C19RM - SUDAN

Community dialogue

June 2021

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retro Viral
CBS	Central Bureau of Statistics
CCM	Country Coordination Mechanism
C19RM	Corona Virus and Disease 2019 Response Mechanism
COVID-19	Corona Virus and Disease 2019
CSOs	Civil Society Organization
FSW	Female Sex Workers
GBV	Gender-based Violence
GFATM	Global Fund To Fight AIDS, TB & Malaria
HIV	Human Immunodeficiency Virus
IRS	Indoor Residual Spraying
ITPC	International Treatment Preparedness Coalition
MOH	Ministry Of Health
MSM	Men who Have Sex with Men
NHIF	National Health Insurance Fund
LLINs	long Lasting Insecticidal Nets
KPs	Key Populations
PHC	Primary health care
PLWHIV	Person Living with HIV
PMTCT	Prevention of mother-to-child transmission
SMOHs	State Ministries of Health

CONTEXT

SUDAN- COUNTRY PROFILE[1]

Following referendum, Sudan remains one of the largest countries in Africa, covering an area of 1,882,000 square kilometers. It is traversed by the Nile and its tributaries, and has 853 kilometers coastline along the Red Sea. It shares international borders with Egypt, Libya, Chad, Central African Republic, South Sudan, Ethiopia and Eritrea. In addition to the separation of South Sudan in 2011 the country witnessed cessation of the armed conflict in Darfur as a main development in the last decade, shifting the country into post conflict and recovery phase

Total population of the country in 2019 according to the Central Bureau of Statistics (CBS) projections of the 2008 Sudan census is 40,199,543. Around 88% of the population is settled, including 32.7% in urban areas, 55.3% in rural settings while 8% are nomads and the remaining percent is internally displaced populations (IDPs) partly as a result of the increasing urbanization, natural disasters, civil conflicts and poor conditions in rural areas. Refugees from neighbouring countries reached 2 million *(World Bank, 2017)*. In recent years significant movement of population took place from rural to urban areas especially to Khartoum. According to the 2008 census; average family size is (5 – 6) members, crude birth rate is 31.2/1000 and crude mortality rate is 16.7/100,000 of population. The country has a relatively young population; 45.6 % under the age of 15 years, 16.4% under the age of five years and less than 4% for population 60 years and more. Male: female ratio is almost 1:1. Life expectancy at birth is 58 years for males and 61 years for females (2008 Census). According to the 2014 Sudan Multiple-indicator Clustered Survey (MICS); the under five years mortality rate is 68/1000 children, infant mortality rate is 33/1000 live births. Maternal mortality ratio is 311/100,000 live births (WHO estimates – 2014).

Health system profile

The health system in Sudan is decentralized with three levels; national, state and locality levels. The national level is concerned with strategic planning, policy and legislation development, standards and guidelines, training and overseeing State Ministries of Health (SMOHs) in addition to tertiary referral services. SMOHs have the responsibility for operational planning and human resources for health including capacity building, development of state-specific health legislations and delivery of secondary health care services through main hospitals. Locality governments are mandated for primary health care service delivery under support and guidance of SMOHs. Other governmental sectors involved in public health services include the National Health Insurance Fund (NHIF), Ministry of Higher Education and Research, military, police, and security.

PHC services are provided through family health centers, family health units (dispensaries) and rural hospitals, and in some remote areas, by medical assistants, community health workers (CHWs), community midwives and community volunteers. Secondary health care services are provided through public state teaching hospitals located in main cities of the states. Referral mechanisms are not well-regulated, so patients can directly access secondary care services without being referred, contributing

1 The Sudan National HIV Strategic Plan 2019 – 2025 - June 2019

to inefficiency of the health system. There are few specialized public tertiary care hospitals, which are located mainly in the national capital; Khartoum. Contribution of the private sector in health care service delivery has significantly increased over the last ten years. As per the malaria indicator survey of 2016, 30.2% of malaria patients consulted private providers (FMOH, 2017). The private sector is weakly regulated and service delivery is mostly not adherent to national protocols and guidelines.
In 2012, FMOH adopted universal coverage with PHC services as a means for achieving equity in health and bridging gaps in achievement of the millennium development goals through a three-year (2013 – 2016) expansion project supported by the Ministry of Finance. It includes: building and equipping family health units, family health centers, and rural hospitals, pre-service training and integrated in-service training for front-line personnel. By end of 2016, coverage with PHC facilities had increased to 95% from 86% in 2011, while coverage with the minimum PHC package increased from 24% to 62%. However, there are still great disparities in access and coverage between and within states, especially between rural and urban areas. The PHC expansion project is a step forwards in meeting two of the three dimensions of universal health coverage as mentioned in the introductory chapter of this strategy; expanding the range of services provided coupled with improving quality of services and covering the populations in need of services by ensuring equitable access to services.

HIV epidemic profile

HIV epidemic in Sudan classifies as low epidemic for the last ten years. UNAIDS spectrum projections in 2018 showed that the epidemic will remain as low level until 2025. Estimated prevalence of HIV among general population in 2019 is 0.23% (range of 0.09% - 0.48%) and the range since 2010 up to now was between 0.22% - 0.24% *(4)*. Estimated number of PLHIV in 2019 is 58,775 (range of 24,371 – 120,380) and male: female ratio of cases is 1.1 *(4)* Higher HIV prevalence rates compared to the general population are observed among key groups namely; FSWs and MSM. Two rounds of the HIV Integrated Bio-Behavioural Survey (IBBS) were implemented among the two groups in 2011 and 2014. The last round of the survey showed that national HIV prevalence among FSWs was 1.2% (1.5% in 2011) and 1% among MSM (2.6% in 2011). Prevalence in both FSWs and MSM is higher in some states compared to others, namely the eastern states (Red Sea, Kassala, Gadarif) reaching up to more than 5% in 2011. Data from the 2010 MICS also showed that HIV prevalence is higher in some geographical zones of the country compared to other zones, namely the eastern zone (Red Sea, Kassala & Gadarif States). The Disease Control Directorate (DCD) in collaboration with WHO, UNFPA and UNAIDS in 2014 used these data to classify eight states of the country as high burden states for HIV namely; Red Sea, Kassala, Gadarif, Khartoum, Gazira, White Nile, North Kordofan and South Darfur. Objective of this classification was to geographically prioritize HIV interventions in the country seeking efficient allocations of HIV resources.[2]

Middle East and North Africa region - COVID-19 profile[3]

[2] Integrated Bio-behavioral HIV Surveillance among Men Who Have Sex with Men and Femal sex Workers in 11 States- Sudan- 2015

[3] National COVID-19 Preparedness and Response Plan (1st of May to 31st December 2021)

In the MENA region, the impact of the Covid-19 pandemic is ongoing and information regarding its effects changes from country to country depending on the context. The pandemic poses important challenges to countries health, economic, political and social structures, making the most vulnerable groups even more affected by the impact of COVID- 19. However, *the Middle East and North Africa countries initially reacted rapidly to contain COVID- 19, and most governments took efficient measures to limit the spread the virus (Supporting Key Populations in the MENA Region During the Crisis: A Time for Action and Reflection, Leila Tahir, June 25, 2020. In the MENA region, there are many factors influencing adequate health responses to the key populations. Many people are routinely denied basic human rights on the grounds of gender, sexual orientation, gender identity, gender expression, HIV status and/or migrant or refugee status (Strengthening High Impact Interventions for an AIDS-free Generation: Rights to Equality in the Middle East and North Africa: Building Evidence-Based Responses to Protect and Promote Human Rights among Vulnerable and Marginalized Populations, International HIV/AIDS Alliance, Linnea Renton et al, 2019).*[4] ***Finally,*** the stakes are high, and MENA region tries minimizing the blow of the crisis in the short term while setting the stage for lessons learnt and better governance policies in the future.

Sudan - COVID-19 Profile

Sudan, like the rest of the world, has been experiencing the unprecedented social and economic impact of the COVID-19 (coronavirus) pandemic. The COVID-19 shock is expected to be transitory with potential recovery possible in 2021. The economic impact of COVID-19 includes the increased price of basic foods, rising unemployment, and falling exports. Restrictions on movement are making the economic situation worse, with commodity prices soaring across the country.

According epidemiological situation[5], *the COVID-19 transmission scenario in Sudan is characterized as community transmission phase. According to the FMOH data as of 30 April 2021, the cumulative confirmed COVID-19 cases reached 33,304 including 2,363 (7.1%) associated deaths (CFR: 7.1%) in all 18 States. Sudan is experiencing very high CFR (above recommended <1%) and is leading the pack in EMRO along with Yemen (CFR=19.6%), Syria (CFR=7.1%) Egypt (5.8%) and Somalia (CFR=5.2%) exceeding the regional average*[6].

Most cases and deaths in Sudan are concentrated in Khartoum followed by Gezera States. Khartoum State constituted 71% of confirmed COVID-19 cases and 46% of deaths in the country. The highest CFR% registered in Central Darfur State (42.9%), North Darfur (32.76%) and East Darfur (21.05%) in descending order mainly attributed to the small number of denominators and limited case management capacities in the States.

Sudan reacted rapidly to contain COVID-19, the response strategy adopted by the government has been

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[4] *THE SITUATION OF KEY POPULATIONS IN THE CONTEXT OF COVID-19 in The MENA REGION*- **September 2020**

[5] National COVID-19 Preparedness and Response Plan (1st of May to 31st December 2021)

[6] https://app.powerbi.com/view?r=eyJrIjoiN2ExNWI3ZGQtZDk3My00YzE2LWFjYmQtNGMwZjk0OWQ1MjFhIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9

dynamic, gradually adapting to the evolution of the pandemic outside and inside the country and to the means of control made available, a National COVID-19 Preparedness and response Plan was rapidly with various measures undertaken for a better response to COVID-19. However, the lack of real involvement of community actors reduces the potential for developing services adapted to the needs of key populations for a marked impact of the response against the three pathologies. Community organizations and networks have an indispensable role to play in improving equitable access to quality services and making a contribution to comprehensive health care. In Sudan, community responses have been weakened by the isolation imposed by the health situation and which has significantly influenced vulnerable groups.

SUDAN- COVID-19 RM

Sudan and the Global Fund to Fight HIV, TB and Malaria continue their fruitful cooperation and work together to reduce the impact and mortality from the 3 diseases AIDS, Tuberculosis and Malaria with a new grant for the 2022-2023 cycles.

As of April 7, 2021, all CCMs should have received allocation letters that indicate the amount of funding allocated to any country; 15% of the country's 2020-2022 allocation. As an indication, a minimum of 30% of the C19-RM funding request should be intended for key populations and community responses. It was clarified that CCMs must submit funding request proposals; Fast-Track request and full funding request and C19-RM above the base allocation following the submission windows in an execution schedule: Fast-Track, from April 7, 2021, window 1, May 14, 2021, window 2, May 31, 2021, window 3, June 15, 2021 and window, June 30, 2021. It has also been added as the date limit on the use of funds is December 31, 2023. Sudan submits their application by June 15, 2021.

Under the leadership of the Coordination Committee (CCM) made up of representatives of the different sectors, regularly renewed and allowing the full involvement and participation of representatives of Key Populations and PLHIV, grant applications have always been prepared within the framework of 'a broad consensus. This culture of consultation through a permanent Country Dialogue process is reinforced for this new funding request from the COVID-19 response mechanism of the Global Fund for Sudan; C19-RM.
It was during the preparation of this new C19-RM funding request that an inclusive community consultation was put in place to map out the needs and priorities for the COVID-19 response. This community consultation reinforces the involvement of representatives of key populations, PLHIV, in the preparation of this C19-RM funding request.

About COVID-19RM

The COVID-19 Response Facility, or C19RM, helps countries mitigate the impact of COVID-19 on HIV, TB and malaria programs, and delivers urgent improvements in health systems and community systems.
All countries, including regional or multi-country recipients that currently receive financial assistance from the Global Fund are eligible for C19RM funding.
C19RM will continue to fund activities in the following areas:

1. COVID-19 response;
2. Adaptation of HIV, tuberculosis and malaria control programs to the context of COVID-19;

3. Strengthening of health and community systems.

These three areas should also include cross-cutting activities that support community responses to COVID-19.

Objectives

Main objective:

Strengthen the civil society process and ensure adequate community participation during the preparation of the Sudanese CCM of the funding request C19-RM from the Global Fund

Specific objectives:

- Deepen knowledge of the Global Fund's response mechanism, C19-RM.
- Examine COVID-19 response and COVID-19 impact mitigation interventions on HIV, Tuberculosis and Malaria carried out for vulnerable communities and CSOs involved in the Global Fund's HIV and Tuberculosis programs, since March 2020.
- Identify the needs and priorities of key populations, PLHIV, whether or not they are represented at CCM Sudan and CSOs members of this National Coordination Body in terms of mitigation measures for the risks related to COVID-19 for programs of the Fund's HIV, Tuberculosis and Malaria in Sudan (Access to health services, care for PLWHIV, tuberculosis and malaria patients, training of health personnel and community agents, communication, monitoring, etc.) and strengthening of health systems and community response to COVID-19, in Sudan.
- Collect recommendations for improving the interventions underway and others planned in response to the needs and priorities of the representatives of key populations and PLHIV at the Sudan CCM and of the member associations of this body in terms of the response to the COVID-19 for HIV, tuberculosis and malaria programs.

Consultation process

The Ministry of Health in collaboration with the CCM, communities' leaders and the Global Fund Platform for the MENA region have organized a community consultation to support key population-led organisations to engage in and contribute to the preparation of funding requests for the C19RM 2.0. An important way to identify and amplify community needs and priorities is to hold community consultations, document and submit needs and priorities to the CCM and document the process of engagement.

The community consultation was organized in a participatory manner with:

1. Person Living with HIV
2. CSOs working on human right and Gender-based Violence
3. CSOs working on Malaria and private sector
4. Sex workers
5. Men who Have Sex with Men

The working group on tuberculosis and community engagement has not been organized.

The consultation was conducted in close cooperation with the following persons:

- Mr. Mujtaba El Hassan- Ministry Of Heath (MOH)
- Mrs. Alaa Mudathir - Country Coordination Mechanism (CCM)
- Mrs Ayat Jevase- Independent consultant responsible for drafting the C19RM request.
- Mrs Salma El Jailani- Independent consultant in charge of working group co-moderation and note taking
- Mrs. Mohja Khateeb- Independent consultant
- Mrs. Amal El Karouaoui- Global Fund Platform consultant- Technical Assistance.

The consultation was preceded by a rapid documentary review. From there, it was decided to strengthen the engagement of key populations and PLHIV in the COVID-19 response mechanism; C19-RM, which could serve as an opportunity for community mobilization for citizen and active participation, in Sudan, in a persistent environment of stigma and discrimination vis-à-vis key populations, politically, legally and culturally. It also emerged that community organizations were consulted at the start of the COVID-19 pandemic in Sudan to identify their needs and priorities for responding to COVID-19 and reducing the impact of COVID-19 on HIV, tuberculosis and malaria programs.

In order to allow the groups to prioritize the interventions defined in relation to the identified needs, the facilitator explained the prioritization criteria to be used. It's about importance, feasibility, and effectiveness. A discussion was raised on the criterion of urgency, which cannot be a prioritization criterion to be kept as long as one is still in the context of the pandemic and in a level of urgency, which is no longer similar to the first month of 2020, when the COVID-19 pandemic began. Thus, the groups prioritized the interventions and the discussion was an open space to speak more fully about the problems related to the COVID-19 crisis and its impact on their daily lives.
Once the C19-RM device is well clarified for the participants of the different working groups, the facilitator used a participatory exercise to ask the necessary questions (the moderator followed the guide developed by the Global Fund, an adaptation of the guide was made by the technical advisor) to identify and define the needs and response interventions to COVID-19 for HIV, tuberculosis and Malaria programs. From there it emerged:

PLHIV community group

Needs	Solutions
- Limited access to health services and ARVs because of movement restrictions for KPs and PLHIV - Unavailable PPEs for healthcare providers at ART and Peer Driven Intervention centers - High inflation rate and increasing transportation costs affected KPs activties	- Outreach activities such as Home-based care for PLHIV to increase access to health serivces and medications - Provide PPEs for healthcare providers in ART and PDI centers.
- No statistics or research about the	- Support research related to impact of

impact of COVID19 on PLHIV or the number of PLHIV who died because of COVID19	COVID19 on PLHIV and KPs
- Lack of complains mechanism or national observatory to monitor violence against PLHIV or KPs during lockdown. - Lack of awareness among PLHIV and KPs about available services, their rights or how to access GBV services	- Establishment of national observatory for GBV (include KPs)

THE MAIN RECOMMENDATIONS:

- Using of outreach services such as Home-based care for PLHIV to increase access to health serivces and medications. In addition, for those who can reach the ART center, provision of medications enough for 3 to 6 months.
- Provision of food basket tp PLHIV to reduce the negative economic impact of the lockdown and COVID19 in general.
- PPEs for healthcare providers in ART and PDI centers.

Human Rights and GBV Community group

Needs	Solutions
- Spike in cases of domestic and sexual violence during COVID-19 - Lack of sheltering services to domestic and sexual violence survivors	- Establishment of drop-in centres for comprehensive management of cases and provision of sheltering services. - Provision of PPEs to service providers (including law enforcers) preferably reusable to reduce the cost - Strengthen the hotline services provided by the ministry of social welfare
- Limited research related to GBV, Sexual violence in Sudan	- advocacy to prioritize legal cases related to GBV (do not get impacted with lockdown, reduced working hours or workforce or other measures during COVID19) - Support research related to covid-19 and GBV
- Ill-coordinated GBV response (prior to COVID19) and fragmented services - No national strategic multisectoral	- Support in development of comprehensive response strategy to GBV – multisectoral response (gender desks (women detectives) as a start and

plan for GBV response - Poor national statistics on GBV	advocacy to prioritize legal cases related to GBV (do not get impacted with lockdown, reduced working hours or workforce or other measures during COVID19) - National Observatory to monitor cases and response to GBV (offices in universities, governmental institutions, religious institutions, and civil society organizations)
- Poor capacity of healthcare providers and law enforcers in managing sexual violence	- Training of law enforcers and Training of doctors and nurses providing medical care to survivors and management of violence cases and collecting evidence - Avail/improve infrastructure to police centre (as a start, support of the three protection of women and children units present in Khartoum) with PPEs and preventative measures
- lack of trained law enforcers on issues related gender-sensitive response to GBV, sexual violence and domestic violence	- sensitization of these groups in issues related to human rights and GBV and establishment of gender desks at police points (women detectives)

THE MAIN RECOMMENDATIONS:

- Training of law enforcers and sensitization of these groups in issues related to human rights and GBV and training of doctors and nurses providing medical care to survivors.
- Establishment of drop-in centres for comprehensive management of cases and provision of sheltering services. The group recommended considering other states in the response to GBV.
- Development of comprehensive response strategy to GBV – multisectoral response (gender desks (women detectives) as a start and advocacy to prioritize legal cases related to GBV (do not get impacted with lockdown, reduced working hours or workforce or other measures during COVID19)
- Strengthen the hotline services provided by the ministry of social welfare
- Provision of PPEs to service providers (including law enforcers) preferably reusable to reduce the cost
- National Observatory to monitor cases and response to GBV (offices in universities, governmental institutions, religious institutions, and civil society organizations)
- Interventions to restore trust between policy makers in health and citizens
- Support research related to covid-19 and GBV
- Avail/improve infrastructure to police centre (as a start, support of the three protection of women and children units present in Khartoum) with PPEs and preventative measures

Malaria – CSOs and private sector Group

Needs	Solutions

- Weak access to detection, treatment and prevention services during COVID19 time due to movement restrictions and closure of health facilities during the first wave, and fear to contract COVID19 during visit to hospital/health facilities. - High consumption of malaria drugs from pharmacies without testing or prescription (symptoms of COVID19 mimic malaria).	- Mobile clinics and home-based care at the level of the community by CSOs - Inclusion of NGOs in distribution of bed nets and Indoor Residual Spraying in addition to - Capacity building of NGOs in issues related to logistics management, implementation of needs assessment, health promotion protocols
- Stockouts of malaria drugs and testing kits	- Community-led monitoring mechanisms implemented by the NGOs with the support of the ministry to strengthen timely reporting to government in case of shortages.
- Weak participation of CSOs in implementation of malaria related activities - Low utilization of malaria prevention measures in general in addition to common mis-concepts about malaria prevention measures - Poor coordination between MOH, CSOs and private sector	- Implementation of awareness raising activities at the community level - Establishment of a coordination mechanism between MOH, CSOs and private sector

THE MAIN RECOMMENDATIONS:

- To enhance access to treatment and testing services, implement mobile clinics and home-based care at the level of the community by CSOs
- Strengthen the linkages between private sector and national malaria response (reactivate the existing consortium/ support regular meetings) both at a national and state levels
- Community-led monitoring mechanisms implemented by the NGOs with the support of the ministry to strengthen timely reporting to government in case of shortages.
- Inclusion of NGOs in distribution of bed nets and Indoor Residual Spraying (strengthen the logistic systems of the organization and training of NGOs volunteers and staff (possible areas of training include how to implement needs assessment, health promotion protocols). CSOs to take into consideration special groups such as migrants and nomads.
- Buffer stocks for prevention, treatment and testing commodities should be maintained to contain any situation of shortages or spouts of outbreak
- Strengthening of monitoring of distribution of malaria commodities by using data loggers to monitor temperatures and tracking devices to make sure where the goods are. In addition, conduct joint supervision of supplies to make sure that supplies reached the beneficiaries (joint teams from the programs and the central Medical Supplies)

- Consider the possibility of the use of RDT's for COVID testing to lower testing costs, easy to use and it does not need highly skilled personnel, and it can be used in peripheral areas as well as in ports

Key Populations Community group (MSM & FSM)

Needs	Solutions
- Limited access to condoms because of movement restrictions for KPs - High inflation rate and increasing transportation costs affected KPs activties	- Increase incentives for peers for transportation - Mobile clinic in hot spots to enhance access to awareness raising, counselling and prevention - Use of online means for peer meetings can be used for awareness raising about COVID19 and HIV prevention - refresher training for peer educators in HIV prevention and COVID19

THE MAIN RECOMMENDATIONS:

- Provision of PPEs to peer educators
- Provision of transportation mean with clearance to deliver condoms to those who need during movement restrictions.
- Use of online means for peer meetings can be used for awareness raising about COVID19 and HIV prevention
- Increase incentives for peers – high cost of fuel and prices of transportation
- Mobile clinic in hot spots to enhance access to awareness raising, counseling and prevention
- Training in HIV prevention and corona

CONCLUSION

The community consultation was relevant in identifying the needs and priorities of key populations, PLHIV, community groups working on Malaria response and human rights, and GBV. The results of this consultation support the preparation of the funding request, C19RM
This report will serve as a source of support for the finalization of the elaboration of the request for the amount beyond. Community consultation deserves to be organized in sufficient time with

representatives of key populations; PLHIV and vulnerable communities and civil society to better reflect, identify and define the needs and priorities of the representatives. s key populations, PLHIV in CCM Sudan and member and non-member associations of CCM Sudan in terms of improving the community health system.
It was agreed to organize a feedback meeting with the different community groups immediately after the submission of the C19RM application to the Global Fund.

ANNEX

1. The main recommendations (attached document)
2. Group: PLHIV and NGOs working with KPs
3. Group: Human Rights and GBV
4. Group: Malaria and Private sector
5. Group: Key populations- MSM and FSW
6. COVID-19 – Community dialogue- Guide

2. Group: PLHIV and NGOs working with KPs

Group: PLHIV and NGOs working with KPs Number of participants:	
Location the Great Hall - MOH	Date 02.06.2021
Constraints - Lack of access to health services and ARVs because of movement restrictions, in addition, many ART/VCT centres were closed and turned into isolation centres for COVID19 patients without providing any alternative centres. Staff were reduced to 50%. - PPEs for healthcare providers at ART and Peer Driven Intervention centers are not available. - High inflation rate and increasing transportation costs affected KPs activties - Economic crisis caused by COVID19 affected the PLHIV and KPs since many of them lack fixed jobs. - Lack of complains mechanism or national observatory to monitor violence against PLHIV or KPs during lockdown. Many do not know about available services, their rights or how to access GBV services - Low percentage of PLHIV (5%) who received COVID19 vaccination - No statistics or research about the impact of COVID19 on PLHIV or the number of PLHIV who died because of COVID19	
Opportunities - Sudanese Family Planning association established a hotline for pregnant women which provides them with medical advice and referral to services during lockdown. The call centre also serves pregnant women with HIV. The organization has 4 specialized clinic for HIV in Kassala, Port Sudan, Sinnar and Gedaref.	

Recommendations
- Using of outreach services such as Home-based care for PLHIV to increase access to health serivces and medications. In addition, for those who can reach the ART center, provision of medications enough for 3 to 6 months. - Provision of food basket tp PLHIV to reduce the negative economic impact of the lockdown and COVID19 in general. - PPEs for healthcare providers in ART and PDI centers.

Needs	Solutions
- Limited access to health services and ARVs because of movement restrictions for KPs and PLHIV - Unavailable PPEs for healthcare providers at ART and Peer Driven Intervention centers - High inflation rate and increasing transportation costs affected KPs activties	- Outreach activities such as Home-based care for PLHIV to increase access to health serivces and medications - Provide PPEs for healthcare providers in ART and PDI centers.
- No statistics or research about the impact of COVID19 on PLHIV or the number of PLHIV who died because of COVID19	- Support research related to impact of COVID19 on PLHIV and KPs
- Lack of complains mechanism or national observatory to monitor violence against PLHIV or KPs during lockdown. - Lack of awareness among PLHIV and KPs about available services, their rights or how to access GBV services	- Establishment of national observatory for GBV (include KPs)

3. Group: Human Rights and GBV

Group: Human Rights and GBV Number of participants:	
Location MOH- the great hall	Date 7th June 2021
Constraints - Limited and fragmented GBV services prior to COVID-19. In addition, lack of coordination between different actors including relevant ministries (MOSW, MOJ and MOH) and NGOs. - Spike in number of cases seeking services for GBV (including sexual and domestic violence) during COVID-19 at centres operated by NGOs such as Seema trauma centre due to confinement of victims	

with their abusers.
- Weak capacity of healthcare providers on provision of clinical services to sexual violence survivors and documentation of rape cases (filling Form-8 and collecting evidence).
- Diminished access to legal services during lockdown period due to closure of courts, there are judges who cooperated with violence cases on individual level
- Release of perpetrators from prisons during COVID19 (Seema worked to prevent the release of sexual offenders and rapists from prisons to prevent the risk on the victims and recurrence of psychological trauma)
- There are no sheltering services provided to rape and domestic violence survivors, some actors provide shelter using personal connections (not sustainable and unsafe to survivors and actors)
- Lack of national statistics about GBV, sexual violence and domestic violence.
- Psychological impacts of covid-19 included fear, anxiety and stress
- Vaccination hesitancy and rumours about the vaccine and COVI19 that need to be tackled with awareness raising activities in media

Opportunities

- Ministry of Social Welfare started a hotline service to violence victims in collaboration with NGOs operated with a counsellor (mainly referral of cases to services).
- Existing services for GBV survivors and the presence of committed NGOs towards the issue.

Recommendation
- Training of law enforcers and sensitization of these groups in issues related to human rights and GBV and training of doctors and nurses providing medical care to survivors.
- Establishment of drop-in centres for comprehensive management of cases and provision of sheltering services. The group recommended considering other states in the response to GBV.
- Development of comprehensive response strategy to GBV – multisectoral response (gender desks (women detectives) as a start and advocacy to prioritize legal cases related to GBV (do not get impacted with lockdown, reduced working hours or workforce or other measures during COVID19)
- Strengthen the hotline services provided by the ministry of social welfare
- Provision of PPEs to service providers (including law enforcers) preferably reusable to reduce the cost
- National Observatory to monitor cases and response to GBV (offices in universities, governmental institutions, religious institutions, and civil society organizations)
- Interventions to restore trust between policy makers in health and citizens
- Support research related to covid-19 and GBV
- Avail/improve infrastructure to police centre (as a start, support of the three protection of women and children units present in Khartoum) with PPEs and preventative measures

Needs	Solutions
- Spike in cases of domestic and sexual violence during COVID-19 - Lack of sheltering services to domestic and sexual violence survivors	- Establishment of drop-in centres for comprehensive management of cases and provision of sheltering services. - Provision of PPEs to service providers (including law enforcers) preferably reusable to reduce the cost

	- Strengthen the hotline services provided by the ministry of social welfare
- Limited research related to GBV, Sexual violence in Sudan	- advocacy to prioritize legal cases related to GBV (do not get impacted with lockdown, reduced working hours or workforce or other measures during COVID19) - Support research related to covid-19 and GBV
- Ill-coordinated GBV response (prior to COVID19) and fragmented services - No national strategic multisectoral plan for GBV response - Poor national statistics on GBV	- Support in development of comprehensive response strategy to GBV – multisectoral response (gender desks (women detectives) as a start and advocacy to prioritize legal cases related to GBV (do not get impacted with lockdown, reduced working hours or workforce or other measures during COVID19) - National Observatory to monitor cases and response to GBV (offices in universities, governmental institutions, religious institutions, and civil society organizations)
- Poor capacity of healthcare providers and law enforcers in managing sexual violence	- Training of law enforcers and Training of doctors and nurses providing medical care to survivors and management of violence cases and collecting evidence - Avail/improve infrastructure to police centre (as a start, support of the three protection of women and children units present in Khartoum) with PPEs and preventative measures
- Lack of trained law enforcers on issues related gender-sensitive response to GBV, sexual violence and domestic violence	- Sensitization of these groups in issues related to human rights and GBV and establishment of gender desks at police points (women detectives)

4. Group: Malaria and Private sector

Group: Malaria – CSOs and private sector Number of participants: 17 participants	
Location Malaria program hall	Date 08.06.2021
Constraints - Weak absorption of funds related to Malaria and implementation of activities due to COVID19 pandemic - Limited role of NGOs in the malaria response	

- Low utilization of malaria prevention measures in general (37% utilization rate for insecticide treated net) in addition to mis-concepts, and usage to other purposes at the community level (e.g. fishing)
- Inactive coordination mechanism that coordinate between the MOH, CSOs and private sector to coordinate efforts and resources, make them aligned with the national strategy and prevent duplication.
- Stockouts of malaria drugs and testing kits
- Weak participation of CSOs in implementation of malaria related activities
- Weak access to detection, treatment and prevention services during COVID19 time due to movement restrictions and closure of health facilities during the first wave, and fear to contract COVID19 during visit to hospital/health facilities. This led to high consumption of malaria drugs from pharmacies without testing or prescription (symptoms of COVID19 mimic malaria).

Opportunities

- Health Development Program Organization has trained community leaders and volunteers in awareness raising on malaria and covid-19 in all states in collaboration with UNICEF and World Relief. Lessons can be drawn from their experiences and scale up the intervention.
- The MOH in partnership with the private sector is establishing a hotline for malaria and other tropical diseases to provide health information and assist in timely referral of cases.
- Ability to have better access to communities through available NGOs

Recommendations

1. To enhance access to treatment and testing services, implement mobile clinics and home-based care at the level of the community by CSOs
2. Strengthen the linkages between private sector and national malaria response (reactivate the existing consortium/ support regular meetings) both at a national and state levels
3. Community-led monitoring mechanisms implemented by the NGOs with the support of the ministry to strengthen timely reporting to government in case of shortages.
4. Inclusion of NGOs in distribution of bed nets and Indoor Residual Spraying (strengthen the logistic systems of the organization and training of NGOs volunteers and staff (possible areas of training include how to implement needs assessment, health promotion protocols). CSOs to take into consideration special groups such as migrants and nomads.
5. Buffer stocks for prevention, treatment and testing commodities should be maintained to contain any situation of shortages or spouts of outbreak
6. Strengthening of monitoring of distribution of malaria commodities by using data loggers to monitor temperatures and tracking devices to make sure where the goods are. In addition, conduct joint supervision of supplies to make sure that supplies reached the beneficiaries (joint teams from the programs and the central Medical Supplies)
7. Consider the possibility of the use of RDT's for COVID testing to lower testing costs, easy to use and it does not need highly skilled personnel, and it can be used in peripheral areas as well as in ports

Needs	Solutions
- Weak access to detection, treatment and	- mobile clinics and home-based care at the

prevention services during COVID19 time due to movement restrictions and closure of health facilities during the first wave, and fear to contract COVID19 during visit to hospital/health facilities. - High consumption of malaria drugs from pharmacies without testing or prescription (symptoms of COVID19 mimic malaria).	level of the community by CSOs - Inclusion of NGOs in distribution of bed nets and Indoor Residual Spraying in addition to - Capacity building of NGOs in issues related to logistics management, implementation of needs assessment, health promotion protocols
- Stockouts of malaria drugs and testing kits	- Community-led monitoring mechanisms implemented by the NGOs with the support of the ministry to strengthen timely reporting to government in case of shortages. -
- Weak participation of CSOs in implementation of malaria related activities - Low utilization of malaria prevention measures in general in addition to common mis-concepts about malaria prevention measures - Poor coordination between MOH, CSOs and private sector	- Implementation of awareness raising activities at the community level - Establishment of a coordination mechanism between MOH, CSOs and private sector

5. Group: Key populations- MSM and FSW

Group: Key populations Number of participants: 15 in total (11 MSM and 5 FSWs)	
Location CAFA Development Organization	Date 11.06.2021
Constraints - Lack of access to NGOs to get condoms because of movement restrictions - High inflation rate and increasing transportation costs affected KPs activties - Economic crisis caused by COVID19 affected the PLHIV and KPs since many of them lack fixed jobs. - Increased risk of HIV after easing restriction measures due to KPs having more sexual partners and irregular partners - Risk of COVID19 if the client/sexual partner have it – have to work because of the financial need - Verbal abuse from clients towards FSWs due to stress and frustration	
Opportunities - Peer educator KPs received disinfectants/soap from CAFA during COVID19 pandemic and distributed them to peers.	
Recommendations - Provision of PPEs to peer educators	

- Provision of transportation mean with clearance to deliver condoms to those who need during movement restrictions.
- Use of online means for peer meetings can be used for awareness raising about COVID19 and HIV prevention
- Increase incentives for peers – high cost of fuel and prices of transporation
- Mobile clinic in hot spots to enhance access to awareness raising, counselling and prevention
- There is need to get refresher training in HIV prevention and corona

Needs	Solutions
- Limited access to condoms because of movement restrictions for KPs - High inflation rate and increasing transportation costs affected KPs activties	- Increase incentives for peers for transportation - Mobile clinic in hot spots to enhance access to awareness raising, counselling and prevention - Use of online means for peer meetings can be used for awareness raising about COVID19 and HIV prevention - refresher training for peer educators in HIV prevention and COVID19

7. COVID-19 – Community dialogue Guide

Introduction

Working groups will be set up to facilitate discussions using the following guide:
Terms of Reference (TOR) for group work:

- Introduce the purpose of group work;
- List the working groups;
- Provide, for each group, work instructions, guiding questions, work materials, a feedback matrix as well as a sample list of participants.

Objectives of group work.

Collect the needs of CSOs and communities to be included in C19MR funding requests addressed to the Global Fund.

Workgroups

The COVID 19 working groups (.. participants), Tuberculosis / co-infection Tuberculosis / HIV (..

Participants), Malaria (.... participants), Human and Gender Rights (... participants) and Community System Strengthening (.... participants) have already been formed.
In order to better capitalize on the contributions of civil society organizations, key and vulnerable populations (KVPs), as well as other community groups, including those who are the more seriously affected by COVID-19, the working groups were extended to other themes to cover 8, in particular:

A. COVID-19
B. Civil society Tuberculosis
C. HIV civil society
D. Civil society Malaria
E. Stigma and discrimination / human rights and GBV (Human Rights and
F. Kind)
G. Capacity building of CSOs and key population communities
H. Community watch
I. Advocacy and social mobilization

In addition to .... participants divided into ... existing groups, other participants may be mobilized for the Civil Society HIV, Community Watch and Advocacy / Social Mobilization groups.

Work instructions

- Designate a moderator who will animate the work and promote the active participation of all members of the group through brainstorming and roundtables so that everyone presents their ideas;
- Appoint a rapporteur who will take the notes;
- Review the guiding questions;
- Answer each question;
- Fill in the restitution matrix;
- Complete the list of participants;

Guiding questions

1.1 Guiding questions for the COVID-19 working group

- What are the main difficulties / barriers that communities face due to the COVID-19 pandemic?
- How do you think these difficulties / obstacles can be resolved?
- How do we collect evidence - do research - about it?
- What do we, as CSO and communities, need to respond to these difficulties / obstacles?

1.2. Guiding questions for the Civil Society Tuberculosis working group

- What are the main barriers to providing TB and TB/ HIV co-infection services, including treatment, prevention, diagnosis, and engagement for key populations in the context of the COVID pandemic -19?
- How do you think these difficulties can be resolved in the context of COVID-19?
- How do we gather evidence - research - about this in the context of COVID-19?
- What do we as KP, CSO and communities need to address these challenges?

1.3. Guiding questions for the HIV Civil Society Working Group

- What are the main barriers to the provision of HIV and co-infection / HIV services, including treatment, prevention, diagnosis, engagement for key populations in the context of the COVID-19 pandemic?
- How do you think these difficulties can be resolved in the context of COVID-19?
- How do we gather evidence - research - about this in the context of COVID-19?
- What do we as PLHIV, KP, CSO and communities need to respond to these challenges?

1.4. Guiding questions for the Civil Society Malaria working group

- What are the main obstacles to the provision of malaria control services, including treatment, prevention, diagnosis, "linkages" for key populations in the context of the COVID-19 pandemic?
- How do you think these difficulties can be resolved in the context of COVID-19?
- How do we gather evidence - research - about this in the context of COVID-19?
- What do we as PCs, SCs and communities need to address these challenges?

1.5. Guiding questions for the Human Rights and GBV / Stigma and Discrimination (Human Rights and Gender) working group

- How has the COVID-19 pandemic increased stigma and discrimination?
- How can we deal with these issues related to the stigma and discrimination of our populations in the context of the COVID-19 pandemic?
- What do we need for this?
- How do we collect evidence - do research - on this?

1.6. Guiding questions for the Capacity Building Working Group CSOs and communities of key populations

- What capacities need to be strengthened by CSOs and communities?
- How can we strengthen ourselves?
- How do we collect evidence - do research - on this?
- What do we need to strengthen ourselves?

1.7. Guiding questions for the Community Watch working group

- What are the main difficulties / barriers that communities face in monitoring GF grants, including C19RM, as well as country commitments?
- How can CSOs and communities follow up on GF grants, including C19RM, as well as country commitments?
- What could be the indicators of this monitoring and what would be the sources of verification?
- What resources would we need for this?

1.8. Guiding questions for the Advocacy and Social Mobilization Working Group

- What are the main issues in the response to HIV, tuberculosis, malaria and COVID-19 that require advocacy or social mobilization of CSOs and communities?
- How can we carry out this advocacy or this social mobilization?
- How do we collect evidence - do research - about it?
- What do we need to carry out advocacy or social mobilization?

Work material

TOR for group work
Laptop
Mobile phone
Internet connection
Telecommuting applications
Conference paper
Flip chart table
Scotch

Restitution matrix

Group: Number of participants:	
Location	Date
Constraints	
Opportunities	

Challenges

Activity categories[7]	Needs	Solutions
Health service delivery to key populations		
Community-led monitoring Community-led advocacy and research		
Social mobilization, leadership development and coordination		
Institutional capacity building, planning and leadership		

[7] The priorities of CSOs and communities must be organized according to these intervention categories which correspond to the responses eligible for C19MR funding addressed to CSOs and communities.

development		
Responses to gender-based violence		
Responding to barriers to access health services related to human rights		

Participant list template

Group:					
Location			**Date**		
List of group members					
N°	**Name**	**Organization**	**Population**	**Phone number**	**Email**