

TRP reporting form (1/2)

Proposal ID	5981	Date of review		29 July 2003
Proposal name	Sudan Proposal to Fight HIV/AIDS and TB			
Country	Sudan (North)	Component		HIV/AIDS
Region	EMR	Year 1	Year 2	Total requested
Applicant type/ name	CCM Sudan North	3,500,520	4,341,620	20,781,000 over 5 years

Brief description/summary

Sudan is a low income country, population 28 million, GDP per capita \$320. High % of population in poverty. HDI 499, 139/174. Mainly rural population in agriculture, low literacy. Very low spending on health by Government: \$ 0.85/per capita, with infrastructure described as weak. Due to conflict, there is CCM for Sudan North and Sudan South.

HIV reported cases 9000, prevalence in limited samples: 1% in antenatal care, higher in vulnerable groups: 10% among tea sellers, 2% prisoners, 1.3% street children, 4.3% CSW, 4% refugees, with regional variations. General adult population has 2.5% STI diagnosis. 94% of epidemic secondary to heterosexual transmission. Surveys: low knowledge of HIV/AIDS, very limited use of condoms, little knowledge of risk from re-use of needles.

In addition to MOH, there is multisectoral National Council on HIV/AIDS, with Sudan National AIDS Control Program (SNACP) implementing or monitoring implementation of this proposal.

Proposal:

Goal: maintain epidemic at <2% of general population, while avoiding stigmatization.

Objectives/Activities:

1. Increase safe behaviours among vulnerable populations including condoms. Would do baseline behavioural surveys and then implement 7 service packages geared towards vulnerable groups.
2. Increase VCT from 1 centre to 12, and establish 4 HIV treatment centers for OI management (including TB) and HAART. Plan for 2000 PLWHA receiving HAART by year 5, with 400 in Y1, @\$1000/yr HAART cost. Would establish treatment protocols, procure ARV via UN agencies, train staff in VCT and HIV care.
3. Improve knowledge and practice of HIV prevention measures: BCC (behaviour change communication) strategy based upon situational analysis, target military, expand and improve STI services (94 new programs), including healthcare worker training.
4. Expand blood safety screening from 80% to 100%.
5. Improve knowledge of HIV transmission risks among school and street youth, including life skills curriculum and 4 'drop in centers' for street youth.

6. 'Second Generation Surveillance System' re behaviours and sentinel surveillance methods.

Implementing partners would be NGOs who would do all activities other than blood safety and STI and HIV health care interventions. In general, NGOs identified based upon areas of expertise, but proposal will have most activities go to bidding process to determine implementing local NGO. While NGO not selected, interventions and costing for vulnerable populations are included. SNACP will hire management firm to monitor NGO contracts, to do M & E.

WHO is requested to be PR.

This is resubmission after rejection in round 2. Prior proposal was felt to be quite top down, with focus mainly on secondary and tertiary care centers, with no narrative detail of services or how implementation would occur. Proposal is reformulated to a more NGO and community health center based programming.

This is a reasonably thought out program and the application was graded in category 2, though the specifics on ability to be managed by SNACP is not specified. The implementing NGOs are not yet selected. They will be selected following a tendering process.

Strengths

§ Reasonably detailed Year 1 budget and workplan that relates to objectives/activities;

§ Acknowledgement of limited expertise in procurement, and reasonable description of supply chain management;

§ List of NGOs with areas of expertise

§ Have detail of service package for each of vulnerable groups;

Weaknesses

§ Structure of Sudan National AIDS Control Program (SNACP) not described

§ As NGOs not selected, workplan may need to be revised or detailed when they are selected.

§ Locations of VCT centers not identified.

§ ARV cost @\$1000/yr per patient is significantly over regional generic prices.

§ M & E described adequately.	
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Specific issues to be clarified

- Role and % of funds to private sector (year 1: 45%) should be identified more clearly.
- Describe structure, personnel and functions of SNACP respond to other issues described in 'weaknesses'.

Recommendation (mark with X)

Category 1: Recommended for funding with no or minor modifications	
Category 2: Recommended for funding provided clarifications are met within a limited timeframe	X
Category 3: Not recommended for funding in its present form but strongly encouraged to resubmit.	
Category 4: Not recommended for funding	