

REPORT CARD

HIV PREVENTION FOR GIRLS AND YOUNG WOMEN



SUDAN

COUNTRY CONTEXT:

Size of population:	41,236,378 ¹
Life expectancy at birth (2004):	56.5 years ²
Population living below the national poverty line:	Data not available
Percentage of population under 15 years:	39.5 % ⁶
Youth literacy female rate as percentage of male rate (ages 15-24) ¹ (2004):	84% ⁷
Median age at first marriage for women (ages 15-49):	Data not available
Median age at first marriage for men (ages 15-49):	Data not available
Median age at first sex among females (ages 15-49) ¹⁰ :	Data not available
Median age at first sex among males (ages 15-49) ¹⁰ :	Data not available
Total health expenditure (public and private) per capita per year(2004):	\$24.7 ⁸
Nurses density per 1,000 population (2004):	0.51 ⁹
Contraceptive prevalence rate for women 15 – 49 (2000) ¹⁰ :	7% ¹⁰
Fertility rate (estimate 2000 – 2005):	4.5 children per woman ¹¹
Maternal mortality rate per 100,000 live births (2000):	590 ¹²
Ethnic groups: Black 52% Arab 39% Beja 6% foreigners 2% other 1% ²	
Religions: Sunni Muslim 70% (in north) Christian 5% (mostly in south and Khartoum) indigenous beliefs 25% ³	
Languages: Arabic (official) Nubian Ta Bedawie diverse dialects of Nilotic, Nilo-Hamitic, Sudanic languages English ⁴	

AIDS CONTEXT:

HIV prevalence rate (15 – 49):	1.6% ¹³
HIV prevalence rate in young females (ages 15-24):	Data not available
HIV prevalence in young males (ages 15-24):	Data not available
HIV prevalence in vulnerable groups:	Refugees in camps: 2.3 % ¹⁴ Sex workers: 4.4% ¹⁵
Number of deaths due to AIDS (estimate for 2005):	34,000 ¹⁶
Estimated number of orphans due to AIDS (0-17 years):	Data not available

HIV PREVENTION FOR GIRLS AND YOUNG WOMEN CONTEXT:

Although Sudan is now experiencing a generalised HIV epidemic, as a result of the country's complex history and recent civil wars it is difficult to make generalisations about the epidemic. Key data is still lacking and it is thought that prevalence rates are higher than current statistics indicate, particularly in the south of the country. There is a diverse range of vulnerable groups, primarily women and girls - but also refugees, internally displaced people, mobile cross-border populations, personnel in the uniformed services, tea sellers and long-distance transportation workers – as well as sex workers and men who have sex with men (MSM).¹⁷ Many of the vulnerable groups are very poor, highlighting the distinct link between poverty and vulnerability to HIV. Cultural issues and associated stigma and discrimination continue to hinder efforts, although there is evidence that traditional barriers are beginning to be broken down, particularly in Khartoum and the south. Stigma means that there is a perceived lack of confidentiality within services,¹⁸ and this continues to undermine prevention, treatment, care and support services.

INTRODUCTION

THIS REPORT CARD AIMS TO PROVIDE A SUMMARY OF HIV PREVENTION FOR GIRLS AND YOUNG WOMEN IN SUDAN.

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF), under the umbrella of the Global Coalition on Women and AIDS, and with the support of the United Nations Population Fund (UNFPA) and Young Positives.

The Report Card is an advocacy tool. It aims to increase and improve the programmatic, policy and funding actions taken on HIV prevention for girls and young women in Sudan. Its key audiences are national, regional and international policy and decision-makers, and service providers. It builds on global policy commitments, particularly those outlined in the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting, to follow up on the United Nations General Assembly Special Session on AIDS (UNGASS).

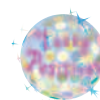
The Report Card summarizes the current situation of HIV prevention strategies and services for girls and young women ages 15-24 years in Sudan. It contains an analysis of five key components that influence HIV prevention, namely:

1. Legal provision
2. Policy provision
3. Availability of services
4. Accessibility of services
5. Participation and rights

It also provides recommendations for key stakeholders to enhance action on HIV prevention strategies and services for girls and young women in Sudan.

The Report Card is the basis of extensive research carried out during 2006 by IPPF, involving both desk research on published data and reports, and in-country research in Sudan to provide more qualitative information. This research is detailed in full within a 'Research Dossier on HIV Prevention for Girls and Young Women in Sudan' (available on request from IPPF).

There are, however, signs of positive progress. The latest government HIV and AIDS Strategic Plan (2004 - 2009) and the Sudan National AIDS Policy (2005-2009) commit to addressing such shortfalls by targeting policies at key vulnerable groups more specifically and reducing stigma and discrimination.¹⁹ Also, voluntary counseling and testing (VCT) is now free of charge and there are no age restrictions placed on accessing sexual and reproductive health (SRH) services, although in reality this is often harder for single young women and girls. Service delivery to women, young people and groups likely to be exposed to HIV is still relatively low, as a result of limited infrastructure and inadequate numbers of qualified personnel to provide the necessary services. Although recent efforts to address this are a move in the right direction, further efforts are required to genuinely form a comprehensive response to this.



KEY POINTS:

- **The basis for marriage is puberty.** Legally, there is no difference between the age at which girls and boys can marry, which is **10 years**. A judge must give his permission for a young girl to marry, the husband must be deemed suitable and the dowry must equal that of her peers.²⁰
- The Sudan National AIDS Programme (SNAP) operates in line with national legislation. **The legal age for accessing an HIV test without parental consent is 18 years**, which is the age of legal accountability according to Family Laws Act 215, the 1991 Law of Sudan.²¹
- There is **no specific age for accessing sexual and reproductive health (SRH) services**. According to Sudan's National Reproductive Health Strategy (2006–2010) services are provided to married couples irrespective of age.²²
- **Abortion is legal only where pregnancy would be life threatening to the woman or as the result of rape or incest** (as long as the pregnancy is less than 90 days).²³ In practice, **abortion is not allowed without the consent of the husband**. In case of his absence, the closest male relative, father or son is requested to sign the consent form, regardless of the woman's age.²⁴
- There is **no specific legislation banning Female Genital Mutilation/Cutting (FGM/C)** although in 1991 the government affirmed its commitment to its eradication.²⁵ Evidence suggests that this practice may increase risk of HIV transmission.²⁶
- The Penal Code of 2003 defines rape as sexual intercourse with a woman against her will or without her consent, **marital rape is not considered an offence**.²⁷
- **Gender based violence** is a serious issue in Sudan, especially in light of the post-conflict environment.²⁸ Despite this, **there is no comprehensive legislation outlawing violence against women**, whether it be domestic violence or outside the home. However, there is a law currently going through the legislative system.²⁹
- In addition to this, cultural taboos prevent many victims of sexual violence from talking, even to health staff. Some women may be afraid to seek medical treatment due to mandatory reporting requirements.³⁰ However **in Southern Sudan an interagency gender based violence working group** was set up in January 2006 by the Southern Sudanese autonomous regional government.³¹
- **Sex work is officially illegal**. However, in some settings it is tolerated by the authorities. Sex workers are also allowed to organise themselves into groups and unions.³²
- In order to address stigma and discrimination, the HIV/AIDS Treatment Scale-up Plan (2005–2009) states that input will be made to ensure that **legislation protecting the rights of people living with HIV (PLHIV) conforms to international good practice standards**, and fully reflects Sudan's international commitments on HIV/AIDS.³³
- **Injecting Drug Users (IDUs) are not recognised as a key vulnerable group** and therefore there is no legislation relating to them.³⁴ In order to enable effective interventions, this will need to be addressed.

QUOTES AND ISSUES:

- "The government decision of **illegalisation of sex work** is helping Sudan in many ways in keeping the prevalence as low as it is now. At the same time it **makes it difficult to approach sex workers with any interventions**." (Interview – Country Coordinator, UN Agency)
- *"I remember once I attended a rape case in court and at the end the **judge blamed the mother** of the victim for leaving her 7 year old daughter unattended so she was raped by their neighbour."* (Interview – Female Youth Peer Educator, NGO)
- "Abortion and sex work are both illegal. However, in reality **people observe cultural norms rather than laws**." (Interview – Male Youth Peer Educator, NGO)
- *"Laws like the one about early marriage are **distorted by the enforcement process**. The same goes for the female genital mutilation (FGM) law."* (Interview – National AIDS Control Programme)
- "The laws are the same for everybody. But especially **for girls, implementation of laws is the real issue, not the law itself**." (Interview – PLHIV Association)
- *As an HIV/AIDS activist, I believe that the **illegalisation of abortion and sex work concentrate the epidemic among young women in Sudan**."* (Interview – Programme Officer and AIDS Activist, NGO)
- There is an **absence of applied laws for the rights of PLHIV**. The other laws are not affecting women's situation badly. The application of the laws is the problem, not the law itself." (Interview – Female VCT Counsellor)



KEY POINTS:

- The National Strategic Plan (2004-2009) addresses the **full continuum of prevention, treatment, care and support interventions** and states policy and programmes should:
 - Enact, strengthen or enforce, as appropriate, legislation, regulations and other measures to eliminate all forms of discrimination against, and to ensure the **full enjoyment of all human rights and fundamental freedoms by, people living with HIV (PLHIV)** and members of **vulnerable groups**.
 - Ensure **vulnerable groups** have comprehensive and **equitable access** to education, inheritance, employment, health care, social and health services, prevention, support and treatment, information and legal protection, while **respecting their privacy and confidentiality**.
 - Develop strategies to **combat stigma and social exclusion** connected with the epidemic.³⁵
- The National Strategic Plan recognises that **a lack of confidentiality** is a contributory factor in undermining prevention, care and treatment efforts.³⁶ The HIV/AIDS Treatment Scale-Up Plan states that **HIV testing** should only be done with **informed consent**, be accompanied by **counselling**, and that **confidentiality** is observed except where an HIV-positive client refuses to willingly notify their sexual partner. The target is to have 20,000 patients on treatment by 2011.³⁷
- The **SNAP National Strategic Plan for 2004–2008** emphasises **multisectoral collaboration** and **community mobilisation** for a coordinated national response. In close collaboration with **civil society**, four parallel health service delivery systems work towards reducing the impact of HIV/AIDS:
 - The **public health system** (primary health care structure, with 300 rural hospitals and referral structures at the state level).
 - The **health services of the police** (including access to all 43 state prisons).
 - The **armed forces health services** (also treating civilians).
 - The **health services of Non-governmental organizations** (NGOs), working with many of the 4 million internally displaced people.³⁸
- It is **official policy** that **voluntary counselling and testing (VCT) services are provided free of charge to everyone**. Services are being strengthened and the training of counsellors is being upgraded to ensure a high quality of service in terms of information provided, **confidentiality and referral** for treatment.³⁹
- The joint SNAP National Strategic Plan, UNICEF and UNAIDS Launch 'Campaign to Galvanize Action' aims to **equip 15 million young people with the information and skills to reduce risks and vulnerability to HIV/AIDS**. It also aims to establish access for all young people to HIV/AIDS prevention as this has yet to be integrated into the wider education system.⁴⁰
- The Ministry of Health's National Policy on HIV/AIDS classifies **vulnerable groups as sex workers, truck drivers, tea sellers, prisoners, soldiers, street children and internally displaced people (IDPs)** and acknowledges that targeting such groups is vital to a comprehensive and effective response. However injecting drug users (IDUs) and men who have sex with men (MSM) are not explicitly categorised as vulnerable groups.⁴¹
- The National Strategic Plan has an objective to ensure that **prevention of mother to child transmission (PMTCT) is provided in public health facilities to 1,500 HIV positive women and their infants by 2009**.⁴²
- Key **national data** about HIV/AIDS is routinely **disaggregated by age and gender**.⁴³

QUOTES AND ISSUES:

- "We are not trying to completely change the culture. We are aiming to **curb the infection by identifying and addressing the key problems**." (Interview – Country Coordinator, UN Agency)
- "I believe that our **politicians are not gender sensitive and not aware of girls' vulnerability to HIV/AIDS**." (Interview – Male VCT Counselor)
- "The **government endorsed policy is comprehensive**. It allows the girls to protect themselves and to improve their situation." (Interview – Programme Officer, Family Planning Association)
- "People in our community should **make themselves aware of the issue of HIV/AIDS, literacy classes are a good point to start with**." (Focus group discussion with young women and girls aged 17-26 years, Hatab village)
- "The government can start by **providing sex education within the school curriculum** and mainstreaming HIV/AIDS in the media." (Focus group discussion with young women and girls [15-19 years], Khartoum)
- "We provide life skills training and family oriented education but no official sex education. We are currently **developing an HIV curriculum in collaboration with the Ministry of General Education**." (Interview – National AIDS Control Programme)
- "The policy of dealing with **sexual violence** deters lots of girls from **reporting rape** and denies them their right of timely use of post exposure prophylactics (PEP)." (Interview – Programme Officer, UN Agency)



KEY POINTS:

- There are **2,497 health facilities providing some form of sexual and reproductive health (SRH) service**. These are **almost all (2,400) within the northern states**.⁴⁴
- The 2006 National Reproductive Health Information Reports say that there are **less than 2,000 health facilities that provide maternal child health (MCH) services** across the **15 northern states**.⁴⁵
- In Khartoum state there are about **20 centres providing voluntary counselling and testing (VCT)**. **VCT services are being strengthened along with HIV/AIDS treatment capacity** in Kassala, Gedaref, Kadugli, Port Sudan, Wau, Juba, Malakal, Khartoum, Senga, El Fashir, Kosti, Damazin, Medani, El Obeid, and Nyala. **In theory, VCT is free and available to all**. However, there are estimated to be 600,000 people living with HIV (PLHIV) in Sudan, and the vast majority do not know their status.⁴⁶
- The **training of counsellors** is being upgraded to ensure a high quality of service in terms of **information provided, confidentiality and referral for treatment**. A few hospitals are already taking the step to **provide VCT services** for those blood donors who wish to know their HIV status.⁴⁷
- **Trained staff and free of charge antiretroviral drugs (ARVs) are in place in 14 locations** in Sudan. These include Bashair and Omdurman teaching hospitals in Khartoum, as well as the teaching hospitals in Kassala, Gedaref, Kadugli, Portsudan, Medani, El Obeid, Nyala, Senga, El Fashir, Kosti, Damazin in the north and Juba, Wau and Malakal in the south.⁴⁸ There are currently 1,600 people accessing antiretrovirals.⁴⁹
- **Access to condoms** remains severely **limited in Southern Sudan** and female condoms are unheard of. In terms of knowledge of prevention methods the population is ill-equipped to deal with a potential escalation in HIV prevalence rates.⁵⁰
- In March 2005 a pilot project for prevention of mother to child transmission (**PMTCT**) **began where trained staff and antiretroviral drugs (ARVs) for PMTCT have been made available in five teaching hospitals in Khartoum, Juba and Gedaref**. The project is to **provide VCT for 50,000 women in order to identify 500 women as pilot recipients of ARVs for PMTCT**.⁵¹ Following evaluation it is hoped that this **project will be expanded** to cover other areas of the country.⁵²
- There are currently **no services for injecting drug users (IDUs) such as needle exchanges**. Also, interventions addressing the needs of other key vulnerable groups are not yet comprehensive or widespread enough.⁵³

QUOTES AND ISSUES:

- "A sex worker told me that they put themselves at risk of **being hit or even raped if they insisted on using the condom** with their clients." (Interview - Project Manager, International NGO)
- "*Nobody talks to the girls about how to protect themselves from sexual harassment, rape and all forms of violence. **Women only get services when they become HIV positive.***" (Interview - Representative of national PLHIV network)
- "Boys say to us, 'do not do something wrong', or, **'you should be conscious and protect yourself'**." (Focus groups discussion with young women and girls aged 17-26 years, rural area)
- "*Girls are the weak part of the sexual relationship but in the AIDS era they have learnt how to protect themselves and boys accept the protection if it is offered in a nice way.*" (Focus group discussion with young women and girls aged 15-19 years, urban area)
- "I believe **services are there with no focus on age or sex**. It is provided in the same places for everybody. Obviously it is totally gender insensitive." (Interview - Programme Officer, Family Planning Association)
- "*In condom availability we are gender biased. ARVs are widely available because we have just started. PMTCT remains available on a small scale and needs to be expanded.*" (Interview - Country Coordinator, UN Agency)
- "What we really **lack is harm reduction interventions for IDUs** because they are perceived as a low prevalence risk group." (Interview - National AIDS Control Programme)
- "*The real gap now is in the services targeting single ordinary girls in schools and universities because people just perceive them as a zero risk group.*" (Interview - Representative of national PLHIV network)
- "They [HIV prevention services] are there at a small scale, but **not at all in the IDPs area or rural setting.**" (Interview - Country Coordinator, UN Agency)
- "*There are no services catering for the special needs of these types of girls (those in vulnerable groups).*" (Interview - Programme Officer, UN Agency)
- "**Theoretically, services are available for every body including girls with special circumstances**, but the community **stigma and cultural barriers are the things that really define the availability** and accessibility for single girls or for those out of school." (Interview - Female VCT Counsellor)



KEY POINTS:

- HIV and sexual and reproductive health (SRH) services are, in theory, equally accessible to women and girls regardless of status.⁵⁴ However, in reality there are **multiple social, practical and financial barriers** to accessing such services, including:
 - **Judgmental attitudes** of services providers, friends and family.
 - **Lack of information** and **low perception of risk**.
 - **Inadequate youth-friendly services**.
 - **Distance** to services and **cost of transport**.
 - **Opening hours** of services.
 - Lack of **confidentiality**.
 - Traditional norms of **gender inequality**.
Many of these barriers particularly affect girls and young women living in **rural areas**.⁵⁵
- Specific efforts are being made to make **voluntary counselling and testing (VCT) services more accessible to members of the classified vulnerable and high risk groups**, and **adapting counsellor training** to meet the needs of those groups, through **greater participation of the target groups in VCT site activities**. Such efforts will include the **training of internally displaced people (IDPs) and community members as counsellors**, and opening service delivery outlets for greater access to specific vulnerable groups.⁵⁶
- The Sudan National Policy on HIV/AIDS commits to **targeting sexually transmitted infections (STIs)** because of their role in facilitating HIV/AIDS transmission. **The government shall advocate for accessible STI services** and ensure that where **treatment for STIs** is not free, it **shall be made affordable and in accordance with the existing cost sharing policy**.⁵⁷
- **Male condoms are free** to patients within government SRH services.⁵⁸ All **sexually transmitted infection (STI) clinics** are required to provide **good quality condoms** to patients.⁵⁹
- Although **equity and universal access** to all are declared as the core values of antiretroviral therapy (ART) policy this has **yet to be fully translated into government spending**, with the possible exception of the **military** whose personnel **can consistently access antiretroviral drugs (ARVs)** procured with government resources.⁶⁰
- HIV and AIDS related **stigma and discrimination issues and issues relating to young people are not included in the basic training curriculum of key health workers** at sexual and reproductive health (SRH) clinics. However, stigma and discrimination training is provided for in the official National Strategic AIDS Programme.⁶¹

QUOTES AND ISSUES:

- **“Cultural barriers are not as strong as perceived, especially in the urban areas.** For instance we used to face strong rejection when we used to disseminate knowledge in eastern states three years ago, but last year people living with HIV (PLHIV) established a branch there and it is functioning efficiently now. So **things are changing.**” (Interview – PLHIV network)
- **“Ironically enough, the more vulnerable you are, the harder it is for you to access the services.”** (Interview – Programme Officer, UN Agency)
- **“Men and boys don’t take their responsibility in protecting young women and girls against HIV/AIDS.”** Interview – Female VCT Counsellor)
- **“The available services help boys change their behaviour and stop practicing unsafe sex, but we don’t know about girls’ behavioural change because sexual activity is not a topic for discussion.”** (Focus group discussion with internally displaced young women aged 15-19 years)
- **“If my father tells me that it is good to use these services, I will want to go there.”** (Focus group discussion with young women and girls aged 17-26 years, rural area)
- **“Cultural barriers, stigma and gender issues, distance and availability of the services plus the cost of transportation are the main barriers.”** (Interview – National AIDS Control Programme)
- **“Society puts an eye on the girls and censors them more than boys, so we are not free to access the services.”** (Focus group discussion with young women and girls aged 15-19 years, urban area)
- **“In Sudan being faithful is taken for granted. Therefore no one perceives their need for protection from HIV/AIDS. It is not accepted for them to go to the services. Not even by the health care providers themselves.”** (Interview – Programme Officer, Family Planning Association)



KEY POINTS:

- Sudan **ratified** the **Convention on the Rights of the Child (CRC)** in 1990.⁶² However, it has yet to sign the **Convention on the Elimination of all Forms of Discrimination against Women (CEDAW)**⁶³ and the **Convention on Consent Marriage, Minimum Age of Marriage and Registration of Marriages (CCM)**.⁶⁴
- The **250 members of the Sudanese People Living with HIV/AIDS Care Association (SPLWHACA)** work extensively, and on a voluntary basis, to provide support to and to educate communities in seven of Sudan's 18 states.⁶⁵ The Juba branch, had 123 registered people living with HIV (PLHIV) (as of February 2005) who had disclosed their sero-status, and two of these were already active as counsellors in the community. However, **in some states, because of stigma, no PLHIV have joined and the networks consist entirely of HIV negative sympathisers**.⁶⁶
- The **Sudanese General Women's Union was the only NGO involved in** identifying HIV and AIDS activities to be implemented as part of the **Treatment Scale-up Plan**.⁶⁷ In order to be more representative, there is a need for more organisations such as this to be involved in these processes.
- An individual member of the Sudanese People Living with HIV/AIDS Care Association (SPLWHACA), is dedicated to **informing and educating the people** of Sudan about HIV/AIDS. They have appeared on numerous **television programmes** and been a **key speaker in many HIV/AIDS-related workshops** throughout Sudan.⁶⁸
- The government has also launched an **AIDS awareness programme**. **Posters** have been placed on street walls around Khartoum proclaiming, **"Let's eradicate AIDS"** and **state television** urges people to **"Get tested – for the sake of your children."**⁶⁹
- A **law** that will **protect the rights** of PLHIV is currently in the legislative system.⁷⁰

QUOTES AND ISSUES:

- "CEDAW is not ratified but there is still a **gap** in implementation for the ratified ones [conventions]." (Interview – National AIDS Control Programme)
- *"I believe that **all the citizens acknowledge the risk of HIV** and they will support any policy (rights-based or not) they feel will protect them from infection."* (Interview – Male Youth Peer Educator, NGO)
- "Some girls don't go to the awareness sessions because **they think that since they don't practice sex they are safe from HIV**, ignoring the other routes of transmission." (Focus group discussion with internally displaced young women [15-19 years])
- *"The government only considers its political position with **little consideration given to the right of the citizen**. If the citizen became aware of their rights they would support what is best for them."* (Interview – Female VCT Counsellor)
- **"Women are involved in all planning & technical groups** working in HIV and AIDS including people living with HIV (PLHIV) but the young age group is not usually represented. The **girls from rural areas usually don't have enough chance to participate in decision making**." (Interview – Country Coordinator, UN Agency)
- *"If there was a clinic or a centre in the area this would **encourage us to participate** more in HIV prevention."* (Focus group discussion with young women and girls, Hatab village, [17-26 years])
- "At the beginning the national response was not rights based but **now people are getting aware of the need to adopt a rights based approach**." (Interview – Programme Officer, Family Planning Association)
- *"The sessions (on HIV and AIDS) are usually **exclusively for boys or girls groups**. Usually, girls get more information and more sessions in the community, but these **sessions are all about the basic facts and nobody provides solutions and options** to improve the situation of protection."* (Focus group discussion with internally displaced young women and girls, [15-19 years])





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- ⁱⁱ The age by which one half of young people ages 15-24 have had penetrative sex (median age)
- ⁱⁱⁱ The age by which one half of young people ages 15-24 have had penetrative sex (median age)
- ^{iv} The percentage of married women (including women in union) ages 15-49 who are using, or whose partners are using, any form of contraception, whether modern or traditional
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- ²¹ Communication with Dr Amani Elkhatim, In-country consultant, June 2007
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RECOMMENDATIONS



Based on this Report Card, a number of programmatic, policy and funding actions are recommended to enhance HIV prevention for girls and young women in Sudan. Key stakeholders – including government, relevant intergovernmental and non-governmental organisations, and donors – should consider the following actions:

LEGAL PROVISION

1. Introduce laws that **prohibit forced marriage** (in line with Islamic beliefs), make **dowries illegal** and raise **the legal age of marriage from 10 to 18** for both girls and boys, whilst **removing the clause that any girl can marry on reaching puberty**.
 - Introduce and enforce specific legislation on:
 - **Prohibiting female genital mutilation and cutting (FGM/C)**
 - Addressing issues of **domestic violence**
 - Addressing **marital rape**
 - Recognising Injecting Drug Users (IDUs), sex workers and men who have sex with men (MSM) as **key vulnerable groups whose specific HIV prevention needs should be addressed**
2. Create a **supportive legal environment** that enables the widespread **distribution of condoms** to all sections of society, including **vulnerable groups** such as sex workers, men who have sex with men (MSM), mobile populations and internally displaced people (IDPs).

POLICY PROVISION

3. Review and strengthen Sudan's action in the light of the aspects of the **Political Declaration on HIV/AIDS** from the 2 June 2006 High-Level Meeting (to follow up on UNGASS) that particularly relate to HIV prevention for girls and young women. These include sections: 7, 8, 11, 15, 21, 22, 26, 27, 29, 30, 31 and 34.
4. Ensure government initiated **comprehensive training of health care workers** on issues relating to **stigma and discrimination** and **privacy and confidentiality** so as to foster an inclusive environment that will not deter people (particularly young girls and women and those in rural areas) from accessing services.
5. Ensure that whatever their context or audience, all sexual and reproductive health (SRH) and HIV and AIDS programmes and policies are holistic and place specific emphasis on:
 - Building awareness and **action on gender** relations by addressing gender norms, such as the tradition of men having multiple sexual partners.
 - Promoting the **involvement of boys and young men** and **facilitating dialogue** between them and girls and young women.
 - Promoting **economic opportunities for girls and young women**, whether it be capacity vocational training, basic education or income generation.

AVAILABILITY OF SERVICES

6. Efforts must be made to ensure that **all sexual and reproductive health and HIV and AIDS services** (VCT, PMTCT, MCH, STIs) are far more **widely available in the south of Sudan**, particularly in areas with a high concentration of IDPs.
7. Ensure that not only **male condoms are free and widely available** to all patients in health clinics, but also the availability of **female condoms at an accessible price for those who want them**, so as to provide women with **greater control and freedom regarding their sexual health**.

ACCESSIBILITY OF SERVICES

8. Ensure that access to **all HIV and SRH services becomes both widely available and accessible** to all **vulnerable groups** including young people, women, mobile and migrant populations and other groups such as IDUs, sex workers and MSM.
9. Take a comprehensive **approach and integrate HIV and AIDS and SRH services within a wider health systems context**, so that users, particularly young women and adolescents, do not feel stigmatised and therefore reluctant to attend. For example, rather than having stand alone VCT centres, **provide health centres where confidential VCT and a range of other services and referrals are available**, particularly in rural areas.
10. Promote prevention services through **mobile clinics** and field workers to ensure that services reach those who currently have the least access in **rural areas**.
11. Build on the success of providing comprehensive antiretroviral therapy for the military to ensure that **antiretroviral drugs are truly accessible for all those living with HIV**.

PARTICIPATION AND RIGHTS

12. Encourage and enable increased involvement of **PLHIV networks in national decision making bodies**. Their involvement is vital to effective and **evidence based policies**, whilst also breaking down traditional barriers relating to **stigma and discrimination** and upholding the rights of people living with HIV (PLHIV).
13. Provide a **platform through the media** for individuals, particularly those living with HIV, to inform the general population about their experiences with stigma and discrimination and **how best to live positively with HIV**.
14. Develop a **comprehensive life skills education** framework, including education on HIV, which can be fully incorporated and implemented into the general education curriculum.

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