequate primary health care, with no specific infrastructure to adequately address preventative measures for the reduction of HIV/AIDS transmission and the promotion of related reproductive health practices.
Number of Beneficiaries	Approximately 338,000 internally displaced returnee and war-affected southern Sudanese of Kakwa, Dinka, Nuer and other ethnicities.
Program Goal	To implement appropriate strategies for reducing the transmission of HIV and improving related reproductive health (RH) care delivery in southern Sudan.
Clarification Statement	Related reproductive health care delivery refers to those services that can be integrated with HIV/AIDS prevention in order to enhance the effectiveness of those services and make service delivery more efficient.
Program Objectives	<p>Objective 1: To increase awareness, voluntary and informed decision making regarding key reproductive health care delivery and adoption of safer sexual practices by the population in the project sites in Rumbek and Yei Counties.</p> <p>Objective 2: To improve capacity of Rumbek and Yei County Health Departments (CHDs) to support delivery of key and quality HIV prevention services.</p> <p>Objective 3: To increase availability of selected HIV preventive services.</p>
Local Partners	New Sudan National Aids Council, Malteser, Action Africa Hilfe (AAH), Diakonie, Norwegian People's Aid, CCM, JSI, and Sudan Relief and Rehabilitation Commission (SRRC)
Start Date	November 1, 2003
End Date	February 28, 2005
Funding	US \$800,000
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FHI Rep.	Gail Goodridge
Main Authors of Document	Amber Kimbro, HIV Program Manager, ARC Vincent Ojiambo, HIV Program Officer Ann Reiner, HIV Field Officer, ARC Madalena Monja, HIV Field Officer, IRC
Contact Person	David Hassell Africa Regional Manager ARC International 430 Oak Grove Street #204 Minneapolis, MN 55403

II. Program Overview

Southern Sudan has undergone a prolonged 40-year civil conflict causing a complex emergency situation. Continued conflict has led to destruction of social and economic infrastructures, displacement of the civilian population, lack of health services and disease and death of millions in Southern Sudan. In this context, the ability of the southern Sudanese people to develop the mechanisms to deal effectively with the HIV/AIDS epidemic has been almost non-existent. The primary health care system is inadequate, with no specific infrastructure to address preventative measures for the reduction of HIV transmission or the offering of information and services regarding preventative reproductive health (RH) care delivery. HIV/AIDS has compounded the complex emergency situation in Southern Sudan, resulting in negative effects on the social and economic fabric of the society, affecting population size, education, family structure, agricultural and other production capability, and placing a heavy burden on the health system.

Peace talks continued for the whole year with signing of different protocols and different stakeholders in Sudan preparing for the post war period. By the end of the year, it was evident that it was a matter of time before the comprehensive peace agreement would be signed. As of January 9, 2005, a comprehensive peace agreement was signed, ending the civil conflict, and opening south Sudan to development projects that are needed to improve infrastructure, helping to increase the capacity of southern Sudanese and the social and economic systems.

In order to counteract the negative impact of HIV, provision of quality HIV services including voluntary testing and counseling, behavior change communication activities, syndromic management of STIs, and condom distribution were the mainstays of the ARC/IRC HIV prevention project. The American Refugee Committee (ARC) and International Rescue Committee (IRC) were supported by the USAID/REDSO office and Family Health International to operate the program. The program got off to a slow start due to delayed disbursement of funds by donors and low staff retention. ARC/IRC received a no-cost extension up to February 28, 2005, six months from FHI and three months from RESDO.

The ARC/IRC program focused on the key interventions in the areas of behavior change communication (BCC), STI service delivery, VCT service delivery, and condom distribution. BCC was used to stimulate community dialogue, promote advocacy, increase knowledge, address risk behaviors, reduce stigma and discrimination of people infected with HIV and other STIs, and promote services for prevention, care and support. The project focused on reaching primary audiences (Women, Youth in School, Youth out of School and Military) and secondary audiences (religious leaders, community leaders, drug vendors, TBAs, MCHWs) through a variety of communication channels.

The project improved the quality of and access to selected reproductive health services, primarily STI services, including antenatal syphilis screening and partner notification strategies by working through health centers and by distributing free condoms through a condom distribution system. Health Care Providers were trained in syndromic treatment

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of STIs, including refresher training with supervisory observation, and provided free STI drugs to the health units.

Additional VCT counselors were trained and seven new VCT testing centers were established within the existing health systems. The condom distribution system continued through peer educators and fixed distribution points that gave out free condoms. Fixed sites included health centers, lodges, bars, restaurants and clubs.

The project continued to build the capacity of southern Sudanese partners to mitigate the HIV/AIDS epidemic through trainings and workshops and involving them in the implementation and supervision of the project activities. Both material and technical support was given to the New Sudan National AIDS Council.

International Rescue Committee (IRC) – ARC sub-granted to IRC to carry out HIV prevention activities in Rumbek County. To maintain uniformity among the programs, IRC follows the same work-plan and activities that ARC implements in Yei, Lainya, and Morobo Counties.

Personnel

ARC Sudan/Uganda underwent several significant personnel changes over the 2004 year. The Country Director resigned in June and was replaced in October. The HIV Program Manager resigned in March but was replaced immediately. Several key local staff resigned. A new Program Manager, Program Officer, Field Officer and BCC/CMO Officers were in place and working by June and activities were back in place.

Capacity building within the staff was limited to a few workshops and trainings. The Program Manager attended a workshop titled “Working with USAID from Proposal to Closeout.” This enabled the Program Manager to obtain a better grasp of USAID rules and regulations, eventually helping improve overall performance. The BCC/CMOs, M&E Assistant and several of the VCT Counselors attended a course on HIV community programs in Kampala, Uganda.

ARC Personnel on project as of February 28, 2005

Category	Admin	Program	Support	Total
Expatriate	0	2	0	2
Ugandan	2	0	4	6
Kenyan	0	1	0	1
Sudanese	2	6	12	20
Incentive staff or peer educator	0	89	1	90
Total	4	98	17	119

IRC Personnel on Project as of February 28, 2005

Category	Admin	Program	Support	Total
Sudanese	1	6		7
Incentive staff or peer educator	0	50	1	51
Total	1	56	1	58

Security/Safety

The security situation in ARC and IRC’s areas of operation remained at OLS level 2 throughout the year. This is called medium operational situation and requires radio contact with OLS Lokichoggio twice a day and travel is restricted to day trips from base. ARC/IRC communicates closely with OLS in Lokichoggio and receives daily security reports. ARC/IRC adheres to all OLS security regulations. ARC/IRC also uses informal means of collecting information about road safety before traveling within Uganda and in the field. Three ARC staff attended an OLS security workshop in Nairobi in November and IRC staff attended the three day OLS security workshop in April.

A. Goals and Objectives

Program Goal: To implement appropriate strategies for reducing the transmission of HIV and improving related reproductive health (RH) care delivery in southern Sudan.

Objective 1: To increase awareness, voluntary and informed decision making regarding key reproductive health care delivery and adoption of safer sexual practices by the population in the project sites in Rumbek and Yei Counties.

Objective 2: To improve capacity of Rumbek and Yei County Health Departments (CHDs) to support delivery of key and quality HIV prevention services.

Objective 3: To increase availability of selected HIV preventive services.

B. Demographic Profile and Geographic Location of Program Activities

In 2004, Yei County was divided into 3 counties – Yei, Lainya and Morobo. ARC implemented program activities in all counties which included the following Payams; Yei, Ottogo, Morobo, Lasu, Lainya and Tore, with a total population of 329,000. (*Source, SRRC, 2004*) These Payams are situated along the transport corridor between Sudan, Uganda and DRC and along the Yei – Juba corridor. All counties are subject to large transient populations including active and demobilized soldiers, returnees, truckers, and NGO workers. Yei Town is also the administrative hub for the Equatoria Region. The people in Yei, Lainya and Morobo Counties are mainly Bari-speaking ethnic Kakwa,

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Pojulu, Kaliko, Baka, Adio, Avukaya, Mondu, and the Lugwara. There are also Dinka communities who were displaced as a result of the war.

IRC implemented activities in Rumbek Payam in Rumbek County and within an approximate 10-mile radius of Rumbek Town. The total population reached in these areas is approximately 94,212. (*Source, NIDS, 2003*) Rumbek is now the administrative capital of the New Sudan and is home to most Secretariats and UN agency country offices. Rumbek is also situated along the transport corridor and is populated by a large number of merchants and truckers. In Rumbek County, the local population is comprised primarily of the agro-pastoralist Dinka Agar tribe and Jur tribe, other internally displaced people from the Equatoria regions that have come in search of economic opportunity and jobs, military personnel from various parts of southern Sudan, and expatriate and host country national relief workers. See **Annex 1** for geographic areas of program activities.

C. Program Approach and Implementation Process

The ARC/IRC program used a participatory partnership approach in its design, monitoring and evaluation of activities. ARC, as the lead agency, collaborated with both International NGOs as well as local NGO partners. INGOs provided specific technical assistance to the project in key areas of behavior change communication strategies, behavioral surveys and Logistics Management.

Partner	Main Role
Family Health International (FHI)	Technical assistance in Behavior Change Communication strategies and Behavioral Survey development and analysis.
John Snow Inc (JSI)	Provided technical assistance by conducting relevant training of trainers for logistics staff to effectively procure and distribute the supplies and materials
New Sudan National AIDS Council (NSNAC)	Main national counterpart, advises in program activities

At the field level, ARC/IRC partnered with NGOs, formal health service agencies, community groups, health facilities, and training institutions in order to strengthen their ability to provide preventive, curative, community and facility-based HIV/AIDS/STI prevention and care services. Selected reproductive health and HIV/AIDS interventions were integrated as much as possible into the established roles of these partners. The project collaborated with local partners such as the Sudan Rehabilitation and Relief Commission (SRRC), youth clubs, religious institutions, music and drama troupes, and traditional practitioners and other informal care providers and commodity distributors (traders, pharmacists, and drug vendors).

Partner	Main Role
Yei, Lainya and Morobo	
Aktion Africa	-Participation of HCPs from Primary Health Care Centers in training

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Hilfe (AAH)	and implementation of STI syndromic management and Logistics Management Information System -Provision of selected facility-based reproductive health services at PHCCs -Provision of space for VCT service site
Malteser, St. Bakhita	-Referring system in place for TB patients to VCT services for HIV testing -TB screening for HIV positive clients referred from VCT sites -Participation of HCPs in training and implementation of STI syndromic management and LMIS
Sudan Medical Care (SMC)	-Participation of HCPs from PHCCs in training and implementation of STI syndromic management and Logistics Management
Norwegian People's AID (NPA)	-Provision of space for VCT service site on the premises of Yei Civil Hospital -Participation of HCPs in training and implementation of STI syndromic management and LMIS
World Outreach Ministries (WOM)	-Participation of HCPs from PHCCs in training and implementation of STI syndromic management and LMIS -Provision of space for VCT service site
County Health Department (CHD)	-Participated in LMIS training -Participated in community sensitization events -Participated in health facility assessments -Trained in computer courses and provided with a computer, printer, and solar panels to assist with proper monitoring and evaluation -Provided with a motorcycle to monitor outreach units

Rumbek	
Diakonie Emergency Aid	-Provision of space for VCT service site -Participation of HCPs in training and implementation of STI syndromic management in PHCC and Primary Health Care Units (PHCU)
Malteser/Diocese of Rumbek	-TB screening for HIV positive clients referred from VCT sites -Participation of HCPs in training for STI syndromic management and LMIS
Rumbek County Referral Hospital (CCM)	-Participation of HCPs in training for STI syndromic management and LMIS -Provision of space for VCT service site -Provides sentinel surveillance
County Health Department	Participated in training in LMIS training -Participated in community sensitization events

United Nations Children's Fund (UNICEF)	-IRC and UNICEF jointly provided support and training VCT counselor training
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III. Program Performance

Summary Report on Activities by Objectives:

The following paragraphs summarize the activities by objective and component, and highlights accomplishments for the reporting period.

Program Goal: To implement appropriate strategies for reducing the transmission of HIV and improving related reproductive health (RH) care delivery in southern Sudan.

Objectives

A. Objective 1: To increase awareness, voluntary and informed decision making regarding key reproductive health care delivery and adoption of safer sexual practices by the population in the project sites in Rumbek and Yei Counties.

Objective 1 relates to the component of the project that focused on creating demand for and use of RH services. The main interventions implemented included Behavior Change Communication (BCC), IEC materials development and distribution and secondary audience trainings and workshops. This section will detail strategies used as part of each main intervention and achievements that contributed to key indicators for the objective.

Behavior Change Communication Strategies (BCC)

A1. Peer Education

Key Indicators:

- Number of peer educators trained
- Number of peer leaders trained
- Number of youth centers operating
- Number of community events held
- Number of peer educator contacts by target group and by type of contact (individual discussion, group discussion and special events)
- Number of peers referred to VCT, STI, and other general health services by PEs

Peer educators were nominated after extensive coordination and assistance from community leaders in selected Payams and bomas. Peers were required to be part of the target audience, respected in the community, willing to devote at least 8 hours per week to peer education, and to have basic literacy and math skills. During the pilot project, 35 peer educators in Yei and 50 in Rumbek were trained. In Yei, 40 additional peer

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educators were trained in July 2004, and 17 peer leaders were trained in September 2004. At the end of the training, PEs signed a volunteer service agreement and are provided with t-shirts, hats, bicycles, bags, calculators, stationary, dictionaries and soap to assist in educating their target groups. Monthly incentives were meant to motivate them for their voluntary community work. Refresher trainings were also held on a regular basis with all active peer educators in Yei and Rumbek. ARC/IRC staff met with peer educators on a monthly basis to review their monthly report forms, discuss problems, provide technical assistance, and assist with monthly work-plans. However, there was some attrition of peer educators. See **Table 1** for more details on peer educators.

During the program period, 327,264 contacts were made by PEs in Yei, Lainya and Morobo and Rumbek, 28,051 peers were referred to services, and 295,471 condoms were distributed. See **Tables 2 and 3** for more details. In addition to educating peers on topics such as HIV transmission and prevention, STIs and VCT, peer educators serve as the main distribution conduit for condom distribution and referral of peers to health services. Peer Educators play an important role in creating demand for VCT, as many VCT clients report being referred to the service by PEs.

Table 1: Number of Active Peer Educators by Target Group

Target Group	Yei	Rumbek
	Number of Peer Educators Operating	
Women	16	14
Youth-in-School	14	12
Youth-out-of-School	17	5
Military	15	19
Total	62	50

Table 2: Number of Referrals by Peer Educators

Referrals by Peer Educator			
VCT	STI	Other	Total
6,215	7,442	17,394	28,051

Table 3: Peer Educator Contacts

Target Group	Individual	Group	Special Event	Total
Women	18,534	28,688	26,457	73,679
Youth-in-School	21,261	32,783	34,288	88,332

Youth-out-of-School	22,689	30,259	25,789	78,737
Military	24,880	28,541	33,095	86,516
Total	87,364	120,271	119,629	327,264

Phil Sedlak, an FHI BCC consultant, visited both Yei and Rumbek sites in late April. In both sites he met with staff and conducted focus group discussions, interviews and assessments with our four target populations: women, military, youth in school and youth out of school. His aim was to assess the BCC materials and develop new materials to assure that the messages were correct, appropriate, effective and visible. Posters and t-shirts were produced based on the findings from these visits. In November 2004, Mr. Sedlak returned to Kampala, Uganda to revise the peer educator curriculum. See **Annexes 2,3,4,5** for Phil Sedlak's assessments.

Due to a lack of available and secure housing, ARC was unable to implement youth information centers. ARC will look into the possibility of youth centers in future funding opportunities, when secure buildings are available and the communities are willing to take ownership of the centers. IRC has one youth information center operating in Rumbek.

Mobile Video Vehicle

A mobile video vehicle operated in Yei, Lainya, Morobo and Rumbek Counties, showing videos to members of target audiences and to the general population. Video shows were often organized and facilitated by peer educators during their group discussions and special events, although at times, video shows were requested by specific groups within the community such as schools, churches, youth associations, women's association and military groups. Video shows were well received by the communities - men, women, and children that usually gather in numbers ranging from 100 to 400 per show. These videos cover topics such as STIs, HIV/AIDS, VCT, adolescent pregnancy etc. Video shows were preceded by information on the basic facts of HIV/AIDS, transmission, prevention and stigma reduction. Video dialogue is translated during the presentation to ensure understanding among audience members. The video shows were then followed by interactive questions and answers, reinforcing information presented and clarifying points. These events also served as a venue for condom and IEC material distribution, as well as referrals to STI and VCT services.

In Yei and Rumbek Counties, fifty-seven (57) mobile video outreaches took place during this funding cycle. The BCC/CMO officers and peer educators were able to mobilize and reach a total of 18,648 people of the target audience with mobile video outreach activities.

Videos were shown in churches, schools, workshops as well as public gathering places like markets. In a focused group discussion to assess the knowledge of HIV/AIDS and

STIs in Rumbek, participants mentioned video shows as a main source of their information.

Community Special Events

AIDS Special Events were held throughout the year, aimed at offering community leaders greater knowledge and awareness of the issues surrounding HIV/AIDS and how their communities are affected. These events generally go for half a day, and focus on how community leaders can be role models and mobilizers with regards to HIV/AIDS knowledge and especially stigma reduction of PLWHAs. Community events included use of local music troupes, dramas, games and special events that created interest in HIV/STI and condom use among the population. Peer Educators participated in the organization and drama presentations at special events.

Yei

World AIDS Day was commemorated on December 1st, 2003 and 2004. In 2003, Religious leaders of Yei Payam organized the event held in Freedom Square, which included drama shows, speeches, and musical performance by Malembe group. Post-test club members and peer educators conducted two dramas on PLWHA. Although ARC collaborated closely in planning the event, some misinformation on condoms and judgmental attitudes pervaded the event, especially regarding condoms and the belief that PLWHA are sinners. ARC planned differently for 2004. ARC, in collaboration with the County Health Department, other health NGOs, and the Inter-Churches Association on HIV/AIDS, arranged a full day of activities, held in Freedom Square in Yei town. Presentations included dramas, songs, speeches and athletic contests by local school groups, church groups, a puppeteer troupe and local football teams, as well as testimonials by HIV positive members of the Post Test Club from Yei and a visiting group from Koboko, Uganda. The event was attended by well over 1,000 people throughout the day.

An Agricultural Fair was held in Yei Town in March in which ARC set up a booth. The BCC Officer was present throughout the day to give talks, condom demonstrations, and distribute materials.

In April 2004, ARC staff welcomed a television crew from PBS, to film the HIV/AIDS Project. PBS filmed and interviewed a group of 50 students from Christ the King Secondary School, local musical group Malembe, and members of the Post Test Club, who performed a drama/theater about their experiences testing and living positively with HIV. PLWHAs were interviewed about their lives and the difficulties of living openly with HIV/AIDS.

International Youth Day was celebrated in Yei on Thursday, 12 August 2004. The attendees of ARCs Peer Educator Refresher course composed a song related to their HIV/AIDS awareness activities and performed for the crowd of nearly 2,000 in Freedom Square.

Rumbek

In Rumbek on World AIDS Day, December 1, 2004, celebrations started with a march around Rumbek town by three groups of peer educators, students from various schools, scouts, folklore groups and women groups, with each group holding a banner with their message. The SPLA band joined the procession and they entered Freedom Square where the Chairman and all members of his cabinet received them. Dr. Bellario, chairman of the NSNAC, was the master of ceremony. He discussed HIV percentages from the pilot project survey. Commander Salva Kirr, 1st Vice Chairman, spoke about the dangers posed by HIV/AIDS and warned the community against behaviors that can fuel the spread. Dr. John Garang, the Chairman of the SPLM/A stated that HIV/AIDS has been declared as the second front by the movement in the 2001 HIV/AIDS conference and that the movement is committed to fight it. He also cautioned against stigma and discrimination of HIV positive people. IRC flew in an HIV positive Sudanese lady from Uganda who visited all the schools and churches in Rumbek giving testimonials and answering the many questions from the students. She also participated in the 'World Aids Day' events. This was the first time for this community to witness a public testimony from an HIV positive person; hence it was an eye opener as well as a tremendous learning experience as demonstrated by the type and amount of questions she had to answer. In one of the schools she agreed to test in front of the students who did not believe that she was HIV positive because she looked healthy.

On SPLM/A day, which is usually celebrated on 16th May to commemorate the day the southern rebels took up arms against the government of Sudan, the peer educators organized and presented dramas, poems, songs on HIV/AIDS, and distributed leaflets and brochures. Athletics such as volleyball and football were also played, where winners received prizes such as balls and stationeries. About 5000, men, women and children, attended this event.

The military peer educators also organized an HIV/AIDS special event in Malou military barracks, located 8 miles from Rumbek town. Basic HIV/AIDS and STI facts were discussed with the gathering, followed by a video show. Leaflets of the same topics in Dinka language were distributed. This event was attended by the army commander in charge of the unit, the soldiers and their families, totally approximately 1000 people.

Awareness events took place with female prison inmates in collaboration with the Bahr el Ghazal Women's Development Center and another with the Rumbek Police staff. This last event was conducted at the Rumbek Police Station and was facilitated for police staff and their families, including the Inspector of Police and his deputy. An HIV/AIDS educational video was shown at this event.

AIDS awareness day was celebrated in Freedom Square, with approximately 200 people in attendance. Included in the event was a soccer game and HIV/AIDS drama

A2. IEC Materials Development and Distribution

Key Indicators:

- Number of mass media materials developed
- Number of materials distributed

IEC materials were developed to reinforce program messages within the community. Media include fact sheets, flyers, brochures, posters, hats and t-shirts that used messages generated with consultation from FHI TA.

Nine posters were designed and distributed, with messages in English, Bari, Dinka and local Arabic. Three T-shirts designs were produced, based on the slogan, “New Weapons for a New Enemy”, and promoting the ABC HIV prevention strategy. See **Annex 6** for samples of IEC materials developed. Along with ARC, IRC developed IEC materials; materials produced by other agencies were also distributed, such as “Facts About AIDS” booklets published by ACROSS and Straight Talk newsletters, published by Straight Talk Foundation, Uganda. Materials were distributed by program staff, at special events and during community outreach activities, through peer educators and VCT counselors. A total of 57,106 print materials, 1,537 posters, and 1,615 t-shirts were distributed throughout the project. See **Table 4** for details.

Traditional media such as folkloric groups, drama, local entertainment troupes and music groups were used during special events. In Yei, a local music group, Malembe, composed songs on topics related to HIV/AIDS prevention. These songs were recorded with assistance from ACROSS, and an audiocassette was produced and widely distributed throughout all program areas.

Table 4: Materials Developed and/or Distributed

IEC Material	Number Distributed (ARC and IRC)
HIV Posters	1,537
Facts About HIV Booklets	260
HIV/AIDS Fact Sheets	2,991
HIV/AIDS Brochures	380
VCT Brochures	110
Straight Talk Sudan Newsletter	42,320
Straight Talk Newsletter	7,426
Young Talk Newsletter	3,617
T-shirts	1,615
Malembe Cassettes	2,000
Flip Charts	2
Total	62,258

A3. Workshops/Trainings for Secondary Audiences

Key Indicators:

- Number of workshops conducted for secondary audiences
- Number of attendees at workshops

Secondary audiences received training in HIV/AIDS/STI through workshops designed to increase knowledge in those groups to which community members turn for HIV/AIDS/STI information. Topics can include basic facts about HIV/AIDS, disease progression, modes of transmission, prevention, rationale and efficacy of condoms, STIs, care and support for PLWHA, VCT and how to effectively inform their community members on HIV.

Community Sensitization workshops were held in Lasu, Lainya and Tore in March 2004. Participants of these two-day workshops included community leaders from all Bomas in these Payams. The aim of the workshops was to sensitize communities on the issue of HIV/AIDS and facilitate their support for a community-based campaign against HIV/AIDS. A testimonial was given from an HIV positive woman from the post-test club. These sensitization workshops helped ARC in the acceptance and implementation of the program in the new areas. Approximately 120 people in total participated in the workshops.

Trainings were held with religious leaders, in August 2004 in Yei and September 2004 in Rumbek. Dr. Oliver and Adrian Lough, consultants from Bishop Allison Theological College, in Arua, Uganda, were utilized to relate HIV/AIDS messages to bible teachings, especially with regards to stigma and discrimination reduction. The consultants were instrumental in conducting discussions surrounding the issue of condoms and why they are a necessary component of the program. These workshops resulted in religious groups being more involved in program activities. In Yei, the group of 25 trained formed an Inter-Churches Association on HIV/AIDS, with the specific goal of incorporating HIV/AIDS teachings into their ministries on a regular basis. In Rumbek, church youth, inspired by this first training, which had an attendance of 30, have asked for additional training, and are actively involved in arranging outreach events throughout the community, involving IRC BCC staff. See **Annex 7** for the Religious Leaders Training report.

A one-day universal precautions training was carried out at the CCM regional hospital and Diakonie PHCC in Rumbek. Attendance included Medical Assistants, Nurses, Laboratory Technicians and auxiliary staff. In Yei, ARC staff conducted a workshop on Universal Precautions in health care settings. Participants included health care providers from different PHCCs and PHCUs within Yei, Morobo and Lainya counties, VCT counselors, STI treatment providers, as well as Home Based Care counselors. Proper Universal Precautions techniques were taught, with a special emphasis on how to follow these techniques in resource-poor settings. ARC staff also held two sensitization trainings, based on stigma and discrimination within health care settings to 68 staff of Malteser Health Clinic.

IRC staff in Rumbek held two community sensitization trainings for local chiefs and participated in a Community Sensitization Week, reaching approximately 100 participants. IRC staff also participated in the Justice and Peace Workshop, facilitating HIV/AIDS sessions to a group of 30 participants.

There is a puppeteer group in Yei, run by International Promotion of Civil Society organization that conducts outreach puppeteer shows. ARC facilitated an HIV community sensitization training with 18 members of the group. Subsequently, the troupe has performed HIV shows with the puppets and has accompanied ZRC on several outreach events.

In November 2004, three VCT counselors, two BCC/CMO Officers and the M&E Assistant attended a conference in Kampala, Uganda. The workshop was given by the Uganda Medical Association with the theme: HIV/AIDS Care: a holistic and collaborative approach. The conference focused on new interventions for HIV prevention on a community level and how to incorporate activities within. The BCC Officers and M&E Assistant offered four BCC workshops in Yei, reaching a target audience of approximately 590.

B. Objective 2: To improve capacity of Rumbek and Yei County Health Departments (CHDs) to support delivery of key and quality HIV prevention services.

Objective 3: To increase availability of selected HIV preventive services.

Objectives 2 and 3 relate to the component of the project that focused on building the capacity of the CHD to support delivery of key and quality RH services and for creating additional HIV preventive services, available in all areas of operation. Services included condom availability and distribution, Home Based Care Counselors trained and providing outreach services, STI Service Delivery and VCT Service Delivery. Capacity of the CHD was built as an integral part of the four interventions through workshops and trainings and participation of HCPs in project activities. This section will detail strategies used as part of each activity and achievements that contributed to key indicators for the objectives.

B1. Capacity Building of County Health Department

Key Indicators:

- Number of CHD staff facilitating or co-facilitating HIV/STI/VCT and community workshops and trainings
- Number of CHD staff attending regular meetings to monitor project activities

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Lack of human resources at the County Health Department prevented staff being able to facilitate or co-facilitate community workshops and trainings. Two representatives, the Commissioner and his Assistant, from County Health Department in Yei started computer training in July 2004. They started with an Intro course and then went into a Word course. A motorcycle was purchased and handed over to the Commissioner of the CHD to help facilitate him in monitoring out reach clinics. ARC also provided 40 liters of fuel every month.

Health Facility Assessments were carried out in the Primary Health Care Centers in Tore, Lainya, and Lasu Payams and in a health facility in northern Uganda, near the border crossing into Sudan. These were used to gather information on catchment areas, services and drugs provided, and to discuss the idea of integrating VCT services within the centers. A health facility assessment was carried out at the CCM-run Rumbek Regional Hospital. Drug inventory assessments were conducted in all three-hospital facilities to find out availability of drugs. Diakonie was the only hospital that had procured appropriate medicines. Personnel from the CHD were involved in a majority of the assessments.

In Rumbek, representatives of the County Health Department include the County Medical Officer of Health (CMOH) and his assistant. IRC provided the CHD in Rumbek with a new Desktop computer and printer as well as a four drawer file cabinet and stationeries to enable the CHD to effectively monitor the delivery of health services in the county. Though invited to a majority of IRC training events, involvement has been hampered by limited CHD personnel. IRC has provided the Department with stationeries and facilitated travel within the County. In spite of difficulties in coordinating trainings and other activities, IRC and the CHD in Rumbek share a collaborative working relationship. In fact, on occasion, the CMOH has been able to use its improved credibility to further IRC's HIV program objectives.

B2. Home Based Care Counseling

Key Indicators:

- Number of HBC counselors trained
- HBC counselors provide services and counseling according to established protocols
- Number of counseling session contacts by HBC counselors with members of target population
- Number of referrals by HBC counselors for treatment of TB and OIs

Due to funding restraints, Home Based Care was implemented in Yei, Lainya and Morobo Counties only. Home Based Care Counselors were trained by consultants from TASO Program Uganda. The counselors were selected from the post test club members, Community Health Workers attached to the PHCUs and PHCCs by the County Health Department and VCT Supervisor. The community health workers were required to integrate home based care services into existing community healthcare work. Trainees

were tasked with making home visits to bed-ridden community members living with HIV/AIDS. Care and support offered includes psychosocial counseling, nursing care and education of family care givers on HIV/AIDS-specific needs.

In Yei, twenty eight Home Based Care Counselors were trained from 30th August – 9th September. The two consultants, from TASO Uganda, for the training were Ociru Mary Andiandu, Senior Nursing Officer, and Albert Arijoku, Principal Clinical Officer, based at Arua Regional Hospital, Uganda. The trainees developed monthly work plans, which included activities on home visit for psychosocial counseling, nursing care and HIV/AIDS education in the community.

Service provision was delayed until December 2004 due to lack of supplies, uncoordinated referral procedure from the health facilities, shortage of time by voluntary counseling and testing counselors and reluctance of community members allowing outsiders into their homes to offer support due to the high stigma and discrimination associated to AIDS. See **Annex 8** for Home Based Care training report.

B3. VCT Service Delivery

VCT is an important area of HIV prevention and care programming as it has been shown to have a role in HIV prevention for those who test negative, and for those who are infected, as an entry point for care. The New Sudan HIV/AIDS Policy describes VCT services as one of the tools for raising awareness of the public and combating the spread of the virus.

Key Indicators:

- Number of VCT counselors trained
- Number of VCT counselors receiving refresher training
- Number of VCT counselors that correctly follow established protocols for care delivery and data collection
- Number of VCT sites offering services
- Number of clients counseled and tested for HIV (VCT services)

ARC established six additional VCT centers in Yei, Lainya and Morobo counties. The following towns each had one VCT site established within: Yei Town at Malteser Health Clinic, Kaya, Lasu, Lainya, Ombassi and Tore. IRC established an additional VCT site at Rumbek Regional Hospital in Rumbek town. Clients were able to learn of and accept their HIV sero-status in a confidential environment that included pre-test and post-test counseling and referral for ongoing emotional support and medical care.

In Rumbek, HIV prevalence was found to be significantly lower than in Yei. On-going HIV/AIDS awareness activities have increased interest in and use of VCT services, but greater change in HIV knowledge and attitudes is required to create the demand for VCT services. HIV counseling and testing has also suffered a rather rocky beginning in Rumbek, with fewer sites, and services offered at the regional hospital for only a small portion of the expected period. Together with low HIV prevalence and limited uptake of testing services, this has resulted in very little established need or demand for home-

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based care. In fact, because there is still so much work to be done in terms of changing negative attitudes towards HIV/AIDS, there is still much stigma associated with positive HIV status. VCT follow-up is often rejected, as is the notion of disclosing a positive test result.

A total of 3,153 clients were tested for HIV during the life of the project; of these, 137 were tested positive. Please see **Table 5** for further details.

Table 5: Summary of VCT Service Delivery

VCT Site	HIV Positive	HIV Negative	Total
NPA Yei Civil Hospital – Yei County	55	1,158	1,213
St. Bakhita – Yei County	35	626	661
Ombassi – Yei County	13	289	302
Kaya – Morobo County	13	299	312
Lainya	1	184	185
Tore – Yei County	6	188	194
Lasu – Yei County	Didn't open in project period due to attrition of counselor	0	0
Diakonie – Rumbek	10	171	181
CCM – Rumbek	4	69 + (32, mobile VCT)	105
Total	137	3,016	3,153

Table 6: Age of HIV Positive Clients in Yei, Lainya, Morobo

Age of HIV Positive Clients	Women	Men
<20	5	0
20 – 25	36	6

26 – 30	16	4
31 – 35	16	13
36 – 40	3	6
>40	3	6
Missing	6	5

Table 7: Age of HIV Positive Clients in Rumbek

Age of HIV Positive Clients	Women	Men
<20	0	0
20 – 25	3	2
26 – 30	3	1
31 – 35	1	0
36 – 40	0	0
>40	0	1
Missing	3	0

In Rumbek, all women testing positive for HIV had either no education or some primary education. All men testing positive had either some primary or some secondary education. Fifty percent of women were in monogamous marriages and had no occupation or an unskilled trade. Men were more likely to be a student or hold a professional job.

Unfortunately, the ARC VCT data that was loaded into an EPI INFO database for analysis was on a computer that was stolen from an NGO compound recently. The database was saved on another computer and data input is currently being conducted. Figures will not be available before this report is turned in, but will be available to donors afterwards.

The VCT Supervisors from Yei and Rumbek participated in a VCT Supervisor course, given by Liverpool VCT in Nairobi, Kenya. The course consisted of two trainings in Nairobi, one of one week and another of two weeks and 2 months of practicals in various locations throughout southern Sudan. One practical took place in Yei, where the supervisors worked with the VCT counselors and post test club. Another practical took place in Yambio, where the supervisors helped the ZOA Refugee care counselors with trainings. The final practical took place in Rumbek.

Thirteen counselors from Yei and thirteen from Rumbek were trained by a VCT counselor trainer who traveled to both Yei and Rumbek. Participants included health

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workers from St. Bakhita's Health Services, Yei Civil Hospital and community members who had either previous training in counseling or expressed interest in working in community counseling. All were from the local communities of the respective sites and they received two weeks of classroom instruction. See **Annexes 9 and 10** for VCT Training report.

Refresher training for Yei VCT counselors was conducted in January 2005 by a consultant from The Aids Support Organization in Uganda, ARC staff and the VCT Supervisor. VCT counselors in Yei regularly received a follow-up supervisory visit. The supervisor assessed the performance of the VCT counselors through direct observation of counseling sessions, reviewing forms and reviewing group counseling protocols. See **Annex 11** for VCT Refresher Training report.

VCT counselors attended Peer Education training workshops to facilitate sessions on counseling, acceptance of PLWHA and the testing process. Counselors and Peer Educators were known to each other and PEs was encouraged to visit the VCT site to familiarize themselves with the location and services. PEs made verbal referrals to peers for VCT and promoted the service. Posters encouraged people to attend VCT and announce the location of services. Flyers and brochures informed clients and the general public about the services. VCT service availability and the counseling and testing process were discussed at churches and through special events and group discussions in the community. VCT counselors conducted limited outreach and mobilization in the community.

B4. STI Service Delivery

Key Indicators:

- Number of HCP trained to provide syndromic STI care
- Appropriate diagnosis and treatment of STIs
- STI drugs and condoms available to protocol
- Number of sites offering syndromic Management of STIs
- Number of clients treated for STIs

The project trained health care providers working with NPA, Malteser, AAH, World Outreach Ministries (WOM), SMC, Diakonie, and CCM in order to integrate STI management into existing services. The STI component of the project focused mostly on syndromic management of STIs, with limited etiologic diagnosis at St. Bakhita's Health Services Center in Yei, Yei Civil Hospital, and Diakonie PHCC in Rumbek. The syndromic management approach increases the potential coverage of care in the absence of facilities and human resources. Syndromic management required a significant investment in training for nurses and other health care providers from PHCUs, PHCCs, Hospitals and drug shops.

Training of HCPs was completed in July 2004 and a follow up supervisory visit in November of 2004 through technical assistance from Makerere University's STI Unit, with a doctor who has been in the field of STI Control Programs in Uganda. Dr. Sam

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Mugoya from Mulago Hospital at Makerere University was the trainer for STI syndromic management during the pilot project and was familiar with STIs in the Sudan context. The training was conducted using a trainer's manual developed by the M.O.H. of Uganda, STI Unit of STI/AIDS Control Program September 2003. The training included appropriate assessment, classification of STI and their treatment, and individual health education and counseling on disease prevention as well as partner notification to improve the quality of STI care in the program area.

Dr. Mugoya visited Yei and Rumbek during November 2004 to provide service quality control and supervision and refresher training to 34 HCPs in Yei and 12 HCPs in Rumbek in syndromic Management of STIs. He visited all STI sites in Yei and in Rumbek and met with CHWs to review forms and STI treatment protocols, as well as evaluate their performance. See **Annex 12** for the Syndromic Management Training report.

Program staff from ARC/IRC supervised HCPs in each location with commodities registers and STI monthly reports. Eventually this task will pass to the CHD when capacity has been sufficiently built. Challenges in service delivery were encountered due to over-diagnosis of certain conditions and trouble with filling forms and absence of forms during some months. Refresher trainings and supervisory visits helped to improve these problems. See **Annex 13** for Syndromic Management Supervisory report.

While HCPs were trained from a variety of locations, the project established nine STI sites within existing health facilities at Kaya, Rodoba, Morobo, Lainya, Tore, Ombassi, St. Bakhita, NPA, SMC, CCM and Diakonie.

During the funding period, 8,868 people were treated for STIs or screened for Syphilis in both project locations. **Table 8** summarizes the number of cases seen by Syndrome and location.

Table 8: Summary of STI Diagnosis and Treatment

STI Treated	Yei, Lainya, Morobo Counties	Rumbek County	Total
Genital Ulcer Disease	769	1,154	1,923
Abnormal Vaginal Discharge	277	980	1,257
Lower Abdominal Pain/Pelvic Inflammatory Disease	453	1,944	2,397
Urethral Discharge	342	392	734
Syphilis	139	197	336

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Pregnancy Vaginal Discharge	117	0	117
Inguinal Bubo	64	4	68
Painful Scrotal Swelling	75	11	86
Penicillin Allergy	30	1	30
Other/Missing*	225	1,695	1,920
Total	2,491	6,377	8,868

* Data was not disaggregated by types in all months. The “other/missing” column has a majority of LAP/PID.

B5. Condom Distribution

Key Indicators:

- Number of condom distribution points established
- Number of condoms distributed by peer educators, facilities and fixed sites

ARC/IRC’s strategy for creating demand and increasing the use of condoms included: 1) targeted BCC to promote a better and accurate understanding among target audiences regarding condoms’ and their use through peer education that includes demonstrations on use; 2) improving risk perception and assessment; 3) improving access through increased number of distribution sites and modes of distribution; 4) and mobilizing community support to promote consistent use of condoms.

ARC received free condoms from the Uganda Ministry of Health for the project. Condoms were distributed free of charge to the population in all sites through peer educators, health facilities, and non-traditional sources such as market stalls, bars, dancing places, tea stalls, brewing houses, lodges, restaurants, and youth clubs. In Yei County, condoms were distributed from a total of 40 fixed sites and through peer educators. In Rumbek, condoms were distributed from a total of 15 fixed sites. One contact person was identified from each distribution point and trained how to use condoms. The sites were provided with instructions for condom use, signs to announce the free condoms in Bari, Arabic and English, and a wooden penis model for demonstrations. BCC CMOs collected monthly data from each distribution point and distributed condoms from the ARC store in Yei.

Throughout the project, a total of 645,691 condoms were distributed between ARC and IRC project activities. A total of 327,073 condoms were distributed in Yei, Lainya and Morobo Counties. In Rumbek, 23,147 condoms were distributed. Of the total condoms distributed, 350,220 were distributed through fixed sites and 295,471 through peer educators. Table 9 summarizes the condom distribution system that is in place.

Table 9: Summary of Condom Distribution

Category	Number of condoms distributed
Women group (PE)	72,470
Youth in School (PE)	59,931
Youth Out of school (PE)	69,153
Military (PE)	90,517
Missing information on group distributed by	3,400
Subtotal Peer Educators	295,471
ARC Compound	54,432
Yei Civil Hospital (VCT center)	43,039
St. Bakhita VCT site	720
Tore VCT site	8,640
Lainya VCT site	2,880
Kaya VCT site	8,640
Ombassi VCT site	576
SRRC Office	31,104
Eagle Club Studio	4,032
Viva Bar and Lodge	11,376
Kolondiro Lodge	7,632
Robajo Restaurant	4,104
Military Intelligence	6,192
Refresher Bar	5,184
NPA De-mining	8,928
Morobo PHCC	36,288
Ombassi PHCC	15,984
Safari Lodge (Bazi)	7,920
Langa Langa Lodge (Bazi)	6,336
Bazi PHCU	4,100
Equatoria Lodge	11,592
Central Bar	3,456
Sunrise Bar/Lodge	5,184
Exodus Stationary	4,752
Juba Rd. Kiosk	2,012
Kaya Standard Lodge	5,328
Juko Kurembe	720
Efforts Pay Kiosk	3,096
Yei Shop	576
Kupera Community Drug Shop	2,736
Linkyard Bar	1,152
Travelers Bar	3,744
Custom Maridi	3,600
Family Clinic	2,160
Executive Joint Bar	1,440
Zebra Lodge Kaya	1,152

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Health Unit Logobero	1,370
New Kampala Kiosk	2,736
Custom Kiosk	864
Yei Youth Association	1,296
Life Star Bar (Rumbek)	576
Rumbek Youth Information Center	675
Green View Hotel (Rumbek)	2,142
Bros and Co Ltd (Rumbek)	3,736
Zebra Bar (Rumbek)	5,432
Mayot Bar (Rumbek)	1,755
Romeo Kilo Bar (Rumbek)	720
John Alhadi Bar (Rumbek)	500
Rumbek Regional Hospital	198
Secretariat of Health (Rumbek)	555
Diakonie Compound (Rumbek)	531
Task Force Compound (Rumbek)	1,433
Abui Shop	4,032
Togetheress Bar	43
Nile Breweries Bar	819
Subtotal Fixed Sites	350,220
Grand Total All Condoms Distributed	645,691

B6. Logistics Management Training

Key Indicators:

- LMIS system established
- CHD utilizes data from the system to make decisions

Results from the logistics training conducted by JSI during the pilot project showed that most health facility sites did not use stock cards or inventory control forms, nor collect and utilize data to make logistics management decisions. LMIS training took place in May of 2003 and additional LMIS trainings have followed during this funding period. HCPs from the STI sites in Yei county, as well as staff from the CHD, NPA, Malteser and SMC received training in Logistics Management from JSI in October 2004, while HCPs in Rumbek received training in March 2004 and refresher training in October 2004. The Yei project was not able to provide for the March 2004 training due to the resignation of key staff resulting in a lack of personnel to help facilitate. Training reinforced improvement in logistics management systems for increased availability of STI treatment drugs at health facilities and to manage their commodities and build their capacity in tracking consumption of drugs and syndromes treated. Each health facility submitted monthly reports on syndromes treated and commodities used to ARC/IRC. See **Annexes 14 and 15** for Logistics Management Information Systems Training report.

B7. Post Test Club

In Yei County, the post test club was formed during the pilot project. The group consists of 25 members referred by VCT counselors, however only 13 members are actively involved in project activities.

The group meets monthly to plan activities which involve group outreaches to churches, giving personal testimonies of positive living with HIV at special events, community workshops, trainings for health care providers, video show outreaches and drama presentations during public occasions. Six of the group members were trained in home based care counseling and are involved in the provision of home based care services.

ARC supported the post test club with transport and lunch allowance during community outreaches, provision of co-trimoxazole prophylactic treatment for opportunistic infections and has helped the group to establish an income generating project of local poultry rearing.

IRC had a slow start with the implementation of a post test club, due to lack of motivation by the HIV positive clients. The VCT Supervisor from Yei made a visit to Rumbek with the intention of helping stimulate interest in the club. Eventually, the post test club was formed with a small number of HIV negative and positive members.

B8. Sentinel Surveillance

Key Indicators:

- Number of Sentinel Surveillance sites established
- Number of sites conducting routine surveillance on a yearly basis

CCM, which runs Rumbek Regional Hospital, was the only sentinel surveillance site operating during this funding period. CCM conducted routine syphilis screening and intermittently conducted routine HIV testing of blood donors. During this funding cycle, 1,488 donors were screened for syphilis, with 353 testing positive – 24%. Two hundred and sixty four donors were screened for HIV, with 19 testing positive - 7.2%.

ARC opted not to set up surveillance activities at the Malteser Health Clinic due to lack of money to provide supplies and personnel. After discussions with Centers for Disease Control and Prevention, surveillance will be set up in Yei by CDC at a level that ARC would not have been able to provide.

Behavioral Survey

On November 4, there was an official launch of the CDC survey results from the behavioral and biological survey that was conducted in 2002. The event was held at the CHD with guests invited from various health facilities through Yei, Morobo, and Lainya counties. Results and conclusions were presented, and a discussion was held regarding the way forward with current and future ARC programming and the direction to be taken with the approaching survey.

Technical Assistance from FHI, Dr. Donna Espuet and Simon-Pierre Tgang, visited Yei to start preliminary work on the Behavioral Survey that began in January 2005. Three technical visits were conducted by the FHI consultants. In these visits, FHI met with community stakeholders who will be helping ARC lay the groundwork for implementation, assisted in producing a two-page fact sheet of data from the 2003 survey, compiled population and demographic statistics, created the database template, instructed ARC staff in proper data entry protocols, and in analysis of final results.

The behavioral survey began the 21st of January and continued through the 5th of February. Approximately 2000 individuals, from 900 households, were interviewed. Data analysis was performed by technical assistance from FHI. Analysis of the data included finding frequencies of indicators relevant to the ARC program, and comparing the findings with those of the 2002 survey results. See **Annex 16** for Behavioral Survey Analysis.

Project Accomplishments towards the Goal and Objectives 1,2,3

Goal: To implement appropriate strategies for reducing the transmission of HIV and improving related reproductive health (RH) care delivery in southern Sudan.			
Key Indicator/Output	Yei and Morobo Counties		Lainya
	Baseline November/December 2002	February 2005	Baseline February 2005
Percent of population willing to be tested for HIV	76.5%	85.7%	72.7%
Condom use during last sex with non-regular partner	24.2%	24%	27.5%
Percentage of target population with accepting attitudes towards PLWHA	11.1%	10.9%	3.4%
Source of HIV/STI prevention messages			
Religious Leader	17.8%	36.7%	21.3%
Health Worker	12.4%	56.9%	45.5%
Community Based Service Provider	6.3%	N/A	N/A
Government Leader	5.3%	21.4%	14.6%
Radio	4.2%	N/A	N/A
Percent of population who know how to prevent HIV/STI infection	35.8%	85.7%	72.7%

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Objective 1: To increase awareness, voluntary and informed decision making regarding key reproductive health care delivery and adoption of safer sexual practices by the population in the project sites in Rumbek and Yei Counties.		
Key Indicator/Output	Yei, Lainya and Morobo Counties	Rumbek County
Number of Peer Educators Trained	40 for a total of 75 since pilot project	0 for a total of 50 since pilot project
Number of Peer Leaders (PL) Trained	17	17
Number of Youth Centers operating	0	1
Number of Community Events held	5	5
Number of Mass Media Materials Developed	12	-
Number of Materials Distributed	62,258 between both sites	
Number of PE/peer contacts by target group and by type of contact (individual discussion, group discussion and special events)	327,264 between both sites	
Number of peers referred to VCT, STI, ANC and general health services by PEs	28,051 between both sites	
Number of workshops conducted for secondary audiences	11	3
Number of attendees at workshops	200	

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Objective 2: To Improve capacity of Rumbek and Yei County Health Departments (CHDs) to support delivery of key and quality HIV prevention services.		
Key Indicator/Output	Yei, Lainya and Morobo Counties	Rumbek County
Number of HBC counselors trained	28	0
HBC counselors provide services and counseling according to established protocols	10	0
Number of VCT counselors trained	13	13
Number of VCT counselors receiving refresher training	11	13
Number of VCT counselors that correctly follow established protocols for care delivery and data collection	14	7
Number of HCP trained to provide Syndromic STI Care	34	12
Appropriate diagnosis and treatment of STIs	Available	Available
STI drugs and condoms available according to protocol	Available	Available
LMIS system established	Available	Available
CHD utilizes data from the system to make decisions	Available	Available
Number of CHD staff facilitating or co-facilitating HIV/STI/VCT and community workshops and trainings	0	2
Number of CHD staff attending regular meetings to monitor project activities	2	2
Number of Sentinel Surveillance Sites established	0	1
Number of sites conducting routine surveillance on a yearly basis	0	1

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Objective 3: To increase availability of selected HIV preventive services.		
Key Indicator/Output	Yei, Lainya, Morobo Counties	Rumbek County
Number of Condom distribution points established	40	15
Number of reported counseling session contacts by HBC counselors with members of target population	50	N/A
Number of referrals by HBC counselors for treatment of TB and OIs	0	N/A
Number of VCT sites offering services	7	2
Number of sites offering Syndromic Management of STIs	10	3
Number of Clients counseled and tested for HIV (VCT services)	2,867	286
Number of Clients treated for STIs	2,491	6,377
Number of condoms distributed by PE	295,471 between both sites	
Number of condoms distributed by facilities (VCT and STI) and fixed sites	327,073	23,147

IV. CONCLUSIONS AND FINDINGS

PROGRAM REVIEW

ARC/IRC conducted a program review in February 2005 with assistance from a consultant, Mrs. Sandra Haim.

The overall purposes of conducting a program review was to inform planning of HIV/AIDS prevention, care and support strategies in southern Sudan, to assist in designing HIV/AIDS programming in complex emergency settings and to document lessons learned from the project. The review measured the achievement of the overall goal and objectives of the project as measured by the achievement of established indicators and targets.

The review provided an overall assessment of the achievements of the pilot program, including strategies developed for reducing the transmission of HIV and STIs and improving related reproductive health practices among the population, identification of elements of the pilot program that might be adopted by the national AIDS control program in southern Sudan and review and documentation of lessons learned in prevention of HIV/AIDS in complex emergencies.

Overall, the program was considered a success. Despite the many difficulties, ARC/IRC succeeded in implementing improved Syndromic management of STIs, VCT centers and BCC activities in all locations. The project's use of participatory methods to enter the community and develop and implement the BCC strategy ensured that the beneficiaries became invested in the project. Nearly all of the community leaders, peer educators and members of the target audiences interviewed insisted that the project continue, and be extended to cover all of Yei and Rumbek counties, and even the whole of South Sudan. Please see **Annex 16** for full Program Evaluation report.

CONSTRAINTS AND CHALLENGES

The ARC/IRC project proved rewarding and challenging, both technically and culturally. Uncertainty concerning the peace process and changing traditional belief systems exacerbated by the effects of the long term violence and human displacement of war, can and frequently do, obstruct a rational approach to addressing fundamental issues. This proved demanding and difficult for activity implementation.

The situation in southern Sudan included constraints in shortages of trained human resources, poor infrastructure and security, lack of transport and supplies, and lack of employment opportunities for the residents.

Human Resources

Health facility assessments in Lasu, Lainya, Tore and Rumbek revealed a dearth of trained health care personnel in STIs, VCT and HIV/AIDS in general. The project was understaffed at the outset, with only one full time technical staff member based at the field level in Rumbek and two technical field based staff in Yei. Staff turnover was high during the life of the project. The ARC Country Director, ARC Program Manager, IRC Program Officer and ARC BCC/CMO Officers resigned during the project, leading to periods of understaffing while new staff were recruited.

The project hired BCC community mobilization officers and a Monitoring and Evaluation Assistant to assist technical staff at the field level, and program managers spent more than 50% of their designated time at the field level. Remaining staff worked long hours to make up for the attrition of their colleagues. In the end, many project activities were delayed to a later date due to the lack of staff to complete activities.

Capacity building for the County Health Departments in Yei and Rumbek Towns was still minimal. Due to a lack of sufficient personnel, the CHD staff does not have enough time to commit and participate in many ARC/IRC activities. Also, more efforts need to be put into building the capacity of the CHD to monitor program sustainability after the project ends.

Lack of transport/supplies

Due to long bureaucratic processes for obtaining vehicles, the Yei project location had one vehicle for half of the funding cycle, until June 2004 when money and approvals were available. The Rumbek project location had only one vehicle, which was used for all the project activities. BCC activities such as video shows, condom promotion,

dissemination of HIV/AIDS messages including poster distribution are normally organized by BCC officers who have to travel to the Payams and carry out these activities. However, these activities are often not done according to plan because of transportation constraints.

ARC/IRC relied on the Ugandan Ministry of Health for supply of condoms. This became problematic when the brand of condoms distributed was banned in Uganda until further research had been conducted on their efficacy. This caused a deficit in the supply of condoms for several months. IRC experienced additional constraints due to its logistics system, which requires a large amount of goods to be transported to Rumbek for cost-effectiveness.

The project also experienced delays in ordering HIV and syphilis test kits and tiebreaker test kits for the program due to their unavailability from local distributors. When large orders of supplies were needed for the Rumbek project, staff had to wait long periods due to lack of a vehicle to transport them to Yei then on to Rumbek, as well as lack of logistics staff to arrange their transport at the main office in Kampala and Nairobi.

Lack of employment opportunities

Due to the poor economic situation for many people in southern Sudan, a majority of peer educators from Yei and Rumbek Towns viewed their activities as an opportunity for employment and insisted on being paid. Every effort was made to clarify the voluntary aspect of the peer educator's role. By promoting community ownership, clarifying the voluntary nature of peer educators and clarifying the NGO's role, peer education activities ran smoothly at times. Project staff members continued to discuss this issue with local authorities and peer educators in an effort find some resolution. However, peer educators still demanded a monetary incentive and refused to continue activities if it was not installed in their contracts. Peer educator activities and referrals were very low for a few months until an agreement was decided upon.

Although the peer educators are fundamental to the sustainability of the BCC activities, the voluntary nature of their work make them a difficult group to manage. After the newness of the training and community role wear-off, peers tend to demand increasingly expensive incentives and even salaries. Any peer program should seriously consider and budget for their monetary support.

As more NGOs have come into Yei and Rumbek Counties, "poaching" from existing NGOs became very common. As there was still not a salary scale in place from the Secretariat of Health, organizations were able to set their salary limits, thus making it attractive for some staff to follow a higher salary and move to different organizations.

LESSONS LEARNED

Behavior Change Communication

In a setting like South Sudan where due to the prolonged war, there is lack of means of entertainment, the video shows attract large gatherings, and hence should be by tailoring messages according to the local needs using the local dialect for maximum outcome of

this BCC tool. There is also need to develop more of the other IEC materials in the local dialect.

The concept of peer education was still new in these communities, particularly in the new areas of operation that ARC moved in to. It takes time to make clear the role of the peer educator, community's support, and the role of ARC. ARC needs to have more consultative meetings and allow longer time than might be expected elsewhere on any intervention prior to commencement of activities, in order for the community to digest ideas and bring up a response.

As has been the experience with the previous trainings in other areas of the program, the training as well as follow on supervision of peer educators has required more intensive support than originally thought. Peer educators need a more hands-on skills building support in planning their activities, communication strategies with their peer, and collection of data.

BCC is important in improving knowledge on HIV/AIDS/STIs, and an intense sensitization effort is still needed at all levels in the communities. There is a great need to increase advocacy for HIV/AIDS among the community leaders, as the low HIV prevalence of Rumbek 0.4 (2003 sero-prevalence survey) created a situation where HIV is not a highly visible priority.

STI Services

One important lesson learned is that effective Syndromic management of STI is not merely the dispensing of drugs, it needs to be supported by BCC materials on STI in various local languages, effective contact tracing through partner notification, and condom promotion and distribution. HCP performance must be assessed on a periodic basis and it may require time and effort on the part of their supervisor for them to learn to fill forms and become comfortable with a reporting system. HCP capacity in logistics and commodities management was built, but health committee members should also attend the training to ensure that drugs are stored properly and that the health centers have appropriate and timely access to drugs and supplies.

Partner notification cards need to be developed and translated into local languages. PHCCs and STI clinics are good outlets for condom distribution to high-risk groups, but HCPs must be clearly sensitized about the usage of condoms and the gender implications of their use. It is important that women are empowered to be able to access and negotiate the use of condoms.

Even though additional trainings on syndromic management of STIs have been facilitated, there still remains an over diagnosis of some conditions. There is still a struggle to convince the HCPs to fill out commodities forms in a timely and efficient manner. For future programming and expansion, HCPs must continue to attend primary and refresher trainings. The screening of Syphilis was difficult to maintain at a constant rate due to the expense of Syphilis test kits and the lack of trained technicians in RPR.

VCT Services

Training of peer educators was a good strategy for creating demand for VCT services and condoms. After training peer educators in all the Payams of the project area, the demand for these services grew in areas outside of Yei town. As a result, ARC constructed VCT tubules in Ombassi, Kaya, Lasu, Lainya, Tore and St. Bakhita. Delayed funding resulted in certain activities like the renovation and opening of the VCT site at the CCM/Rumbek Regional hospital to start towards the end of the project cycle. Mobile VCT needs to be seriously considered again, to reach areas not sufficiently covered. However, vehicle restraints can make this an impossibility. More counselors need to be trained to keep pace with the growing demand for VCT services at the Payam and Boma level.

The project provided Co-trimoxazole for HIV positive clients for treatment of opportunistic infections. ARC made provisions with the doctors at Yei Civil Hospital to set aside a specific time each week for HIV positive patients. This made it easier and more comfortable for the patients to access health care.

As demand for VCT availability increases, the number of clients who know their positive sero-status also increases in the community. A post test club was initiated for PLWHA and was organized by the VCT supervisors and counselors. In Yei, the post test club was very active, participating in community sensitizations by declaring their HIV status. Several smaller post test clubs are forming in the outer bomas of Yei County. In Rumbek, the post test club started late but soon gained acceptance within the HIV positive population. More support needs to be given to these groups as they grow.

The project needs to explore providing Mobile VCT services, especially in Rumbek due to the mobile population and presence of seasonal cattle camps. The project made several attempts to provide mobile services in the areas outside of Rumbek Town, however more community mobilization needs to take place to make the mobile visits reach a larger population.

Condom Distribution

Condoms were distributed free by the project, which was essential in an area where there is little economy and market. Efforts must be made to discuss more condom negotiation skills for young women, particularly with a large transient population residing within Yei Town. Condom distribution worked well through peer educators and fixed sites such as bars, lodges, clubs and restaurants.

The project obtained condoms free from the Uganda Ministry of Health but large orders were not possible. Also, due to a ban on the brand of condoms distributed, there was a shortage for a few months in both Uganda and Kenya. More care needs to be taken to ensure a steady supply of condoms.

Partnerships

Memoranda of Understanding (MOU) were signed between ARC/IRC and local partners, which detailed the contributions of each agency to reach project goals. The pilot project recommended that future MOUs be more specific in the roles of each agency, the detail of supervision of the STI and VCT sites and the role of local personnel, since these sites were located within established clinics and hospitals that have existing staff and supervisory mechanisms. MOUs were signed with NPA, Malteser, AAH, CCM and Diakonie. The more detailed and specific MOU helped each organization gain a better understanding of their role in the project. ARC/IRC has also made more of an effort to share information and data gathered with partners.

One important lesson learned during the pilot project was the potential to collaborate with religious organizations, which unfortunately was not adequately explored during the pilot phase. ARC and IRC took the opportunity during this funding cycle to explore this medium. Trainings were facilitated with all denominations in both Yei and Rumbek Towns. This proved to be the open door that the project needed to reach a wider audience and to make HIV education information available from sources that the community has long respected and recognized as community leaders.