

South-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:

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Describe the process used for NCPI data gathering and validation:

Participatory and inclusive of key HIV/AIDS stakeholders in government ministries, commissions and civil society organizations, faith-based organization, and development partners where involved in providing answers to the questionnaire. They were also involve in data verification meeting where results were presented and examined for accuracy and consistency. Mistakes were corrected. when they were detected.

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

Consensus was reached where there were disagreements. Second options were also sought and visits to institutions concerned were conducted to clarify certain issues.

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

The period allocated to collect, ascertain and verify the mass of data was too short to generate accurate and meaningful information. In the case of the South Sudan, the process of collecting, analyzing, verifying data and then write a report was 30 days (started on 1 March and run through 31 March). this is by any means too short. The Guidelines for the 2012 round of the GARP stipulated the start date for the process of compiling data for the NCPI to be June 2011 and ending on 31 March. This was either not followed/adhered to or ignored, in the case of the South Sudan GARP report generation process.

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Ministry of Health	Director	Yes	Yes	Yes	Yes	Yes	Yes
South Sudan AIDS Coomission	Dr. Esterina Novello	Yes	Yes	No	No	No	No
Ministry of Gender, Child & Social welfare	Ms. Regina Ossa Lullo	Yes	Yes	Yes	No	No	No
South Sudan AIDS Commission	Mr. Silvano Koribe	No	No	No	No	No	No
Ministry of Health	Mr. Gerald Kimondo	No	No	No	No	No	Yes
Ministry of Gender, Child & Social Welfare	Ms. Celina Peter	No	Yes	Yes	No	No	No

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
South Sudan AIDS Commission	Gino Gama	Yes	Yes	Yes	Yes	No
Private Sector	Santino Pito Tito	Yes	Yes	Yes	No	No
Church Health Association of South Sudan	Mr. Juma David Augustine	Yes	Yes	Yes	No	Yes
Family Health International	Mr. Alege	Yes	Yes	Yes	Yes	Yes
-	-	No	No	No	No	No

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:

2008 - 2012

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

IF NO or NOT APPLICABLE, briefly explain why.:

This is the first strategy ever developed in South Sudan and has not been modified

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

Ministries of Health and South Sudan AIDS Commission

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	-
Yes	-
Yes	-
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?:

Funds are secured through the World Bank from the Multi Donor Trust Fund (MDTF) and also from the Global Fund to fight AIDS, Tuberculosis and Malaria.

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

Men who have sex with men:

No

Migrants/mobile populations:

No

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:

Yes

Prisons:

No

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]?:

Orphans and other vulnerable children Out of School youth Most-at-risk populations

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:

Participation in the biannual and annual Stakeholders meetings Civil society organizations are members of the M&E

Technical working group that meets regularly

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, some partners

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

in the area of Monitoring and Evaluation. Some partners still use multiple data collection tools and have set up parallel data/information flow pathways to suit their donor reporting needs

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]:

Provision of treatment to people living with HIV

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 Needs Only

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?:

young women and men aged 15-24 years In and out of school youth sex workers People Living with HIV general Population

Briefly explain how this information is used:

For planning and redesigning programmes advocating for allocation of resources in scaling up ART provision

(c) Is coverage monitored by geographical area:

Yes

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

National, State and County levels. This will be expanded to payam and bome levels as well. The Bome is the smallest administrative unit in the Republic of South Sudan

Briefly explain how this information is used:

Programme planning and expansion

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:

Expansion in the number of VCT, PMTCT, and ART sites has meant that more people can now access HIV prevention, care * treatment services Training of a sizable number of service providers in laboratory technology skills is ensuring that quality services can now be provided; Improvement in the supply chain management is leading to increase availability of essential drugs and other medical commodities and thereby reducing the number of health facilities reporting regular stock outs.

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:

The Ministry of Health and the South Sudan AIDS Commission have developed and disseminated a number of guidelines and policy documents. Here are some of them: guidelines for syndromic management of STIs (plus training manuals 2009) National Blood safety Strategy (2009) Guidelines for ART use in adults and children have been revised (2010) Guidelines for the prevention of mother to child transmission of HIV (2010) 2 year national HIV Prevention Strategy 2010-2012

What challenges remain in this area:

Human resource base is low and staffing of key position within SSAC remains a major challenge Failure to secure Global Fund grants for HIV/AIDS services in the last 3 successive applications for rounds 8, 9, and 10

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:

The President of the Republic of South Sudan recently approved additional funding of the response to the AIDS epidemic to the tune of 34 million South Sudanese pounds (equivalent to USD 27.7 million) A high level delegation of government officials was sent to attend the 2011 Political Declaration on HIV/AIDS conference in New York in June 2011 The World AIDS Day commemoration was led by the President of the Republic

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?:

Dr. Esterina Novello, Chairperson of the Commission

Have a defined membership?:

Yes

IF YES, how many members?:

NA

Include civil society representatives?:

Yes

IF YES, how many?:

NA

Include people living with HIV?:

Yes

IF YES, how many?:

NA

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:

Common goal of reducing new HIV infections in the general population

What challenges remain in this area:

Although all HIV stakeholders in South Sudan have a common goal of reducing new HIV infections in the general population, different donors, programme implementers and international NGOs have different agendas and priorities on how the goal may be achieved.

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

-

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

No

Technical guidance:

Yes

Other [write in below]:

-

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?:

Yes

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

The policy on children without parental care are considered vulnerable and therefore programmes/interventions to care for orphans will be scaled up.

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 2011?:

8

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

Political leadership involvement in mobilizing resources to increase the response to the AIDS epidemic South Sudan Legislative Assembly has established HIV/AIDS committees at each of the 10 State Assemblies

What challenges remain in this area:

Lack of resources to manage the activities of the HIV/AIDS committees at the 10 State and 1 National assemblies remains a major challenge

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]:

-

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

No

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

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

-
Briefly comment on the degree to which 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?:

No

IF YES, for which subpopulations?

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs :

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

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:

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?:

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

Yes

Avoid commercial sex:

Yes

Avoid inter-generational sex:

Yes

Be faithful:

Yes

Be sexually abstinent:

Yes

Delay sexual debut:

Yes

Engage in safe(r) sex:

Yes

Fight against violence against women:

Yes

Greater acceptance and involvement of people living with HIV:

Yes

Greater involvement of men in reproductive health programmes:

Yes

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:

Yes

Use clean needles and syringes:

Yes

Use condoms consistently:

Yes

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?:

Yes

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:

HIV counseling and testing Targeted information on risk reduction and HIV prevention Condom promotion and free distribution

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	No	Yes	Yes	No	youth
No	No	No	No	No	military
No	No	No	No	No	Militaryn
No	No	No	No	No	-
No	No	Yes	Yes	No	-
No	No	No	No	No	-
No	No	Yes	Yes	No	-
No	No	No	No	No	women & girls

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?:

5

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

Increase in uptake of HIV counseling and testing services Increase in PMTCT service uptake increase in the number of YCT and PMTCT sites

What challenges remain in this area:

Lack of follow up capacity for HIV positive women and their babies Limited capacity to provide combined ARV prophylaxis in the majority of the service provision sites Long delays in sending monitoring reports, which are generally inaccurate No HIV testing for babies born to HIV positive mothers fr early diagnosis

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

Yes

IF YES, how were these specific needs determined?:

From review and analysis of programme data

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

Disagree

HIV prevention for out-of-school young people:

Disagree

HIV prevention in the workplace:

Disagree

HIV testing and counseling:

Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Disagree

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:

Disagree

Risk reduction for sex workers:

Disagree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Strongly 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?:

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:

Provision of information, education and communication Provision of both provider initiated and client initiated counseling and testing services

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

The number of number of ART sites has increase from 19 in 2010 to 22 in 2011

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

Antiretroviral therapy:

Disagree

ART for TB patients:

Disagree

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

Disagree

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

Disagree

HIV testing and counselling for people with TB:

Disagree

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

Disagree

Nutritional care:

Strongly Disagree

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Agree

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

Disagree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Neutral

TB infection control in HIV treatment and care facilities:

Neutral

TB preventive therapy for people living with HIV:

Disagree

TB screening for people living with HIV:

Disagree

Treatment of common HIV-related infections:

Disagree

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?:

No

Please clarify which social and economic support is provided:

-

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?:

4

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

-

What challenges remain in this area:

-

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?:

Yes

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?:

4

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

-

What challenges remain in this area:

-

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:

Challenges during the development and implementation of the M&E plan include, but not limited to: Hire of expensive external/international consultant to develop the M&E framework without paying attention to the need for capacity development of the local staff; Most of the current During the development of the one M&E framework and apln for South Sudan Limited capacity to handle data collection, processing, analysis and utilization Limited budgetary allocation to implement the M&E plan The M&E Unit lacks necessary working equipment at both the National and State level Data flow pathways have not been clearly defined, leading to loss of data on the way to the National Coordinating body (SSAC) No capacity building plans are more often made without budgetary support Irregular monitoring visits to the State HIV&AIDS Commissions M&E framework has not been rolled out, so many partners do nit know its existence.

1.1 IF YES, years covered:

2008 to 2012

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

Yes, some partners

Briefly describe what the issues are:

Some partners maintain own/different data collection tools to collect data needed to report to donors Some partners' reports do not reach the National level and are therefore not usually included into a national report

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:

The M&E Unit at the South Sudan AIDS Commission is established but without budget and is currently not fully staffed to the level indicated in the plan. Currently, the Unit is headed by a Deputy Director of M&E who is assisted by a Senior M&E Officer and an M&E Officer. These are the only available staff at the moment. The following positions have been established in the M&E plan but have not been filled: Surveillance & Research Officer Surveillance & Research Assistant Database Officer Database assistants (2) ICT Officer

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

In the Ministry of Health?:

Yes

In the National HIV Commission (or equivalent)?:

Yes

Elsewhere [write in]?:

NA

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Deputy Director for M&E, Bachelor of Science in Mathematics & Physics	Fulltime	-	2008
Seniro M&E Officer, Bachelor of ARTs degree in Education & Trained in M&E	Fulltime	-	2006
M&E Officer, Bachelor of Arts degree in Geography & History & Received training in M&E and Proposal development	Fulltime	-	2008

Temporary Staff [Add as many as needed]

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

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:
 The AIDS Commission share data with partners during two important meetings - annual stakeholders forum and stakeholders coordination meetings at the State level.

What are the major challenges in this area:
 Implementing partners do not usually use the nationally agreed upon indicators M&E framework has not been rolled out so many partners have not been oriented to the system Partners do not report to the AIDS Commission but directly to their donors Poor coordination on the part of the M&E Unit at the national AIDS Commission

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?:

No
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?:

No, none 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)?: National and State levels

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

No

8. How are M&E data used?

For programme improvement?: Yes
In developing / revising the national HIV response?: Yes
For resource allocation?: No
Other [write in]: For monitoring HIV prevalence For advocating for increase budget allocations

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:
 The South Sudan AIDS Commission made a press conference using M&E data The President increased the AIDS Commission budget by 2 million Sudanese pounds after listening to presentation during the 2009 World AIDS Day Commemoration.

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

At national level?: No
At subnational level?: No
At service delivery level including civil society?: No

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

Yes 12

IF YES, describe what types of activities:

The head of the M&E Unit attended a capacity building in the use of CRIS - Country Response Information System Another activity attended by a member of the M&E unit was the HIV estimation using the EPP package

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?:

7

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

The head of the M&E unit has been sent for a Master degree programme Printing of M&E Framework has been done and the document has been widely disseminated M&E Unit has now been established and equipped A National Information Resource Center has been established Through regular field monitoring visits the unit staff managed to mentor State level M&E officers who now know how to compile data and report to the National AIDS Commission.

What challenges remain in this area:

M&E operates without budgetary allocation Training is conducted on ad hoc basis, not in the plan Personnel positions in the M&E plan remain unfilled, causing severe human resource gap

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?:

4

Comments and examples:

CSOs are engaging with parliamentarians to raise awareness about HIV and to voice issues concerning government commitment to providing services

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:

CSOs are active members of the national health sector planning forum where various government led general health and HIV/AIDS plans are developed and agreed upon by consensus.

3.

a. The national HIV strategy?:

4

b. The national HIV budget?:

4

c. The national HIV reports?:

4

Comments and examples:

Key CSOs receive funds from the Multi Donor Trust Fund that is managed and disbursed by the South Sudan AIDS Commission. CSOs are also active members of the National HIV/AIDS M&E Technical Working Group, so they see the need to provide reports

4.

a. Developing the national M&E plan?:

4

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

:

4

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

4

Comments and examples:

See comments in the previous question

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:

The CSOs group is a collection of several organization including faith-based, associations and networks of people living with HIV. they greatly contribute to, and support the government efforts in expanding coverage.

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?:

4

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

4

Comments and examples:

Some CSOs will normally have their own budgets that they use in implementing HIV interventions They also access grants from pooled resources such as those managed by the Multi Donor Trust Fund and The Global Fund

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

People living with HIV:

<25%

Men who have sex with men:

-

People who inject drugs:

-

Sex workers:

<25%

Transgendered people:

-

Testing and Counselling:

51-75%

Reduction of Stigma and Discrimination:

<25%

Clinical services (ART/OI)*:

<25%

Home-based care:

51-75%

Programmes for OVC:**

25-50%

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?:

9

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

CSOs have mainly developed in the development of the National Health Strategy plan and the process was largely driven by them They have increased their visibility in the implementation of HIV interventions and programmes

What challenges remain in this area:

coordination among the many CSOs remains a major challenge for now and for some time in the near future

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?:

No

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?:

No

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

-

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:

-

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?:

No

2.1. IF YES, for which sub-populations?

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

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:

-

Briefly comment on how they pose barriers:

-

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:

Respect for all human beings regardless of gender, colour, and origin Violence against women is punishable by imprisonment

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:

non discrimination and stigmatization of people living with HIV

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?:

No

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

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

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

people living with HIV for ART services STI clients for HIV prevention services General population for HIV prevention 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:

free access to HIV prevention services such as VCT, PMTCT and ART

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?:

No

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:

The ministry of Public service has developed guidelines to regulate employment across the country that stipulates equal access to jobs, transparency in employment chances for all and no one can be denied an opportunity to work on the basis of his/her HIV status.

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)?:**

No

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?:

No

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]:

-

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?:

4

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

Several Policies and laws are being developed for parliament to ratify

What challenges remain in this area:

the process of developing and enacting policies, regulations and laws is a very slow and lengthy one

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?:

4

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

-

What challenges remain in this area:

-

B - IV. PREVENTION

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

Yes

IF YES, how were these specific needs determined?:

on the basis of programme data

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Disagree

Condom promotion:

Disagree

Harm reduction for people who inject drugs:

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:

Disagree

IEC on stigma and discrimination reduction:

Disagree

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:

Disagree

Risk reduction for sex workers:

Disagree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Agree

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?:

8

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

-

What challenges remain in this area:

-

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:

-

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

Increase in number of ART sites from 19 in 2010 to 22 in 2011 Health worker have been trained on skills to provide quality ART services

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

Antiretroviral therapy:

Disagree

ART for TB patients:

Disagree

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

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:

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):

Disagree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Disagree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Disagree

TB screening for people living with HIV:

Disagree

Treatment of common HIV-related infections:

Disagree

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?:

4

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

-

What challenges remain in this area:

-

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

Yes

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

2.3. IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing

interventions?:

Yes

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

-

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?”:

4

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

-

What challenges remain in this area:

No specific CSO has come up openly with intervention addressing the needs of OVCs Most OVCs are not in school

Source URL: <http://aidsreportingtool.unaids.org/441/south-sudan-report-ncpi>