

## Sudan Report NCPI

### NCPI Header

#### COUNTRY

**Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**

Dr. Elsheikh Abdallah Elsheikh Ali

**Postal address:**

11111

**Telephone:**

+249912333462

**Fax:**

-

**E-mail:**

shahlintod@yahoo.com

**Describe the process used for NCPI data gathering and validation:**

NCPI was first distributed to governmental health and non health sectors, CSOs, PLHIV association and UN agencies to have their inputs. Then separate meetings were conducted to agree on part A and part B of the instrument. Among these meetings consensus is reached on the outputs of NCPI.

**Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**

Deep discussions are held in all issues of disagreements to have a final consensus on them. Voting was to be avoided unless consensus was impossible to reach. However, no need for voting was encountered through out the process.

**Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):**

-

#### NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
SNAP	Elsheikh A. Elsheikh/ Head of M&E unit	Yes	Yes	Yes	Yes	Yes	Yes
SNAP	Aliaa Bilal/ Head of planning and training unit	Yes	No	No	No	No	No
SNAP	Siham jabir/ Head of sectors unit	No	Yes	Yes	No	No	No
SNAP	Musa Awad/ Head of IEC unit	No	No	No	Yes	No	No
SNAP	Nuha Haj Ali/ head of care and treatment unit	No	No	No	Yes	Yes	No
SNAP	Alawia Ali/ Head of MARPs unit	No	No	No	Yes	No	No
Ministry of defence	Abdelrahim Arabi	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of labor	Amna Ahmed Ali	Yes	Yes	Yes	Yes	Yes	Yes
SNAP	Ibtihaj Abdallah	No	No	No	No	No	Yes
SNAP	Einas Alamin	No	No	No	No	No	Yes

#### NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Sudan AIDS Network	Amel Salih	Yes	Yes	Yes	Yes	Yes
PLHIV	-	Yes	Yes	Yes	Yes	Yes
PLHIV	-	Yes	Yes	Yes	Yes	Yes
UNAIDS	Mahboob rahman	Yes	Yes	Yes	Yes	Yes
UNAIDS	Husham Muzamil	Yes	Yes	Yes	Yes	Yes
WHO	Wala Kurdufani	Yes	Yes	Yes	Yes	Yes

## A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

**(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):**

Yes

**IF YES, what was the period covered:**

2011-2015

**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.**

**IF NO or NOT APPLICABLE, briefly explain why.:**

Due to the concentrated type of the epidemic in Sudan, the NSP II focuses on delivering preventive intervention to most at risk population, and adopts provider initiated testing and counseling (PITC) approach.

1.1 Which government ministries or agencies

**Name of government ministries or agencies [write in]:**

Ministries of Health, Social affairs, Justice, Interior, Defence, Youth, Guidance, Labor, Education and Higher education

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS

**Included in Strategy    Earmarked Budget**

Yes	Yes

**Other [write in]:**

-

**IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:**

-

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

No

**People who inject drugs:**

No

**Sex workers:**

Yes

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations:**

No

**Prisons:**

Yes

**Schools:**

Yes

**Workplace:**

Yes

**Addressing stigma and discrimination:**

Yes

**Gender empowerment and/or gender equality:**

Yes

**HIV and poverty:**

Yes

**Human rights protection:**

Yes

**Involvement of people living with HIV:**

Yes

**IF NO, explain how key populations were identified?:**

**1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:**

• Men having Sex with Men • Female Sex Workers • Clients of Female Sex Workers • Prisoners • Youth at risk • Population of Humanitarian Concerns (Refugee, IDP • Mobile population • Tea Sellers

**1.5. Does the multisectoral strategy include an operational plan?:** Yes

1.6. Does the multisectoral strategy or operational plan include

**a) Formal programme goals?:**

Yes

**b) Clear targets or milestones?:**

Yes

**c) Detailed costs for each programmatic area?:**

Yes

**d) An indication of funding sources to support programme implementation?:**

Yes

**e) A monitoring and evaluation framework?:**

Yes

1.7

**1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:**

Active involvement

**IF ACTIVE INVOLVEMENT, briefly explain how this was organised:**

Technical working groups (TWG) based on specific themes were formed, each of these TWG included members from the corresponding civil society organizations(CSO) . They met regularly to specify targets, goals and objectives of the strategy

**1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:**

Yes

1.9

**1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:**

Yes, all partners

**2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:**

Yes

2.1. IF YES, is support for HIV integrated in the following specific development plans?

**Common Country Assessment/UN Development Assistance Framework:**

Yes

**National Development Plan:**

Yes

**Poverty Reduction Strategy:**

Yes

**Sector-wide approach:**

Yes

**Other [write in]:**

-

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

**HIV impact alleviation:**

Yes

**Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:**

Yes

**Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:**

Yes

**Reduction of stigma and discrimination:**

Yes

**Treatment, care, and support (including social security or other schemes):**

Yes

**Women's economic empowerment (e.g. access to credit, access to land, training):**

Yes

**Other[write in below]:**

-

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:

No

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:

Yes

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

Yes

5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:

Estimates of Current and Future Needs

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:

Yes

(b) IF YES, is coverage monitored by population groups?:

Yes

IF YES, for which population groups?:

Most at risk population and vulnerable population

**Briefly explain how this information is used:**

Information is used in determining the degree of realizing coverage by prevention programme in MARPs and vulnerable groups, and to assess gender equality in service accessibility

(c) Is coverage monitored by geographical area:

Yes

IF YES, at which geographical levels (provincial, district, other)?:

State down to locality levels

**Briefly explain how this information is used:**

Information is used in determining the need of different geographic areas and to adjust the magnitude of HIV interventions accordingly.

5.4. Has the country developed a plan to strengthen health systems?:

Yes

**Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:**

An integrated HIS is developed to meet and address the needs of the HIV strategy and its integration with other health sectors. A national map for health services is designed. Health system assessment is being launched. Capacity building funded by Global Fund round 8 is taking place.

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

8

**Since 2009, what have been key achievements in this area:**

Developing NSP II Annual plans of partners all are done and aligned with national strategy. Advocacy efforts at all levels to policy makers and stakeholders

**What challenges remain in this area:**

Need to commitment of partners to avail service to MARPs.

## A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

**A. Government ministers:**

Yes

**B. Other high officials at sub-national level:**

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:**

1st lady launched and sponsored the PMTCT scale up project in Kassala in April 2011 Ministers of interior, youth, education participated in WAD day.

**2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:**

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

**Have terms of reference?:**

Yes

**Have active government leadership and participation?:**

Yes

**Have an official chair person?:**

Yes

**IF YES, what is his/her name and position title?:**

H.E Minister of Health Mr. Bahar Idris Abugarda

**Have a defined membership?:**

Yes

**IF YES, how many members?:**

38

**Include civil society representatives?:**

Yes

**IF YES, how many?:**

5 organizations.

**Include people living with HIV?:**

Yes

**IF YES, how many?:**

1 representative

**Include the private sector?:**

Yes

**Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:**

Yes

**3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:**

Yes

**IF YES, briefly describe the main achievements:**

• Leading public/ private coordination of response through one policy and one strategy • Announcement of Sudanese labor declaration • Formation of Sudanese Youth collation for HIV • Development of HIV AIDS curricula • Announcement of Khartoum declaration for religious leaders • Development of sector specific strategic plans

**What challenges remain in this area:**

Translate commitment into practice ( particularly in funding) Stigma and discrimination Resource mobilization ( international and national)

**4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:**

70%

5.

**Capacity-building:**

Yes

**Coordination with other implementing partners:**

Yes

**Information on priority needs:**

Yes

**Procurement and distribution of medications or other supplies:**

Yes

**Technical guidance:**

Yes

**Other [write in below]:**

Financial support through ministry of finance.

**6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:**

Yes

**6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:**

No

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:**

7

**Since 2009, what have been key achievements in this area:**

Announcement of Sudanese labor declaration • Creation of enabling environment for the response • One policy and strategy for HIV- • HIV AIDS curricula • Work specific policies for sectors. Sectors specific SP

**What challenges remain in this area:**

More advocacy among those who opposes the national response.

## A - III. HUMAN RIGHTS

1.1

**People living with HIV:**

Yes

**Men who have sex with men:**

No

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

No

**Prison inmates:**

Yes

**Sex workers:**

No

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

NB: PLHIV legislation is endorsed by ministry of justice but not yet by general assembly. \* A workshop attended by lawyers, religious leaders and health professionals was conducted to discuss a law for age of marriage.

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**

Yes

**IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:**

2005 constitution of republic of Sudan has stated that all citizens are equal and should not be discriminated against because of religion, ethnicity, language or color. Several laws are issued to guarantee non discrimination to specific groups including women, children, people with disabilities.

**Briefly explain what mechanisms are in place to ensure these laws are implemented:**

\* There are special prosecution for child family and children protection against violence with special police force. \* Civil human rights associations monitor human rights violation. \* Call free number for cases of child abuse and violence against women. \* GBV body is part of ministry of cabinet and chaired by minister of Social affairs, having counterpart units at state levels. \* Legal aid office for women is established \* involving media in GBV laws implementation via an initiative with the union of journalists called ( a journalist against violence)

**Briefly comment on the degree to which they are currently implemented:**

\* These laws are currently effectively taking place, with considerable numbers of trials being conducted against people convicted with child or sexual abuse.

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:**

Yes

IF YES, for which subpopulations?

**People living with HIV:**

No

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

No

**Orphans and other vulnerable children:**

No

**People with disabilities:**

No

**People who inject drugs :**

Yes

**Prison inmates:**

No

**Sex workers:**

Yes

**Transgendered people:**

Yes

**Women and girls:**

No

**Young women/young men:**

No

**Other specific vulnerable subpopulations [write in below]:**

-

**Briefly describe the content of these laws, regulations or policies:**

All sexual relationship outside legal marriage relations between man and woman is prohibited by law. Sex workers and MSM will be punished whenever identified engaging in such relationships. They cannot declare their sexual tendencies and activities. Injecting drug users as well are incriminated. However, no enough evidence is available for the size of injecting drug use in Sudan.

**Briefly comment on how they pose barriers:**

They make these populations hidden and difficult to be reached by prevention and awareness programmes.

## A - IV. PREVENTION

**1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:**

Yes

IF YES, what key messages are explicitly promoted?

**Abstain from injecting drugs:**

No

**Avoid commercial sex:**

Yes

**Avoid inter-generational sex:**

No

**Be faithful:**

Yes

**Be sexually abstinent:**

Yes

**Delay sexual debut:**

No

**Engage in safe(r) sex:**

No

**Fight against violence against women:**

Yes

**Greater acceptance and involvement of people living with HIV:**

Yes

**Greater involvement of men in reproductive health programmes:**

No  
**Know your HIV status:**  
 Yes  
**Males to get circumcised under medical supervision:**  
 No  
**Prevent mother-to-child transmission of HIV:**  
 Yes  
**Promote greater equality between men and women:**  
 Yes  
**Reduce the number of sexual partners:**  
 No  
**Use clean needles and syringes:**  
 No  
**Use condoms consistently:**  
 No  
**Other [write in below]:**  
 -

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:

No  
 2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes  
 2.1. Is HIV education part of the curriculum in  
**Primary schools?:**  
 Yes  
**Secondary schools?:**  
 Yes  
**Teacher training?:**  
 Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes  
 2.3. Does the country have an HIV education strategy for out-of-school young people?:

Yes  
 3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:

Yes  
**Briefly describe the content of this policy or strategy:**  
 The IEC policy concentrates on prevention. The main message delivered is to stay faithful to one partner, avoid commercial sex and know your HIV status . It uses peer education, focus group discussion and open campaigns to promote for ways of prevention, and to raise awareness about methods of transmission of HIV, and to clarify main misconceptions about the disease. It also contains messages that promote for accepting PLHIV within communities and keep their rights.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
No	Yes	Yes	Yes	No	-
No	No	No	No	No	-
No	Yes	Yes	Yes	Yes	-
No	No	No	No	No	-
No	Yes	Yes	Yes	Yes	-
No	Yes	Yes	Yes	Yes	-
No	Yes	Yes	Yes	Yes	-
No	No	Yes	No	Yes	-

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:

7  
**Since 2009, what have been key achievements in this area:**  
 Including HIV/AIDS modules in schools and universities curricula. Update and review of peer education module. VCT services expansion. Adoption of PITC approaches.

**What challenges remain in this area:**

Resource mobilization especially at state levels.

**4. Has the country identified specific needs for HIV prevention programmes?:**

Yes

**IF YES, how were these specific needs determined?:**

Reconsideration of the epidemic situation in Sudan from being generalized to concentrated has redirected resource mobilization towards MARPs

4.1. To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Disagree

**Harm reduction for people who inject drugs:**

Strongly Disagree

**HIV prevention for out-of-school young people:**

Agree

**HIV prevention in the workplace:**

Agree

**HIV testing and counseling:**

Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

Agree

**Prevention of mother-to-child transmission of HIV:**

Agree

**Prevention for people living with HIV:**

Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Agree

**Risk reduction for intimate partners of key populations:**

Agree

**Risk reduction for men who have sex with men:**

Agree

**Risk reduction for sex workers:**

Agree

**School-based HIV education for young people:**

Agree

**Universal precautions in health care settings:**

Agree

**Other[write in]:**

-

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:**

7

## A - V. TREATMENT, CARE AND SUPPORT

**1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:**

Yes

**If YES, Briefly identify the elements and what has been prioritized:**

Availing ARV, OI and STI drugs in ART centers Assigning adherence supporters and counselors to PLHIV Home based care activities Support for orphans and vulnerable children Nutrition support Socioeconomic support and income generation activities.

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**

Increase in numbers of patients currently on treatment. Formation of 15 PLHIV associations in the 15 states. Increase in Number of patients receiving nutrition support for PLHIV New CD4 count eligibility criteria ( endorsed but not yet implemented due to CD4 reagent unavailability).

1.1. To what extent have the following HIV treatment, care and support services been implemented?

**Antiretroviral therapy:**

Agree

**ART for TB patients:**

Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Agree

**Early infant diagnosis:**

Strongly Disagree

**HIV care and support in the workplace (including alternative working arrangements):**

Agree

**HIV testing and counselling for people with TB:**

Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:**

Disagree

**Nutritional care:**

Agree

**Paediatric AIDS treatment:**

Agree

**Post-delivery ART provision to women:**

Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

Agree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Agree

**Psychosocial support for people living with HIV and their families:**

Strongly Agree

**Sexually transmitted infection management:**

Agree

**TB infection control in HIV treatment and care facilities:**

Disagree

**TB preventive therapy for people living with HIV:**

Disagree

**TB screening for people living with HIV:**

Agree

**Treatment of common HIV-related infections:**

Agree

**Other [write in]:**

-

**2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:**

Yes

**Please clarify which social and economic support is provided:**

Support of PLHIV associations with premises, cars, running expenditure and furniture. Support PLHIV with clothes, nutrition and home equipments. Support of orphans and vulnerable children with schools fees and meals. Financial support of PLHIV widows.

**3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:**

No

**4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:**

No

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:**

8

**Since 2009, what have been key achievements in this area:**

Assigning adherence supporters from PLHIV Update of all ART guidelines . Start phasing out for Stavudine d4t. Endorsement of home based care strategy

**What challenges remain in this area:**

Maintenance of CD4 machines Establishing HIVDR system. Availing viral load, PCR and early infant diagnosis for PLHIV

**6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:**

Yes

**IF YES, is there an operational definition for orphans and vulnerable children in the country?:**

Yes

**IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:**

No

**IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:**

-

IF YES, what percentage of orphans and vulnerable children is being reached? :

-

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

6

Since 2009, what have been key achievements in this area:

\* A study on orphans and vulnerable children is conducted. \* Financial Support of orphans and vulnerable children through PLHIV associations

What challenges remain in this area:

\* Available strategy addresses the needs of orphans in general, but no specific policy is designed to HIV/AIDS affected children.

## A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:

Yes

Briefly describe any challenges in development or implementation:

Delay in submission of reports Difficulty in providing on time OSDV Resources allocation for M&E activities at state and locality levels

1.1 IF YES, years covered:

2011-2015

1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:

Yes, all partners

Briefly describe what the issues are:

The M&E plan covers areas of data quality through supervision, surveys and researches, coordination , capacity building and advocacy

2. Does the national Monitoring and Evaluation plan include?

**A data collection strategy:**

Yes

**Behavioural surveys:**

Yes

**Evaluation / research studies:**

Yes

**HIV Drug resistance surveillance:**

No

**HIV surveillance:**

Yes

**Routine programme monitoring:**

Yes

**A data analysis strategy:**

Yes

**A data dissemination and use strategy:**

Yes

**A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):**

Yes

**Guidelines on tools for data collection:**

Yes

3. Is there a budget for implementation of the M&E plan?:

Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :

-

4. Is there a functional national M&E Unit?:

Yes

Briefly describe any obstacles:

High turnover of the staff

4.1. Where is the national M&E Unit based?

**In the Ministry of Health?:**

Yes

**In the National HIV Commission (or equivalent)?:**

No

**Elsewhere [write in]?:**

-

Permanent Staff [Add as many as needed]

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

Head of M&E Unit	1	-	October 2010
M&E Officer	2	-	2008

Temporary Staff [Add as many as needed]

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

Statistician	1	-	2012
--------------	---	---	------

**4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:**

Yes

**Briefly describe the data-sharing mechanisms:**

All health facilities submit their reports in a monthly basis to state programs which are then submitted to SNAP. NGOs also submit their monthly reports to state programmes and SNAP

**What are the major challenges in this area:**

Delay of submission of reports  Incompleteness of some of the required reports  Empowering the sense of data ownership among state programmes and NGOs

**5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:**

Yes

**6. Is there a central national database with HIV- related data?:**

Yes

**IF YES, briefly describe the national database and who manages it.:**

reports are submitted either in excel or word sheets by emails. They are then gathered in desk top computer of the unit managed by M&E officer, and also printed out and put in file boxes. Standard software is being designed nowadays to be distributed and used at state and national levels.

**6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:**

Yes, all of the above

**6.2. Is there a functional Health Information System?**

**At national level:**

Yes

**At subnational level:**

Yes

**IF YES, at what level(s)?:**

Both at federal and state levels.

**7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:**

Yes

**8. How are M&E data used?**

**For programme improvement?:**

Yes

**In developing / revising the national HIV response?:**

Yes

**For resource allocation?:**

Yes

**Other [write in]:**

-

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any:**

M&E data are used to track the status of the implementation of plans and targets realization. they are also used to evaluate the outcomes and impact of the overall response in the country. Moreover, M&E data is used to quantify needs of facilities in terms of drugs and testing kits.

**9. In the last year, was training in M&E conducted**

**At national level?:**

Yes

**IF YES, what was the number trained:**

75

**At subnational level?:**

Yes

**IF YES, what was the number trained:**

**At service delivery level including civil society?:**

No

**9.1. Were other M&E capacity-building activities conducted` other than training?:**

No

**10. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:**

8

**Since 2009, what have been key achievements in this area:**

Key surveys were completed namely SHHS, IBBS and two rounds of ANCSS. Much progress is achieved in terms of on time delivery of routine reports. However, challenges are still existing in that regard

**What challenges remain in this area:**

On time delivery of reports Completeness of reports. On time data verification on site.

## B - I. CIVIL SOCIETY INVOLVEMENT

**1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:**

3

**Comments and examples:**

Political and community leaders are engaged in all HIV related activities organized by CSOs in both Federal and state levels. CSOs were part of all task forces, steering committees and working groups of NSP

**2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:**

4

**Comments and examples:**

• Higher engagement of CSOs in planning phases than in budgeting • CSOs were part of NSP TWG.

3.

**a. The national HIV strategy?:**

5

**b. The national HIV budget?:**

1

**c. The national HIV reports?:**

4

**Comments and examples:**

Regarding 3/c, not all activities conducted by CSOs were reported to SNAP, as some donors directly approach CSO without channeling through SNAP.

4.

**a. Developing the national M&E plan?:**

2

**b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:**

:

3

**c. Participate in using data for decision-making?:**

1

**Comments and examples:**

-

**5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:**

5

**Comments and examples:**

Sudan AIDS Network(SAN) includes diverse NGOs ; some works for women, children, PLHIV, Youth, Faith based organizations, national and international organizations. Sex workers do not have official associations in Sudan, but many NGOs have projects targeting them

**6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access**

**a. Adequate financial support to implement its HIV activities?:**

2

**b. Adequate technical support to implement its HIV activities?:**

4

**Comments and examples:**

\* SNAP, UNAIDS, UNFPA and SAN provide technical support to CSOs

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

**People living with HIV:**

>75%

**Men who have sex with men:**

>75%

**People who inject drugs:**

-

**Sex workers:**

>75%

**Transgendered people:**

-

**Testing and Counselling:**

51-75%

**Reduction of Stigma and Discrimination:**

>75%

**Clinical services (ART/OI)\*:**

<25%

**Home-based care:**

<25%

**Programmes for OVC\*\*:**

>75%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:

7

Since 2009, what have been key achievements in this area:

• Capacity building training in areas of management, leadership and M&E to CSOs. • Different donors are being engaged in funding CSOs beside GF like EU and GIZ. • Sudan AIDS Network is decentralized into 15 state branches

What challenges remain in this area:

• Weak organizational structure of CSOs. • Weak fund raising capacities resulting in high dependence upon GF and UN agencies. • Weak understanding of ownership of the response affecting engagement, commitment and monitoring.

## B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

PLHIV and CSOs have membership in CCM, NAC and sector council at central and state levels. However, some key and vulnerable population, due to social reasons (like FSW, MSM) are hidden groups and not involved in These bodies, although they were clearly addressed in HIV related policies and strategies.

## B - III. HUMAN RIGHTS

1.1.

**People living with HIV:**

Yes

**Men who have sex with men:**

No

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

No

**Prison inmates:**

Yes

**Sex workers:**

No

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**

Yes

**If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:**

Special law for child and family protection is implemented. Hotline for child abuse and GBV is available

**Briefly explain what mechanisms are in place to ensure that these laws are implemented:**

**Briefly comment on the degree to which they are currently implemented:**

Full implementation of these laws may sometimes be not possible due to social and cultural norms that may prevent victims from seeking their rights in certain sensitive issues like rape.

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:**

Yes

**2.1. IF YES, for which sub-populations?**

**People living with HIV:**

No

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

No

**Orphans and other vulnerable children:**

No

**People with disabilities:**

No

**People who inject drugs:**

Yes

**Prison inmates:**

No

**Sex workers:**

Yes

**Transgendered people:**

Yes

**Women and girls:**

No

**Young women/young men:**

No

**Other specific vulnerable subpopulations [write in]:**

-

**Briefly describe the content of these laws, regulations or policies:**

Sex work and homosexual relationships are illegal. Injecting drug use is illegal

**Briefly comment on how they pose barriers:**

Difficulty in reaching risk groups due to legal concerns

**3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:**

Yes

**Briefly describe the content of the policy, law or regulation and the populations included:**

a special law for child and family protection is effective, with special prosecution and police.

**4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:**

Yes

**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

NSP has clearly identified and stated issues of human rights, particularly those related to gender, vulnerable populations and populations of humanitarian concern.

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:**

Yes

**IF YES, briefly describe this mechanism:**

- Medical council, SNAP and PLHIV association represents direct approaches to complains of discrimination against PLHIV.
- Health facilities have a form called (Form 8) especially designed for women undergoing rape or GBV.

6. Does the country have a policy or strategy of free services for the following?

<b>Provided free-of-charge to all people in the country</b>	<b>Provided free-of-charge to some people in the country</b>	<b>Provided, but only at a cost</b>
Yes	-	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:

Yes  
7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:

Yes  
8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

Yes  
IF YES, Briefly describe the content of this policy/strategy and the populations included:

• General population have free access to health facility HIV services (like VCT, ART) • ANC and PMTCT services are freely accessed by women in reproductive age. • Preventive outreach activities are tailored to serve MARPs and vulnerable groups.

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:

Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

• MARPs are addressed by outreach programmes and mobile VCTs. • ANC and PMTCT services are offered for women. • STI clinics offer free services to general population

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:

No

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:

Yes

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:

No

IF YES on any of the above questions, describe some examples:

Independent national center for human rights is there. It involves HIV related human rights affairs

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:

Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:

No

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:

No

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:

Yes

IF YES, what types of programmes?

**Programmes for health care workers:**

Yes

**Programmes for the media:**

Yes

**Programmes in the work place:**

Yes

**Other [write in]:**

- Work place strategy • Religious leaders training • School curriculum

**14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:**

6

**Since 2009, what have been key achievements in this area:**

- NSP is revised and endorsed • Work place policy is endorsed • PLHIV law is revised and drafted. • Decentralization of PLHIV association into 15 state branches. • Work place policy for higher education institutions. • School curriculum is finalized

**What challenges remain in this area:**

- Final approval of PLHIV law • Capacity building for private legal aid organizations to serve PLHIV • Scaling up of work place policy • Stigma and discrimination.

**15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:**

6

**Since 2009, what have been key achievements in this area:**

- Implementation of work place policy • Implementation of uniformed service policy • Healthy life style training

**What challenges remain in this area:**

- Scarcity of resources • Improving technical capacities • Socio cultural norms hindering laws and policies implementation.

## **B - IV. PREVENTION**

**1. Has the country identified the specific needs for HIV prevention programmes?:**

Yes

**IF YES, how were these specific needs determined?:**

Revision of HIV epidemic in NSP

1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

Agree

**Condom promotion:**

Disagree

**Harm reduction for people who inject drugs:**

N/A

**HIV prevention for out-of-school young people:**

Agree

**HIV prevention in the workplace:**

Agree

**HIV testing and counseling:**

Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

Agree

**Prevention of mother-to-child transmission of HIV:**

Agree

**Prevention for people living with HIV:**

Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Agree

**Risk reduction for intimate partners of key populations:**

Disagree

**Risk reduction for men who have sex with men:**

Agree

**Risk reduction for sex workers:**

Agree

**School-based HIV education for young people:**

Agree

**Universal precautions in health care settings:**

Disagree

**Other [write in]:**

-

2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

7

Since 2009, what have been key achievements in this area:

• Launch of PMTCT campaigns by HE the first lady. • Expansion of PMTCT and VCT centers • Integration of HIV/RH • Improved case detection by PITC adoption in TB, PMTCT, STI and outreach activities. • Signing of NSP by H.E president of the republic

What challenges remain in this area:

\* Poor coordination between partners \* stigma \* structural barriers to condoms programming \* Irregularities in testing kits supply. \* High turn over of trained staff

## B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

• availing medical treatment for patients( ART, CTX, etc) • psychosocial support ( facility based, HBC)

Briefly identify how HIV treatment, care and support services are being scaled-up?:

• Adoption of new CD4 eligibility criteria, not yet implemented due to CD4 reagents deficiency. • Maintenance of all CD4 machines

1.1. To what extent have the following HIV treatment, care and support services been implemented?

**Antiretroviral therapy:**

Agree

**ART for TB patients:**

Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Agree

**Early infant diagnosis:**

Strongly Disagree

**HIV care and support in the workplace (including alternative working arrangements):**

Disagree

**HIV testing and counselling for people with TB:**

Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:**

Strongly Disagree

**Nutritional care:**

Disagree

**Paediatric AIDS treatment:**

Agree

**Post-delivery ART provision to women:**

Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

Agree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Agree

**Psychosocial support for people living with HIV and their families:**

Agree

**Sexually transmitted infection management:**

Agree

**TB infection control in HIV treatment and care facilities:**

Strongly Disagree

**TB preventive therapy for people living with HIV:**

Strongly Disagree

**TB screening for people living with HIV:**

Agree

**Treatment of common HIV-related infections:**

Agree

**Other [write in]:**

-

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

6

**Since 2009, what have been key achievements in this area:**

\* Adherence supporters recruited \*Endorsing HBC strategy \* Art guidelines updated

**What challenges remain in this area:**

• Weak referral system • High turnover of trained staff • Weak patient tracking system • Weak supply chain management

**2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:**

No

**3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?”:**

5

**Since 2009, what have been key achievements in this area:**

\* Support of orphan and vulnerable children by school fees and meals.

**What challenges remain in this area:**

-

---

**Source URL:** <http://aidsreportingtool.unaids.org/169/sudan-report-ncpi>