



The Republic Of Sudan  
Sudan National AIDS Council



# Sudan National Strategic Plan and Sectoral Plans on HIV/AIDS

## 2004-2009



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# Foreword

There is an international consensus that HIV/AIDS epidemic has become one of the leading causes for morbidity for high rate of mortality especially among youth, the productive sector of the population. The epidemic is therefore a major threat to development in the developing countries. National and international attempts to combat the disease need to be enhanced and reinforced.

In the Sudan, fighting HIV/AIDS is on the top of our national priority plans. Pertinent government agencies are making enormous efforts, and have achieved laudable results in spite of many challenges we are facing and the limited resources, to control the disease. However, with the advent of peace and the expected return of Sudanese refugees from Diaspora and neighbouring to rise. The government of Sudan has, therefore, set a five-year plan to support antiretroviral drugs, help people living with HIV/AIDS. Protect their rights, change the gloomy image created by the epidemic and tackle problems resulting from stigmatization and discrimination associated with AIDS. Eight line ministries, NGOs and civil society organization will be fully involved, in collaboration with the international community, donors and partners, to ensure effective implementation of this strategic plan. In this regard, we look forward for additional resources and support of the international community to enforce our national efforts to combat the disease.

It is my passionate wish to see the complete eradication of this evil by the end of the present plan if not sooner.

*Omer Hassan Ahmed El-Bashier*

*President of Sudan*

# Introduction

Sudan is a vast country with an area of 2.5 million square kilometres, which makes it the largest country in Africa. Sudan is neighbouring nine African countries namely: Egypt, Ethiopia, Eritrea, Kenya, Uganda, Republic of Congo, Republic of Central Africa, Chad and Libya. Sudan is multicultural, multiethnic with different local dialects. The majority of the people in the northern states are Muslims and speak Arabic, while in the south the people are predominantly pagans and the majority speak local African languages. With the introduction of the federal system in 1994, the country was divided into twenty-six states, each with a state government under a governor (Wali) appointed by the President.

Sudan population is estimated at 32.5 million in the year 2002, of which about 70 percent live in rural areas, 25 percent in urban areas and about 5 percent are nomads. Eighty percent of the population still depend on agriculture and livestock production. Currently, the percentage of the population living below the poverty line is estimated between 70-90%. The annual population growth rate is 2.6 percent. During the last two decades, the country had witnessed a remarkable process of urbanization that resulted in the change of life style and expansion of towns. The literacy rate in the country is low and the majority of the population about 70% can not read and write.

The long and devastating civil war in the south has resulted in the worst internal displacement problem in the world. The United Nations estimated that there are four million internally displaced people. The political instability in some of in Sudan and in some neighbouring countries has lead in establishing large refugee communities in Sudan and of Sudanese outside Sudan, which are going to increase the movement of more people. Displacement increases the number of vulnerable groups, and has an adverse effect on HIV/AIDS control especially when coming from high HIV/AIDS prevalence countries.

During the last twenty years the health policies in the Sudan has witnessed major changes. Health services are no longer provided free of charge. Individuals have to pay for health care services including laboratory investigations, imaging and medication. In addition due to the economic difficulties there has been a remarkable attrition of qualified health personnel as many immigrated abroad.

# **Background, Scope of the Epidemic and National Response**

The first case of HIV/AIDS was diagnosed in the Sudan in 1986. Since then the prevalence of the disease is on the increase. In 1987, Sudan National AIDS Control Program (SNAP) was established. During the period 1987 – 1998, two short term plans and two medium term plans were formulated. WHO assisted SNAP to develop two short term plans (STP) i.e. 1987/1988 and 1989/1990, the major objectives of which were to formulate policies and strategies to assess the epidemiological situation in three priority regions, support laboratory services and launch health education campaign. A medium term plan (MTP) was formulated for the period 1989 – 1993 with the ultimate goal of reducing HIV transmission and reducing morbidity of HIV infection. The strategies used include epidemiological assessment, case management, health education and support for the laboratory services. Services were extended to more states and states AIDS committees were formed. A national blood-screening network was planned, laboratory technicians were trained to carry out serological tests and HIV sero-diagnostic kits were provided.

In collaboration with UN agencies, national international NGOs and civil society organizations a second MTP was developed for the years 1994 – 1998. The plan aimed at prevention of HIV infection, reduction of personal and social impact of HIV/AIDS and mobilization of resources for the prevention and control of HIV transmission.

The data and information available about HIV/AIDS prevalence and the knowledge, attitude and behaviour of the population with regards to HIV/AIDS was not sufficient for the formulation of comprehensive strategic plan. In 2001, SNAP formed a National Strategic Plan Process Task Force. The task force was assigned to carry out a national epidemiological, behavioural and response analysis surveys that could provide the necessary information to formulate the national plan for the period 2003-2007. The response analysis was conducted to assess the commitment of the different Government ministries, national, international and civil society organizations to address the HIV/AIDS problem.

The results of the response analysis revealed that invariably there were no strategic plans for controlling HIV/AIDS at government both at federal and state levels, private sector, civil society organizations and NGOs. However, there was strong political commitment expressed by all decision makers in the government departments, private sector, civil society organizations and NGOs. Though this commitment was not realized in terms of strategies, action plans and programs implementation to combat HIV/AIDS. The fragmented and sporadic activities related to HIV/AIDS were carried out as part of the components of reproductive health activities. Initiatives to combat HIV/AIDS are usually proposed by external funding agencies i.e. UNAIDS, UNFPA, WHO, UNICEF and NGOs. There is lack of voluntary or involuntary testing of blood for HIV/AIDS, except in some blood banks and the National Health Laboratory for those who seek work in the Gulf.

The survey conducted showed a HIV prevalence of 1.6 % in the general population with higher prevalence in certain regions, 4.4 % among refugees and 4% among sex workers. It is estimated that there are between 440-550,000 PLWHA, the largest population of PLWHA in the Middle East and North Africa. Sexual transmission is the main mode of infection (79%), followed by

lack of universal precautions and blood safety, and mother-to-child transmission. Behavioural surveys indicate very low levels of knowledge and adoption of prevention practices, misconceptions and stigma to PLWHA.

## **The goal and objectives of the Plan**

The goal is to reduce the prevalence of HIV/AIDS to a level that renders HIV/AIDS not to be a public health problem through a multi-sectoral national response.

## **The objectives of the Plan**

### *The objectives are:*

1. To maintain the current level of HIV/AIDS prevalence at less than 2% by 2009
2. To reduce AIDS morbidity, mortality and improve the quality of life of people living with HIV/AIDS
3. To build the capacity of the different partners involved in the prevention and control of HIV/AIDS and to enable them to participate effectively in the national response
4. To mobilize political and community leaders to ensure their commitment, coordinate national (government and private sector) and international resources for HIV/AIDS prevention and control activities

## **The specific objectives**

- To increase awareness and knowledge about HIV/AIDS, its mode of transmission and methods of prevention including increase condom use from less than 5 to 70 percent.
- To encourage traditional beliefs and practices that will enhance the positive behaviour that enable the youth to get married, discourage illegal sex outside the marriage boundaries and discourage negative sexual behaviour among youth, university students and other risk groups.
- To review current legislation for combating communicable diseases and include HIV/AIDS in the list of communicable diseases
- To organize, implement and well planned information dissemination, advocacy campaigns targeting all sectors concerned with the HIV/AIDS problem including government authorities, private sector, NGOs, civil society organizations, the community and people living with HIV/AIDS so as to:
  - Ensure commitment of the state, the community and the families of people living with HIV/AIDS to shoulder responsibility for provision of treatment, counselling and nursing care. Ensure better understanding and commitment of members of the family, community and the state to shoulder responsibility of meeting the needs of PLWHA and their right to treatment, counselling and care.
  - To consolidate efforts to promote the social status of the people living with HIV/AIDS and to mitigate the stigma associated with the HIV/AIDS infection.
- To ensure availability of treatment for STIs in all health units throughout the country

- To eliminate transmission of HIV/AIDS through blood transfusion by screening the blood donation in all health units
- To use appropriate methods to reduce mother to child transmission of HIV/AIDS
- To provide voluntary testing and counselling in government and private health institutions
- To provide treatment including antiviral therapy, treatment for opportunistic infections and nursing care for people living with HIV/AIDS.
- To strengthen the HIV/AIDS surveillance system and provide the information that will assist in the monitoring and evaluation of the prevention and control measures.
- To encourage research that will assist in the control of HIV/AIDS
- To organize and support the managerial component of SNAP

The plan takes into consideration the geographical and the cultural characteristics of the communities in the different parts of the country. High priority is given to elements of capacity building of human resources (health, social etc) at the peripheral level (state, province, communities etc) to ensure effective decentralization of the responsibilities and activities of the different stakeholders in HIV/AIDS control and strengthening partnership among the different key players.

It is recommended that awareness about HIV/AIDS modes of transmission, advocacy, consequences and correction of wrong believes is to be raised by effectively using available channels i.e. media, health workers, friends and the family. Assisting of the high-risk groups, to mitigate the risk of infection, by furnishing job opportunities. It is a prerequisite to screen donated blood in all government and private health facilities. Kits should be made available for the blood banks. Activities such as prevention of mother to child transmission, HIV/AIDS counselling, treatment and nursing care, management, monitoring and evaluation and conducting of research were also recommended.

# **Sector obligations within the National Response to the HIV/AIDS Epidemic**

Although the Ministry of Health has taken responsibility to co-ordinate the prevention and control of the HIV/AIDS in the country, all sectors are expected to play an active role in the resource mobilisation, planning, implementation and monitoring of the national response. All sectors have an obligation to budget, initiate and integrate activities geared towards addressing HIV/AIDS in Sudan.

As already decided, each sector has identified someone as focal point to co-ordinate HIV/AIDS activities.

The Federal Ministry of Health is however expected to provide technical support to all sectors. Sectors on the other hand are also expected to closely collaborate with their relevant partners. All sectors have developed HIV/AIDS prevention and control strategic and activities plans.

## ***The following are the priority responsibilities of all the sectors:***

- To develop sector specific plans on HIV /AIDS, strategic and yearly plan of actions, for implementation at National and State levels.
- To allocate its own resources to implement its sector plan on HIV/AIDS. Supplementary resources will be mobilised through the donor communities.
- To educate everybody within the sector, from the top Management to lowest rank on HIV/AIDS.
- To develop, obtain and disseminate information materials on HIV/AIDS to all it's employees and sector beneficiaries.
- To make available protective devices to it's sector workers and beneficiaries.
- To provide care and support, to the infected and affected employees within the sector.
- To review it's policies, to do away with any form of discrimination.
- To submit progress reports on HIV/AIDS activity plans to the National AIDS Executive Council on HIV/AIDS for monitoring and evaluation within the sector.

For Sectors that are not specified (e.g. NGOs, Churches, Traditional Leaders, Labour Unions...) their responsibilities are like for those Sectors in line with the objects of the respective Organisations.



# Management and coordination

*At the central level the AIDS programme could be managed at three levels, namely:*

1. the policy making level, by a National AIDS Council; to show the government commitment to the HIV/AIDS control program, the National council should be patroned and include the highest government authorities.
2. inter-sectoral co-ordination level, as well as central level implementation, by the National Multi-sectoral AIDS Co-ordination Committee; this is the overall coordination body where membership includes all partners.
3. Ministry of Health advisory and supervisory level by the National AIDS Executive Committee; that is the implementation level and include focal points from different sectors to facilitate the implementation of the plan.

**The responsibilities and membership of each committee are to be defined:**

*The responsibility of the SNAP at the federal level could be:*

- the secretariat to the Executive committee.
- the development of the national plan and strategies providing technical support for all partners and organizations involved in the control activities.
- to maintain an efficient national HIV/AIDS surveillance system and to act as a focus for the collection, analysis, documentation and dissemination of health information related to HIV/AIDS and
- to ensure the availability of drugs necessary for the treatment of STDs opportunistic infection and HIV/AIDS.

The Ministry of Information has also a coordinating role to play in the information development, production, broadcasting, printing and dissemination of HIV/AIDS information. He should:

- liaise with all sectors for the development of IEC material,
- make a National IEC plan of action
- make an inventory and centralized all information material as well as
- ensure its dissemination through all existing media.

The ministries of education have to coordinate the integration in the formal curricula all necessary HIV/AIDS information at primary, secondary and university level to ensure knowledge of pupils, students and youth.

At state level, there should be a state council to carry out the coordinating responsibility, level chaired by the Governor. The state AIDS coordinator could act as the secretariat of this state council.

Job descriptions specifying the responsibilities and authorities of the different units and the relations with the other concerned ministries should be clearly stated.

# Budget areas

## Social Mobilisation

### **Raising the awareness about HIV/AIDS:**

The surveys carried out in different parts of the country showed that awareness about HIV/AIDS was low. In some of the communities surveyed people were not aware of AIDS and many have not heard about it. Even in communities where HIV/AIDS is known, many don't know its mode of transmission, how transmission could be prevented and the serious consequences of the HIV infection. Among the government authorities few people know about the magnitude of the problem. There are also wrong perceptions and beliefs about the HIV infection and its transmission. Based on these wrong beliefs, the attitude towards individuals living with HIV/AIDS is associated with wrong stigma and the possibility of being cared for is not encouraging.

To raise the awareness about HIV/AIDS is then necessary. It is important to provide all relevant information about the HIV infection and its modes of transmission, the consequences of different preventive measures including the condom use and the correction of the wrong believes. All different media channels (TV, Radio, newspapers, health education sessions by the health workers in the different health institutions & public lectures in the different civil organizations and at the work place) can be used and the religious, cultural and traditional characteristics of the different communities should taken into consideration.

Budgets should be made available for training and for the production of the educational materials to be disseminated through these channels. All sectors have a role to play, but some are critical ones to address the communities i.e. Ministry of Information (Radio and TV, newspapers etc), Ministry of Guidance (Mosques and churches), private sectors, national and international NGOs and civil society organizations.

The National AIDS Control Program (NACP) should provide the technical support and the necessary educational materials needed for raising the awareness.

There is also a need for the health workers to provide information about trained individuals living with HIV/AIDS coming to different health facilities. HIV/AIDS should be included in the curricula of all health training institutions and in-service training. The Ministry of Health, the national program should arrange for training of personnel from the ministries that provide health services e.g. Ministry of Interior and Ministry of Defence.

AIDS should be included in the curriculum of all education institutions including primary, secondary and university levels.

High priority should be given to raising awareness among the high-risk groups. In addition to raising awareness other measures that could have impact on HIV transmission among those groups should be taken. For some groups economic factors are the main underlying cause for

increasing the risk of HIV transmission. Gender bias against women should be addressed, for instance working opportunities for women engaged in making local beer or selling sex should be provided to improve their socioeconomic status. Support should also be provided for university students living away from their families to enable them to live a decent life. Encouraging and facilitating marriage for adults who are not able financially or other wise to marry as this could reduce the risks that result from illegitimate sex. Ministry of Social Planning, private sectors, NGOs and civil society organizations could undertake these measures.

## **Sexual behaviour change:**

Sexual transmission accounts for the majority cases of HIV/AIDS reported in the Sudan. To prevent and control HIV/AIDS transmission through the sexual behaviour, it is important to encourage abstinence, discourage illegal sex outside the marital boundaries and encourage traditional believes and practices that will encourage the youth to get married. It is also important to raise the awareness regarding the protected sex including the use of condom and make condoms available for use.

## **Advocacy:**

Sufficient information should be made available to ensure better understanding and commitment of the different government authorities, private sector, civil organizations and the community to shoulder the responsibility of meeting the needs of individuals living with HIV/AIDS their rights to earn their living, get the necessary treatment, counselling and care by members of the family, community and the State. All efforts are to be joined in mitigation of the stigma associated with HIV/AIDS/STIs in our society. This requires well thought of activities targeting policy makers, decision-makers and the community to facilitate integration and acceptance of individuals living with HIV/AIDS in their communities.

## **Prevention**

### ***Prevention of Transmission Through Blood Transfusion:***

Screening of all donated blood in all government and private health facilities before transfusion should be mandatory. Kits should be made available for the blood banks in all hospitals for blood screening. In collaboration with the National Health Laboratory, and the National Blood Banks Authorities, SNAP should organize for training of all the technicians to enable them to test for HIV/AIDS.

## ***Prevention of Mother-to-Child Transmission:***

Transmission from mother to child could take place through the placenta, during birth or through breast-feeding. This component of the HIV/AIDS control activity should be integrated with the maternal and child health services. Special orientation and training for the obstetricians and midwives should be provided to minimize the mother to child transmission. HIV/AIDS positive and individuals living with HIV/AIDS should be well informed about the risk of transmission, counselling and care for HIV/AIDS/STIs and mothers should also be informed.

## **Care and support**

### ***Management of Sexually Transmitted Diseases:***

Sexually transmitted infections increase susceptibility of the individuals to HIV infection. High priority should be given to the treatment of STIs especially in areas and among the high-risk groups. The syndromic approach for the management of STIs should be adopted, the medical staff should be trained and the necessary drugs should be made available in the clinics.

### ***HIV/AIDS Voluntary Testing and Counselling:***

Facilities for voluntary testing and counselling for all individuals should be made available and accessible. The NACP should train counsellors who could provide the services where needed. Priority should be given to the states, especially those known to have relatively high prevalence of HIV/AIDS/STIs.

### ***Treatment and Nursing Care:***

AIDS should be included in the curricula of medical schools and all health and nurse training institutions. Drugs for the treatment of opportunistic infections and ARV should be made available and medical care should be provided. Treatment and care should be integrated within the existing health care system. This necessitates the orientation and training of professionals and nursing staff.

### ***Decentralization and Capacity Building:***

Decentralization of HIV/AIDS related interventions should be encouraged as well as building of local capacities at state level with regards to HIV/AIDS activities (i.e. planning, implementation, monitoring and evaluation). Other sectors should also be encouraged to do so in planning their strategies and actions for HIV/AIDS control.

SNAP is to play a strong role and provision of support and building capacity at state level with special emphasis to states with high prevalence rates.

## ***Surveillance, Monitoring and Evaluation:***

As mentioned above the program needs a competent unit with qualified epidemiologist, statistician, social scientist & pathologist to be responsible for surveillance & monitoring & evaluation. The unit will also be responsible for training & providing support for the units in the states. Similar units should be established in the states in collaboration with the department of epidemiology in the Federal Ministry of Health. The base line epidemiological & behavioural survey organized by the task force was carried out with participation of health staff from the different states and that provided good opportunities for building up the capacity of the health and laboratory staff in the states. This makes it possible for the health staff in the states to carry out similar surveys whenever necessary and to monitor the situation and assess the impact of the control activities.

Sentinel sites should be established and all relevant information about HIV/AIDS should be collected. To develop an efficient and reliable surveillance system the SNAP should take the responsibility of collection of all AIDS data available from all sources and make it available to all government, UN agencies and the national and international NGOs that participate in the AIDS control activities.

## ***Research:***

Research should be part of the HIV/AIDS prevention and control program. The HIV/AIDS control program should encourage operational research that focuses on aspects of HIV/AIDS prevention and care such as cost of services, acceptability and impact. A multi-disciplinary approach and coordinating with research units in the Ministry of Health, universities and other research institutions is important.

## **The summary of the budget is as follows:**

1. IEC/HIV/AIDS information dissemination	60,504,790,00
2. Condom Procurement and distribution	29,256,800,00
3. Prevention through blood transfusion	13,351,705,00
4. Prevention of mother to child transmission	32,740,00
5. Management of STD	3,786,800,00
6. Voluntary testing and counselling	2,706,322,00
7. Treatment and Nursing Care	8,143,188,40
8. Decentralisation and capacity building	64,195,914,00
9. Surveillance, monitoring and evaluation	9,215,155,00
10. Research	<u>50,000</u>

**Total:** **19,119,391,10**  
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It is envisaged that all participating sectors will set aside a portion of its regular operating budget for the HIV/Aids activities in the sector for the benefit of the staff of the sector as well as for the direct beneficiaries of the services of the sector.

# National Strategic plan Strategic Sectoral Plans

## I. Ministry of Health 5-year strategic plan 2004-2009

### Overall goal

Effective preventive, curative and rehabilitation services provided to maintain the current level of HIV/AIDS prevalence at less than 2% by 2009 and quality of life of PLWHA in Sudan improved.

### Objective 1

Percentage of population knowing about HIV/AIDS transmission and preventive measures increased from 10% to 70% by 2009

Strategy	Activities	Indicators	Budget US\$
General awareness	<ul style="list-style-type: none"> <li>• To develop behavioural change strategy</li> <li>• To produce and disseminate HIV/AIDS information</li> <li>• To organize national campaigns and community based IEC interventions through all available media</li> <li>• To train 480 health workers and TOT for special groups (e.g. religious leaders, high risk groups...)</li> </ul>	% of people knowing about HIV/AIDS	50,000
		IEC material produced and disseminated	200,000
		N° of people trained	100,000
			288,000

### Objective 2

Prevalence of safe & positive behaviours increased in the general population, especially the use of condoms with non-regular partners increased from less than 5% to 60% by 2009

Strategy	Activities	Indicators	Budget US\$
Empowerment of society with values and traditional believes that enhance safe and positive behaviours	<ul style="list-style-type: none"> <li>• To develop IEC material</li> <li>• To train TOT in all sectors for empowerment of the society</li> <li>• To organize campaigns about traditional values (religious, duties, responsibilities and obligations)</li> </ul>	Prevalence of people using condoms	100,000
			180,000
Condoms availability	<ul style="list-style-type: none"> <li>• To increase knowledge and developed youth life skills</li> <li>• To promote and procure condoms</li> </ul>		100,000
		N° of condoms distributed	40,000
			4,500,000

### Objective 3

Commitment of officials, public and private authorities ensured

Strategy	Activities	Indicators	Budget US\$
Advocacy	<ul style="list-style-type: none"> <li>To organize discussions and campaigns for decision makers</li> <li>To review legislation for the rights of PLWHA</li> </ul>	Amount of budget allocated for HIV/AIDS activities	100,000 50,000

### Objective 4

STI reduced under 36,000 patients per year and treated in Public Health Facilities

Strategy	Activities	Indicators	Budget US\$
Awareness Syndromic approach	<ul style="list-style-type: none"> <li>To produce and disseminate STD information</li> <li>To train health providers on syndromic approach of STD</li> </ul>	Prevalence of STD N° people trained or using the syndromic approach	100,000 300,000
Availability of drugs and condoms	<ul style="list-style-type: none"> <li>To establish STI clinics in 47 teaching hospitals</li> <li>To procure drugs and condoms</li> </ul>	N° of STD clinics established  Drugs and condoms procured	180,000

### Objective 5

Transmission through blood transfusion eliminated in Public Health Facilities

Strategy	Activities	Indicators	Budget US\$
Screening of donated blood	<ul style="list-style-type: none"> <li>To develop guidelines</li> <li>To train 100 lab technicians</li> <li>To procure testing kits and equipment for 45 hospitals and 100 blood banks to be able to screen at least 70,000 blood bags per year</li> <li>To establish nine reference laboratories</li> </ul>	N° of lab technicians trained N° of people infected through blood transfusion  N° of reference lab established	50,000 60,000 1,155,000  1,800,000

### Objective 6

PMTCT provided in the Public Health facilities to 1500 women HIV positive and their infants by 2009

Strategy	Activities	Indicators	Budget US\$
Strengthening of ANC and delivery care ARV availability	<ul style="list-style-type: none"> <li>To develop guidelines</li> <li>To train health providers in reproductive health centres and hospitals trained in PMTCT and safe delivery care</li> <li>To procure ARV</li> </ul>	Prevalence of MTCT N° of health providers trained  N° of women having received ARV for PMTCT	480,000  60,000

### Objective 7

VCT provided at 270 testing sites in Public Health Facilities for having 2,5 million persons counselled and tested by 2009

Strategy	Activities	Indicators	Budget US\$
Establishment of VCT centres	<ul style="list-style-type: none"> <li>• To establish VCT centres</li> <li>• To train 600 counsellors and 270 lab technicians</li> <li>• To procure testing kits and condoms</li> </ul>	N° of VCT established	5,100,000
		N° of counsellors and lab technicians trained	418,000
			1,250,000

### Objective 8

Decreased AIDS morbidity and mortality in making available ARV and OI prevention and treatment for 16,000 HIV positive patients in 270 Public Health Hospitals by 2009

Strategy	Activities	Indicators	Budget US\$
ARV	<ul style="list-style-type: none"> <li>• To train health personnel (60 GP, 480 Medical Assistants, 300 lab technicians and 300 nurses and midwives) about care of PLWHA</li> <li>• To procure necessary drugs for prevention and treatment of opportunistic infections and ARV</li> <li>• To train community providers about basic care of PLWHA</li> <li>• To establish an HBC system</li> </ul>	N° of people trained	526,000
Home Based Care		N° of people under ART	31,223,120
		N° of community providers trained	90,000

### Objective 9

Control, surveillance and monitoring of HIV/AIDS epidemic strengthened in Sudan

Strategy	Activities	Indicators	Budget US\$
Capacity building	<ul style="list-style-type: none"> <li>• To train SNAP staff at federal and state level in management and surveillance</li> <li>• To establish HIV/AIDS prevention and state AIDS programme units</li> <li>• To establish sentinel sites</li> <li>• To conduct sentinel and KAP surveys</li> </ul>	N° of people trained	180,000
Decentralisation		N° of effective units	
Research studies		N° of surveys conducted	500,000



## Objective 10

### Treatment and care management activities coordinated

Strategy	Activities	Indicators	Budget US\$
Provision of technical support to all Sectors and facilitation of implementation of the multi-sectoral National Response	<ul style="list-style-type: none"> <li>• To support the development of guidelines for management of care in all pertinent sectors and to develop ART policy</li> <li>• To organize procurement for ensuring a continuous and reliable distribution of necessary drugs, testing kits and condoms through Central Medical Stores</li> <li>• To conduct 5 surveys to monitor the emergence of HIV drug resistance</li> </ul>	No rupture in stock of drugs, testing kits and consumables  N° of surveys conducted	250,000
			2,960,000

**52,390,120**

### Target population

General public and all sectors with a focus on vulnerable groups (e.g. female sex workers, tea sellers, truck drivers) in 22 states

# Ministry of Interior and Police Forces 5-year strategic plan 2004-2009

## Overall goal

Effective preventive, curative and rehabilitation services provided to maintain the current level of HIV /AIDS prevalence at less than 2% by 2009 and quality of life of PLWHA improved in the Police Forces, Prisons and Mental Rehabilitation Centres.

## Objective 1

Percentage of population in Police Forces, prisons and Mental Rehabilitation Centres knowing about HIV/AIDS transmission and preventive measures increased from 10% to 70% by 2009

Strategy	Activities	Indicators	Budget US\$
General awareness	<ul style="list-style-type: none"> <li>To develop behavioural change strategy</li> <li>To produce and disseminate HIV/AIDS information at border points, police cells, prisons, refugees points and duty stations and for new recruits</li> <li>To organize awareness campaigns and community based interventions</li> <li>To include HIV/AIDS information in curricula of NRU</li> <li>To train TOT for special groups (e.g. health workers in police facilities, prisoners, staff of mental rehabilitation centres, PLWHA)</li> </ul>	% of people knowing about HIV/AIDS IEC material produced and disseminated	100,000
		Campaigns and interventions organized  Curriculum of NRU reviewed N° of people trained	71,400

## Objective 2

Prevalence of safe & positive behaviours increased in the population in Police Forces, prisons and Mental Rehabilitation Centres, especially the use of condoms with non-regular partners increased from less than 5% to 60% by 2009

Strategy	Activities	Indicators	Budget US\$
Empowerment of the population with values and traditional beliefs that enhance safe and positive behaviours Condoms availability	<ul style="list-style-type: none"> <li>To organize campaigns about traditional values (religious, duties, responsibilities and obligations)</li> <li>To train condom promoters</li> <li>To promote and procure condoms for making them available in Police facilities and prisons</li> </ul>	Prevalence of people using condoms	100,000
		N° of promoters trained  N° of condoms distributed	90,000  2,250,000

### Objective 3

Commitment of police officials and prisons authorities ensured

Strategy	Activities	Indicators	Budget US\$
Advocacy	<ul style="list-style-type: none"> <li>To organize discussions and meetings</li> <li>To develop IEC materials and disseminate them through available media</li> </ul>	Amount of budget allocated for HIV/AIDS activities	66,000

### Objective 4

STI reduced and treated among Polices Forces and in prisons

Strategy	Activities	Indicators	Budget US\$
Awareness Syndromic approach	<ul style="list-style-type: none"> <li>To produce and disseminate STD information</li> <li>To train health workers in the syndromic approach of STD</li> </ul>	Prevalence of STD N° people trained or using the syndromic approach	30,000 60,000
Availability of drugs and condoms	<ul style="list-style-type: none"> <li>To procure drugs</li> </ul>	Drugs and condoms procured	90,000

### Objective 5

Transmission through blood transfusion eliminated in Police Health Facilities

Strategy	Activities	Indicators	Budget US\$
Screening of donated blood	<ul style="list-style-type: none"> <li>To train lab technicians</li> <li>To procure testing kits</li> </ul>	N° of lab technicians trained N° of people infected through blood transfusion	36,000 577,500

### Objective 6

PMTCT provided in the Police Health Facilities to 750 women HIV positive and their infants by 2009

Strategy	Activities	Indicators	Budget US\$
Strengthening of ANC and delivery care	<ul style="list-style-type: none"> <li>To develop PMTCT guidelines</li> <li>To train staff in hospitals and reproductive health centres on PMCT and save delivery care.</li> </ul>	Prevalence of MTCT N° of trained health workers	96,000
Availability of ARV	<ul style="list-style-type: none"> <li>To procure ARV</li> </ul>	N° of women having received ARV for PMTCT	30,000

### Objective 7

VCT provided at 80 testing sites in the Police Health Facilities for having 700,000 persons counselled and tested by 2009

Strategy	Activities	Indicators	Budget US\$
Establishment of VCT centres	<ul style="list-style-type: none"> <li>To establish VCT services</li> <li>To train 160 counsellors and 80 lab technicians</li> <li>To procure testing kits</li> </ul>	N° of VCT centres established	1,500,000
		N° of counsellors and lab technicians trained	108,000
			350,000

### Objective 8

Decreased AIDS morbidity and mortality in making available ARV and OI prevention and treatment for 10,000 HIV positive patients in 60 Police Hospitals by 2009

Strategy	Activities	Indicators	Budget US\$
ARV availability	<ul style="list-style-type: none"> <li>To train health personnel (12 GP, 70 Medical Assistants, 60 lab technicians and 60 nurses and midwives) about care of PLWHA</li> <li>To procure necessary drugs for prevention and treatment of opportunistic infections and ARV</li> </ul>	N° of health providers trained	102,400
		N° of people under ART	15,611,560

### Objective 9

Control and surveillance of the HIV/AIDS epidemic strengthened within the Police Health System

Strategy	Activities	Indicators	Budget US\$
Capacity building	<ul style="list-style-type: none"> <li>To train staff in management and surveillance</li> <li>To ensure continuous supply for equipment and consumables at all levels in the Police Health System</li> <li>To establish sentinel sites</li> <li>To conduct sentinel and KAP surveys and studies in prisons</li> </ul>	N° of people trained	36,000
Decentralisation		N° of police hospitals providing HIV/AIDS services	1,480,000
Research		N° of surveys conducted	250,000

**23,034,860**

### Target population

Sudanese Police Forces and their families, new recruits, civilian population attending Police Forces Health Facilities, personnel and patients of Mental Rehabilitation Centres, prison inmates and personnel in 22 states.

## II.

### *III. Ministry of Defence 5-year strategic plan 2004-2009*

#### **Overall goal**

Effective preventive, curative and rehabilitation services provided to maintain the current level of HIV /AIDS prevalence at less than 2% by 2009 and quality of life of PLWHA improved in the Defence Forces.

#### **Objective 1**

Percentage of population in Defence Forces knowing about HIV/AIDS transmission and preventive measures increased from 10% to 70% by 2009

Strategy	Activities	Indicators	Budget US\$
General awareness	<ul style="list-style-type: none"> <li>• To produce and disseminate HIV/AIDS information among Defence forces and among new recruits</li> <li>• To organize awareness campaigns and community based interventions</li> <li>• To train TOT for special groups (e.g. soldiers, health workers, PLWHA)</li> </ul>	% of people knowing about HIV/AIDS	100,000
		IEC material produced and disseminated	115,200
		Campaigns and interventions organized	
		N° of people trained	

#### **Objective 2**

Prevalence of safe & positive behaviours increased in the population in Defence Forces, especially the use of condoms with non-regular partners increased from less than 5% to 60% by 2009

Strategy	Activities	Indicators	Budget US\$
Empowerment of the population with values and traditional believes that enhance safe and positive behaviours Condoms availability	<ul style="list-style-type: none"> <li>• To organize campaigns about traditional values (religious, duties, responsibilities and obligations)</li> <li>• To train condom promoters</li> <li>• To promote and procure condoms for making them available in Defence facilities</li> </ul>	Prevalence of people using condoms	100,000
		N° of promoters trained	90,000
		N° of condoms distributed	2,250,000

#### **Objective 3**

Commitment of Defence Forces high command ensured

Strategy	Activities	Indicators	Budget US\$
Advocacy	<ul style="list-style-type: none"> <li>• To organize discussions and meetings</li> <li>• To develop IEC material and disseminate them through available media</li> </ul>	Amount of budget allocated for HIV/AIDS activities	66,000

### Objective 4

STI reduced and treated among Defence Forces

Strategy	Activities	Indicators	Budget US\$
Awareness Syndromic approach	<ul style="list-style-type: none"> <li>To produce and disseminate STD information</li> <li>To train health workers in the syndromic approach of STD</li> </ul>	Prevalence of STD N° people trained or using the syndromic approach	30,000 70,000
Availability of treatment and condoms	<ul style="list-style-type: none"> <li>To procure drugs</li> </ul>	Drugs and condoms procured	90,000

### Objective 5

Transmission through blood transfusion eliminated in Defence Health Facilities

Strategy	Activities	Indicators	Budget US\$
Screening of donated blood	<ul style="list-style-type: none"> <li>To train lab technicians</li> <li>To procure testing kits</li> </ul>	N° of lab technicians trained N° of people infected through blood transfusion	42,000 577,500

### Objective 6

PMTCT provided in the Defence Health Facilities to 750 women HIV positive and their infants by 2009

Strategy	Activities	Indicators	Budget US\$
Strengthening of ANC and delivery care ARV availability	<ul style="list-style-type: none"> <li>To train staff in hospitals and reproductive health centres on PMCT and safe delivery care.</li> <li>To procure ARV</li> </ul>	Prevalence of MTCT N° of trained health workers N° of women having received ARV for PMTCT	112,000 30,000

### Objective 7

VCT provided at 80 testing sites in the Defence Health Facilities for having 700,000 persons counselled and tested by 2009

Strategy	Activities	Indicators	Budget US\$
Establishment of VCT centres	<ul style="list-style-type: none"> <li>To establish VCT services</li> <li>To train 160 counsellors and 80 lab technicians</li> <li>To procure testing kits</li> </ul>	N° of VCT centres established N° of counsellors and lab technicians trained	1,500,000 108,000 350,000

### Objective 8

Decreased AIDS morbidity and mortality in making available ARV and OI prevention and treatment for 10,000 HIV positive patients in 70 Defence Hospitals by 2009

Strategy	Activities	Indicators	Budget US\$
ARV	<ul style="list-style-type: none"> <li>To train health personnel (15 GP, 90 Medical Assistants, 70 lab technicians and 70 nurses and midwives) about care of PLWHA</li> <li>To procure necessary drugs for prevention and treatment of opportunistic infections and ARV</li> </ul>	N° of health providers trained	445,000
		N° of people under ART	15,611,560

### Objective 9

Control of HIV/AIDS strengthened within the Defence Health System

Strategy	Activities	Indicators	Budget US\$
Capacity building	<ul style="list-style-type: none"> <li>To train staff in management and surveillance</li> <li>To ensure continuous supply for equipment and consumables at all levels in the Defence Health System</li> <li>To establish sentinel sites</li> <li>To conduct sentinel and KAP surveys among militaries</li> </ul>	N° of people trained	42,000
Decentralisation		N° of defence hospitals providing HIV/AIDS services	1,480,000
Research		N° of surveys conducted	250,000

23,459,260

### Target population

Sudanese Defence Forces active duty service members and their families, new recruits and people doing their military service, civilian population attending Defence Forces Facilities, health care providers in 22 states.

#### **IV. General Education 5-year plan**

##### **Overall objective**

Teachers, students and non-teaching staff provided with the knowledge about HIV/AIDS transmission and preventive means to prevent its transmission through safe and positive behaviours

##### **Objective 1**

Magnitude of HIV/AIDS in the general education sector known

Strategy	Activities	Indicators	Budget US\$
Regular research to know the impact of HIV/AIDS in the education sector and the appropriateness of information disseminated and for monitoring and evaluation	<ul style="list-style-type: none"> <li>• To identify information needs</li> <li>• To conduct studies</li> <li>• To supervise HIV/AIDS activities regularly and their implementation at national and state level</li> </ul>	Studies conducted	250,000 50,000

##### **Objective 2**

Integration of HIV/AIDS related information into all curricula of formal and non-formal educational basic institutions coordinated in order to reduce the incidence rate in reaching 80% of in-school youths.

Strategy	Activities	Indicators	Budget US\$
Provision of support to all relevant sectors on basic educational issues	<ul style="list-style-type: none"> <li>• To review life skills and general curricula</li> <li>• To develop and test teachers guidelines, manuals and IEC material and</li> <li>• To ensure their dissemination through magazines, broadcasting of programmes, books</li> <li>• To train 150 TOT at both basic and secondary level and for adult education</li> <li>• To coordinate the integration</li> <li>• To procure the necessary administrative and IEC equipment</li> </ul>	Curricula prepared N° of programmes developed and broadcast  N° of TOT trained	250,000 640,000  270,000 50,000 740,000

##### **Objective 3**

Commitment of senior education officials ensured

Strategy	Activities	Indicators	Budget US\$
Advocacy	<ul style="list-style-type: none"> <li>• To organize workshops, brainstorming sessions and briefings</li> </ul>	Budget allocated to HIV/AIDS	140,000

2,300,000

##### **Target population**

All learners, teachers, pupils, non-teaching staff from 7 to 22 states



# High Education 5-year strategic plan

## Overall objective

University teachers and students provided with the knowledge about HIV/AIDS transmission and preventive means to prevent its transmission through safe and positive behaviours

### Objective 1

Magnitude of HIV/AIDS in the high education sector known

Strategy	Activities	Indicators	Budget US\$
Regular research to know the impact of HIV/AIDS in the universities, the appropriateness of information disseminated and for monitoring and evaluation	<ul style="list-style-type: none"> <li>To identify information needs</li> <li>To conduct epidemiological and behavioural surveys</li> <li>To equip university libraries with information material on HIV/AIDS</li> <li>To coordinate and supervise research activities</li> </ul>	Studies conducted	500,000
		Libraries equipped	250,000
			50,000

### Objective 2

Integration of HIV/AIDS related information into all university undergraduate curricula coordinated in order to reduce the incidence rate in reaching 80% of university students.

Strategy	Activities	Indicators	Budget US\$
Provision of support to all relevant sectors on high educational and research issues	<ul style="list-style-type: none"> <li>To develop and test guidelines, curricula and IEC material (books, newsletters, films) and disseminate</li> <li>To supervise the implementation in all universities</li> <li>To train 400 TOT for peer education programme</li> </ul>	N° of university implementing the curriculum	250,000
		N° TOT trained	240,000

### Objective 3

Voluntary counselling and testing made available in 29 centres in the universities for having 190,000 students counselled and tested by 2009.

Strategy	Activities	Indicators	Budget US\$
Establishment of VCT centres and hotline counselling services Peer education	<ul style="list-style-type: none"> <li>To develop counselling guidelines</li> <li>To train 70 counsellors and 25 lab technicians</li> <li>To establish 29 centres</li> <li>To procure Rapid tests and</li> <li>To procure necessary equipment (medical and administrative)</li> </ul>	N° of trained counsellors and lab technicians	50,000
			41,200
		N° of VCT centres	560,000
			95,000
			740,000

**3,516,200**

### Target population

All university teachers, students, lecturers as well as nationals in the catchments areas of the health system of the 50 universities in 22 states

# Ministry of Information and Communications 5-year strategic plan 2004-2009

## Overall objective

Education and information on HIV/AIDS transmission and means of prevention provided to the general public in order to maintain the prevalence rate at its current level less than 2% by 2009 and to avoid stigmatisation of vulnerable groups.

### Objective 1

All information development, production, broadcasting, printing and dissemination on HIV/AIDS coordinated.

Strategy	Activities	Indicators	Budget US\$
Provision of support to all sectors on information issues	<ul style="list-style-type: none"> <li>• To develop a National IEC plan of action</li> <li>• To make an inventory of all existing IEC material and ensure its centralisation</li> <li>• To liaise with all sectors for the development and production of messages</li> <li>• To supervise material development in all sectors</li> <li>• To ensure dissemination and procure necessary IEC equipment</li> </ul>	Existence of a IEC plan of action	250,000
		Existence of inventory	50,000
			740,000

### Objective 2

IEC system established to prevent and control the HIV/AIDS epidemic through knowledge of HIV/AIDS transmission and prevention means and safe and positive behaviours.

Strategy	Activities	Indicators	Budget US\$
Development and dissemination of information using the medium of arts, culture and entertainment	<ul style="list-style-type: none"> <li>• To establish IEC committees</li> <li>• To provide assistance and support to all sectors at national and state level</li> <li>• To ensure regular coverage of HIV/AIDS educational information in all writing media, radio, TV and electronic media</li> </ul>	N° of IEC committees established	74,000
		Information material disseminated	2,000,000

### Objective 3

Commitment of officials, public and private authorities ensured

Strategy	Activities	Indicators	Budget US\$
Advocacy	<ul style="list-style-type: none"> <li>• To organize discussions and campaigns for decision makers through all available media</li> </ul>	Amount of budget allocated for HIV/AIDS activities	740,000 3,854,000

## Target population

General public, media communities and all sectors in 22 states

## Ministry of Youth and Sport 5-year strategic plan 2004-2009

### Overall objective

The spread of HIV/AIDS among out of school, displaced and drop-out youth contained and prevented.

### Objective 1

The number of adolescents, youths and street children knowing about HIV/AIDS transmission and prevention including Reproductive Health issues increased in order to prevent HIV/AIDS transmission by adopting safe and positive behaviours.

Strategy	Activities	Indicators	Budget US\$
The active participation of young people	<ul style="list-style-type: none"> <li>To develop, with youth, special IEC material and life skills package, for youth and street children, using the medium of arts, culture and entertainment</li> </ul>	Material developed	300,000
Peer education		N° of youth trained	90,000
Awareness	<ul style="list-style-type: none"> <li>To train TOT on HIV/AIDS and reproductive health issues</li> <li>To organize tournaments, forums, camps, mass media campaigns</li> <li>To procure necessary IEC equipment</li> </ul>	% of youth knowing about HIV/AIDS	440,000
			740,000

### Objective 2

Support to HIV infected and affected youth provided in 16 youth facilities and 4 drop-in centres for street children to target 160,000 youths through youth facilities and 800,000 through outreaches.

Strategy	Activities	Indicators	Budget US\$
Counselling	<ul style="list-style-type: none"> <li>To train youth in communication skills and counselling</li> <li>To establish youth friendly counselling services</li> </ul>	N° of youth trained	90,000
		N° of youth facilities having counselling services	500,000

2,390,000

### Target population

Youth from both sexes in and out of school, including street children and education-lost groups, between 10 and 16-year old group and 17 to 40-year old group, through youth centres and clubs, sport clubs and leagues in 20 states.

## VIII. Ministry of Guidance and Endowment 5-Year Strategic Plan

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### Overall goal

- Religions leaders provided with the knowledge about HIV/AIDS transmission and preventive means to prevent the transmission of HIV/AIDS through safe and positive behaviours
- Quality of life of PLWHA

### Objective I :

Percentage of general population and religious leader knowing a bout HIV/AIDS increased from 10% to 50% by the year 2009 .

Strategy	Activities	Indicators	Budget US\$
Awareness Generation	<ul style="list-style-type: none"> <li>▪ To train 300 religious leaders .</li> </ul>	<u>No</u> of trained religious leaders.	78.000
	<ul style="list-style-type: none"> <li>▪ To provide special training for NGOS cadre to include the religious background in their HIV/AIDS prevention activities</li> </ul>	<u>No</u> of trained NGOS cadre .	40.000
	<ul style="list-style-type: none"> <li>▪ To develop Religious leaders curriculum for HIV/AIDS prevention .</li> </ul>	The curriculum reviewed	15.000
	<ul style="list-style-type: none"> <li>▪ To conduct awareness raising sessions for :                             <ul style="list-style-type: none"> <li>- Mosques (Friday- pre-prayers ).</li> <li>- Church (Sunday).</li> <li>- Universities.</li> <li>- Prisons.</li> </ul> </li> </ul>	<u>No</u> of people attended the sessions	35.000

## Objective II :

Empowerment of the population with values and traditional believes that enhance the positive

Strategy	Activities	Indicators	Budget US\$
Encourage religious and traditional believes that enhance positive behavior enable young people to get married .	<ul style="list-style-type: none"> <li>▪ To facilitate marriage for young people .</li> <li>▪ Encouraging male circumcision.</li> </ul>	Percentage of married young people . Percentage of circumcised males	3.000.000
	<ul style="list-style-type: none"> <li>▪ To organize campaigns about religious and traditional values.</li> </ul>	No of people trained to provide knowledge about religious and traditional values	25.000
Discourage illegal-sex outside the marital boundaries .	<ul style="list-style-type: none"> <li>▪ Legal measures to reduce the extra marital sex (Participate) .</li> </ul>		
Discourage Negative sexual behavior . among the Sudanese population especially the risk groups	<ul style="list-style-type: none"> <li>▪ Raise awareness about values , responsibilities and obligations.</li> </ul>		800.000

### Objective III:

To advocate for HIV/AIDS related interventions to ensure the commitment of all authorities in order to avoid stigmatization of valuable groups and PLWHA

Strategy	Activities	Indicators	Budget US\$
Advocacy	<ul style="list-style-type: none"> <li>▪ Legislation related to PLWHA.</li> <li>▪ To organized discussions and meetings sessions, seminars, workshop, for religions leaders and policy makers &amp; the community .</li> <li>▪ To provide spiritual support &amp; counseling for PLWHA</li> <li>▪ To improve quality of life of PLWHA &amp; HIV/AIDS ( orphan project)</li> <li>▪ To develop IEC material and disseminate them through available media</li> </ul>	<p>The amount of budget allocated for HIV/AIDS activities</p> <p>No of religions leaders provided counseling &amp; support for PLWHA</p> <p>No of meetings – workshop... organized</p> <p>IEC materials produce and disseminated</p>	28,000

## IX. Sudanese Women General Union 5-year strategic plan 2004-2009

### Overall objective

Women awareness toward HIV/AIDS ensured to prevent and control the HIV/AIDS transmission and to avoid stigmatisation of vulnerable groups.

### Objective 1

Percentage of the women population knowing about HIV/AIDS transmission and preventive measures increased from 10% to 70% by 2009

Strategy	Activities	Indicators	Budget US\$
Awareness through community and religious leaders	To develop IEC material on HIV/AIDS and STD transmission, prevention and treatment.	% of women knowing about HIV/AIDS	400,000
	To disseminate the IEC material	IEC material developed and disseminated	90,000
	To ensure supply and update of IEC material and necessary equipment.		
	To train community and religious leaders within women societies at national and state level.	N° of people trained	50,000
	To conduct evening sessions and open days seminars for raising awareness among women and girls.		
To conduct supervisory visits, follow up and monitoring of the communication activities.			

### Objective 2

Prevalence of safe & positive behaviours increased in the women population especially among women risk groups

Strategy	Activities	Indicators	Budget US\$
Empowerment of society with values and traditional believes that enhance safe and positive behaviours	• To develop targeted IEC material	N° of women trained % of women, especially in the risk groups, having safe and positive behaviours	140,000
	• To train TOT for empowerment of women		90,000
	• To organize campaigns about traditional values (religious, duties, responsibilities and obligations)		200,000

### Objective 3

Living conditions of women affected and infected by HIV/AIDS improved.

Strategy	Activities	Indicators	Budget US\$
Counselling, Home based care	<ul style="list-style-type: none"> <li>▪ To train community health promoters on basic counselling and home based care</li> </ul>	N° of health promoters trained	90,000
Income generating activities	<ul style="list-style-type: none"> <li>▪ To establish counselling and home based care services</li> </ul>	N° of income generating activities	250,000
Advocacy	<ul style="list-style-type: none"> <li>▪ To develop income generating projects</li> <li>▪ To promote women rights and gender issues (against domestic violence, FGM, early marriage)</li> </ul>	Existence of IEC material on gender issues	50,000
			2,280,000

### Target population

Sudanese women within women societies and among women risk groups as displaced, refugees, tea sellers, students and orphans.



## National Strategic Plan For HIV/AIDS

### Objectives, Strategies, Activities Budget

*(Objectives have been reviewed accordingly to GFAMT, but some strategies may need to be redefined. Activities and budgets are to be reviewed in accordance to GFAMT and amendments, which may be made in sector plans)*

### Objective 1.

To increase the awareness among the Sudanese population to have by 2009 70% of the population knowing about HIV/AIDS .

Strategies	Activities	Location	Sector involved	Sub Total Budget (US\$)	Budget in US\$
To raise awareness about HIV/AIDS, its mode of transmission, consequences & preventive measures among Sudanese communities including decision makers, community leaders, health service providers, high risk groups and the general public, making use of all available and possible means such as media, education channels, formal and informal	<ol style="list-style-type: none"> <li>1. National awareness campaigns to increase awareness via systematic dissemination of messages of messages to meet the needs of different segments of the society through:</li> <li>2. Nation wide radio &amp; TV campaigns, newspapers. Public lectures and discussion groups.</li> <li>3. Special session to special groups e.g. health workers, religions leaders, high risk groups, PLWHA (people living with HIV/AIDS) etc. 2</li> <li>4. Include HIV/AIDS in the curricula.</li> <li>5. Community based IEC interventions.</li> <li>6. Conduct KAP &amp; B. surveys related to awareness.</li> </ol>	Community & special groups.	FMOH, national & state radio, national & state TV, newspapers (English & Arabic), MOSP, MOC & INGOS & NGOs, civil society organizations, labour union' women and youth union, MOE, MOHE.	<p>10 programs/month x 5 years: 10,000x 12 x 5 years = 6,000,000.00</p> <p>30 messages /month x 5 years X30X2000 x 12 x 5 = 3,000,000.00</p> <p>4 prog./m/ targeting certain groups x 5 years 4X3000 x 12 x 5 = 720,000.00</p> <p>2columns x 6 np x 4/ month x 2x6x4x12x5x400 = 1,152,000.00</p> <p>Public lectures (4) to gatherings at 26 states yearly: 4 x 12 x 5 x 26 x 500 =3,120,000.00</p> <p>Sessions /groups/states/ 5 years: 10 x 5 groups x 26 states x 5 years x 3100\$ = 4,030,000.00 \$</p> <p>Two national surveys and 10 surveys targeting sexual groups = 1,800,000.00</p>	19,522,000.00

## Objective 1 (continues)

Strategies	Activities	Location	Sector involved	Sub Total Budget (US\$)	Budget
<p><b>1. Empower society with good values, norms &amp; credits.</b></p>	<p>2. Capacity building to improve capacity of people working with HIV/AIDS and infected /affected people to provide better quality of service.</p> <p>2.1 Capacity building for:</p> <p>a. Health service providers and community workers</p> <p>a.1 Training courses (TOT – General courses)</p> <p>a.2 exchange visits</p> <p>b. NGO sector (National – International)</p> <p>b.1 Training courses</p> <p>b.2 Exchange visits</p> <p>c. Trade unions / private sector:</p> <p>c.1 Training courses</p> <p>c.2 Networking &amp; information sharing</p> <p>Special groups including women group/union, youth groups, armed forces, religious leaders, community leaders, decision makers &amp; PLWHAs.</p>	<p>Health training institutions, NGOs &amp; civil society centers.</p>	<p>MOH, MOE, MOC&amp;I, MO Y &amp; S, MOJ, MOHE,MOI MOSP, MOD.</p> <p>Media, armed forces, civil society, NGOs, private sector, health care providers &amp; community workers</p>	<p>A TOT : 2courses for 26 states x 10 participants x 5 years: 5 x 26 x 5000 = 1,300,000.00</p> <p>general training courses: 5course/state ( 20 participants) x 26x 5 years x 5 x 4000 = 2,600,000.00</p> <p>b. external exchange visits 5 visits/year / 26 states 5 x 26 x 5 x3000 = 1,950,000.00</p> <p>Internal visits: 10 visits x 26 states x 5 years x 500 = 650,000.00</p> <p>b.1 5 courses x 10 NGOs x4/year x 5 x 5000= 5,000,000.00</p> <p>b.2 10 visits x 10 NGOs x 5 years= 10 x 10 x 5 x 500 = 250,000.00</p> <p>c.1 4 courses x 20 wp x 5 x 4000= 1,600,000.00</p> <p>c.2 Establish network and information centers = 1,000,000.00</p>	<p>14,350,000.00</p>

## Objective1. (continues)

Strategies	Activities	Location	Sector involved	Sub Total Budget (US\$)	Budget in US\$
	<p>Institute and capacity building (i.e. equipments &amp; supplies)</p> <p>a. Government sector:</p> <ul style="list-style-type: none"> <li>• Equipment to facilitate data collection and processing.</li> <li>• Place Office supplies</li> </ul> <p>b. NGO sector: Provision of technical support to local NGOs/CBOs working in the field of HIV/AIDS</p> <p>c. Private sector / trade unions.</p> <p>d. Special groups.</p>			<p>a. Equipment: computers printers, phones, faxes, Internet, photocopier etc.  <math>100,000 \times 26 \text{ states} / 5 \text{ years} = 13,000,000.00</math>                      Work place improvement :  <math>50,000 \times 26 \text{ states} \times 5 \text{ years} = 6,500,000.00</math>                      Office supplies: <math>10,000 \times 26 \text{ states} \times 5 \text{ years} = 1,300,000.00</math>                      b. To assist 10 selected NGOs/CBOs/ year for 5 years                      eg. <math>10 \times 50,000 \times 5 = 2,500,000.00</math>                      workplace : <math>10 \times 50,000 \times 5 = 2,500,000.00</math>                      Office supplies: <math>10 \times 5000 \times 5 = 250,000.00</math>                      c. Same as b an 50% basic = 2,625,000.00                      d. 3 groups /26states/year for 5 years: <math>3 \times 26 \times 5 \times 20,000 = 1,560,000.00</math></p>	30,235,000.00

## Objective 2.

To prevent and control HIV/AIDS transmission through promoting safe and positive sexual behaviour and increase the use of condoms with non-regular partners from less than 5% to 60% by 2009

Strategies	Activities	Location	Sector involved	Sub-total budget	Budget in US\$
<b>1. Encourage traditional believes that enhance positive behaviour that enable the youth to get married.</b>	To facilitate marriage for young couples	Community	<ul style="list-style-type: none"> <li>• Ministry Of Social Welfare.</li> <li>• Religious organizations</li> </ul>	1000 youth x 2,000 x 5= 10,000,000.00	10,000,000.00
<b>2. Discourage illegal sex outside the marital boundaries.</b>	<p>1. To raise awareness about HIV/AIDS transmission &amp; and &amp; encouraging male circumcision.</p> <p>2. Legal measures to reduce sex outside the marital status.</p>	<p>- &amp; lectures in universities</p> <p>Media. Seminars</p>	<ul style="list-style-type: none"> <li>• Universities</li> <li>• Community -based organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Seminars 26 x 5 x 2 x 3000=780,000.00</li> <li>• Group discussion 26 x 5 x 2 x 1000= 260,000.00</li> <li>• Media 26 x 5x 5,000 =650,000.00</li> <li>• Workshop 2 x 10,000= 20,000.00</li> <li>• Consultation 4 x 5000= 20,000.00</li> <li>Training for raising awareness 26 x 5 x 500= 390,000.00</li> </ul>	2,120,000.00
<b>3. Discourage negative sexual behaviour</b>	1. Raise awareness about values, religious, duties, responsibilities and obligations .	<p>- Media</p> <p>- Mosques &amp; churches</p>	<ul style="list-style-type: none"> <li>• Religious organizations.</li> <li>• MOI</li> <li>• Schools &amp; Universities</li> </ul>	2 programs x 5 x 50,000=500,000.00 News paper: 5 x4 per month x 12 x 500 x 5= 600,000.00 Religious lectures 26 x 1month x 12 x 5 x 100= 156,000.00	1,256,000.00
	2. Improve the socio-economic status through financial support.	- Student support fund. Religious	Ministry of High Education	6000 x 12 x 5 x 50= 18,000,000.00	18,000,000.00

### Objective 2 (continues):

Strategies	Activities	Location	Sector involved	Sub-total budget	Budget in US\$
<b>To secure health youth with informed decision on their sexual practices</b>	<ol style="list-style-type: none"> <li>Increase youth and adults awareness about HIV/AIDS prevention and control measures.</li> <li>Counseling for families, peers and friends on how to support PLWHA.</li> <li>IEC community based interventions to mitigate bias and discrimination against HIV/AIDS patient.</li> <li>Implementation of operational researches and interventions.</li> <li>In service training for teachers.</li> <li>In service training for military.</li> </ol>	<ol style="list-style-type: none"> <li>Youth &amp; gathering center</li> <li>Health facilities</li> <li>Community base of employment.</li> <li>Academic research institute.</li> <li>MOE</li> <li>MOD</li> </ol>	UNFPA UNAIDS UNICEF WHO NGOS Ministry of Health Ministry of Higher Education. Universities and research institutes. Ministry of Religious affairs at Federal and States levels. Ministry of Youth and Sports. Zakat packet/box NGOs	<ol style="list-style-type: none"> <li>10 courses x 5x20,000= 1,000,000.00</li> <li>1000 x 5x50= 250,000.00</li> <li>100,000 x 5= 500,000.00</li> <li>50,000 x 5= 250,000.00</li> <li>10 x 5x 10,000= 500,000.00</li> <li>10x5x10,000= 500,000.00</li> </ol>	3,000,000.00

### Objective 2 (continues):

Strategies	Activities	Location	Sector involved	Sub-total budget	Budget in US\$
<b>4. Increase condom awareness accessibility and affordability</b>	a. Train condom distribution on condom distribution practices and raising the awareness of condom use.	Community level	MOH, NGOs, UN Agencies, Private ? associations, youth organizations & other stake holders.	26 training courses x 5 x 8000= 1,040,000.00	1,040,000.00
	b. Procure condoms	National Level	MOH, NGOs, UN agencies, youth & women organizations, other stake holders.	26 states x 5 x 500,000 x0.34= 22,100,000.00	22,100,000.00
	Advocacy for condom education	National , state and community level.	MOH, NGOs, civil society organizations.	National 10 x 5x10,000= 500,000.00 State, 26 x 5 x 10,000= 1,300,000.00 Community 26 x 2 x 5 x 10000= 2,600,000.00	4,400,000.00
	d. Education on use of female condom	Community level	MOH, NGOs, civil society organizations.	Demo 26 x 2 x 5 x 1000=260,000.00	260,000.00

c.

### Objective 3.

To advocate & lobby for HIV/AIDS related interventions to ensure the commitment of all authorities in order to avoid stigmatisation of vulnerable groups

Strategies	Activities	Location	Sector involved	Sub Total Budget (US\$)	Budget in US\$
<b>To adopt and strengthen advocacy related intervention for better policies and practices related to HIV/AIDS to avoid stigmatisation of vulnerable groups and people infected /affected by HIV/AIDS</b>	<p>Decision makers commitment to HIV/AIDS issues</p> <p>2. Policies / Legislation / , related to people affected/infected with HIV/AIDS (PLWHA)</p> <p>3. Advocacy for adoption of localized polices regarding HIV/AIDS e.g. state level, workplace/etc.</p>	Government ministries, NGOs, private sectors and civil society organizations.	MOH (Federal & state) + other ministries, NGOs (national and international ), CBOs and civil society organizations Media, newspapers, health workers/ community workers.	<p>1. Specialized messages using all available media, organized meetings &amp; discussion groups, periodical pamphlets etc. Budget: 2100,000/year/5 years=1,000,000.00</p> <p>2. Studies &amp; researches to: - review current policies and legislations related to HIV/AIDS at each sector. 6 sectors x 21 study/year x 5 years: 6x2X5x50000/2 states=3000,000.00</p> <p>3. 6 sectors 5 years x 50,000.00 =2,500,000.00</p>	6,500,000.00

### Objective 4.:

To reduce and treat STIs

Strategies	Activities	Location	Sectors involved	Sub total Budget US\$	Budget in US\$
<b>Strengthen the syndromic management of STD</b>	1. Train health workers in governmental & private sectors in syndromic management of STD	Health institutions including universities	MOH & other ministries.  Private sectors	1. 2 courses /year x 26 states x \$8000 = 2,080,000.00  <b>One workshop/year x 5 x 26 states x 10,000.00= 1,300,000.00</b>	3,380,000.00
	2. Training workshop for 20 participants for 4 days.				
<b>Ensure treatment of STIs when needed</b>	Procure & avail drugs required for treatment of STIs	Health institution & Private sectors		Estimated 1000 patients : Partners 2000x 2 = 4000 Children 2000 x 0.5 = 1000 4\$ x 5000 = (per 3 months) x 4 x 5 = 400,000.00	400,000.00
	Provision of condoms	Health institutions including universities		2000x0.34 x 26 x 12 x 5= 1,060,800.00	1,060,800.00



## Objective 5.:

To eliminate HIV transmission through blood

Strategies	Activities	Location	Sectors involved	Sub total budget US\$	Budget in US\$
<b>Screening of donated blood at all hospitals before transfusion.</b>	2. Provide kits for blood testing to all hospitals.	Government & private hospitals & centers where blood transfusion is conducted	- MO H - MO Int. - M Of D	1. Eliza kits: $0.6 \times 50,000 = 30,000 \times 12 \times 5 = 1,800,000.00$ 2. rapid test: $3.5 \times 50,000 \times 12 \times 5 = 10,000,000.00$	12,300,000.00
	3. Train technician to undertake the testing. - Training of 20 TOT	Federal Ministry of health & states		<i>V. 2 courses x 20 Participants/year x 26 x 5 x 5,000 = 1,300,000.00</i> <i>VI. 2 courses / 20 participants/year x 26 x 5 x 8000 = 1,040,000.00</i>	588,380.00
	4. Develop guideline for blood transfusion by holding a workshops + printing the guidelines.	SNAP, National health laboratory			50,000.00 US\$
	5. Raise awareness of public about the importance of blood screening	Government Ministries & Private sectors		rural areas + illiterate programs/month x 5 years: $100 \times 12 \times 5 \text{ years} = 6000.$ 30 messages/month x 5 years. $200 \times 12 \times 5 = 12,000 = 360,000$ $2 \times 12 \times 5 \times 100 = 12000$	378,000.00

## Objective 6.

To prevent mother to child transmission in providing PMTCT services in hospitals

Strategies	Activities	Location	Sectors involved	Sub total Budget US\$	Budget in US\$
<b>Strengthen ANC and delivery care services and make ARV available</b>	1. Develop guideline for prevention MTCT including use of ARV.	Maternal hospitals & Obs. & Gyne. Wards in governmental & private hospitals.	- MO - H - Dep t. of reproductive health - Seni or gynecologists	Mother taps (Single dose): 0.8 \$ x 200 = 160.00 Baby syrup (for 3 weeks) 20 \$ x 200 = 4000 Total cost /person/5 years= 20.8 x 200 x 5= 20800.00	24,960.00
	2. train & orient those involved in the reproductive health centers.	Federal & States ministries Of health	MOH MOI NGOs Private sector Ministry of Defense	Participants = 16000 x 5 =800,000 Facilitator = 432 x 5= 2160 Food & refreshments 184 x5=920 Travel cost = 2000 x 5=10000 Stationary = 150 x 5=750 Hall rent = 100 x 5=500 Supporting staff = 60x5=300 Lecturer = 150 x5=750 Un seen = 10%=95380 <b>5000 x 5= 25,000 x 26=650,000</b>	2,727,868.00
	3. Pilot on the prevention in the centers where there are trained persons in the states.	Hospitals	MOH MOI NGOs Private sector Ministry of Defense Dept. of reproductive health	1. Treatment: 1000x5x1,500=7,500,000.00 2. Special delivery: 1000 x 5 x 500=2,500,000.00 3. Feeding of child: 1000 x 5 x 250=1,750,000.00 4. Training health care providers. 20x5x26x1000:2,600,000.00	14,000,000.00

### Objective 7.

Provide Voluntary Counselling and Testing for having 5 million people counselled and tested by 2009

Strategies	Activities	Location	Sector involved	Sub-total budget	Budget in US\$
Implementation of VCT centres and counselling units	Training of TOT	Hospitals at states and federal private hospitals	MOH MOI MOD Private sectors NGOs	26 x 5 x 2 x 23,000=6,000,000.00	6,000,000
	Provision of necessary kits	Government and private hospitals	MOH MOI MOD Private sectors NGOs	100 x 12 x 0.6\$ 1200 x 3= 2,592,000.00	2,592,000.00
		Governments hospitals and centers of VC	MOH MOI MOD Private sectors NGOs	0.3 4 x 2000x 8x 12x5= 288,000.00	288,000.00

Condoms

### Objective 8.

To provide ARV and OI treatment and nursing care for 40000 HIV/AIDS patients by 2009:

I. Strategies	II. Activities	Location	Sectors involved	Sub total Budget US\$	Budget in US\$
<b>Orient health personnel about care for people living with HIV/AIDS patients</b>	i. Train ing & orientation courses for Nurses. - 2 workshops for TOT	AIDS medical care institutions, governmental & private.	MOH/MOD/MO International private sector care institutions	Participants: 40 x 20 \$ x 4 days x2= 6400 Facilitators: 3 x 36\$ x 2 x 4 days= 864 Food & refreshment: 23 x 2\$ x 4 days x 2= 368 Travel cost: 20 x 100\$ x 2= 4000 Stationeries: 300 Hall rent: 200 Supporting staff: 120 Total: 9,052 x 26	235,352.00
<b>Make ARV and all drugs necessary available</b>	ii. Provi sion of the drugs needed for opportunistic infections.	Aids Medical care institutions at government & private	FMOH NGOS Private sectors	Drugs treating O.I: - Drugs treating O.I= \$ 2176 x 600 - Supportive treatment = \$ 240 - Cost /person/ 5 years: 2416 x 600 x 5	7,248,000.00

### Objective 9.

To strengthen the managerial component of SNAP

Strategies	Activities	Location	Sector involved	Sub-total budget	Budget in US\$
<b>To mobilize human material and financial resources to support the managerial component of SNAP</b>	National council Buildings Training Equipment Consumables	1. FMOH 2. State MOH 3. MOI 4. MOD 5. Private sectors. 6. Civil organizations 7. NGOs	FMOH UN Agencies Private sectors	20,000x5=100,000,000.00 200,000x5=1,000,000.00 100,000 x 5 = 500,000.00 100,000 x 5= 500,000.00 23,000x5= 125,000.00	2,225,000.00

### Objective 10.

To build the capacity at different levels and to Decentralize authorities & responsibilities.

Strategies	Activities	Location	Sector involved	Sub-total budget	Budget in US\$
<b>Establish HIV/AIDS prevention &amp; control units in the states.</b>	1. Establish HIV/AIDS units. 2. Train personnel 3. Provide necessary equipment and other logistical support.	States	- FMOH - State MOH	20,000 x 5= 100,000.00 20,000 x 5= 100,000.00 60,000x5 = 300,000.00	500,000.00

### Objective 11.:

To strengthen surveillance system of HIV/AIDS in Sudan

Strategies	Activities	Location	Sectors involved	Sub total Budget US\$	Budget in US\$
<b>Strengthen of the surveillance system</b>	1. formulation of the report & distributed to the states	Ministry of health at Federal & States	FMOH Epid. Dept.	5x 1000\$ = 5000.00	5000.00
	2. Training of cadres at state level: 3. - Training for epidemiological surveillance & testing: 2 national workshops for 5 days	Ministry of Health at Federal & States	National Health Lab. SNAP NGOs	5 x 2 x 3800= 38,000.00	38,000.00
	4. Establishing Sentinel sites in coordination of the epidemiological unit in the FMOH	ANC Centers (State) TB Centers STIs Clinics	SNAP FMOH Epid. Dept NGOs	- Consumable: 18777 x 5= 93,885 - Non-consumable: 67955 + 5 x 6700 = 101,455 - Supervisory visits: 55,000 Total : 250,340	3,755,100.00
	5. Conduct epidemiological survey.	All states	SNAP MOD/MOI UN Agencies	Two national surveys : 2x 700,000.00 = 1,400,000.00 10 state survey x 100,000=1,000,000.00	5,400,000.00

**GRAND TOTAL = 19,119,391,10**  
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# Appendices

## Survey Report

For the survey a stratified sampling method was adopted. The sample included eleven states out of sixteen states in the north. The selected eleven northern states were to represent areas with expected higher HIV/AIDS prevalence rates. In addition three states from the south were also selected. The targeted groups included women attending the antenatal clinics who represent the general population. Secondary data from blood donated and screened for HIV was obtained to give an identification of the prevalence among the adult population. The high risk groups consisted of prostitutes, truck drivers, tea sellers, prisoners, university students, soldiers, street children, individuals in the displaced camps, patients attending the sexually transmitted diseases clinics and tuberculosis patients in addition a group of refugees was also included.

For the assessment of the HIV/AIDS prevalence, blood was collected from the above mentioned target groups the blood was also collected & tested for the clinically diagnosed suspected HIV/AIDS cases during the period of the survey.

A questionnaire was designed and tested for the collection of the behavioural information from all those who participated in the survey. Structured close-ended questions were administered through direct interviews by trained interviewers. Focus group discussions were also carried out to provide more behavioural information.

The response analysis survey included representatives of different government ministries at state & federal levels, NGOs, private sector and wide spectrum of different civil society organizations. Meetings were held with concerned groups, ministers and directors of different departments.

### **The Behavioural survey:**

The results of the behavioural survey showed that 32% of the respondents were males and 68% were females, 62% were married and 30% never married. The majority of the respondents (78.6%) heard about AIDS, the main channel of hearing about HIV/AIDS were the media i.e. Radio (40%), TV (34%), however, only 14% heard about AIDS from health workers. Less than 25% of the respondents know about the symptoms of AIDS, while less than 16.5% knew about the signs of the syndrome. Only about 20% of the respondents recognized HIV virus as the cause of HIV/AIDS. When asked about the mode of transmission 53.2% mentioned sexual intercourse, 29.9% blood transfusion, 26.7% skin penetration and 13.4% transmission from the mother to child. Less than 10% of the respondents mentioned use of condom as a mean of preventing HIV/AIDS transmission, practicing sex with one person was 27.3% and abandoning illegal sex was 41%. Transmission of AIDS through mosquito bite was mentioned by 27.6% of the respondents, while 24.4 believe that the transmission could happen by eating with people living with HIV/AIDS. More than one-third of the respondents think that teachers and school children living with HIV/AIDS should not be allowed to go to school. While 56.6% of the respondents would not buy food from food sellers with HIV/AIDS, 44.3% would not eat with individual infected with HIV/AIDS. More than two-third of the respondents never heard/saw about condom compared to only 21.1% who heard about it and only 13.9% heard/saw condom. About 3.7% of the respondents ever used male condom. Out of the surveyed individuals 31% would not nurse people living with

HIV/AIDS and 30% of them would not allow teachers and school children living with HIV/AIDS to attend schools. More than two-third of the refugees (66.9%) never heard /saw condom, 27.5% heard about it, and only 4.7% heard/saw it. There were only 3.5% of the refugees used condom. Only 2.9% of the refugees practiced sex outside marital relations. Urinary tract infection was prevalent among 19.5% of the refugees, secretion discharge among 6.0%, itching 4.1% and sore organ among 1.4%. Only 10.5% of the refugees had educational materials about HIV/AIDS. Radio was the main source of information, 73.5% of them mentioned radio and 48.7% got their information from religious channels.

A total of 7385 blood samples were tested and out of those 118 were positive. Thus the overall prevalence was 1.6%. The prevalence among women attending the antenatal clinics was 1.0%, among the refugees was 4.0%, while the prevalence of the other high risk groups tested varied i.e. 4.4% among prostitutes, 1.6% among TB patients, 2.5% among tea sellers, and it was 25% among the suspected people living with HIV/AIDS.

A total of 470 blood samples from the refugees were tested and out of which 20 samples were HIV/AIDS positive, giving a prevalence of 4.3%.

Only 9.1% of the respondents were practicing sex outside marital relations. More than half of the respondents (58.7%) did not complain from health problems, however, 31.9% of them suffered from urinary tract infection, 19.0% from discharge & 9.3% from itching. The majority of the respondents (75%) did not have educational materials on HIV/AIDS. Out of 146 (2.4%) respondents who did HIV/AIDS testing, 22(0.4%) of them had the test as their wish.

The majority of the refugees respondents (94.3%) were females and 5.5% were males. The percentage of married among refugees was 85% and those who were never married was 7.8%. About 20% of the refugees do not know how to read and write and the rest were literates. The results revealed that about 65% of the refugees heard about HIV/AIDS, while 35% never heard about it. About 47.4% of the refugees heard about HIV/AIDS through Radio, 29.9% through health workers, 21.2% relatives and only 4.7% through newspapers. About 15% of the refugees know about the symptoms of the syndrome and about 5.7% the signs of the syndrome and the virus as its cause.

The modes of transmission were mentioned as follows: 32.4% sexual intercourse, 56.5% blood transfusion, 17.9% skin penetration and only 7.6% mentioned transmission from mother to child. What concerns prevention, 26.7% of them mentioned avoidance of illegal sex, 20.5% skin penetration, 14% practice sex with one person, only 7.8% mentioned use of condom. As regards wrong believes 27.7% of the refugees believe that HIV is transmitted by mosquito. The percentages of the refugees who would not buy from food seller or eat with a person infected with HIV/AIDS were 52.5% & 44.8% respectively.

## **The Epidemiological Survey:**

Previous epidemiological surveys were carried out only in Khartoum state, among the military & by an NGO in the south. The main activities conducted by stakeholders were confined to training workshops on how to control HIV/IDS and sending messages through media i.e. Radio, TV, newspapers and public lectures. Coordination was weak among stakeholders, however, it was better among NGOs. The main sources of finance to combat HIV/AIDS were the federal government, UN Agencies and NGOs. The major lost opportunities were the lack of strategic plan, effective use of media and youth gatherings, blood safety and counseling of blood donors, and the use of religious forum. The overall attitude towards people living with HIV/AIDS was favorable, however, no clear policies were set by any of the stake holders in case of having an employee infected with HIV/AIDS.



