

RESEARCH DOSSIER: HIV PREVENTION FOR GIRLS AND YOUNG WOMEN Sudan

This Research Dossier supports the **Report Card on HIV Prevention for Girls and Young Women in Sudan** produced by the United Nations Global Coalition on Women and AIDS (GCWA). It documents the detailed research coordinated for the GCWA by the International Planned Parenthood Federation (IPPF), with the support of the United Nations Population Fund (UNFPA), United Nations Program on AIDS (UNAIDS) and Young Positives.

The Report Card provides an 'at a glance' summary of the current status of HIV prevention strategies and services for girls and young women in Sudan. It focuses on **five cross-cutting prevention components**:

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

The Report Card also includes background information about the HIV epidemic and key policy and programmatic **recommendations** to improve and increase action on this issue in Sudan.

This Research Report is divided into two sections:

PART 1: DESK RESEARCH: This documents the extensive desk research carried out for the Report Card by IPPF staff and consultants based in the United Kingdom.

PART 2: IN-COUNTRY RESEARCH: This documents the participatory in-country research carried out for the Report Card by a local consultant in Sudan. This involved:

Two **focus group discussions** with a total of 19 girls and young women aged 15-24 years. The participants included girls and young women who are: living with HIV; in/out-of/school; involved in sex work; living in urban and suburban areas; and working as peer activists.

Five **one-to-one interviews** with representatives of organisations providing services, advocacy and/or funding for HIV prevention for girls and young women. The stakeholders were: a country representative of an international NGO; a nurse at a national NGO focusing on sexual and reproductive health; a counsellor at an NGO/government voluntary counselling and testing centre; a programme officer of a United Nations agency; and a Technical Adviser of an international donor agency.

Additional **fact-finding** to address gaps in the desk research.



A UNAIDS Initiative
**The Global Coalition
on Women and AIDS**



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Focus group discussion: 17-26 years, rural area

Focus group discussion: 15-19 years, urban area, Khartoum

Focus group discussion: 15-19 years, included some internally displaced people

One-to-one interview: Female Programme Officer NGO, HIV/AIDS Thematic Leader

One-to-one interview: Representative of People living with HIV/AIDS Association

One-to-one interview: Programme Officer, Family Planning Association

One-to-one interview: Country Coordinator UN Agency

One-to-one interview: HIV/AIDS Programme Officer, UN Agency

One-to-one interview: Senior management, National AIDS Programme

One-to-one interview: Female VCT counsellor, local organisation

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One-to-one interview: **Youth Peer Educator, local organisation**

Abbreviations

ARVs	Antiretrovirals
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CIA	Central Intelligence Agency
CRC	Convention on the Rights of the Child
IEC	Information, communication and education
IPPF	International Planned Parenthood Federation
MTCT	Mother-to-Child Transmission
PLHA	People living with HIV
PLWHA	People living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PSI	Population Services International
SRH	Sexual and Reproductive Health
STD	Sexually transmitted disease
STI	Sexually transmitted infection
UNAIDS	United Nations Program on AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCT	Voluntary, Counseling and Testing
WHO	World Health Organisation

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PART 1: DESK RESEARCH

COUNTRY PROFILE

- **Size of population:** 41,236,378 (July 2006 estimate). Note: estimate explicitly take into account the effects of excess mortality due to AIDS; this can result in lower life expectancy, higher infant mortality and death rates, lower population and growth rates, and changes in the distribution of population by age and sex than would otherwise be expected (CIA (2006) The World Factbook – Sudan, <https://www.cia.gov/cia/publications/factbook/geos/su.html> (date accessed 21/03/07))
- **% of population under 15 (0 – 14 years):** 42.7% male and female (CIA (2006) The World Factbook – Sudan, <https://www.cia.gov/cia/publications/factbook/geos/su.html> (date accessed 21/03/07))
- **Population below income poverty line of \$1 per day:** 40% (2004 estimate) (CIA (2006) The World Factbook – Sudan, <https://www.cia.gov/cia/publications/factbook/geos/su.html> (Date accessed 21/03/07))
- **Health expenditure per capita (2002):** \$58 (2002 estimate) <http://www.who.int/ehealth/resources/sudan.pdf> (Date accessed 21/03/07))
- **Contraceptive prevalence rate (%of married women ages 15 – 49):** 10% (1996-2004) (UNDP (2006) (http://hdr.undp.org/hdr2006/statistics/countries/data_sheets/cty_ds_SDN.html (Date accessed 21/03/07))
- **Fertility rates:** 4.72 children born/woman (2006 estimated) (CIA (2006) The World Factbook – Sudan, <https://www.cia.gov/cia/publications/factbook/geos/su.html> (Date accessed 21/03/07))
- **Maternal mortality rate:** 550 per 100,000 live births (1990-2004) (UNDP (2006) http://hdr.undp.org/hdr2006/statistics/countries/data_sheets/cty_ds_SDN.html (Date accessed 21/03/07))
- **Ethnic groups:** black 52%, Arab 39%, Beja 6%, foreigners 2%, other 1% (CIA (2006) The World Factbook – Sudan, <https://www.cia.gov/cia/publications/factbook/geos/su.html> (Date accessed 21/03/07))
- **Religions:** Muslim Sunni Muslim 70% (in north), Christian 5% (mostly in south and Khartoum), indigenous beliefs 25% (CIA (2006) The World Factbook – Sudan, <https://www.cia.gov/cia/publications/factbook/geos/su.html> (Date accessed 21/03/07))
- **Languages:** Arabic (official), Nubian, Ta Bedawie, diverse dialects of Nilotic, Nilo-Hamitic, Sudanic languages, English (CIA (2006) The World Factbook – Sudan, <https://www.cia.gov/cia/publications/factbook/geos/su.html> (Date accessed 21/03/07))
- **AIDS deaths (adults and children) in 2006:** 34,000 (range: 12,000-74,000) (UNAIDS – Sudan, http://www.unaids.org/en/Regions_Countries/Countries/sudan.asp (Date accessed 21/03/07))
- **Adult (15-49) HIV prevalence rate (end of 2006):** 350,000 (range: 170,000-580,000) (UNAIDS - Sudan http://www.unaids.org/en/Regions_Countries/Countries/sudan.asp (Date accessed 21/03/07))
- **Number of women (15-49) living with HIV (end of 2006):** 180,000 (range: 80,000-320,000) (UNAIDS – Sudan) http://www.unaids.org/en/Regions_Countries/Countries/sudan.asp (Date accessed 25/04/06))
- **Number of children (0-15) living with HIV (ages 0-14 years, 2006):** 30,000 (range: 12,000-74,000 (UNAIDS – Sudan) http://www.unaids.org/en/Regions_Countries/Countries/sudan.asp (Date accessed

21/03/07))

- **Estimated number of orphans (0-17 years):** estimated 1,700,000 (UNICEF (2006) http://www.unicef.org/infobycountry/sudan_statistics.html (Date accessed 21/03/07))

PREVENTION COMPONENT 1: LEGAL PROVISION (national laws, regulations, etc)

Key questions:

1. What is the minimum legal age for marriage?

The law establishes the legal age of marriage as 10 for girls and 15 or puberty for boys. There were no reliable statistics on the extent of child marriage.

(US Department of State – Sudan, <http://www.state.gov/g/drl/rls/hrrpt/2005/61594.htm> (date accessed on 21/03/07))

In accordance with the law, the basis for marriage is maturity, the definition of which is given in this report. In Sudanese law, there is no difference between girls and boys in regard to the legal marriageable age, which is 10 years. There is a difference, however, in that, for the marriage of a discerning young girl, the law additionally requires that the judge must give his permission, the husband must be deemed suitable and the dowry must equal that of her peers. This requirement is stipulated out of concern for girls and in order to prevent any form of exploitation.

(Right to Education – Sudan <http://www.right-to-education.org/content/age/sudan.html> (date accessed on 21/03/07))

2. What is the minimum legal age for having an HIV test without parental and partner consent?

In SNAP's practice, it is 18 years, which is the age of legal accountability.

(Sudanese law 1991, family laws act 215)

In the recent past, there has been an upsurge in the opening of VCT service delivery. This is indicated by reports of 48 VCT centres in Khartoum State alone, with another 20 in other states.

(HIV/AIDS Treatment Scale-up plan for the Republic of Sudan 2005-2009 (Draft for Discussion), 30 August 2005
<http://www.emro.who.int/sudan/media/pdf/HivAids%20treatment%20scale%20up%20plan%20July05-Jun07.pdf> (date accessed on 21/03/07))

3. What is the minimum legal age for accessing SRH services without parental and partner consent?

There is no specific age for accessing the services, and it is not necessary for married couples to disclose their ages in order to access the services provided.

(Sudan National Reproductive Health Policy (2005), Federal Ministry of Health, Republic of Sudan)

4. What is the minimum legal age for accessing abortions without parental and partner consent?

Grounds on which abortion is permitted by law of Sudan 1991:

<i>To save the life of the woman</i>	<i>Yes</i>
<i>To preserve physical health</i>	<i>No</i>
<i>To preserve mental health</i>	<i>No</i>
<i>Rape or incest</i>	<i>Yes (conditioned by her request and age of pregnancy less than 90 days only)</i>

<i>Foetal impairment</i>	<i>No (but foetal death yes)</i>
<i>Economic or social reasons</i>	<i>No</i>
<i>Available on request</i>	<i>No</i>

Population Division of the United Nations Secretariat - *Abortion Policies: A Global Review*(2002) <http://www.un.org/esa/population/publications/abortion/profiles.htm>
(Date Accessed 21/03/07)

The practice now is: Abortion is not allowed with out a husband consent, in case of his absent the closest male relative is requested to sign the consent from, father or brother or even son, regardless of the woman's age.

(Communication with in-country consultant, June 2007)

5. Is HIV testing mandatory for any specific groups (e.g. pregnant women, military, migrant workers, and sex workers)?

- **Military**

There is a general perception in Sudan, including among government officials, that the deployment of Peacekeepers will aggravate the epidemic. This is likely to result in a demand for mandatory HIV testing for uniformed peacekeepers, as is currently the case for AU deployments. (DPKO policy supports Voluntary Confidential Counselling and Testing (VCCT), though many TCCs have national policies of mandatory testing. DPKO's policy is currently under review.)

Pro-active and visible HIV/AIDS programmes by the mission are therefore required to counter this perception as well as to respond to the genuine risk of HIV transmission in the mission area. The ultimate goal is to promote positive behavior change both within and outside of the mission. If properly targeted, peacekeepers can become agents of change and ambassadors in sharing education and information instead of being potential vectors of the virus.

UN Mission in Sudan, HIV/AIDS Concept of Operations
<http://www.unmis.org/english/documents/hiv-Conops.pdf> (date accessed on 21/03/07)

- **Migrant workers/visitors**

Officially, people with HIV are not granted a visa and are not permitted to enter Sudan. A negative HIV test result must be presented at a Sudanese embassy or at Khartoum airport in order to obtain a visa. According to the embassy, this requirement is not enforced in practice.

AIDSMAP, Countries and Their Entry Restrictions,
<http://www.aidsmap.com/en/docs/C92D5639-E779-44EC-B8F8-0CECCC23275A.asp> (date accessed on 21/03/07)

6. Is there any legislation that specifically addresses gender-based violence?

Cultural taboos prevent many victims of sexual violence from talking about it outside their own families, even to doctors or nurses. Some women may be afraid to seek medical treatment due to mandatory reporting requirements. To be treated, a victim must fill out a form giving her own name and the name of her attacker. Some women interviewed said that the lack of confidentiality prevents them from reporting the crime and, therefore, from receiving appropriate treatment.

In October 2004, UNFPA was mandated by the UN Country Team to coordinate prevention and care for gender-based violence in Darfur. As detailed below, UNFPA is implementing this mandate through coordination of working groups at the federal and state levels; advocacy for protection and for change in service provision policies; development of guidelines and protocols; and capacity building for NGOs, UN agencies and the government.

As a part of its responsibility for maternal and reproductive health in Darfur, UNFPA also works through implementing partners (NGOs) and the Government of Sudan to provide training and medical equipment and supplies for the management and treatment of sexual violence cases. In collaboration

with WHO, UNFPA is responsible for ensuring access and timely response to the health care needs of survivors.

UNFPA, Responding to Sexual Violence in Darfur,
<http://www.unfpa.org/emergencies/sudan/index.html> (date accessed on 21/03/07)

Sudanese women delegates to the April 2005 Oslo Donors Conference identified GBV (gender based violence) as a key priority area and proposed mechanisms to protect women and girls from exposure to violence. The constitution of southern Sudan affirms the need to equally protect the rights of women and men.

An Interagency GBV Working Group was set up in January 2006. Led by UNFPA, UNDP and UNIFEM, it brings together representatives from other UN agencies (the UN Mission in the Sudan (UNMIS), OCHA, UNHCR and UNICEF), GoSS ministries of Gender, Social Welfare and Religious Affairs and southern Sudanese women's associations. The group has been discussing strategies for developing coherent programming to address GBV issues in South Sudan by exchanging information, minimising duplication and implementing collaborative activities.

Fighting Gender Based Violence in South Sudan, FMReview 27, Lona Elia,
<http://www.fmreview.org/FMRpdfs/FMR27/25.pdf> (date accessed on 21/03/07)

7. Is there an AIDS Law – or equivalent – that legislates on issues such as confidentiality for testing, diagnosis, treatment, care and support?

The Sudanese People Living with HIV/AIDS Care Association (SPLWHACA) was established in 2003 in Khartoum by local HIV/AIDS-infected persons to provide support to the more than 600,000 people with HIV/AIDS in Sudan. The organisation provides counselling to help people to live a normal life and to play a key role in educating their communities about methods of HIV/AIDS contraction and prevention as well as in fighting the stigma surrounding the disease. According to Joseph Jenoro Ochilla, SPLWHACA's head, "The purpose of the counselling is, yes, to provide support but also to instil confidence in the HIV/AIDS-infected person so that they can go out into the community and make people aware of the issue by saying, 'I am HIV positive and that is okay.'"

(Stemming the Flow of HIV/AIDS in Sudan, Shannon Egan,
<http://www.fmreview.org/text/FMR/24/28.htm> (date accessed on 26/03/07))

8. Is there any legislation that protects people living with HIV/AIDS, particularly girls and young women, from stigma and discrimination at home and in the workplace?

Input will be made to ensure that the law protecting the rights of PLWHAs conforms to International Good practice standards, and fully reflects Sudan's international commitments on HIV/AIDS.

HIV/AIDS Treatment Scale-up plan for the Republic of Sudan 2005-2009 (Draft for Discussion), 30 August 2005
<http://www.emro.who.int/sudan/media/pdf/HivAids%20treatment%20scale%20up%20plan%20July05-Jun07.pdf> (date accessed on 26/03/07)

Because of low awareness and possibly stigma, many AIDS patients are reported to stay and die in their homes without ever reporting to the health services.

HIV/AIDS Treatment Scale-up plan for the Republic of Sudan 2005-2009 (Draft for Discussion), 30 August 2005
<http://www.emro.who.int/sudan/media/pdf/HivAids%20treatment%20scale%20up%20plan%20July05-Jun07.pdf> (date accessed on 26/03/07)

9. Are sex workers legally permitted to organise themselves, for example in unions or support groups?

Even among people at special risk of infection (such as sex workers), HIV knowledge is poor and preventive behaviour is rare. When surveyed, more than half (55%) of sex workers said they had never seen or heard of a condom and fewer than 20% (17%) knew condoms could prevent HIV transmission.

UNAIDS Epidemic Update December 2005, Middle East and North Africa
http://www.unaids.org/epi/2005/doc/EPIupdate2005_html_en/epi05_11_en.htm (date accessed on 21/03/07)

A 2005 USAID Baseline report on gender-based violence revealed that women who were widowed during the war are particularly vulnerable to prostitution. Interviewees said that while prostitution was extremely rare before the war, women who have no other means of physical or social protection must turn to sex work in order to survive.

Women War Peace, United Nations Development Fund for Women (UNIFEM), The Impact of the Conflict on Sudanese Women <http://www.womenwarpeace.org/sudan/sudan.htm> (date accessed on 21/03/07)

10. Are harm reduction methods for injecting drug users (such as needle exchange) legal?

Interventions and working with group should be guided by the following:

- *The recognition of the urgency to work with such groups as shown in the situation analysis done as part of the Strategic plan*
- *Understanding the legal and law environment of this group should be part of the project to influence the best interventions.*
- *Authority liaison and support should be part of projects targeting such groups*
- *Government agencies dealing with drug substance abuse in collaboration with*
- *SNAP, NGOs and Faith groups shall strengthen their preventive activities and implement targeted IEC and counselling services for drug substance abusers.*
- *project should include a suitable prevention and control packages on the bases of proper need assessment*

Currently no harm reduction interventions available.

(National Policy on HIV/AIDS, Office of the Minister of Health, Republic of Sudan)

The social stigma attached to HIV/AIDS that exists in all societies is much more pronounced in Muslim cultures due to the religious doctrine regarding illicit sex and drug related practices. There are greater negative sanctions for illicit sexual conduct than drug use. Even if there is a suspicion of illicit sexual conduct, the affected person(s) is discriminated against and shunned by the family as well as by the community. The stigma attached to risk behaviors thus prevents those at risk from coming forward for appropriate counseling, testing and treatment, as this would involve disclosure of their risky practices. This results in creating barriers to successful implementation of prevention and treatment strategies where they do exist.

(Cultural Approach to HIV/AIDS Harm Reduction in Muslim Countries, Memoona Hasnain, <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1298319> (date accessed on 26/03/07))

Discussion questions:

- **Which areas of SRH and HIV/AIDS responses are legislated for?**
- **What are the biggest strengths, weaknesses and gaps in legislation in relation to HIV prevention for girls and young women?**
- **Is action taken if laws are broken (e.g. if a girl is married below the legal age)?**
- **Is there any specific legislation for marginalised and vulnerable groups¹? If yes, is the legislation supportive or punitive? And what difference does it make to people's behaviours and risk of HIV infection?**

¹

Examples include: people living with HIV/AIDS, sex workers, injecting drug users, migrant workers, refugees and displaced people, street children, school drop-outs, lesbians and ethnic minorities.

- To what extent are 'qualitative' issues – such as confidentiality around HIV testing – covered by legislation?
- How much do girls and young women know about relevant legislation and how it relates to them? Are there any initiatives to raise awareness about certain laws?
- Overall, how is relevant legislation applied in practice? What are the 'real life' experiences of girls and young women? What difference does it make to their vulnerability to HIV infection?
- How do the effects of legislation vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

PREVENTION COMPONENT 2: POLICY PROVISION (national policies, protocols, guidelines, etc)

Key questions:

11. Does the current National AIDS Plan address the full continuum of HIV/AIDS strategies, including prevention, care, support and treatment?

According to data from a sentinel survey conducted by the Sudanese National AIDS Control Programme in 2004, HIV prevalence was estimated to be 1.0% among pregnant women, 2.3% among people with tuberculosis and 1.9% among people with sexually transmitted infections. Estimates derived from the WHO/UNAIDS Meeting on HIV Estimations and Projections in 2003 indicate an average adult prevalence of HIV/AIDS of 2.3%. According to national sources, at the end of September 2004, 11 511 cases of HIV/AIDS had been reported to the Sudanese National AIDS Control Programme since the beginning of the epidemic

Assessment of overall health sector response and capacity

The Sudanese National AIDS Control Programme was established in 1987 and has been significantly strengthened in recent years. With strong political commitment from the highest levels, the Sudanese National AIDS Control Programme has developed a National Strategic Plan for 2004–2008 emphasizing multisectoral collaboration and community mobilization 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); and the health services of nongovernmental organizations, working with many of the 4 million internally displaced people. Health system capacity is limited due to poor human resource capacity, a high burden of communicable diseases, low salaries, high staff turnover and uneven geographical distribution of financial and human resources. A national plan for scaling up access to treatment is being developed with support from WHO. Key strategic areas of the plan include fighting stigma and promoting a supportive environment for people living with HIV/AIDS; enhancing the quality and reach of voluntary counselling and testing services; developing human resource capacity; developing infrastructure to enable wider and equitable access to treatment; enhancing coordination with tuberculosis programmes; strengthening the drug procurement and supply management systems for drugs and diagnostics; mobilizing resources; establishing a monitoring and evaluation system for the treatment plan and integrating it with the national HIV/AIDS monitoring and evaluation plan; and reinforcing collaboration of partners from all sectors for scaling up treatment. Efforts are already underway to train health care workers. As of October 2005, 76 health care providers had been trained to deliver antiretroviral therapy in accordance with international standards. Two centres are reported to be currently providing antiretroviral therapy.

Critical issues and major challenges

In general, Sudan's health system suffers from a weak infrastructure in terms of human resources, health service coverage and funds. There are major disparities in the distribution of services and resources between and within states, between rural and urban areas and in states affected by conflict. The availability and accessibility of treatment and care are poor. Major bottlenecks for scaling up treatment and care include a lack of entry points and services for voluntary testing and counselling, weak health care services infrastructure and lack of human capacity in the public system

and civil society. There have been delays in procuring HIV drugs and related supplies due to inadequate and parallel procurement and supply management systems. Stigma and discrimination remain present, even among health workers. Blood-banking facilities and regulations for blood testing do not exist in the south, which also suffers from a serious lack of health care personnel trained in antiretroviral therapy. The south is also experiencing a lack of access to key HIV/AIDS services, including access to information, distribution of condoms, voluntary counselling and testing, preventing the mother-to-child transmission of HIV and providing care for people living with HIV/AIDS, including antiretroviral therapy. The previous delay in finalizing the peace process and the conflict in Darfur are additional challenges to reaching those in need. With the signing of the peace agreement, up to an estimated 3.5 million refugees are expected to return to Sudan, resulting in an urgent need for prevention and care programmes specific to post-conflict situations. In particular, drug distribution mechanisms are needed to supply both remote areas and conflict areas.

(WHO, Summary Country Profile for AIDS Treatment Scale-up, Sudan, http://www.who.int/hiv/HIVCP_SDN.pdf (date accessed on 23/03/07))

Specific sensitisation will be undertaken to secure the support and participation of faith-based stakeholders, including Muslim religious leaders in care and prevention activities. This will be done at national, state and at community level around the sites where treatment is provided.

(HIV/AIDS Treatment Scale-up Plan for the Republic of Sudan 2005-2009 (Draft for Discussion), 30 August 2005
<http://www.emro.who.int/sudan/media/pdf/HivAids%20treatment%20scale%20up%20plan%20July05-Jun07.pdf> (date accessed on 26/03/07))

12. Does the National AIDS Plan specifically address the HIV prevention and SRH needs of girls and young women?

Amongst other things the SNAP, UNICEF and UNAIDS Launch Campaign to Galvanize Action in Sudan aims to target:

- *Prevention: Adolescents and young people age 15-24 account for almost half of all new HIV infections, but the vast majority of young people do not have access to the information, skills and services needed to protect themselves from HIV. In Sudan, the campaign 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 services.*
- *Prevention of mother-to-child transmission (PMTCT): The vast majority of the half-million children under the age of 15 who die from AIDS-related illnesses every year contract HIV through mother-to-child transmission. Yet very few pregnant women have access to treatment to prevent transmission. The campaign aims by 2010 to prevent PMTCT of HIV to 80 percent of women in need. In Sudan, this means ensuring at least 3,000 women receive these services. To that end, a PMTCT response has been introduced in five teaching hospitals throughout the country and it will be expanded in the coming years. The campaign will also improve community and household capacity to reduce PMTCT.*

(Unite for Children Unite Against AIDS, SNAP, UNICEF and UNAIDS Launch Campaign to Galvanize Action, http://www.uniteforchildren.org/press/press_30211.htm (date accessed on 26/03/07))

13. Does the National AIDS Plan specifically address the HIV prevention and SRH needs of marginalised and vulnerable groups, including people who are living with HIV/AIDS?

A target of having 40,000 people on ART by the end of 2009 will be pursued by widening the availability of ART as well as prophylaxis and treatment for opportunistic infections, in an equitable manner, guided by disease burden. Accordingly, it is intended that ART is made available in all states in the medium term, but with more service points being created in states with higher infection rates, and /or to enhance access by particularly vulnerable or high risk groups.

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<http://www.emro.who.int/sudan/media/pdf/HivAids%20treatment%20scale%20up%20plan%20July05-Jun07.pdf> (date accessed on 26/03/07)

14. Does the National AIDS Plan emphasise confidentiality within HIV/AIDS services?

The National HIV/AIDS Policy recognises the limitations caused by stigma and discrimination on utilisation of care and support services, and recommends that provision of HIV testing be anchored in a Human Rights approach. The policy states that HIV testing should be only done with informed consent, be accompanied by counselling, and that confidentiality shall be observed except where an HIV-positive client refuses to willingly notify their sexual partner.

(HIV/AIDS Treatment Scale-up plan for the Republic of Sudan 2005-2009 (Draft for Discussion), 30 August 2005
<http://www.emro.who.int/sudan/media/pdf/HivAids%20treatment%20scale%20up%20plan%20July05-Jun07.pdf> (date accessed on 26/03/07))

15. Does the national policy on VCT address the needs of girls and young women?

No mention of targeting girls and young women specifically.

Specific efforts will be made to make VCT services accessible to members of 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. For instance, these efforts will include the training of IDP community members as counsellors, and opening service delivery outlets for greater access to specific vulnerable groups, as needed.

(HIV/AIDS Treatment Scale-up plan for the Republic of Sudan 2005-2009 (Draft for Discussion), 30 August 2005
<http://www.emro.who.int/sudan/media/pdf/HivAids%20treatment%20scale%20up%20plan%20July05-Jun07.pdf> (date accessed on 26/03/07))

USAID will also support a BCC program targeting vulnerable youth (especially girls) with the aim of reducing high-risk behaviors.

(Health Summary for Southern Sudan, Executive Summary, (10/06/2003),
http://www.usaid.gov/locations/sub-saharan_africa/sudan/sudan_isp_a1.pdf (date accessed on 26/03/07))

16. Does the national protocol for antenatal care include an optional HIV test?

Antenatal care coverage is low and usually lacks tetanus toxoid immunization and other services. There is a near absence of family planning and child spacing information and services.

(Health Summary for Southern Sudan, Executive Summary, (10/06/2003),
http://www.usaid.gov/locations/sub-saharan_africa/sudan/sudan_isp_a1.pdf (date accessed on 26/03/07))

17. Does the national protocol for antenatal care include a commitment that any girl or young woman testing HIV positive should be automatically offered PMTCT services?

The Sudanese National AIDS Control Programme (SNAP) aims to increase access to PMTCT services.

Prevention of mother-to-child transmission (PMTCT): The vast majority of the half-million children under the age of 15 who die from AIDS-related illnesses every year contract HIV through mother-to-child transmission. Yet very few pregnant women have access to treatment to prevent transmission.

The campaign aims by 2010 to prevent PMTCT of HIV to 80 percent of women in need. In Sudan, this means ensuring at least 3,000 women receive these services. To that end, a PMTCT response has been introduced in five teaching hospitals throughout the country and it will be expanded in the coming years. The campaign will also improve community and household capacity to reduce PMTCT. (Unite for Children Unite Against AIDS, SNAP, UNICEF and UNAIDS Launch Campaign to Galvanize Action, http://www.uniteforchildren.org/press/press_30211.htm (date accessed on 26/03/07))

SNAP has produced guidelines for PMTCT and a pilot project for provision of PMTCT plus was launched in March 2005. The project seeks to inform on the applicability of PMTCT in the Sudanese context, and will explore perceptions of health care providers and beneficiaries, identify potential strengths and weaknesses, and compare results to those obtained internationally. It is being implemented in five teaching hospitals located in the capitals of 3 states: Khartoum, Juba and Gadaref, and is to provide VCT for 50,000 women in order to identify 500 women as pilot recipients of ARVs for PMTCT.

HIV/AIDS Treatment Scale-up plan for the Republic of Sudan 2005-2009 (Draft for Discussion), 30 August 2005
<http://www.emro.who.int/sudan/media/pdf/HivAids%20treatment%20scale%20up%20plan%20July05-Jun07.pdf> (date accessed on 26/03/07))

18. Is there a national policy that the protects the rights and needs - including HIV prevention, SRH services, employment opportunities and education - of young women or girls at risk or affected by early marriage?

Hon. Lieutenant General James Loro Seresio, Minister for Environment and Wildlife, stated in his opening address that the workshop (Gender Justice Workshop for South Sudan) is happening at the right moment in Southern Sudan because laws are being formulated and significant changes are expected to address gender equality and the empowerment of women. The Government of Southern Sudan (GOSS) has provided policy instruments designed to protect women and girls and ensure that women's concerns are addressed. What remains to be done is translating these policy instruments into laws and implement them, he added.

(Government of Sudan reaffirms its commitment to women's rights and justice, (14/02/07)
<http://www.sudan.net/news/posted/14132.html> (date accessed on 26/03/07))

19. Is HIV prevention within the official national curriculum for both girls and boys?

The conviction that sustainable development can only be achieved through the acquisition of the basic skills of learning is one of the drivers behind the concern for girls' education. Moreover, it is also seen that the education of girls is one of the most effective means of combating the HIV/AIDS epidemic.

(The Development of Education, National Report of Sudan by the Federal Ministry of Education, General Directorate of Educational Planning (August 2004)
http://www.ibe.unesco.org/International/ICE47/english/Natreps/reports/sudan_ocr.pdf (date accessed on 27/03/07))

20. Is key national data about HIV/AIDS, such as HIV prevalence, routinely disaggregated by age and gender?

Yes.

(UNAIDS Country Indicators
<http://www.unaids.org/en/Regions/Countries/Countries/sudan.asp> (Date accessed 27/03/07))

Discussion questions:

- To what extent are relevant bodies – such as the Ministry of Education, NGO networks,

religious organisations, etc – engaged in policy-making around HIV prevention for girls and young women?

- To what extent do those bodies work in partnership or in isolation? What areas of HIV prevention responses (e.g. behaviour change, counselling, treatment, home-based care) have national protocols or guidelines?
- To what extent do those protocols address the needs of girls and young women, including those that are marginalised and vulnerable?
- What does school-based sex education cover? Does it help to build young people's confidence and skills, as well as knowledge?
- To what extent do policies help to reduce stigma and discrimination? For example, do they encourage people to stop using derogatory language or 'blaming' specific groups for HIV/AIDS?
 -
- To what extent are different areas of policy provision – such as for HIV/AIDS and antenatal care – integrated or isolated?
 -
- What policy measures exist in relation to consent, approval and confidentiality? For example, can girls and young women access services such as VCT without having to notify their parents and/or partner? And are they informed of their right to confidentiality?
- Overall, how are relevant policies applied in practice? What are the 'real life' experiences of girls and young women? How much do they know about them and how they relate to them? What difference do these policies make to their vulnerability to HIV infection?
- How do the effects of policies vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

PREVENTION COMPONENT 3: AVAILABILITY OF SERVICES² (number of programmes, scale, range, etc)

Key questions:

21. Is there a national database or directory of SRH and HIV/AIDS services for young people?

22. How many SRH clinics or outlets are there in the country?

There are less than 2000 health facilities that provide MCH services all over the 15 northern states.

(National Reproductive Health Information Reports, 2006)

23. At how many service points is VCT available, including for young women and girls?

With the support of partners such as WHO and NGOs, the Sudan National AIDS Program is investing resources in the development of VCT services. It is official policy that VCT services are provided free of charge. In Khartoum state alone there are about 20 VCT centres providing VCT. With the support of the Global Fund, VCT services are being strengthened along with HIV/AIDS treatment capacity in Kassala, Gedaref, Kadugli, Port Sudan, Wau, Juba, Medani, El Obeid, and Nyala. 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

² (Refers to the full range of SRH and HIV/AIDS services relevant to girls and young women. These include antenatal care, STI information and treatment, HIV prevention, condoms, VCT and other counseling, positive prevention, treatment of opportunistic infections, care and support, treatment (including ARVs), skills building, economic development, etc).

step to provide voluntary counselling services for those blood donors who wish to know their HIV status. This should be encouraged and supported. However there is still a long way to go. Out of the estimated 600,000 people living with HIV in Sudan, the vast majority do not know that they are infected. This limits their initiative to seek correct treatment. There remains need to commit more resources by the government at federal and state levels as well as non government organisation to make VCT more available and accessible in Sudan. There is also need to have more dialogue on the practice of testing related to travel and residence for foreign nationals. This practice is widespread in the region, and needs a regional consensus. However, individual countries could take the lead, by emulating the example of countries which don't enforce such requirements.

(WHO, HIV/AIDS Sudan Factsheet B, Voluntary Counselling and Testing
<http://www.emro.who.int/sudan/Media/PDF/HIV%20AIDS%20Fact%20sheet%20B-%20VCT%206th%20Mar.pdf> (date accessed on 27/03/07))

Reports of 48 VCT centres in Khartoum State alone, with another 20 in other states, all under the SNAP.

HIV/AIDS Treatment Scale-up plan for the Republic of Sudan 2005-2009 (Draft for Discussion), 30 August 2005
<http://www.emro.who.int/sudan/media/pdf/HivAids%20treatment%20scale%20up%20plan%20July05-Jun07.pdf> (date accessed on 03/04/07))

24. Are male and female condoms available in the country?

Sudan's new health minister, Dr Tabitha Sokaya, has provoked a political storm by publicly advocating condom use to stem the country's HIV crisis.

(Sudanese health minister's advocacy of condoms sparks protest, British Medical Journal <http://www.bmj.com/cgi/content/extract/332/7552/1233> (date accessed on 27/03/07))

Access to condoms remains severely limited in southern Sudan, and health experts are concerned that the population is ill-equipped to deal with a potential escalation in HIV prevalence rates.... The results (from a WHO study in January 2005) were startling: in the town of Rumbek, 520 km northwest of Juba, fewer than four percent of adults could identify two methods of preventing HIV transmission, and only two percent said they had used a condom the last time they had sexual intercourse; in the town of Yei, less than 100 km from the Ugandan border - where a 2003 WHO report estimated the HIV prevalence rate at 2.7 percent - only one in four people had used a condom.

(IRIN, The humanitarian news and analysis service of the UN Office for the Coordination of Humanitarian Affairs, Sudan: War-scarred south ill-equipped to deal with HIV/AIDS <http://www.plusnews.org/report.aspx?reportid=39495> (date accessed on 27/03/07))

Behavioural data is also limited to the 2002 Situation Analysis study which found that... over two-thirds of respondents had never heard of or seen a condom, and less than 10% mentioned its use as a means of prevention.

(HIV/AIDS Treatment Scale-up plan for the Republic of Sudan 2005-2009 (Draft for Discussion), 30 August 2005
<http://www.emro.who.int/sudan/media/pdf/HivAids%20treatment%20scale%20up%20plan%20July05-Jun07.pdf> (date accessed on 21/03/07))

25. Is a free HIV test available to all pregnant girls and young women who wish to have one?

In theory yes, but in reality this is unlikely.

Out of the estimated 600,000 people living with HIV in Sudan, the vast majority do not know that they are infected. There remains need to commit more resources by the government at federal and state levels as well as non government organisation to make VCT more available and accessible in Sudan.

(WHO, HIV/AIDS Sudan Factsheet B, Voluntary Counselling and Testing
<http://www.emro.who.int/sudan/Media/PDF/HIV%20AIDS%20Fact%20sheet%20B-%20VCT%206th%20Mar.pdf> (date accessed on 27/03/07))

26. At how many service points are PMTCT services (such as nevirapine) available for pregnant girls or young women who are HIV positive?

Sudanese guidelines for PMTCT were formulated by the Sudan National AIDS Program (SNAP), and a pilot project for PMTCT was launched officially in March 2005. Under this project, trained staff and ARVs for PMTCT have been made available in five teaching hospitals located in capitals of 3 states namely; Khartoum, Juba and Gedaref. In Gedaref state, the Sudan Family Planning Association branch by end of March 2005 had provided counselling and testing to 262 women, of whom 20 turned out positive and are receiving appropriate counselling with hope that will decide not to conceive as part of PMTCT. This project is currently being evaluated to guide expansion of PMTCT services to other locations in the country.

(WHO, HIV/AIDS Sudan Factsheet D, Preventing Mother-to-Child Transmission of HIV
<http://www.emro.who.int/sudan/Media/PDF/HIV%20AIDS%20Fact%20sheet%20D-%20PMTCT%206th%20Mar.pdf> (date accessed on 27/03/07))

27. At how many service points are harm reduction services for injecting drug users available?

There are no such centres because this strategy was never implemented in Sudan.

(Communication with in-country consultant, June 2007)

28. Are there any specific national projects (such as camps, conferences, and training courses) for boys/girls and young people living with HIV/AIDS?

29. At how many service points are ARVs available to people living with HIV/AIDS?

As of the end of March 2006, trained staff and ARVs were in place in 10 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 in the North. In the South, the services are already functional in Juba and Wau, and are expected to start in Malakal in by the end of April 2006.

At these locations ARVs are provided free of charge. These services have been made possible through the support of a several partners including the Sudan national AIDS program, WHO, The Global Fund and NGOs. Over the next six months, ART will also be made available in Blue Nile, White Nile, and North Darfur states, at locations yet to be determined.

(WHO, HIV/AIDS Sudan Factsheet C, Anti Retroviral Therapy (ART) for advanced AIDS
<http://www.emro.who.int/sudan/Media/PDF/HIV%20AIDS%20Fact%20sheet%20C%20-%20ART%206th%20Mar.pdf> (date accessed on 27/03/07))

30. Are there specific positive prevention services, including support groups, for young women and girls living with HIV/AIDS?

The Sudanese National AIDS Control Programme (SNAP) 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 services.

(Unite for Children Unite Against AIDS, SNAP, UNICEF and UNAIDS Launch Campaign to Galvanize Action, http://www.uniteforchildren.org/press/press_30211.htm (date

accessed on 26/03/07))

Discussion questions:

- **What scale and range of HIV prevention services is available for girls and young women? For example, do programmes go beyond 'ABC' strategies? Do programmes cover social issues (e.g. early marriage)?**
- **To what extent are SRH, HIV/AIDS and broader community services integrated and able/willing to provide referrals to each other? For example, could most SRH clinics refer a girl testing HIV positive to a support group for people living with HIV/AIDS?**
- **To what extent are HIV prevention services available through 'non-traditional' outlets (e.g. religious organisations, youth clubs)?**
- **Are there community programmes on gender awareness/dialogue for girls/boys and young women/men? Do they explore power differences and social 'norms' for sexual behaviour? Is there mentoring, peer support and economic development that targets females?**
- **How available is prevention information and support for girls and young women living with HIV/AIDS?**
- **How available are HIV prevention 'commodities' (e.g. condoms)? How are they distributed?**
 - **How much do girls and young women know about the availability of services, such as where to get condoms or ARVs?**
 - **Overall, what does the availability of HIV prevention services mean in practice? What are the 'real life' experiences of girls and young women? What difference do these services make to their vulnerability to HIV infection?**
 - **How do the effects of availability vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?**

PREVENTION COMPONENT 4: ACCESSIBILITY OF SERVICES
(location, user-friendliness, affordability, etc)

Key questions:

31. Are all government HIV prevention and SRH services equally open to married and unmarried girls and young women?

Yes, in theory.

(Communication with in-country consultant, June 2007)

32. Are all government HIV prevention and SRH services equally open to girls and young women who are HIV positive, negative or untested?

Yes, in theory.

(Communication with in-country consultant, June 2007)

33. Are VCT services free for girls and young women?

A ministerial decree endorsed by the government and stakeholders in March 2004 declared HIV/AIDS a priority disease and recommended that the national response strategy be based on simplified treatment and care guidelines in accordance with international standards. The decree also stated that, under approved HIV/AIDS grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria, services for voluntary testing and counselling and antiretroviral therapy and care for eligible people will be provided free of charge in the public sector.

(WHO, Sudan, Summary Country profile for HIV/AIDS Treatment Scale-up
http://www.who.int/hiv/HIVCP_SDN.pdf (date accessed on 28/03/07))

34. Are approximately equal numbers of females and males accessing VCT services?

UNICEF will promote increased awareness among 2 million Sudanese youth on HIV/AIDS and its prevention, and to increase access to VCT structures and services.

(UNICEF Humanitarian Action, Sudan, Summary for 2005
http://www.unicef.org/emerg/files/sudan_summary2005.pdf (date accessed on 28/03/07))

35. Are STI treatment and counselling services free for all girls and young women?

As the risk behaviour of persons with STDs and HIV is the same, Government attaches top priority to STIs which shall be targeted for early diagnosis, treatment, prevention and control because of their role in facilitating HIV/AIDS transmission. This shall include partner notification, counselling, and validating syndromic management of STIs on regular basis. The following approaches will be adopted by for STDs control.

- *Management of STDs through Syndromic approach would be incorporated into the general health service and primary care level. Active surveillance and research to assess the magnitude and monitor the progress should be implemented.*
- *Technical guidelines and training module should be available to care providers.*
- *A massive orientation-training programme should be undertaken to train all the medical and paramedical workers engaged in providing STDs/RTIs services through a Syndromic approach.*
- *All STDs clinics should also provide counselling services, partner notification and good quality condoms to the STDs patients. Services of NGOs would be encouraged for providing such services at their RH /STIs clinics.*
- *The Government shall advocate for accessible STIs services and ensure that where treatment for STIs is not free, it shall be made affordable in accordance with the existing cost sharing policy.*

(National Policy on HIV/AIDS, Office of the Minister of Health, Republic of Sudan)

36. Are condoms free for girls and young women within government SRH services?

Male condom is available.

(Communication with in-country consultant, June 2007)

37. Are ARVs free for all girls and young women living with HIV/AIDS?

It is government policy for ARVs to be accessible for free to anyone who needs them. There was also a ministerial decree issued in 2006 by the Ministry of Health to distribute ARVs for free.

(Communication with in-country consultant, June 2007)

38. Are issues relating to HIV/AIDS stigma and discrimination included in the training curriculum of key health care workers at SRH clinics?

No not in the basic training, only in the in services training provided by SNAP.

(Communication with in-country consultant, June 2007)

39. Are issues relating to young people included in the training curriculum of key health care workers at SRH clinics?

No, the training is generally with no youth friendly orientation.

(Communication with in-country consultant, June 2007)

40. Are there any government media campaigns (e.g. television commercials and newspaper advertisements) about HIV/AIDS that specifically address prevention among girls and young women?

The government has also launched an AIDS awareness program. Posters plastered on street walls around Khartoum proclaim, "Let's eradicate AIDS." State television urges people to "Get tested – for the sake of your children." Deputy Director of the government AIDS program, Mohamed Siddeeg, says the campaign is working.

"We are seeing a bigger number of cases coming to the hospitals and coming to the voluntary counseling, and testing services," Siddeeg says. "People are finally coming forward and dealing with their illness, instead of hiding in shame."

But according to Musa Bundugu of UNAIDS, although these campaigns are a step in the right direction, much more could be done, with Sudan's newfound oil wealth. He says the Khartoum government wants to rely on foreign money instead of dedicating a local budget to the AIDS epidemic. But there seems to be plenty of money for other projects. "Why do we need to wait till some money comes from abroad if we can make all these beautiful roads in Khartoum?" Bundugu asks. "But who will ride on the roads in the next 10 years? A sick population?"

(An Ironic Byproduct of Peace in Sudan: AIDS, New American Media (26/09/06)
http://news.newamericamedia.org/news/view_article.html?article_id=760c66547e46f37d31586ad1ee8a411c (date accessed on 28/03/07))

Discussion questions:

Are HIV prevention services truly accessible to girls and young women, including those that are marginalised and vulnerable? For example, are they: safe? Affordable? Reachable by public transport? in appropriate languages? Non-stigmatising? open at convenient times?

What are the cultural norms around prioritizing females and males for health care?

To what extent are informed and supportive SRH services accessible for girls or young women living with HIV/AIDS?

What are the client/service provider ratios in different types of HIV prevention services? What is the gender ratio for staff in those services?

Do services make proactive efforts to attract girls and young women? For example, do SRH clinics have separate rooms for young women so that they do not risk seeing family members or familiar adults?

What are the attitudes of service providers to girls and young women, including those who are marginalised and vulnerable? Are they kind, non-judgemental and realistic (for example about young people's sexual pressures and desires)? Can they encourage girls/boys to assess their risks of HIV infection and change their behaviour? Are attitudes generally getting better or worse?

Do HIV prevention information campaigns, etc, target girls and young women? For example, are they culturally and linguistically appropriate? Are materials distributed through appropriate media and outlets?

Is there a national monitoring and evaluation framework? Does it encourage data to be disaggregated (according to gender and age) – to help assess the extent to which girls and young women are accessing programmes and services?

Are referrals and follow-up provided during HIV/AIDS, SRH and antenatal care services for young women and girls?

Overall, what difference does accessibility to services mean in practice? What are the 'real life' experiences of girls and young women? What difference is made to their vulnerability to HIV infection?

How do the effects of accessibility vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

PREVENTION COMPONENT 5: PARTICIPATION AND RIGHTS (human rights, representation, advocacy, participation in decision-making, etc)

Key questions:

41. Has the country signed the Convention on the Rights of the Child (CRC)?

- *Yes, on 02 September 1990.*

(Office of the United Nations High Commissioner for Human Rights - *status of ratifications of the principal International Human Rights Treaties As of 09 June 2004*
<http://www.unhchr.ch/pdf/report.pdf> (Date accessed 28/03/07))

42. Has the country signed the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the Convention on Consent Marriage, Minimum Age of Marriage and Registration of Marriages (CCM)?

- **CEDAW – No, not yet**

(Office of the United Nations High Commissioner for Human Rights – *Status of Ratification of the Principal International Human Rights Treaties (As of 09 June 2004)*
<http://www.unhchr.ch/pdf/report.pdf> (Date accessed 25/04/06))

- **CCM – no.**

(United Nations Treaty Collection [As of 5 February 2002] 3. *Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages* New York, 10 December 1962 <http://www.unhchr.ch/html/menu3/b/treaty3.htm> (Date accessed 28/03/07))

43. In the National AIDS Council (or equivalent), is there an individual or organisation that represents the interests of girls and young women?

44. In the National AIDS Council, is there an individual or organisation that represents the interests of people living with HIV/AIDS?

A Sudanese Association for People Living with HIV/AIDS was formed in 2003, and now has branches in seven states. However because of stigma, in some states no PLWHAs have come out to join the associations, and they still consist entirely of HIV negative sympathisers. However some PLWHAs have come out very actively, such the branch in Juba, which as of February 2005, had 123 registered PLWHAs who had disclosed their sero-status, and two of these PLWHAs were already

active as counsellors in the community.

(HIV/AIDS Treatment Scale-up plan for the Republic of Sudan 2005-2009 (Draft for Discussion), 30 August 2005
<http://www.emro.who.int/sudan/media/pdf/HivAids%20treatment%20scale%20up%20plan%20July05-Jun07.pdf> (date accessed on 21/03/07))

The 250 members of the SPLWHACA (Sudanese People Living with HIV/AIDS Care Association) work around the clock on a voluntary basis to provide support and to educate communities in seven of Sudan's 18 states.

(Stemming the Flow of HIV/AIDS in Sudan, Shannon Egan,
<http://www.fmreview.org/text/FMR/24/28.htm> (date accessed on 26/03/07))

45. Was the current National AIDS Plan developed through a participatory process, including input from girls and young women?

Yes

SNAP SPP report

46. Is there any type of group/coalition actively promoting the HIV prevention and SRH needs and rights of girls and young women?

NGOs and Youth networks like NAYA, also a Youth coalition is in the process of establishment now.

(Communication with in-country consultant, June 2007)

47. Is there any type of national group/coalition advocating for HIV prevention (including positive prevention) for girls and young women?

Youth coalition is currently in process (June 2007).

(Communication with in-country consultant, June 2007)

48. Is the membership of the main network(s) for people living with HIV/AIDS open to young people, including girls and young women?

48. Are there any programmes to build the capacity of people living with HIV/AIDS (e.g. in networking, advocacy, etc)?

50. Are there any girls or young women living with HIV/AIDS who speak openly about their HIV status (e.g. on television or at conferences)?

Asha Ebrahim, SPLWHACA (Sudanese People Living with HIV/AIDS Care Association) information counsellor, became involved with the network when she learnt that she was HIV positive as a result of a blood transfusion. The most difficult thing about living with HIV/AIDS in Sudan, she says, is the harsh treatment by her peers due to the stigma surrounding the disease. "As soon as the man who owns the house I am renting learns that I am positive, I am kicked out. Teachers in the school tell my children that there is no place for them." Despite these difficulties, Asha is dedicated to informing and educating the people of Sudan about HIV/AIDS. She has appeared on numerous television programmes and has become a key speaker in many HIV/AIDS-related workshops throughout Sudan.

(Stemming the Spread of HIV/AIDS in Sudan, Shannon Egan, Fmreview 24
<http://www.fmreview.org/FMRpdfs/FMR24/FMR2428.pdf> (date accessed 03/04/07))

Discussion questions:

- **How are international commitments (e.g. CRC, CEDAW, and CCM) applied within the country?**
- **Is the national response to HIV/AIDS rights-based? For example, does it recognise the SRH rights of women living with HIV/AIDS?**
- **Do key decision-making bodies (e.g. the Country Coordinating Mechanism of the Global Fund to Fight AIDS, TB and Malaria) have a set number of seats for civil society? Are any of them specifically for representatives of girls and young women or people living with HIV/AIDS?**
- **Are HIV prevention programmes generally developed ‘for’ or ‘with’ girls and young women, including those who are marginalised and vulnerable? Are girls and young women seen as ‘implementers’ as well as ‘receivers’ of services?**
- **To what extent are girls and young women aware of decision-making processes? Are they encouraged to have a voice? Are they seen as an important constituency within committees, management groups, etc?**
- **How high are issues relating to HIV prevention for girls and young women (e.g. early marriage and stigma) on the agendas of local leaders and decision-making groups (e.g. district AIDS committees)? To what extent do girls and young women participate in those type of bodies?**
- **To what extent are people living with HIV/AIDS organised, for example in networks? Are girls and young women involved in those bodies?**
- **How are issues of participation affected by stigma? For example, is it safe for people living with HIV to speak openly about their HIV status?**
- **Overall, how are participation and rights applied in practice? What are the ‘real life’ experiences of girls and young women? What difference is made to their vulnerability to HIV infection?**
- **How do the effects of participation and rights vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?**

**PART 2:
IN-COUNTRY
RESEARCH**

Focus Group Discussions

Focus group discussion: 17-26 year olds

Age group: 17 - 26 years

Number of participants: 12

Profile of participants: Included some girls and young women who are from Hatab village: in-school; out-of-school; married, unmarried and all with unknown HIV sero-status

Place: Hatab and Shigla- a village north to the Khartoum state

Date: May 6th 2007

Prevention component 1: Legal provision

What do you know about laws in Sudan that might affect how girls or young women can protect themselves from HIV? For example, do you know about any laws that: allow girls to get married at a young age? Do not allow girls or young women to have abortions? Prevent girls from using services unless they have the consent of their parents?

The age of marriage has a relationship with the spread of HIV virus. Many girls in the FGD believe that getting married at an early age will protect both boys and girls, because no one will have sexual activities outside the marriage log. While a minority in the group, believe that girls are the ones who gets married at an early age; thus this will make young girls more fragile and unable to protect themselves from the threat of catching the virus. e.g., girls will not be empowered enough in early age to ask her husbands and discuss protection issues (using condoms) and so on. If any one asked her husband about such an issue, the consequences might be divorce, but usually girls do not dare to ask or discuss such issues.

Other risks for young girls who get married, negative consequences that result from early marriage. Complications during pregnancy might lead to have blood transfusion which put them at risk.

Prevention component 2: Policy provision:

What type of education have you received about issues such as relationships, sex and AIDS? For example, what have you been taught about your sexual and reproductive health in school?

Little information is available in the school books, in the subject "Family Sciences", it use to have some things on HIV/AIDS and Circumcision, but not any more. It is all about growth and development.

What could the government of Sudan do to fight fear about AIDS in your community?

Awareness programs should be made available; services should be parallel to the awareness activities. Clinics for VCCT should also be provided. Elder people have absolutely no idea about HIV/AIDS, only young and educated persons are to some extent aware about HIV/AIDS; all people should be aware of HIV/AIDS.

People in our community should make themselves aware of the issue of HIV/AIDS, literacy classes is a good point to start with.

Prevention component 3: Availability of service

What sort of HIV prevention services are there for girls and young women in your community? For example, where would you go to get: information? condoms? treatment for a sexually transmitted infection (STIs)? an HIV test?

In our area, in regard to HIV/AIDS, there are no services for VCT in the area, not even for STIs. There was one clinic which was a mobile one; it was concerned with family planning issues. FP clinic personnel they used to help also with minor illnesses, because there is no clinic other than this FP one. But it has stopped since December 2006.

Even then the services for family planning could not be accessed by young girls, because of the fear from the society.

How much do boys and young men know about HIV prevention services in your community? What is their role in supporting HIV prevention for girls and young women?

Some young men and boys know about HIV prevention, but the majority of them do not know". The participants think that young men and boys do help girls and young women to protect themselves from the HIV threat. Such help comes in indirect way e.g., "Boys say to us do not do something wrong!" or something such as "you should be conscious and protect your self" without direct information or even mentioning the HIV in these occasions. Usually it is about keeping good reputation for girls.

What sort of HIV prevention services would you like more of in your community? How would that make a difference to your life?

The availability of services would have a positive impact on people's life in our area, if to be found, because this will allow people to have access to information.

Although there is a need for HIV related services in our area, but people might not make full use of it, the reasons for this might be; fear of stigma, fear of being judged. This might even prevent people who have being diagnosed as HIV positive from using the services.

Condoms are available for married people. Girls avoid seeking condoms if they are not married, because it will be questionable that what unmarried girls do with a condom!

Prevention component 4: Accessibility of services

What are your experiences of using HIV prevention services in your community? In what way have those experiences been good or bad?

The participants received information and gained knowledge only from the family planning mobile clinic. They are absent for a while at the present. But one of the issues that prevent people from seeking these services is that they are inaccessible.

What are the main barriers that you have faced when trying to use HIV prevention services in your community? For example, what difference does it make if a service is: expensive? too far away? unfriendly?

The participants fear the reactions of parents and friends – so most prefer to go to a different neighbourhood in order to minimise the risk of someone finding out that they used a service.

"If my father tells me that it is good to use these services, I will want to go there."

In what way are HIV prevention services easier or harder for particular types of girls and young women to use? For example, what difference does it make if you are: unmarried? out of school? HIV positive?

Girls who are not married find it harder to use the available services if any; similarly girls who does not go to school. Girls who already go out to school or university are having better chances if they choosed to use the services.

Prevention component 5: Participation and rights

Have there been any projects in your community to bring together girls and boys or young women and young men to talk about HIV prevention? If yes, what did they involve and what did they achieve?

No. Generally events to discuss HIV and AIDS in neighbourhoods are for everyone or for youth, but never specifically aim at bringing both boys and girls or young men and young women, at the same time, to talk about HIV prevention.

What would encourage you to get more involved in HIV prevention in your community?

If there is a clinic or a centre in the area this will encourage us to participate more in HIV prevention. Other participants believe that other activities, which are not specifically related directly to HIV, are also encouraging. One of them stated that; their parents consent is very important and a key issue to their participation in HIV prevention activities. Many of the participants were nodding their heads assuring all of the points mentioned.

Summary

What are the 2-3 most important changes that could be made – for example by the government or community leaders – to help girls and young women in Sudan to protect themselves from HIV?

- Services should be made available for all girls, not only the married ones.
- Laws should not allow young girls to get married, as such marriages are not for the welfare of the girl child as well as that; it makes girls more susceptible to catch HIV virus.
- Should have a VCT centres.
- To increase people's awareness.
- To make use of formal and informal gatherings for awareness raising.

Focus group discussion: 15-19 year olds

Age group: 15-19 years

Number of participants: 8

Profile of participants: included some girls and young women who are from Khartoum: in-school; out-of-school; married, unmarried; HIV +ve and unknown status.

Place: NAYA – Network of African Youth & adolescent- office- Khartoum

Date: May 10th 2007

Prevention component 1: Legal provision

What do you know about laws in Sudan that might affect how girls or young women can protect themselves from HIV? For example, do you know about any laws that: allow girls to get married at a young age? Do not allow girls or young women to have abortions? Prevent girls from using services unless they have the consent of their parents?

The participants generally acknowledge that they don't know a lot about laws and regulation. Yet a group of them considered the law of early marriage as protective for the girls and young women since it will secure the girls sexual life in a protected relationship. While another group of participants were concerned about the girls' negotiation ability and risk of inability to get safe sex in an equal power relationship. But in the south for example marrying an old man insure the girl's respect and good treatment. Same controversy applied to illegalization of abortion and CSW; therefore they considered these laws as protective but with some Side effects on increasing vulnerability of the high risk group.

Prevention component 2: Policy provision:

What type of education have you received about issues such as relationships, sex and AIDS? For example, what have you been taught about your sexual and reproductive health in school?

There is no official education about sexual or reproductive life. They got basic information about growth and development as part of the seventh grade school curriculum but it had been taken out now. Those participants who were lucky got extra information from their teachers with personal initiatives and NGO schools who provide anti HIV/AIDS information.

What could the government of Sudan do to fight fear about AIDS in your community?

The government can start by providing sex education within the school curricula. Mainstreaming HIV/AIDS in the media e.g. radio and TV. Talking to people through religious leaders and teach them how to deal with their sexual instincts. Avail the VCT services and make it culture among the girls and young women.

Prevention component 3: Availability of service

What sort of HIV prevention services are there for girls and young women in your community? For example, where would you go to get: information? Condoms? Treatment for a sexually transmitted infection (STIs)? an HIV test?

The participants feel that knowledge is the most available thing, yet not enough for the girls to protect themselves because it is not accompanied by perception of risk and vulnerability among girls. Therefore some girls consider HIV/AIDS information as nonsense and unneeded information for them. Also lack of services hinders the girls from applying this knowledge in life. For instance condom is not available especially the female one. Also the VCT are not available. All in all there are less than forty VCT all over Sudan and most of them are in Khartoum. The worse part is that the girls don't know about the places of the services and when do they offer them.

How much do boys and young men know about HIV prevention services in your community? What is their role in supporting HIV prevention for girls and young women?

It was agreed upon among the participants that boys and young men do have more services available than girls. Because the society accept the boys sexual relationship and don't blame them for it. But still this knowledge is not protective, because those who know condom they don't know

how to use it and where to get it continuously. Nevertheless they don't do any thing to protect the girls. Actual the block all the girls chances of getting any protective services by the stigmatization for the girls who use the services. The protection that girls can have come from the fact that the boys knowledge will be assumingly reflected in more protection and decrease prevalence among boys therefore it will reduce the girls risk of getting the virus from their sexual partners.

What sort of HIV prevention services would you like more of in your community? How would that make a difference to your life?

Awareness raining is the back bone for protection. The VCT is a highly needed service for protecting the girls and it would be more helpful it is provided exclusively for them. If girls can get enough information and more protective services through VCT, they can definitely change their behaviour towards a safer one. Also information will empower girls to take their expected roles and negotiate their sexual life. *"girls are the weak part of the sexual relationship but in the AIDS era they learnt how to protect themselves and boys accept the protection if it was offered in a nice way"*.

If the service is there girls will be able to know their HIV status and act accordingly. And it will allow them to overcome the phobia the sexual active girls feel about their status.

Prevention component 4: Accessibility of services

What are your experiences of using HIV prevention services in your community? In what way have those experiences been good or bad?

Most participants have not used any of the HIV prevention service. But those who had used it had appositive experience. One issue the commented about was the welcoming and positive attitude of the workers in these places, especially the counsellors because they are trained to be user friendly.

What are the main barriers that you have faced when trying to use HIV prevention services in your community? For example, what difference does it make if a service is: expensive? too far away? unfriendly?

It was mentioned by all the participants that the main barrier to access the services in case it is available is the stigma then the socaiocultural barriers. The religious position from the condom is not clear yet and so the policy. Also the acceptance of the condom is very limited. Another barrier is the lack of knowledge about the availability of services. Moreover low perception of risk doesn't make girls go for testing or for other preventive services. *"the society put an eye on the girls and censors them more than boys, so we are not free to access the services"*. Confidentiality is an issue too. Cost and distance is not a big issue in Khartoum but it might be an issue at the states especially the distance.

Prevention component 5: Participation and rights

Have there been any projects in your community to bring together girls and boys or young women and young men to talk about HIV prevention? If yes, what did they involve and what did they achieve?

Some of the participants who use to work as peer educators attend some meetings about HIV/AIDS but not at their community, it was usually in the NGOs and other association where they use to work. And they use to discuss their plans, achievement and challenges they faced at the field work. Other than this no community meetings or projects were held at the community level for both boys and girls.

What would encourage you to get more involved in HIV prevention in your community?

The motives behind their current participation such as the seriousness of the issue, perception of their community vulnerability, good working environment, good opportunity of making an impact, availability of protective services and acknowledgment by their communities can be used as motives for others too. Also sustainability of intervention helps keep the people moral.

Summary

What are the 2-3 most important changes that could be made – for example by the government or community leaders – to help girls and young women in Sudan to protect themselves from HIV?

- Comprehensive strategies to combat HIV/AIDS among girls and young women such poverty reduction, girls' empowerment...etc.
- compulsory girls' education
- Provision of exclusive girls protective services in accessible user friendly settings.
- Stigma elimination interventions

- Care and support for PLWHA.
- Premarital check policy.

Focus group discussion: 15-19 year olds

Age group: 15-19 years

Number of participants: 12

Profile of participants: included some girls and young women who are from an IDPs area: in-school; out-of-school; all single, unknown HIV status.

Place: CAFA – community development NGO- office

Date: May 16th 2007

Prevention component 1: Legal provision

What do you know about laws in Sudan that might affect how girls or young women can protect themselves from HIV? For example, do you know about any laws that: allow girls to get married at a young age? Do not allow girls or young women to have abortions? Prevent girls from using services unless they have the consent of their parents?

Most of the participants were not aware about the laws in Sudan. But they all agreed that the law of early marriage is definitely not protective for the girls. This law will risk the girls' education and empowerment. It will also subject them to extramarital sex if the marriage was planned against their will. Consequently the girls will not be able to protect themselves against the virus. Although they acknowledge their position as against the cultural believe that marriage is protective for girls. Illegalization of CSW is protective since it discourages girls from practicing this business. Other wise more girls would have been CSWs especially during the current socioeconomic context i.e. poverty.

Prevention component 2: Policy provision:

What type of education have you received about issues such as relationships, sex and AIDS? For example, what have you been taught about your sexual and reproductive health in school?

There is some sort of sex education in schools. For instance girls receive some information about anatomy and physiology of reproductive system in seventh grade and some information about HIV/AIDS in eighth grade previously. Also in Biology in 12th grade there are some facts about pregnancy. No thing is ever taught to them about issues such as relationships, sexual rights and AIDS. Generally most of the participants get more information through the activists that work in schools and teach their peers about HIV and AIDS, safe sex.

What could the government of Sudan do to fight fear about AIDS in your community?

Stigma reduction is the corner stone of this. Awareness raising and availing information about HIV/AIDS basic facts and mode of transmission and prevention make people aware about how to protect themselves. Therefore they will not be afraid of the PLWHA and they will accept them in the community to help them live positively. Care and support for reintegration of PLWHA in the community to present their experience in the community.

Prevention component 3: Availability of service

What sort of HIV prevention services are there for girls and young women in your community? For example, where would you go to get: information? condoms? treatment for a sexually transmitted infection (STIs)? an HIV test?

The participants confirmed that awareness raising sessions are continuously provided at the community level and Knowledge is there. Although only five of them heard about condom when the researcher asked about it in the Arabic language. In this community there is one VCT centre but most of the participant heard about it for the first time. Therefore almost all of them have never used it. There is not STIs clinic at the community. Even the services which are available there are provided for everyone, not only for girls and young women.

How much do boys and young men know about HIV prevention services in your community?

What is their role in supporting HIV prevention for girls and young women?

They don't know as much as girls because most of the awareness raising sessions target girls. Plus those who know they don't protect themselves because the condom availability and accessibility is a big issue for them. But actually some try to protect their families but giving information and guidance. No one encourage his family or sisters to go to the VCT because they don't expect them to be in risk.

What sort of HIV prevention services would you like more in your community? How would that make a difference to your life?

Awareness raising although the most available service but still this is mostly needed and it is crucial to enhance the utilization of the other preventive services. Stigma reduction intervention is urgently needed for changing the people's perception and reaction to PLWHA.

Prevention component 4: Accessibility of services

What are your experiences of using HIV prevention services in your community? In what way have those experiences been good or bad?

Most of our participants attended the awareness session but only a couple of them have been to VCT. About three of the participants saw the condom but that was during some training session with Sudanese Red Crescent Association. Generally those who used the services were very satisfied about it. They believe that they got quality services in the sense that it made them feel safe in privacy and confidentiality. It helped them change their lives; change their attitude towards sex and relationships.

"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"

What are the main barriers that you have faced when trying to use HIV prevention services in your community? For example, what difference does it make if a service is: expensive? too far away? unfriendly?

The First and main barrier is the lack of knowledge about the available services' place, time and cost. Then the social stigma is really discouraging girls from getting the services. Also lack of trust on the services' confidentiality and privacy. Plus the low perception of risk is not encouraging girls to go especially those who are not sexual active. The HCPs attitude and some times behaviour that reflect the judgment on girls especially single ones attending VCT or waiting for STIs clinic.

In what way are HIV prevention services easier or harder for particular types of girls and young women to use? For example, what difference does it make if you are: unmarried? out of school? HIV positive?

Generally girls have less access to services regardless of their status. Nonetheless single are the most disadvantages in accessing services, either due to HCPs prejudices or due to self insecurity and perception of this prejudices by the girls themselves. PLWHA now days are getting more special services but the girls among them are also underprivileged. The accessibility is not a system reaction; it is a social reaction and norms. It is socially driven pressure on girls.

Prevention component 5: Participation and rights

Have there been any projects in your community to bring together girls and boys or young women and young men to talk about HIV prevention? If yes, what did they involve and what did they achieve?

Girls and boys never come together at the community- IDP area- to discuss HIV/AIDS issue. The sessions are usually exclusive for boys or for girls alone. Usually girls get more information and more sessions in the community, but these sessions are all about the basic facts and no one provide solutions and options to improve the situation of protection.

What would encourage you to get more involved in HIV prevention in your community?

Spreading information will make more people perceive their vulnerability to the virus. If people know the actual situation they will take it seriously.

"Some girls believe that attending awareness sessions is wasting of time since there is no real risk for them"

"Ignorance is one of the things that make us don't pay attention to the protective measures"

"Some girls don't go to the awareness sessions because they think that since they don't practice sex they are save from HIV ignoring the other route of transmission"

Summary

What are the 2-3 most important changes that could be made – for example by the government or community leaders – to help girls and young women in Sudan to protect themselves from HIV?

- Youth friendly services that accommodate girls' needs in a community like Sudan.
- Recreational activities for girls
- More information through adoption and implementation of peer education strategy

Interviews

Profile of interviewee:

Position: Programme Officer

Title: Khartoum Project Manager - HIV/AIDS Thematic Leader

Sex: Female

Place: Khartoum

General

What is your impression about the general situation of HIV prevention for girls and young women in Sudan? Are things getting better or worse ... and why?

The situation is improving. Now there is more openness, more involvement of the community serving organization and there is more fund getting in the field in Sudan. But it's not enough to meet the needs. It's getting better for urban but the situation is gloomy in the rural areas.

Prevention component 1: Legal provision

In your opinion, what laws in Sudan are making HIV prevention for girls and young women better or worse?

So far there is no legislation, what is coming is just a proposal for a law but this law is not gender sensitive and no focus on the females' or young people needs or expectation. But if we took laws like the one for rape, I think it is not fair at all, it's only two years for rape and it is not deterrent for the rapist. Also the absence of any laws on sexual harassment especially in the work place, don't allow female workers to press charges. The laws of early marriage and FGM/C have some religious implications. Therefore they face implementation problems. Also some FGM practitioners are outside the health system so they don't obey by the medical legislation.

As HIV/AIDS activist, I believe that illegalization of Abortion and CSW gear the epidemic among young women in Sudan.

How does legislation affect different types of girls and young women and their vulnerability to HIV?

Being married may enhance the women's chance of getting some services, but schooling is out of this equation. HIV status may enable some to get to the HIV positive specific services like ARVs etc

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Approval of the law for PLWHA rights; modify the rape, FGM and Abortion regulations to be implementable. Find a solution to legitimize the CSW.

Prevention component 2: Policy provision

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in Sudan better or worse?

All the related policies and protocols are not gender sensitive or right based. The medical norm of provision of ANC and FP services to only married females, therefore reduce accessibility to HIV/Prevention methods.

Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

No sex education for boys or girls. Even the part we managed to include in the curriculum about HIV/AIDS had been modified and taken out of the curriculum.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Gender sensitive, right based policies are highly needed. This will reflect the government active political commitment towards the women's issues

Prevention component 3: Availability of services

What type and scale of HIV prevention services are available for girls and young women in Sudan?

There are no gender sensitive services; in reality nothing is specified for young women and girls. Actually the government directions are not consistent in providing the anti HIV/AIDS services. For example the ministry of health (MOH) provide the condom but the ministry of Interior (MOI) and Ministry of religious affairs stand against the condom promotion at all levels. Most of the government policies and laws about the services are extremely influenced by the socio-cultural norms and regulations. ARV services are freely available for HIV positive people. Voluntary counselling and testing and condoms are available in the capital and some of the urban areas at small scale. Female condoms are not available due to the FGM barrier in utilization. Only married have access to male condom and family planning services.

What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are: Unmarried? Out of school? Involved in sex work? Orphaned? Injecting drug users? Migrants? Refugees? HIV positive*?

Young women are entitled to the services that are offered to the general population with no specification to their needs. But there are no youth friendly services and no female specific services. Nothing is there for young women exclusively.. Some of the high risk groups e.g. CSWs are totally ignored by the health care system. With the push from the global fund now some NGOs provide some services to this group, but its still timid attempts. We are currently involving the CSWs from the medical field in managing their peers from STIs.

"All the services available are gender blind"

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

There is no difference based on gender from the institutional point of view. However, socially and culturally the barriers are too big to be overcome by the females. Conceptually men and boys should be helping women and girls to protect themselves, but actually they put them in more danger, since the knowledge is not directly related to the behaviour. Also the fact that the vulnerability of females is based on the twisted power relation between the two genders is a major issue in this equation.

"CSWs are denied to use the condom because their clients don't like it or they will be less for protected sex"

"A CSW told me that they put themselves at risk of being hit or even raped if we insisted on using the condom with their clients"

Overall, what type of services most urgently need to be increased to improve HIV prevention for girls and young women?

The priority is to

- mainstream HIV/AIDS prevention services
- Adopt the comprehensive approach in providing HIV/AIDS prevention services
- Create gender awareness in the community focusing on women and girls vulnerability to HIV/AIDS

Prevention component 4: Accessibility of services

What are the main barriers to girls and young women using HIV prevention services in Sudan?

Where the services are available the socio-cultural barriers are the most evident in reducing the utilization of the services by the young women and girls. Community stigma is one of this barriers, for instance the community consider the girls who talks about sexual rights are promiscuous. Health care providers' prejudices are playing an important role too. Moreover the health care system stigma stands against some special groups' -e.g. CSWs- access to the services. Also services are not provided in a trust worthy setting and no confidentiality. Also it is not accommodating for the needs of the PLWHA. Therefore they suffer from the health care providers' judgement and stigmatization. Political barriers reinforce the gender gap and power relation in the issue of condom accessibility. Another barrier is lack of knowledge and myths especially among the high risk group e.g. CSWs believe that STIs are an occupational hazard that is part of being professional.

Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

The services are more accessible for those who are married, but schooling is not part of this equation. The PLWHA have more access to the services targeting them which are provided by the NGOs. But general lack of access is promoted by the stigma and perception.

What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

Men and boys make it harder for girls to access the services. By the perception and stigma For instance condom is perceived to be for boys. because it is socially accepted for men and boys to have sexual activity while its totally condemned for girls and young women.

"Single girls are not perceived to be in need for protective measure as if those sexually active boys have sex with girls from Mars and not with those in the same community"

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

- Target both gender in sensitization towards HIV/AIDS preventive measures
- Raise awareness about the girls' greater vulnerability to HIV/AIDS
- Enlighten the men by their role in combating HIV/AIDS among girls.

Prevention component 5: Participation and rights

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Sudan?

CEDAW is not ratified in Sudan yet. But even the ratified conventions like CRC is not really applied e.g. compulsory education is not yet implemented. There is lack of transparency and trust with the government bodies in charge of implementing these agreements.

To what extent is the national response to AIDS 'rights-based'?

Its not at all right based. This is due to the fact that it is not stated as right based, but because its really not right oriented. It is not gender sensitive, not accommodating for some special needs of the beneficiary.

To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level?

The documents were developed in 2002 and at that time the capacity of PLWHA association was not as good as today. Therefore there was not involvement. Now it is getting better. PLWHA association is part of Sudan AIDS Network, CCM and the Khartoum taskforce for the Global fund.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

To include every body in the planning. Expand the focus from health impact to the whole picture of HIV/AIDS. There is an urgent need for a genuine political commitment to handle the epidemic as a real threat not fund driven concern.

"Cultural diversity and geographical expansion is a huge challenge in fighting HIV/AIDS in Sudan"

Summary

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in Sudan?

- Gender sensitive planning
- Inclusion of gender dimension in HIV/AIDS prevention
- Involving the females and young group
- Comprehensive , right based approach to fight HIV/AIDS

Profile of interviewee:

Position : Representative of People living with HIV/AIDS Association

Title : Member of Executive Committee - PLWHA

Place: Khartoum

General**What is your impression about the general situation of HIV prevention for girls and young women in Sudan? Are things getting better or worse ... and why?**

It is getting worse because the knowledge and information is not enough compared to the unprotected sexual activity. We don't have numbers but this is obvious in numbers of the abandoned babies in the orphanage.

Prevention component 1: Legal provision**In your opinion, what laws in Sudan are making HIV prevention for girls and young women better or worse?**

The national law is neutral to the protection of girls against HIV/AIDS. The law for PLWHA rights is in the way for ratification and endorsement. Its not only protecting the PLWHA but also protect the community from them.

How does legislation affect different types of girls and young women and their vulnerability to HIV?

The laws are the same for every body. But for the special girls circumstantial implementation of laws is the real issue not the law itself.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

There should be Cultural intervention because laws are not really influential in the case of young women and girls.

Prevention component 2: Policy provision**What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in Sudan better or worse?**

There is no specific policy for HIV/AIDS control among women. The available policy is not gender sensitive at all. It is important to have policy that caters for the needs of the young women and girls and to focus especially on sex education, violence against women, female condom and behavioural change strategies.

Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

No, as far I know there is no any official sex education. This is one of the problems, because they learn it by experience. No body receive anything about the reproductive rights at all.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

- Focus on youth and women.
- Put a policy for sex education
- The ministry of social affairs should have an intervention that target the young women with life skills

Prevention component 3: Availability of services**What type and scale of HIV prevention services are available for girls and young women in Sudan?**

There is an assumption that single girls have nothing to do with HIV/AIDS since they should remain virgin. Therefore all the interventions target boys and men. Even the messages sent to the girls are about the need for testing the groom before the marriage. *"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"*

What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are: Unmarried? Out of school? Involved in sex work? Orphaned? Injecting drug users? Migrants? Refugees? HIV positive*?

I believe that the special groups get more services now especially the PLWHA, CSWs, IDPs and prisoners although may be in small scale. *"The real gap now is in the services targeting single ordinary girls in schools and universities because people just perceive them as zero risk group"*.

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

The services although better than that provided for girls but still it is not as much as needed. It is provided by NGOs and UN funds. The government is not contributing well to the services. All the services are there but at very small scale. It is a circle, each affects the other. Girls are at risk of being infected by their male partners if infected. Also if the boys are aware of the risk, they can encourage their female partners to get the services.

Overall, what type of services most urgently needs to be increased to improve HIV prevention for girls and young women?

- Knowledge through edutainment and recreational activities under educational themes.
- Empowerment and development programs

Prevention component 4: Accessibility of services

What are the main barriers to girls and young women using HIV prevention services in Sudan?

There is lack of knowledge and low risk perception. Services are not attractive. Care provider's Attitude is a great barrier. Cost is not an issue since services are free. *"I believe that cultural barriers are not as strong as perceived especially in the urban areas. For instance we used to face strong rejecting when we used to disseminate knowledge in Eastern states three years ago but last year PLWHA established a branch there and it is functioning efficiently now. So things are changing"*

Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

Single girls have the least chance of getting the services. CSW is not a big issue in accessibility since the workers are not known in the health facility.

What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

The problem is that the first sexual activity of boys usually took place with a CSW and it is mostly unprotected. Those boys endanger the girl's life by denying them the right of protected sex and also by refusing the premarital check for HIV/AIDS. Although I don't believe that boys have great influence on girls as before.

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

- Establish youth educational centres in an attractive name and settings.
- Provide comprehensive service package.

Prevention component 5: Participation and rights

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Sudan?

They are ratified but they don't have great impact and the government is not doing a lot. It is all NGOs and partners contribution. They are not reflected in the policies and regulations.

To what extent is the national response to AIDS 'rights-based'?

The national response is not based on right because it is not even considered as a priority. The response is just starting to be a national priority issue. Also the media is getting open and active.

To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level?

It is really weak contribution. They contribute as part of PLWHA association and the other bodies in the Global fund task force and CCM. Even those contributing there are the married ones.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

Establishment of youth women group and CBOs

Women empowerment strategy

Summary

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in Sudan?

Adoption of:

- Societal activities
- Edutainment strategies
- Awareness raising
- Premarital check

Profile of interviewee:**Position:** Programme Officer Family Planning Association**Title:** HIV/AIDS coordinator**Sex:** Female**Place:** Khartoum**General****What is your impression about the general situation of HIV prevention for girls and young women in Sudan? Are things getting better or worse ... and why?**

In the last three years it is getting well. The NGOs are providing more services and more funds are allocated for young people.

Prevention component 1: Legal provision**In your opinion, what laws in Sudan are making HIV prevention for girls and young women better or worse?**

Laws neutral but the implementation of it is the issue. Illegalization of abortion is protective, while illegalization of CSW is limiting the intervention against laws.

How does legislation affect different types of girls and young women and their vulnerability to HIV?

From legalization point of view, it is the same for all type of girls. Targeting high risk group is a problem in the sense that it takes the focus from all the non perceived risk groups.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

- Comprehensive package for all the ordinary girls
- PLWHA law should be ratified and applied/ implemented
- Laws should promote the voluntary work with PLWHA.

Prevention component 2: Policy provision**What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in Sudan better or worse?**

The endorsed policy is comprehensive. It allows the girls to protect themselves and to improve their situation.

Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

There is no official sex education. All education is provided via NGOs initiatives and extra curricular activities like health education sessions.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

- More involvement of them in the planning process
- GEPA principle should be adopted. It stands for Great Empowerment of PLWHA.

Prevention component 3: Availability of services**What type and scale of HIV prevention services are available for girls and young women in Sudan?**

There is variety of services available, including VCT, knowledge, STIs management and care, but the female condom is not available. These services are available at urban and semi urban areas but there is nothing available at the rural areas.

What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are: Unmarried? Out of school? Involved in sex work? Orphaned? Injecting drug users? Migrants? Refugees? HIV positive*?

Some services are focused on the high risk groups. But still in urban areas.

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

I believe service is there with no focus on age or sex. It is provided in the same places for every body. Obviously it is totally gender insensitive.

Overall, what type of services most urgently needs to be increased to improve HIV prevention for girls and young women?

- Comprehensive package of services for girls including condom
- Promote gender sensitive VCT services

Prevention component 4: Accessibility of services

What are the main barriers to girls and young women using HIV prevention services in Sudan?

Cultural barriers are the most prominent one. In Sudan single virginity is took 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.

Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

Sometimes being a single is a barrier by itself. From my experience with CSWs that they hardly go for services but they usually go if the centre contain other different services that minimize the stigma.

What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

It is negative effect. They act as a barrier for their families, friends and colleagues for getting to the services.

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

- Youth friendly VCT better to be provided in girl centre.
- Comprehensive educational package.

Prevention component 5: Participation and rights

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Sudan?

They are ratified and dwell implemented but the impact is not obvious.

To what extent is the national response to AIDS 'rights-based'?

At the beginning the national response was not right based but now people are getting aware of the need to adopt a right based approach. Therefore it was incorporated within the endorsed HIV/AIDS policy.

To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level?

They are involved as part of the concern bodies but they not evolved as community or beneficiaries. Also as PLWHA they are part of the decision making process especially in Global fund CCM and taskforce.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

- Stress on the need of participation at all level
- Empower them and raise their knowledge about the situation
- Put laws that favour their participation

Summary

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in Sudan?

- Empowerment and capacity building at the community level
- Give them chances to participate actively
- Enlighten them about their rights and responsibilities
- Work towards reducing cultural barriers for young women and girls

Profile of interviewee:**Position:** Country Coordinator UN Agency**Title:** Country Coordinator**Sex:** Male**Place:** Khartoum**General****What is your impression about the general situation of HIV prevention for girls and young women in Sudan? Are things getting better or worse ... and why?**

It is improving every day because now we know the situation and we know that so far the treatment available. We have more treatment and support for PLWHA much more than two years ago. Now more PLWHA are accepted and they formulated the association and they go public to talk about their situation.

Prevention component 1: Legal provision**In your opinion, what laws in Sudan are making HIV prevention for girls and young women better or worse?**

There is a draft law that protect the PLWHA including women and girls. It is about to be ratified. It will protect their right of respectable life. It will have better impact on the situation.

Sudan is a big country with multicultural and multiethnic population. So the common laws may not be applied in all over the Sudan. The traditional and tribal laws are the one that should be considered in this concern. In the rural areas early marriage is a norm, a cultural issue not a law.

The comprehensive peace agreement made the border of Sudan open and allowed free movement of people through the borders. That created gradual social changes which lead to sexual openness and higher prevalence of HIV/AIDS.

"The government decision of legalization of CSW 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 CSWs with any interventions".

How does legislation affect different types of girls and young women and their vulnerability to HIV?

The cultural laws apply for the special type of girls more than normal girls. But it respects married women more and give them more freedom.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Ratification of the Law is the first step. The government need to have commitment to apply the law, otherwise this will be useless. Also there is need for orientation of key partners about it.

Prevention component 2: Policy provision**What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in Sudan better or worse?**

There is a policy in HIV/AIDS in Sudan but it may need to be reviewed to insure that the rights and needs of young women and girls are well reflected and articulated. It is important to stress the availability of services and accessibility of for young women.

Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

As far as I know there is some information in the curriculum as the anatomy of reproductive tract, menstruation....etc. But HIV/AIDS is another story. I believe there is a venue and an entry point to include information about HIV/AIDS.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The government should take interest to discourage some cultures when there is a need for intervening e.g. in early marriage and wife inheritance. Traditional harmful practices that increase women's vulnerability to HIV/AIDS e.g. FGM need a policy action.

“We are not after changing the culture; we aim at curbing the infection by identifying and addressing the problematic culture”

Prevention component 3: Availability of services

What type and scale of HIV prevention services are available for girls and young women in Sudan?

There is general information on prevention, care and support. VCT are available, but the accessibility is an issue here. They are there at small scale, not in IDPs area or rural setting. In condom we are gender biased. ARVs are available in huge amount because we have just started. PMTCT is a project that is too small to make a noise out of it.

What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are: Unmarried? Out of school? Involved in sex work? Orphaned? Injecting drug users? Migrants? Refugees? HIV positive*?

Things are just kicking off. We are not yet there and time will come to have specialized services that cater for every bodies needs. We intend to provide service for every body but now we don't have specified services for girls and no special consideration for those groups. The best way of doing this is by integrating the HIV/AIDS prevention services within the PHC package.

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

Men and boys have the same scale and variety of services available for girls. Men have a great influence on girls in Sudan. But unfortunately so far this is not a protective effect.

Overall, what type of services most urgently need to be increased to improve HIV prevention for girls and young women?

- More targeted response for institutions e.g. school
- More focus for special groups e.g. Tea sellers because it's an attractive business for young women and girls
- Use media to send messages for girls and young women.

Prevention component 4: Accessibility of services

What are the main barriers to girls and young women using HIV prevention services in Sudan?

Stigma is the key issue. Also lack of knowledge about services. Distance and availability of services itself. I believe that the efforts done by the first lady targets and help girls more than boys.

Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

Some are easier while others are harder. Education create more empowerment and in schools have more access.

What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

The boys' role is protective. But there is a need for more awareness raising beyond the city centre.

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

- Use all the available institutions especially those are for women for fighting HIV/AIDS e.g. schools, universities, national service...etc
- Women collation against AIDS- it is a UNAIDS initiative for gathering all the women groups and NGOs under the umbrella of the first lady to coordinate all the women HIV/AIDS activities.
- Media involvement in anti HIV/AIDS campaign
- Gender sensitive accessible services
- Premarital check

Prevention component 5: Participation and rights

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Sudan?

They are ratified and currently implemented in Sudan

To what extent is the national response to AIDS 'rights-based'?

What the NGOs provide is right-based but the government have a dependency syndrome. The government is not really committed to the HIV/AIDS problem. Though no body is denied the right to any of these services but still the government needs to do more.

To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level?

Women are involved in all planning & technical groups working in HIV/AIDS including PLWHA 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.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

- Strengthen women coalition against AIDS
- Use women institutions for the campaign
- Use media for transmitting the information through integrating the already available women programs
- Enhance parents' participation in the campaign

Summary

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in Sudan?

- Make marriage easier and cheaper
- Involve women's institution in combating HIV/AIDSs
- Mainstreaming HIV/AIDS in all media programs
- Build the capacity for community leaders in combating HIV/AIDSs among young women& girls

Profile of interviewee:

Position: Programme Officer UN Agency

Title: HIV/AIDS Programme Officer

Place: Khartoum

General

What is your impression about the general situation of HIV prevention for girls and young women in Sudan? Are things getting better or worse ... and why?

It is getting worse. The over all situation is getting worse in addition to the female vulnerability to HIV/AIDS. For instance females are more affected by poverty, illiteracy, conflict...etc

Prevention component 1: Legal provision

In your opinion, what laws in Sudan are making HIV prevention for girls and young women better or worse?

Young people are not evolved in formulating the laws and there were no gender or human rights specialise involved. Therefore they are not protective e.g. these laws support male condom rather than female condom and the self protection tools are male oriented

How does legislation affect different types of girls and young women and their vulnerability to HIV?

I'm not much aware about the legislation but generally I believe that married are favoured by the law.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

- Young women and girls should be involved in formulating laws. Because we always put laws on their behalf
- Compulsory girls education

Prevention component 2: Policy provision

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in Sudan better or worse?

The policy of dealing with sexual violence deters lot of girls from reporting the rape and denies them their right of timely use of PEP.

Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

Very limited sex education oriented to biology but nothing about rights.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

- Premarital check
- Promotion for female preventive measures.

Prevention component 3: Availability of services

What type and scale of HIV prevention services are available for girls and young women in Sudan?

Services are still general to every body. We are just about to start YFS. Now there are some awareness raising through youth clubs.

What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are: Unmarried? Out of school? Involved in sex work? Orphaned? Injecting drug users? Migrants? Refugees? HIV positive*?

There are no services catering for the special needs of these type of girls

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

Since services are not need oriented, boys receive more of less the same services as girls.

Overall, what type of services most urgently needs to be increased to improve HIV prevention for girls and young women?

- Avail more gender sensitive services followed by social marketing for them
- Awareness raising against HIV/AIDS
- Behavioural change interventions

Prevention component 4: Accessibility of services

What are the main barriers to girls and young women using HIV prevention services in Sudan?

Low perception of risk among the girls is one huge barrier. Lack of knowledge about the disease. Lack of knowledge about their rights. Contextual factors like cultural barriers, poverty, distanceetc

Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

Every category has its special barriers. The special group are at high risk of getting the infection. *"Sarcastically enough, the more vulnerable you are the harder it is for you to access the services."*

What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

They are playing a negative role by risking the girl lives and deterring them from getting the services when needed.

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

- Avail youth and gender sensitive services
- Review the policies and strategies with gender and human right lens
- Poverty reduction strategies
- Compulsory girls education
- Government related sectors e.g. MOY should take the lead to motivate positive youth living.
- Sex education accompanied by families and parents capacity building to address youth needs and issues.

Prevention component 5: Participation and rights

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Sudan?

CEDAW is not ratified yet and even the ratified conventions are not actively implemented.

To what extent is the national response to AIDS 'rights-based'?

Recently it is getting more right based although the government started the fight against HIV/AIDS 21 years ago. The government don't consider the HIV/AIDS a national priority. This is clear in the very limited resources allocated for it. *Actually the national response can be called any thing but right based. Actually can be considered as a violation of a basic human right, right to live.*

To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level?

Not as far as I know. They are not involved in any decision making process not even with the PLWHA association.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

- Establish a platform to represent the young women and girls and reflect their position
- UNFPA is currently establishing a youth coalition against HIV/AIDS in collaboration with Y-Peers

Summary

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in Sudan?

- More advocacy for active and genuine political commitment both financial and technical
- Gender and human rights sensitive planning and policies
- Plan of action to implement the above mentioned policies.

Profile of interviewee:**Position:** Senior management National AIDS Programme**Title:** Deputy Director**Sex:** Male**Place:** Khartoum**General****What is your impression about the general situation of HIV prevention for girls and young women in Sudan? Are things getting better or worse ... and why?**

It is difficult to draw conclusions in the current situation due to the lack of information. There is high vulnerability due to the conflict situation and instability women face in different parts of the country. On the other hand there is high recognition and commitment for the HIV problem. For instance in period from 2000 to 2006 and according to the Multiple Indicators Cluster survey (MICS) and Sudan House Hold Survey (SHHS) the knowledge about HIV increased from 40% to 75%. Moreover all the available data shows that the prevalence among men is more than that among women yet the source of this data is records of blood donors and travellers to Arab area. Who are predominantly men.

Prevention component 1: Legal provision**In your opinion, what laws in Sudan are making HIV prevention for girls and young women better or worse?**

I would believe that laws like the one about early marriage is distorted by the enforcement process.. The same goes for the FGM law. Illegalization of CSW and abortion is generally protective but it might push people to do it informally and in an unsafe setting.

How does legislation affect different types of girls and young women and their vulnerability to HIV?

The status influence the empowerment situation of girls and influence her knowledge about her rights. Moreover the special groups of girls are more vulnerable to vigorous enforcement of laws.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Activation and incorporating the CPA and interim constitution into the HIV/AIDS campaign. Creation of critical review of laws from human resources and gender point of view.

Prevention component 2: Policy provision**What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counseling and testing – make HIV prevention for girls and young people in Sudan better or worse?**

For instance HIV policy talks explicitly about gender and women's rights. Recently women empowerment policy was endorsed. This policy itself is a great step towards achieving the empowerment. The challenge is getting from policy to practice. Especially for this age group which is either not taken into consideration or planned for by the older age groups. Yet in this region Sudan is the best scenario, since part of the prevention package is to target the youth as a high risk group. We have to acknowledge the fact that we lack a proper culturally sensitive implementation mechanism.

Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

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.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

I believe we have good policy but some elements are missing. For instance, institutionalize the ASRH and thinking in life cycle approach for girls and young women.

Prevention component 3: Availability of services

What type and scale of HIV prevention services are available for girls and young women in Sudan?

Treatment, ARVs and VCCT are provided for free, while the STIs management were free at small scale in special centres. Male condom is freely provided but the uptake is very low compared to the anticipated needs for societal and cultural reasons. The female condom is not available. Now we are evaluating the VCT guidelines from gender point of view to mainstream gender in VCCT. There are also mass media campaigns.

What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are: Unmarried? Out of school? Involved in sex work? Orphaned? Injecting drug users? Migrants? Refugees? HIV positive*?

We have dropping centres running by some NGOs, peer education programmes and out reach in some cities targeting the CSWs. What we really lack is harm reduction interventions for IDUs because they are perceived as a low prevalence risk group.

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

The same package provided for both sexes. We can assume that in a situation like Sudan where the society is patriarchal one, boys and young men's knowledge and practice has a great influence on their female's partners or families.

Overall, what types of services most urgently need to be increased to improve HIV prevention for girls and young women?

Youth gender sensitive friendly services that provide quality ASRH comprehensive package that includes STIs, FP, HIV prevention and VCCT.

Prevention component 4: Accessibility of services

What are the main barriers to girls and young women using HIV prevention services in Sudan?

Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

Cultural barriers, stigma and gender issues, distance and availability of the services plus the cost of transportation are the main barriers. Also the HCPs negative attitudes play a major role here. I think only age plays a role in accessing the services.

What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

Participation of boys and young men in HIV prevention campaign is challenging in this phase. They still imply stigma on girls who might need to use the prevention services and VCCT.

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

Scaling up the services and availing comprehensive gender sensitive package.

Prevention component 5: Participation and rights

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Sudan?

CEDAW is not ratified but still the gap for the ratified ones exist between ratification and implementation. These conventions are known to the involved people in the ratifying institutions. It only exists in the minds of the elite. It has no implications in the public minds.

To what extent is the national response to AIDS 'rights-based'?

It is within the national legal and policy context of the country. We are doing our best to incorporate the human rights convention in the policy.

To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level?

They were part of it for instance some NGOs that cater for the young people were there e.g. youth fro children.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

Girls' empowerment using quota system

We are currently establishing a youth coalition which will girls better chance for participation.

Summary

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in Sudan?

Capacity building for youth organization

Provision of gender sensitive youth friendly services

Gender sensitive policy that catering for the young girls needs

Profile of interviewee:

Position: Counsellor, local organisation

Title: VCT counsellor

Sex: Female

Place: VCT centre, Khartoum

General

What is your impression about the general situation of HIV prevention for girls and young women in Sudan? Are things getting better or worse ... and why?

It is getting worse. Girls are not able to protect themselves. Although knowledge is available but within the context of globalization, there is now enough intention for protection. The curative services are getting all attention, while the preventive part is ignored.

Prevention component 1: Legal provision

In your opinion, what laws in Sudan are making HIV prevention for girls and young women better or worse?

Absence of applied laws for PLWHA rights. The other laws are not affecting the women's' situation badly. Application of laws is the problem but not the law itself.

How does legislation affect different types of girls and young women and their vulnerability to HIV?

Laws don't cater for the status of women. But in the case of CSWs they are totally ignored because they are illegal.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

- Rape law should be more deterrent
- Public health laws should be activated
- Application of already ratified laws and regulation that has some influence on the females' vulnerability to HIV/AIDS.

Prevention component 2: Policy provision

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in Sudan better or worse?

Some policies are not gender sensitive. Currently the VCT policy in universities is helping young girls there.

Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

No. there is no any type of sex education and especially at schools.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Policies are there but they are not put in action and people are not aware of them. Yet policy should focus on behavioural change rather than awareness rising.

Prevention component 3: Availability of services

What type and scale of HIV prevention services are available for girls and young women in Sudan?

Starting from knowledge, VCT, STIs management and care are all available at the capital Khartoum and the capitals of the states- but in the rural area there are no HIV/AIDS prevention services.

What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are: Unmarried? Out of school? Involved in sex work? Orphaned? Injecting drug users? Migrants? Refugees? HIV positive*?

Theoretically services 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 out of school. PIWHA get more exclusive services and they are keen to look for it.

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

Ideally the services available for men and boys are the same as those available for women and girls. They some times go to the same place for the services, that may impact the utilization by girls.

Overall, what type of services most urgently needs to be increased to improve HIV prevention for girls and young women?

- Some exclusive services for girls that are youth friendly
- There is a need for youth clubs exclusively for girls so they can go for recreational as well a educational activities including HIV/AIDS services.

Prevention component 4: Accessibility of services

What are the main barriers to girls and young women using HIV prevention services in Sudan?

Stigma, cultural barriers. They can not even access cultural gathering or edutainment places that can be used as a source of information about HIV/AIDS prevention. The confidentiality is an issue too, plus the attitude of the health care providers.

Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

Generally married have more access especially when they are accompanied by their husbands. Also they have more freedom of movement. HIV status is not of value since they don't disclose their status.

What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

Actually they put them in more risk. For instance forcing them to unprotected sex, sexual harassment and rape. Brothers are usually protective but some times they push girls unintentionally towards risk by e.g. early marriage of girls, marriage of young girls to husband living away for long times and they just meet for few weeks on holidays. "Men and boys don't take their responsibility in protecting young women and girls against HIV/AIDS"

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

- Focus on behavioural change and enhancement of utilization
- Work with the special groups of girls

Prevention component 5: Participation and rights

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Sudan?

CEDAW is not ratified. Even those ratified are not applied due to cultural barriers and lack of active political commitment. Females are not aware of their rights and there is no any institutional effort for enlightening them. They are not aware of what to do and where to go in case they had problems.

To what extent is the national response to AIDS 'rights-based'?

The government only consider its political position with a little consideration to any right of the citizen. If the citizen became aware with their rights they will support what is best for them.

To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level?

Only as staff in the involved institutions but as beneficiaries they were not at all involved.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

- Make them aware of the HIV/AIDS policies and laws

- Empower them to be able to participate effectively
- Enlighten them about their rights and the impact they can create on the community

Summary

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in Sudan?

- Review the policy, laws and regulations to accommodate the young women and girls needs
- Target the special young groups of women e.g. CSWs and Tea sellers with special programs to combat HIV/AIDS
- To work towards better attitudes toward HIV/AIDS prevention services.

Profile of interviewee:

Position: Counsellor, local organisation

Title: VCT counsellor

Sex: Male

Place: Counselling Office, Khartoum

General

What is your impression about the general situation of HIV prevention for girls and young women in Sudan? Are things getting better or worse ... and why?

At the national level it is not getting better e.g. as in Darfur the violence and the conflict and rapid population mobility put them in great danger. on the other hand Khartoum is definitely better in the knowledge and services part, but the prevalence is much here.

Prevention component 1: Legal provision

In your opinion, what laws in Sudan are making HIV prevention for girls and young women better or worse?

Other than the yet to come law for PLWHA rights, the laws are not supportive at all. For instance the laws are still criminalizing those who promote and even carry it. FGM/C law. Generally laws are not gender sensitive.

How does legislation affect different types of girls and young women and their vulnerability to HIV?

Enforcement of the law is the issue. Laws are flexible with married and divorced women, at least the social norms. *"Society see the divorced as promiscuous so her vulnerability is justified and accepted"*. Norms are stricter in rural areas.

Another thing is during enforcement of law CSWs usually suffer a lot e.g. violence, sexual harassment and rape at the police stations.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Promoting suitable age of marriage

Compulsory girls' education

Change the laws about the condom

Activate FGM/C law

Prevention component 2: Policy provision

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in Sudan better or worse?

Taking the VCT policy, it is not gender sensitive. Moreover the sex education policy is not clear. *"I believe that our politicians are not gender sensitive and not aware of girls' vulnerability to HIV/AIDS"*

The employment policy, regulations and girls working environment put them in risk of sexual harassment and rape. Media policy in tackling sexuality and HIV/AIDS related issues.

Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

No official education. Its all coming from the peer educators, internet and space channels. So nothing about rights.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Focus on:

- Sex education
- Girls empowerment
- Gender sensitive policy
- Compulsory girls education
- Change work regulations and policy for girls

Prevention component 3: Availability of services

What type and scale of HIV prevention services are available for girls and young women in Sudan?

There is a huge gap in knowledge between Khartoum and other states. In Khartoum almost everything is available: Knowledge, VCT, PMTCT and routine testing during ANC is starting up soon. With special service for PLWHA like ANC, FP and social support. So there is a continuum of care. PLWHA also share their experience with others during awareness sessions.

What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are: Unmarried? Out of school? Involved in sex work? Orphaned? Injecting drug users? Migrants? Refugees? HIV positive*?

The above mentioned services are supposedly available for all the girls with no exception e.g. VCT is for every body including special groups of girls.

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

As I said the services are made available for all kind of people with no exception and zero gender sensitivity.

Overall, what type of services most urgently needs to be increased to improve HIV prevention for girls and young women?

Avail comprehensive gender sensitive services at national scale focusing on awareness raising and condom promotion

Prevention component 4: Accessibility of services

What are the main barriers to girls and young women using HIV prevention services in Sudan?

Stigmatization starts from the girls herself and the community and also among the HCPs. Also confidentiality concern, fear of being asked about their marital status, lack of knowledge and low perception of risk are all barriers. CSWs don't go to the services because they believe that going to the services may affect their reputation among the clients.

Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

It is much easier for married women to go to the services, because the sexual activity is justified and accepted. They PLWHA also access their exclusive services better.

What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

They should help them but actually they don't encourage the girls. Although some boys believe that every body is vulnerable because of the general wave of promiscuity among girls, still they don't perceive the vulnerability of the girls they know e.g. sisters, friends, colleagues etc.....

"Generally knowledge and behaviour are not directly related in the young people's life"

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

Provide girls with special services at the most convenient and reachable places for them especially schools. These services should be youth friendly with gender sensitive and need oriented providers.

Prevention component 5: Participation and rights

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Sudan?

"The international conventions are in a crisis in Sudan". Although some are ratified the implementation is based on the government position and interest.

To what extent is the national response to AIDS 'rights-based'?

The response is right based especially for women and PLWHA. Although some people still believe that PLWHA law will give them too much. I believe the law is man's right based and no consideration of the women especially the young.

To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level?

They are not involved as women or beneficiaries, but as women association and groups. Such representation is not intentional; it is just by accident and they are rarely young.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

- To make it organized participation through active young women's bodies.
- To make their participation more active and efficient.
- Empower them to be up to the challenge as groups and as individuals

Summary

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in Sudan?

- Gender sensitive Sex education curriculum
- Gender awareness for policy makers and stake holder in Sudan
- Gradual sustainable girls empowerment
- Compulsory girls education

Profile of interviewee:

Position: Youth Peer Educator, local organisation

Title: Youth Peer Educator for Peer Education NGO against HIV/AIDS

Sex: Female

Place: Khartoum

General

What is your impression about the general situation of HIV prevention for girls and young women in Sudan? Are things getting better or worse ... and why?

It is getting better. At least people can talk about it now. Although girls know they don't apply this knowledge.

Prevention component 1: Legal provision

In your opinion, what laws in Sudan are making HIV prevention for girls and young women better or worse?

Generally the laws are not protective to girls against HIV/AIDS. For instance the laws about the rape are not supportive and even the implementation is influenced by the cultural norms. *"I remembered once I attended a rape case in court and at the end the judge blamed the mother of the victim that she left her 7 years daughter unattended so she was raped by their neighbour"*. Also the age of marriage and the planned marriage system is still put the girls in the risk of HIV/AIDS.

How does legislation affect different types of girls and young women and their vulnerability to HIV?

It has nothing to do with the special needs because laws are considered to be neutral.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Laws need to be gender sensitive

Girls' protective laws especially in high risk places like the females' dormitory

Social support laws

Review the family laws to cater for the girls needs and rights.

Prevention component 2: Policy provision

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in Sudan better or worse?

Policies are not supportive for girls and at all not gender sensitive.

Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

No there is no any official type of sex education and this is one of the root causes of the problem.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

- Sex education policy
- Gender sensitive policy

Prevention component 3: Availability of services

What type and scale of HIV prevention services are available for girls and young women in Sudan?

VCT, male condom, STIs management, knowledge are available at urban setting. Though services are available but they are not sustainable. But the rural areas lack these services.

What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are: Unmarried? Out of

school? Involved in sex work? Orphaned? Injecting drug users? Migrants? Refugees? HIV positive*?

Although services are provided generally, those special groups lack the services.

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

Boys receive more services but they don't know about it places. There for most of the boys don't know about the services provided for girls so they don't encourage girls to use them.

Overall, what type of services most urgently needs to be increased to improve HIV prevention for girls and young women?

Youth clubs providing educational activities

Girls vocational and recreational centre

Prevention component 4: Accessibility of services

What are the main barriers to girls and young women using HIV prevention services in Sudan?

Stigma, cultural barriers, lack of knowledge, distance, cost of the services, lack of confidentiality and HCPs stigmatizing attitudes deter girls from accessing the services.

Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

Usually married have more access to services. Because they face less stigma.

What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

No actual role now. Boys deny the girls from their right to use condom. They refuse to help the girls with the knowledge. Moreover they stigmatize those who go for the services.

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

- Provide affordable and accessible services
- Gender sensitive and youth friendly services

Prevention component 5: Participation and rights

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Sudan?

Some are not ratified and even those ratified are not implemented. Because ratification is donor driven and due to the international pressure.

To what extent is the national response to AIDS 'rights-based'?

It is not right based and actually I believe that the citizens' rights are not taken in consideration in the equation. It is based on the government position.

To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level?

Participation is even less than 20%. Girls don't acknowledge the effectiveness of their participation in the planning process. Girls are not empowered and those who dare to participate publicly are usually stigmatized by the community.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

- Empower girls and enlighten them about their rights.
- Give girls chance to participate
- Orient them about their vulnerability to risk

Summary

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in Sudan?

- Provide education through girls clubs
- Facilitate the girls access to services
- Enhance girls chances of participation

Profile of interviewee:

Position: Youth Peer Educator, local organisation

Title: Youth Peer Educator for Sudanese development NGO

Sex: Male

Place: UNV FGM Project Khartoum

General

What is your impression about the general situation of HIV prevention for girls and young women in Sudan? Are things getting better or worse ... and why?

It is a complex issue. For instance knowledge is increasing while girls don't use it in life practices. But generally I believe it is getting better.

Prevention component 1: Legal provision

In your opinion, what laws in Sudan are making HIV prevention for girls and young women better or worse?

It is endangering girls' lives. For example there is not law for premarital check. Also the law of age of marriage is jeopardizing the girls' negotiation ability for doing test and practicing safe sex. More over the law governing the working condition of girls is not clear and not active, therefore teenage workers usually face sexual harassment. *"Illegalization of abortion and CSW is protective though generally people watch the cultural norms rather than laws".*

How does legislation affect different types of girls and young women and their vulnerability to HIV?

The implementation of law is discriminating against these high risk groups. For instance tea sellers are usually at risk of sexual violence after their detainment by police forces. Plus no law observe in schools or single girls rights.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

- FGM/C law
- Age of marriage low
- Law about working condition for girls

Prevention component 2: Policy provision

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in Sudan better or worse?

One important policy is the one about VCT. Also the condom policy is not publicly promoted. Lack of Premarital check policy. Gender sensitivity of the services.

Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

Not actually, because what is there is growth and development. Also most teachers are not capable of desensitizing the issue and discuss it fairly with the students

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

- Premarital check policy
- Gender and Culturally sensitive condom promotion
- Gender and culturally sensitive sex education policy
- Gender and culturally sensitive policy to promote and provide VCT
- Gender and culturally sensitive sex education policy

Prevention component 3: Availability of services

What type and scale of HIV prevention services are available for girls and young women in Sudan?

If we are talking about service provided to this age group then it is only knowledge and it is provided by NGOs and not public services.

What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are: Unmarried? Out of school? Involved in sex work? Orphaned? Injecting drug users? Migrants? Refugees? HIV positive*?

The ordinary girls who are single and go to school don't have any specialized services. While the services offered for married is only for the women not the couples.

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

Boys receive information and condom through VCT and peer educators. The thing that protect the girls from getting the infection form their male partners.

Overall, what type of services most urgently need to be increased to improve HIV prevention for girls and young women?

- Provide premarital check
- Gender sensitive VCT services
- Peer education programs in schools and universities

Prevention component 4: Accessibility of services

What are the main barriers to girls and young women using HIV prevention services in Sudan?

Cultural barriers, lack of knowledge, distance, cost of the services, lack of confidentiality and gender insensitivity discourage girls from going to the services.

Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

Usually married have more access to services. CSWs are the most disadvantaged group because of the lack of time and money.

What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

Actually it is not a big role now. They just protect themselves by condom and information.

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

- Comprehensive services in convenient places and affordable costs
- Knowledge about the services provided
- Gender sensitive and youth friendly services

Prevention component 5: Participation and rights

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Sudan?

Some are ratified. CRC is implemented but slowly and with very slight impact at the community level.

To what extent is the national response to AIDS 'rights-based'?

It is not right based for sure. It is actually based on the government orientation and position from any issue. *"I believe that all the citizens acknowledge the risk of HIV/AIDS and they will support any policy they feel will protect them from the infection"*

To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level?

They have limited participation although they try to convey their voices and position.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

- Provide gender awareness for decision makers
- Socialization of girls as equal with boys
- Provide them with more chances of participation

Summary

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in Sudan?

- Poverty reduction strategies
- Promote VCT
- Promote premarital check
- Gender sensitive policies
- Advocate for safe age of marriage.