

Sudan Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

Other measurement tool / source:

From date: 01/01/2013

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Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

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Describe the process used for NCPI data gathering and validation: - all stakeholder were interdicted to the NCPI data collection tool . - face to face and telephone call interview were conducted will all relevant stakeholders - data was entered and analyzed in excel spread sheet - result were presented in a meeting with stakeholder to reach consensus on question where conflicting answers were noted

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: result were presented in a meeting with stakeholder to reach consensus on question where conflicting answers were noted

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	Respondents to Part A
refere to NCPI nerative report		

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

Organization	Names/Positions	Respondents to Part B
refere to NCPI nerative report		

A.I Strategic plan

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

IF YES, what is the period covered: 2010 - 2014

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: The current national strategy has shifted response from generalized to concentrated epidemic with focus on key populations

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: The government ministries have overall responsibility for development and implementation of the national multi- sectoral strategy to respond to HIV are , Ministry of Health, guidance, Education, High Education, Defense, Interior, Labor, Information and social welfare.

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

Education:

Included in Strategy: Yes

Earmarked Budget: No

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: No

Military/Police:

Included in Strategy: Yes

Earmarked Budget: Yes

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: No

Transportation:

Included in Strategy: No

Earmarked Budget: No

Women:

Included in Strategy: Yes

Earmarked Budget: No

Young People:

Included in Strategy: Yes

Earmarked Budget: No

Other: Guidance and Information

Included in Strategy: Yes

Earmarked Budget: No

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?: They use Global Fund and core resources of UN agencies

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

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: Yes

Elderly persons: No

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

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: Yes

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: No

CROSS-CUTTING ISSUES:

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?

People living with HIV: Yes

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

Prison inmates: Yes

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]: IDPs, Refugees, long distance drivers

: Yes

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

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

1.7. 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

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

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

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.: MODERATE INVOLVEMENT, THEY HAVE WEAKNESSES IN STRATEGIC PLANNING, FUNDING AND NOT ALL INVOLVED.

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

1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?: Yes, all partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy: Yes

National Social Protection Strategic Plan: 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-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: Yes

HIV impact alleviation (including palliative care for adults and children): 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 protection or other schemes): Yes

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

Other [write in]:

:

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: No

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:

4. Does the country have 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 and children: the integration process is in its early phases of implementation and too early to determine its impact on HIV-related infrastructure, human resources and capacities, an logistical systems to deliver medications

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Few

b) HIV Counselling & Testing and Tuberculosis: Few

c) HIV Counselling & Testing and general outpatient care: None

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: None

e) ART and Tuberculosis: Few

f) ART and general outpatient care: None

g) ART and chronic Non-Communicable Diseases: None

h) PMTCT with Antenatal Care/Maternal & Child Health: Many

i) Other comments on HIV integration: : The HIV control program started vertically because of limited existent HIV expertise, historical reference to existent other vertical programs such as immunization, Tuberculosis and high stigma that prevented integration of HIV services within facilities and self stigma of patients not wanting to be known and hidden from general routine pathways with health facilities. This resulted in creating a vertical non sustainable systems (totally dependent on external funds). Several integration situational analysis indicated weaknesses in understanding the concept of integration and linkages and reluctance of managers to integrate services. The ministry of health has recently issued directives to integrate HIV and all communicable diseases in the overall health system. The HIV program has been aligned with the communicable and non-communicable diseases directorate which operate under PHC general directorate. There is however a

lack of clarity of integration process and scope of integration i.e. functional or structural components.

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 your country's HIV programmes in 2013?: 8

Since 2011, what have been key achievements in this area: • More data has been generated to inform strategic planning and there is better understanding of the situation of the epidemic • More partners on board and improved networking efforts • Considerable technical support from UN partners

What challenges remain in this area:: • Weak capacities in terms of strategic planning • Weak coordination and institutional capacities of government and civil society

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. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: Minister of Health and Youths in 2013 called upon youths and communities to utilize the available counselling and testing services. Wali of kassala state discuss the issues of HIV/AIDS in the cabinet. HIV state reports were discussed at the Council of Ministers in Red Sea on a regular basis. Federal Minister of Health took HIV test.

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

IF NO, briefly explain why not and how HIV programmes are being managed::

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

Have terms of reference?: Yes

Have active government leadership and participation?: No

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: Bahar Idris Abugarder / Minister of Health

Have a defined membership?: Yes

IF YES, how many members?: 35

Include civil society representatives?: Yes

IF YES, how many?: 5

Include people living with HIV?: Yes

IF YES, how many?: 1

Include the private sector?: Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: No

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

IF YES, briefly describe the main achievements:: CCM provided opportunity for different players to carry out joint oversight and monitoring missions, reporting on challenges and bottlenecks and agree on prioritization of programs.

What challenges remain in this area:: Weak capacities of government (non-health) and civil society constituencies in providing substantive and constructive input into discussions. The verbal commitment of the government is not translated into action. Some policy makers in some sectors are not supportive of HIV interventions.

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

5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

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]:

: No

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

IF YES, name and describe how the policies / laws were amended:

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies::

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 2013?: 6

Since 2011, what have been key achievements in this area:: Engagement of more Ministers in the response. Number of Ministries integrated HIV in their strategic plans. Ability to carry out interventions targeting MARPs and Key population.

What challenges remain in this area: • No allocation of domestic resources • An enabling environment for working with key population and condom promotion/distribution • HIV not considered a priority/risk among policy makers • Opposing religious views

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

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

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

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: Sudan constitution reserves all rights for Sudanese people with discrimination

Briefly explain what mechanisms are in place to ensure these laws are implemented: Different levels of courts up to the constitutional courts

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

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

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: Yes

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: Yes

People who inject drugs: No

Prison inmates: Yes

Sex workers: Yes

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]: The Sudanese law criminalize sex work or sexual practice among MSM or drug use. Regulation related to condoms marketing and distribution in a public manner and enforced by Public Order Police.

: Yes

Briefly describe the content of these laws, regulations or policies:: 1. It makes it hard to reach FSWs, MSM, and IDUs
2. Hamper condom promotion among key population groups
3. Restrict key population access to HIV testing, counselling and care
4. NGO reluctance to implement programs that address key populations or condom program
5. Challenges and delay process for condom procurement by government

Briefly comment on how they pose barriers::

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?: No

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: No

Engage in safe(r) sex: No

Fight against violence against women: No

Greater acceptance and involvement of people living with HIV: No

Greater involvement of men in reproductive health programmes: No

Know your HIV status: No

Males to get circumcised under medical supervision: No

Prevent mother-to-child transmission of HIV: No

Promote greater equality between men and women: No

Reduce the number of sexual partners: No

Use clean needles and syringes: No

Use condoms consistently: No

Other [write in]::

: No

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?: No

2.1. Is HIV education part of the curriculum in:

Primary schools?: No

Secondary schools?: No

Teacher training?: No

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: No

b) gender-sensitive sexual and reproductive health elements?: No

2.3. Does the country have an HIV education strategy for out-of-school young people?: No

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?: No

Briefly describe the content of this policy or strategy::

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

People who inject drugs:

Men who have sex with men:

Sex workers:

Customers of sex workers:

Prison inmates:

Other populations [write in]::

:

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 2013?:

Since 2011, what have been key achievements in this area?:

What challenges remain in this area?:

4. Has the country identified specific needs for HIV prevention programmes?: No

IF YES, how were these specific needs determined?:

IF YES, what are these specific needs? :

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Disagree

Economic support e.g. cash transfers: Disagree

Harm reduction for people who inject drugs: N/A

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

HIV prevention in the workplace: Strongly disagree

HIV testing and counseling: Agree

IEC on risk reduction: Disagree

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

Reduction of gender based violence: Strongly disagree

School-based HIV education for young people: Agree

Treatment as prevention: Agree

Universal precautions in health care settings: Disagree

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 2013?: 6

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: Improving access to treatment and care through strengthened linkage processes from VCT, TB, PMTCT, STI and strengthen quality of clinical care sand tracing of defaulters. Strengthening support through treatment supporters, capacity building of PLHIV associations.

Briefly identify how HIV treatment, care and support services are being scaled-up?: Expansion of number and coverage of testing services to generate increased numbers of PLHIV. Strengthening of integration between programs, referral, logistic and M&E systems . Capacity building of PLHIV associations. Addressing HIV stigma and discrimination and universal precautions in health settings. FOR STAKEHOLDER REVIEW

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

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Disagree

Economic support: Agree

Family based care and support: Agree

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

HIV testing and counselling for people with TB: Strongly agree

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

Nutritional care: Agree

Paediatric AIDS treatment: Agree

Palliative care for children and adults Palliative care for children and adults: 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: Agree

TB preventive therapy for people living with HIV: Agree

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: Social support-counseling, health insurance, IGA project to PLHIV, Food & non-food material from Zakat

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

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

IF YES, for which commodities?:

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 2013?: 7

Since 2011, what have been key achievements in this area?: Continuous training for health care providers on IMAI, updating treatment guidelines. PEP for medical staff, home visits. PLHIV support, enrolling of more HIV positive cases into ARV treatment, Prophylaxis medication. Endorsing VCT guidelines, expansion of ART services. National HIV test treat retain Cascade analysis and studies to understand pre-ART attrition causes in 2013 critically reviewed implementation and generated recommendations for remedial actions.

What challenges remain in this area?: Delays/non availability of CD4 testing. Low retention rates in treatment. Limited or high turn over of trained staff in care and treatment and quality of clinical care and tracing of defaulters.

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

Yes

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

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

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 2013?: 3

Since 2011, what have been key achievements in this area?: Involvement of relevant sectors in supporting orphan and vulnerable children. Provision of money, food and non-food items from Zakat & CBOs (ex. Orphaned society, Al BER wa altwasl, Hawa Organisation, Saudi Arabian Islamic relief and others)

What challenges remain in this area?: Lack of database about orphan and vulnerable children. Lack of clear definition and strategy for orphan and vulnerable children. Lack of specific package targeting this group. Lack of nutrition and difficulty to access them

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:: • Shortage in human resources. • High turnover among M&E trained staff

1.1. IF YES, years covered: 2010 - 2014

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::

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: Yes

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:: Sudan National AIDS and STI Control programme (SNAP) has functional M&E unit, the problem is high staff turn over always dilute the capacity of such unit, for example, the Head of unit has just recently left, leaving huge capacity gap. The number of staff is also not adequate.

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

In the Ministry of Health?: No

In the National HIV Commission (or equivalent)?: No

Elsewhere?: Yes

If elsewhere, please specify: Sudan National AIDS and STI Control programme (SNAP)

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Head of Unit	Full-time	2013
Surveillance Officer	Full-time	2007
Statistician (N=2)	Full-time	2008 - 2013

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Data Clerk (N=1)	Full-time	2013

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:: Data is prepared by service provide facilities and implementing NGOs then compiled at state level and send to National level where its analyzed and shared with all partners

What are the major challenges in this area:: Delays in submission of reports by some facilities due to difficulties in communication. The M&E technical working group is no longer active and needs to be activated to provide technical inputs for the data collection, analysis and dissemination.

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: No

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

IF YES, briefly describe the national database and who manages it.: National data base is in excel sheet format that includes all service provide facilities, selected data from facilities, NGOs, survey reports and estimations (key & general population). This data base is managed by M&E unit in the Sudan National AIDS and STI Control Program.

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

IF YES, but only some of the above, which aspects does it include?:

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s)?: Data generated from facilities are compiled at state level with partial analysis then submitted to national level for further analysis and

7.1. 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

7.2. Is HIV programme coverage being monitored?: Yes

(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?: • General population • Pregnant women • MARPS • TB patients

Briefly explain how this information is used:: This information is used to direct service expansion and focus.

(c) Is coverage monitored by geographical area?: Yes

IF YES, at which geographical levels (provincial, district, other)?: State level (Sudan has a federal governance system)

Briefly explain how this information is used:: It has not been much used before, but recently in the current NSP review, it is being used to advise for some geographical focusing in the new NSP, there is an evidence of some more prevalence in the east of Sudan

8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?: No

9. 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]::

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:: M&E data has been used in the revision of current NSP and necessary plans and interventions to address obstacles of under performance of indicators e.g. TB/HIV, Care and Treatment, HIV State Coordinators' meeting

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

At national level?: No

IF YES, what was the number trained::

At subnational level?: No

IF YES, what was the number trained:

At service delivery level including civil society?: No

IF YES, how many?:

10.1. Were other M&E capacity-building activities conducted other than training?: Yes

IF YES, describe what types of activities: As a requirement of the Global fund grant implementation, there is an annual on site data verification exercise that include some on the job training

11. 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 2013?: 6

Since 2011, what have been key achievements in this area:: • Preparing and submitting all quarterly reports in time. • Preparing and sharing annual report • Conducting regular state coordinators meetings • Conducting IBBS among MSM and FSW • Population size estimation (MSM & FSW)

What challenges remain in this area:: The frequent M&E staff turnover. The lack of clarity regarding the integration of HIV services specifically M&E systems. SNAP has not evaluated non health sectors' performance over the past years.

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?: 2

Comments and examples:: In two projects led by JASMAR teams, advocacy and leaders' sensitization is an integral part. For instance involve and encourage decision makers intervention to support implementation. Sudan AIDS network has been actively engaged in advocacy with policy makers for creating an enabling environment for civil society working on prevention and outreach – especially with Humanitarian Aid Commission. Additionally they have been engaged in advocacy in favour of PLHIV rights and reducing stigma and discrimination. Recently SAN leadership has started engaging with the national assembly using some of its members as an entry point.

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:: Civil society such as NNGOs and associations e.g. Jasmar, Sudan AIDS Network, PLHIV associations were invited to attend and actively participate in current NSP review TWG. However, some civil society feel that they are not "heard" and could be possibly related to their weak technical input in strategic planning

3. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 5

b. The national HIV budget?: 3

c. The national HIV reports?: 3

Comments and examples:: The current funding source for HIV budget is external with minimal or no local contributions to NGOs which currently work with key populations recognized as the key drivers of the epidemic in Sudan. Punitive laws exist for

key populations making it all the more difficult and expensive to access and implement prevention services e.g. extensive coordination, multi-level advocacy efforts or innovative mobile interventions are needed. Similarly, limited funding is directed to invest in SPCA – Sudanese PLHIV Care Association, to enable it to provide service packages to the PLHIV. There is limited recognition of NGO roles and actual activities on the ground to maximize on their inputs. Currently NGO mainly implement activities already included in the national plans i.e. has secured funds. This is not strategic way, NGO activities should be evaluated then included in the national plan to be funded. In addition NGO role is currently limited to prevention activities among vulnerable and MARPs interventions(40+ NGOs are working on outreach and peer education program with FSWs and MSM groups). Only one SFPA - Sudan Family Planning Association involved in Care and Treatment in Red Sea state. Many national NGOs are willing to work in HIV field but there is limited funding for them to implement. INGOs are restricted by national authorities to carry out HIV activities. Authorities are reluctant to release any data on HIV /admit that HIV is present in sensitive states like Darfur. The state AIDS program has limited capacity in war affected states. Report from many NGOs are deficient

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 1

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 1

c. Participate in using data for decision-making?: 3

Comments and examples:: In the 2010-14 NSP, the National M&E frame work was developed with the joint effort of the NGOs, and academia institution key relevant gov. sectors and all under the leadership on the national HIV program. Some institutions were involved in generating scientific evidence e.g. Blue Nile institute. NNGOs such as JASMAR share quarterly reports which include contents on challenges, lessons and recommendations as well as performance indicators that assist in decision making. However, several implementing NGOs lack capacity in the area of HIV monitoring and evaluation. There is no regular verification or monitoring meetings at both national and state levels. At the national level there is no specific active monitoring and evaluation committee or forum to ensure active participation of NGOs.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 4

Comments and examples:: PLHIV are present in all events related to HIV prevention and treatment. SAN is active in coordination and working to activate NGOs role in AIDS response. CBO are not well represented. Moreover, JASMAR participates on regular basis in SAN main forums and advocacy events including WAD. Small NGOs are not activated by donors and technical bodies to implement HIV programs and consequently not well represented in HIV effort. Weak financial and management capacity of some CSOs.

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?: 3

Comments and examples:: NGO mainly implement activities already included in the national plans i.e has secured funds. The funding though is limited for prevention activities to MARPs. In addition other interventions that could be carried out by them, are implemented by SNAP e.g. education of general population or mobile VCT etc. There is no room to secure funding in other areas NGO are willing to work in. Capacity building for NGOs in program management, youth and MARPs HIV interventions are being offered to NGOs coordinators at Blue Nile institute in Gezira. However in war affected states, the state programs have weak technical capacity to provide technical support to NGOs.

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

Prevention for key-populations:

People living with HIV: 51-75%

Men who have sex with men: >75%

People who inject drugs:

Sex workers: >75%

Transgender people:

Palliative care : <25%

Testing and Counselling: 25-50%

Know your Rights/ Legal services: <25%

Reduction of Stigma and Discrimination: 25-50%

Clinical services (ART/OI): <25%

Home-based care: <25%

Programmes for OVC: <25%

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 2013?: 5

Since 2011, what have been key achievements in this area:: NGOs have become active members in the country coordination mechanism through the active presence in some fora as the Sub-CCM, NSP steering committee, NFM writing committee, etc While SAN has been active in engaging NGOs through meetings and fora. More investment has been done to build capacity of CSO e.g. Blue Nile Institute Capacity Building in Program Management and HIV service prevention packages for MARPs and Youths. Umbrella project on MARPs prevention package involved a large network of NGOs from several states. Sudanese People living with HIV care association has been very active since 2012 to date in providing the socio- economic service, psychological and human right literacy support to the peer PLHIV.

What challenges remain in this area:: High turn-over of NGOs staff weakening institutional memory, technical and financial capacity resulting in low coverage and service provision. There is limited understanding of the "big picture" of the HIV situation and its response as they are focus in implementation of specific plans. Limited access to funding and restrictions by security authorities for INGOs involvement in providing HIV services and non sharing of HIV data in war affected states. work and non sharing of data. Limited funding for NGOs. The MARPs intervention package in addition to condom distribution is challenging to be implemented based on socio-legal constraints. Weak central logistic support to ensure continuous flow of supplies e.h. condoms, HIV test kits.

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:: 1. The government supported establishment of PLHIV association since 1999 and registered in 2003 2. The PLHIV association is a member in the CCM subcommittee for HIV since 2008 3. PLHIV were members of the TWG for the development of NSP in 2012.

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

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

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]::

: No

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:: Sudan constitution reserves all rights for Sudanese people with discrimination.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: Different levels of courts up to the constitutional courts

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

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?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies: The Sudanese law criminalize sex work or sexual practice among MSM or drug use. Regulation related to condoms marketing and distribution in a public manner and enforced by Public Order Police.

Briefly comment on how they pose barriers: 1. It makes it hard to reach FSWs, MSM, and IDUs 2. Hamper condom promotion among key population groups 3. Restrict key population access to HIV testing, counselling and care 4. NGO reluctance to implement programs that address key populations or condom program 5. Challenges and delay process for condom procurement by government

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.: Women and child protection laws for instance family and child protection law which protects women and children from violence physical, sexual or psychological. It encourages provision of health care to e.g. rape survivors and other women and children affected by violence even when there is no legal document

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: Human rights is one of the principles of the strategy implementation - specifically increase PLHIV legal literacy to protect their rights and secure their livelihoods. Policy addresses the need to ensure human rights of those associated with HIV/AIDS i.e. PLHIV/affected.

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

IF YES, briefly describe this mechanism: There is an independent commission of human rights in the country. However, it is not well functioning. In addition to that, key population cases cannot be addressed through that mechanism

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: No

If applicable, which populations have been identified as priority, and for which services?: It is important to mention that these services are free of charge services at the public sector but in the private sector (some individuals preference or testing requirement for working in GCC) it comes at a cost. Populations identified as priority: ART: all in need of treatment

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?: No

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:: The implementation of national strategy is based on five principles that include gender sensitive and human rights approaches. It also directs to ensure that interventions need to be developed to increase access to those who need the services the most. Key populations are defined as female sex workers, men who have sex with men and clients of sex workers. Vulnerable groups include Truck Drivers, Prisoners, Tea and Food Sellers, Street Kids, Youth and IDP/Refugees.

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:: Outreach services including mobile VCT in hotspots, Peer education for MSM and FSW, IGAs for FSW, Transportation and nutritional support for PLHIV

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: No

IF YES, briefly describe the content of the policy or law::

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:: Human Rights Commission

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 enforcement⁴⁶ 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: Yes

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]::

: No

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 2013?: 3

Since 2011, what have been key achievements in this area:: Draft law to protect PLHIV Family and child protection law
• PLHIV are better informed and empowered to demand their rights • Media is more pro-actively engaged • Ministry of Justice is sensitized and better engaged • Assessment of legal environment with regards to HIV is on-going

What challenges remain in this area: Stigma and discrimination particularly among health care providers and within health care settings. Convincing policy maker and legislation making bodies to support interventions among key population. Lack of law to protect, at least, staff providing service to key population outside health setting. Education of communities about their legal and human rights. Strengthening the link between community and legal authorities when legal support and protection is needed for rape survivors, due to the social stigma related to rape. Knowledge of rights by PLHIV is still limited. Monitoring system for HIV/AIDS related discriminatory legal cases

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 2013?: 3

Since 2011, what have been key achievements in this area: Draft law to protect PLHIV Family and child protection law
• PLHIV are better informed and empowered to demand their rights
• Media is more pro-actively engaged
• Ministry of Justice is sensitized and better engaged
• Assessment of legal environment with regards to HIV is on-going

What challenges remain in this area: Stigma and discrimination particularly among health care providers and within health care settings. Convincing policy maker and legislation making bodies to support interventions among key population. Lack of law to protect, at least, staff providing service to key population outside health setting. Education of communities about their legal and human rights. Strengthening the link between community and legal authorities when legal support and protection is needed for rape survivors, due to the social stigma related to rape. Knowledge of rights by PLHIV is still limited. Monitoring system for HIV/AIDS related discriminatory legal cases

B.IV Prevention

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

IF YES, how were these specific needs determined?: Biobehavioral surveys, key population size estimations and situational analysis

IF YES, what are these specific needs? : Focus on key populations - MARPs and their clients. Scale up HIV testing among TB, STI and Pregnant women/partners/HIV exposed infants population. Scale up and improve quality of treatment services.

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Agree

Condom promotion: Disagree

Harm reduction for people who inject drugs: N/A

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

HIV prevention in the workplace: Disagree

HIV testing and counseling: Agree

IEC on risk reduction: Disagree

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: Disagree

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Disagree

Risk reduction for sex workers: Disagree

School-based HIV education for young people: Disagree

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 2013?: 5

Since 2011, what have been key achievements in this area: 1. Engagement of key stakeholders and decision maker in stigma reduction dialogue. 2. Finalisation of the IBBS and the PSE that provided evidence on the prioritisation of the service delivery. 3. Drafting the Condom programming strategy. 4. Designing prevention service packages targeting the FSW and the MSM "HIV basic facts, condom distribution, promotion of HIV testing, and STIs management". 5. Building the capacities of more than 60 NGOs and the national and state AIDS program to provide HIV prevention packages to the MSM, and FSWs. 6. Provision of the HIV prevention packages to the MSM and the FSW in the 15 states, the services are provided through NGOs, where 118,262 FSW and MSM were reached with the prevention package, 1,046,261 Condoms distributed for MSM and FSW, and 17,443 Completed testing and counselling. 7. Provision of adapted HIV prevention packages to the university students in 8 universities, it is mentioned adapted since condom distribution was isolated from the package due to reservation of the ministry of Higher education. 8. Expanding the testing among general population through provision of community outreach programs joint with MVCT, with more emphasis on the vulnerable population, "prisoners, tea and food sellers, etc." 9. Engagement of CSO in enhancing the testing rates among women in general and pregnant in specific In the area of PMTCT a lot of achievements has been done: 1. introducing the PMTCT program in ANC centers (112 in 2012, 257 in 2013) 2. increase the HIV testing of pregnant women (37,000 in 2012, 84,916 in 2013) 3. HCPs received on job training (86 in 2012, 977 in 2013) 4. 71 HIV positive pregnant women were enrolled in ART for care and treatment

What challenges remain in this area: Prevention among the Key population: 1.The environment does not allow easy implementation of prevention programs among key population because of punitive laws against them. Intervention activities are interrupted by police and security and current advocacy and sensitization programs are ineffective. 2. Weak Coordination among the key stakeholders however extensive efforts are planned to address this gap. 3. Condom distribution is limited to MSM and FSWs through the peers, and HIV facilities, and the anti-condom campaign. 4. Limited access to HTC facilities which are mostly based in urban sites, mostly state capital cities. 5. Very weak and fragmented PSM system leading to frequent stock out of supplies e.h. HIV test kits, condoms 6. Inadequate workforce addressing key population "high turnover, stigma among HCP, etc." 7. Criminalisation of MARPs. 8. Funding delays and Gaps 9. Lack of education materials that guide educators (specially needed for peer education programs among key population). 10. Lack of actual political support (legal and financial) e.g. Non-cooperative governmental staff in some states hindering implementation.

B.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:: Provision of ARV, OIs, STI treatment, counselling, care and support for PLHIV - homebased care, nutritional and financial support/IGAs -

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

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

The majority of people in need have access to...:

Antiretroviral therapy: Disagree

ART for TB patients: Disagree

Cotrimoxazole prophylaxis in people living with HIV: Disagree

Early infant diagnosis: Strongly disagree

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

HIV testing and counselling for people with TB: Disagree

HIV treatment services in the workplace or treatment referral systems through the workplace: Strongly disagree

Nutritional care: Disagree

Paediatric AIDS treatment: Disagree

Post-delivery ART provision to women: Disagree

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

Post-exposure prophylaxis for occupational exposures to HIV: Disagree

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: Disagree

TB preventive therapy for people living with HIV: N/A

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 2013?: 6

Since 2011, what have been key achievements in this area:: 1. Increasing the CD4 cut off to 350 to enrol more PLHIV to receive ARVs 2. Adoption of B+ regimen for PMTCT 3. IGA for PLHIV 4. Building the capacities of the PLHIV association to ensure active engagement in the provision of care and support services to the PLHIV. 5. Establishment of ART center in each state 6. Recruitment of clinical mentors to provide technical support for HCPs at ART centers

What challenges remain in this area: 1. Inadequate referral system from testing sites to treatment 2. Inadequate tracking system for defaulters (high rates) 3. High turnover of trained ART cadres especially doctors 4. High turnover among doctors (reduce # of doctors trained on HIV/AIDS management). 5. High stigma against PLHIV among health workers. 6. High dropout rate (lost to follow up) from HIV care services. 7. Lack of privacy in ART clinics. 8. Weak PSM and M&E system (poor recording) and non use of data 9. Lack of SRH services in ART clinics (or referral from ART to RH outlets)

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: No

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No

2.2. IF YES, does the country have a national action plan specifically for orphans and 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 in the implementation of HIV treatment, care and support programmes in 2013?: 6

Since 2011, what have been key achievements in this area: 1. Increasing the CD4 cut off to 350 to enrol more PLHIV to receive ARVs 2. Adoption of B+ regimen for PMTCT 3. IGA for PLHIV 4. Building the capacities of the PLHIV association to ensure active engagement in the provision of care and support services to the PLHIV. 5. Establishment of ART center in each state 6. Recruitment of clinical mentors to provide technical support for HCPs at ART centers

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