

**Republic of Sudan  
Federal Ministry of health**

**The National Strategy for Reproductive Health  
2006 ~2010**

**August 2006**

## **Introduction**

The Government of Sudan, through the Federal Ministry of Health, has defined reproductive health as a high priority to improve family health status.

The present available indicators for RH in the country, mainly maternal mortality ratio (509 per 100,000 live births), infant mortality rate (68 per 100,000 live births), Neonatal Mortality rate (31/1000 live births) percentage of deliveries attended by trained personnel (57%), Accessibility to EmOC is low as indicated by caesarian section rate of 2.4%, contraceptive prevalence rate (7%), and total fertility rate (5.9%), show that there is a lot to be done in the country to improve the RH situation and achieve the targets of the Millennium Development Goals.

In order to accelerate progress towards improvement of the RH status and knowing that the international development goals would not be achieved without renewed commitment, the FMOH embarked on the development of the National Reproductive Health Strategy (2006-2010) aiming to attain the nationally set policies and internationally agreed development goals and targets.

It should be emphasized at the start that achieving RH goals and targets would need concerted efforts not only from the FMOH but from all concerned parties especially SMOH, the private sector, the community and international technical and development partners.

## **Overall Objective of the National RH Strategy**

**The overall objective of the strategy for RH in Sudan is to accelerate progress towards meeting the nationally set and internationally agreed RH targets (esp. MDGs) and ultimately to attain highest achievable standard of RH for all population.**

### **Guiding Principles:**

The guiding principles for the national RH strategy are:-

- The national health policy and the set strategic targets within the time period of this strategy (2006~2010)
- Human rights principles including the right of all persons to the highest attainable standard of health through provision of all needed RH services especially maternal and neonatal health.
- The basic right of all couples to decide freely and responsibly the number of, the spacing and timing of their children and to have the information and means to do so.
- The right of people to access relevant health information.
- The right of everyone to enjoy the benefits of scientific progress and its application.
- Promotion of gender equity and empowerment of women.
- Poor and underserved population will be given to the special attention and priority.
- Adolescents & youth will have special attention as regards the provision of RH information and services.
- Emphasis on the role of the community and its involvement in supporting, planning and implementation of the RH program.
- Partnership approach to be emphasized through involvement and proper co-ordination with the private sector, NGOs and international development partners.

### **Prioritized Components of RH**

- Maternal and Neonatal health
- Family Planning
- STI/ HIV/ AIDS
- Harmful Traditional Practices (HTP)
- Adolescents & Youth RH
- Infertility

- Screening for breast cancer, cervical cancer, and management of menopause

## **Important Issue for effective Implementation of the National RH Strategy**

***Sustainable Financing Mechanism:*** This could be achieved through the following actions:-

1. Making RH central to national planning & strategy development process, including poverty reduction strategy papers
2. Ensuring that RH is appropriately reflected in national health sector plans and included in proposals for global funds for AIDS, TB, Malaria and other relevant initiatives
3. Prioritizing RH in essential service packages under health sector approaches
4. Ensuring that financing mechanisms such as cost-sharing are not affecting access to services by poor and disadvantaged groups

***Human Resources Development:*** The following actions are needed in this area:-

1. Determining the essential requirements at all service levels for staff, training according to the skills needed for RH interventions and distribution of health workers
2. Assessing and improving work environment and conditions of employment
3. Formulating strategy to motivate and retain skilled personnel
4. Promoting policies that enable health care workers to be utilized to the full in the different RH interventions in a coordinated manner.

***Quality in Service Provision:*** The following are needed actions in this respect:-

1. Conducting strategy planning, involving health professionals and managers to assess current quality of care and determining the best way to improve quality within existing resources and constraints
2. Design and testing strategies to expand interventions of proven effectiveness
3. Formulating, adopting and monitoring guidelines & standards for clinical practices in public and private sectors.
4. Recruiting partners among non-governmental organizations and within the private and commercial sectors to maximize availability and use of RH services

***Utilization of the services:*** The following actions are needed in this area:-

1. Carrying out social and operation research to identify barriers to use of services and device and test measures to overcome them
2. Using participatory approaches to work with communities, public and private sector institutions and NGOs to overcome such barriers and promote appropriate use of available services.

***Improving Information System:*** the following actions are needed to improve the information system:-

1. Strengthening the capabilities for collecting and analyzing data about health status, its underlying determinants and the functioning of health services at local, district, state and national levels.
2. Setting priorities based on data, using multiple stakeholders consultative process with attention being paid to equitable access especially poor and underserved groups

***Mobilizing Political Will:*** The necessary actions in this area are:-

1. Building strong support to investment in RH using evidence of benefits to public health and human rights
2. Mobilizing several constituencies (health professionals, legal experts, human rights groups, women associations, governmental ministries, political leaders, and religious and community leaders) to support the national RH agenda and make concerted use of the mass media.

***Creating Supportive Legislative and Regulatory Mechanisms:*** The following are needed actions:-

1. Reviewing and if necessary modifying laws and policies in order to ensure that they facilitate universal and equitable access to RH education, information and services.
2. Ensuring that regulations that meet international standards are in place
3. Setting performance standards and devices for monitoring and accountability for the provision of services and for collaboration and complementary action among private, NGOs, and public sectors

***Strengthening, evaluation, and accountability:*** The following actions will be needed in this area:-

1. Establishing and strengthening monitoring and evaluation mechanisms based on clear plans of what to be achieved, how and when with a clear set of indicators and strong baseline data

2. Developing mechanisms such as local committees, community meeting or peer-review seminars to increase accountability at community, facility and district levels

## **Maternal and Newborn Health**

### **Present Situation**

Maternal and newborn health is a priority area in reproductive health in Sudan. The maternal mortality ratio is estimated at 509 per 100,000 live births and represents one of the highest in WHO-EMR. For each maternal mortality there are tenfold cases of maternal morbidities some of which are crippling women life e.g. Vesico-Vaginal fistula which is prevalent in Sudan

The infant mortality rate is estimate at 68 per 100,000 live births and about half of these are neonatal deaths 31/1000 live birth occurring during the first month of life.

There are wide disparities between urban and rural and between the different regions of the country, some of the regions having a sizable scattered nomadic population to which maternal health care services are not accessible.

71% of pregnant women had access to prenatal care services and the delivery by trained personnel in northern part of the country reached 57% although only 6% in the south. The development and expansion of the village midwives training program in the past five years have made good progress in this area but more expansion is needed to cover the vast region of the country. Further development in the curriculum towards achieving skilled birth attendant standards has been planed.

The postnatal care is low at 13% and this need to be addressed in the strategy. Emergency obstetric care services as shown in the recent needs assessment exercise is deficient in most of the rural hospitals. Also there is deficiency in the referral system from community to functioning centers. The contraceptive prevalence rate is at 7% and the unmet need for contraceptive service is high.

It is important here to outline that there are several areas of conflict due to civil war in the Sudan. The Comprehensive Peace Agreement has settled the civil war in southern Sudan. The Abuja peace accord has recently been signed to settle the massive human crisis in Darfur and eastern Sudan problem is being negotiated at present. These areas have been deprived of health services in general and RH services in particular over the previous decades. There are no data to show the magnitude of the RH indicators in most of these areas but expected to be very much higher than the quoted national figures above.

Hence it is important that the strategy addresses the immense needs of the population in these areas of RH services in general, maternal and newborn health care in particular.

### **National Strategy Targets 2006 ~ 2010 (MNH)**

1. Reduction of maternal mortality to 260 per 100,000 live births
  - a. To increase institutional delivery to 20% from currently 14%
  - b. To increase C/S to be at least 5% at district level from currently 2.4%
  - c. To improve coverage of delivery by skilled personnel to 90%
  - d. To increase prenatal care coverage to 90%
  - e. To increase postnatal care to 40%
2. Reduction of neonatal mortality to 20 per 1000 live births
3. Reduction of major obstetric morbidities especially VVF and provide needed health care for those affected

### **Means of Achieving the National Strategy Targets:-**

- Increase the expansion of maternal and newborn health services in the country through the rehabilitation and construction of the health facilities in the areas where the coverage is weak in an effort to provide basic health services. This includes physical structure, equipment and communication during the strategy period (2006~2010).

- Increase and strengthen the MNH health care providers' situation. This will include targeting of the pre-service and in service training program for all categories of service providers. The infrastructure of the training institutions, esp. the Village Midwifery Schools, will be rehabilitated, the curricula continuously updated, the trainers and supervisors adequately trained, and equipment and teaching materials provided. This will help to achieve the targets for increase coverage of prenatal care and delivery by skilled personnel, as well as achieving the ultimate goal of reduction of maternal and neonatal mortality and morbidity.
- Organize in-service training in MNH and continuity insured for all categories to keep them updated with developments and assess and improve their skills
- Develop a system of incentives to keep service providers in the system especially in underserved areas aiming to retain staff in these areas
- Establish and strengthen Emergency Obstetric Services, this will include conduct of needs assessment at all levels, rehabilitation and construction of health facilities where needed, provision of equipment and training of staff in emergency obstetric and neonatal care. Blood transfusion services will be made available and a functional referral system will be established to cater for the timely transfer of emergency cases
- Provide needed services to alleviate the suffering of women with long lasting maternal morbidities. Vesico-Vaginal Fistula constitutes an important maternal health problem in Sudan. Besides efforts to prevent the occurrence of this disability through proper prenatal and delivery care, those afflicted need to be catered for both socially and medically through establishment of specialized centers in the regions where it is prevalent.
- Improve the quality of services by establishing an efficient Health Information System for MNH, a viable system of monitoring, evaluation, supervision, and the development of the national guidelines and protocols for MNH services and training of service providers on them. The guideline and protocols will need to be regularly updated to include the new developments and evidence-based interventions.
- Strengthen the health education and counseling services in all aspects of safe motherhood and the proper training of service providers on the provision of these services
- Enlist the support of the community in realizing the danger signs of high risk pregnancies and the importance of early referral and treatment. The abolishing of harmful traditional practices should be an important area for collaboration with the community in a joint program
- Conduct of needed operation research to study socio-cultural issues as well as successful intervention in MNH services



**ACTION PLAN**  
**MATERNAL & NEWBORN HEALTH**

Objectives	Out puts	Indicators	Main Activities	Period	Responsible Parties	Cost	source of funding
1- To expand and Scale up essential Safe Motherhood services in the framework of RH services in all health facilities	1.1 Prenatal care expanded and scaled up from 71% to cover at least 90 % of pregnant women	<ul style="list-style-type: none"> <li>- Percentage of pregnant women receiving any antenatal care service during pregnancy</li> <li>- TT coverage for women at child bearing age (3 doses)</li> <li>- Coverage by Ferrous/folic acid sulphate for pregnant women</li> <li>- Percent of women at child bearing age receiving Health education and counseling about risk signs, importance of appropriate nutrition, breastfeeding and child spacing.</li> </ul>	<ul style="list-style-type: none"> <li>- Rehabilitating and equipping the health facilities for obstetric services provision</li> <li>- Increasing the number of health facilities providing Antenatal care, including Basic health units.</li> <li>- Providing the necessary equipment and qualified service providers according to the standards.</li> <li>- Providing Ferrous Sulphate and Folic Acid to pregnant women.</li> <li>- Providing vaccines and related materials.</li> <li>- Providing antenatal care cards.</li> <li>- Introducing standards and SOPs in Maternal care services</li> <li>- Strengthening and developing recording, statistics and information system.</li> <li>- Establishing and activating referral system.</li> <li>- Updating and provision of follow up cards.</li> <li>- Strengthening health education role at all levels and provision of its means.</li> <li>- Activating the co-ordination mechanisms with mass media</li> </ul>	2006 ~ 2010	SMOH, FMOH, & Partners		50% public funding 50% external funding
	1.2: Obstetric services at community level improved and	<ul style="list-style-type: none"> <li>- Percentage of villages covered by skilled personnel</li> <li>- Percentage of deliveries assisted by skilled personnel</li> </ul>	<ul style="list-style-type: none"> <li>- Rehabilitating village midwifery schools in the whole country</li> <li>- Providing in-service training for currently available service</li> </ul>				

	Expanded from 43% to cover at least 90% of villages		<p>providers (Midwives, Physicians, Qualified nurses).</p> <ul style="list-style-type: none"> <li>- Employing obstetric care providers especially females.</li> <li>- Updating and activation of the supervision and follow up system. Specially for home deliveries</li> <li>- Activation of clean delivery concept.</li> <li>- Activating the counseling role of midwives during delivery.</li> <li>- Developing Safe Motherhood service provision protocols, criteria, manuals and SOPS</li> <li>- Modernizing and developing obstetric services recording.</li> <li>- Promoting the concept and importance of the immediate breastfeeding after delivery.</li> <li>- Developing legislations and legal frameworks regulating obstetric services (licensing and re licensing).</li> </ul>	2006 ~ 2010	SMOH, FMOH, & Partners		50% public funding 50% external funding
			<ul style="list-style-type: none"> <li>- Developing Safe Motherhood service provision protocols, criteria, manuals and SOPS</li> <li>- Modernizing and developing obstetric services recording.</li> <li>- Promoting the concept and importance of the immediate breastfeeding after delivery.</li> <li>- Developing legislations and legal frameworks regulating obstetric services (licensing and re licensing).</li> </ul>	2006 ~ 2010	SMOH, FMOH, & Partners		50% public funding 50% external funding
	1.3 Quality postnatal care increased from 13 to 40%	- Percentage of postnatal care coverage	<ul style="list-style-type: none"> <li>- Strengthening utilization of service standards for postnatal care, including newborn care</li> <li>- Setting up and enforcing a recording and statistical system for the puerperium period.</li> </ul>	2006 ~ 2010	SMOH, FMOH, & Partners		50% public funding 50% external funding
2 To establish quality basic and comprehensive emergency obstetric care services to cover at least 50% of the population	Basic and comprehensive emergency obstetric services established according to the standards	<ul style="list-style-type: none"> <li>- Percentage of population covered by a functioning basic obstetric care centers</li> <li>- Percentage of population covered by functioning comprehensive obstetric care centers</li> </ul>	<ul style="list-style-type: none"> <li>- Upgrading of targeted rural hospitals.</li> <li>- Providing standard equipment based on the criteria.</li> <li>- Providing trained and skilled personnel.</li> <li>- Providing sufficient running cost.</li> <li>- Developing emergency</li> </ul>				

			<p>obstetric care referral system.</p> <ul style="list-style-type: none"> <li>- Supporting the referral system initiatives, depending on self reliance of communities.</li> <li>- Providing ambulance cars at the rate of one car for each BEMOC centre and 2 cars for each CEMOC centre and communication facilities.</li> <li>- Strengthening utilization of EmOC protocols,</li> <li>- Developing administrative and logistic framework and regulations for the EMOC.</li> <li>- Activating the recording and statistics system.</li> <li>- Developing confidential inquiry and internal audit in health facilities providing EmOC services.</li> </ul>	2006 ~ 2010	SMOH, FMOH, & Partners		50% public funding 50% external funding
3. To provide mobile maternal & neonatal care services to cover the under served population in at least 50% of remote, scattered, and nomadic areas	Mobile clinics services provided in at least 50% of remote, scattered, and nomadic areas	<ul style="list-style-type: none"> <li>- Percentage of remote, scattered and nomadic areas provided by Mobile clinics services</li> </ul>	<ul style="list-style-type: none"> <li>- Establishing mobile services unit/department at central and state level</li> <li>- Providing the needed vehicles equipment and supplies</li> <li>- Training of adequate staff for mobile services</li> </ul>	2006 ~ 2010	SMOH, FMOH, & Partners		50% public funding 50% external funding
4 To improve of Newborn care services to cover at least 50% of the population	Neonatal care Expanded and improved in all health facilities providing EmOC services	<ul style="list-style-type: none"> <li>- Neonatal mortality rate</li> <li>- % of health facilities with EmOC providing quality neonatal care</li> </ul>	<ul style="list-style-type: none"> <li>- Strengthening use of protocols, and manuals for newborn care and training of staff on them.</li> <li>- Training of obstetric care service providers on newborn Quality care.</li> <li>- Training of physicians and other service providers on the newborn intensive care.</li> <li>- Establishing newborn recording and statistical</li> </ul>	2006 ~ 2010	SMOH, FMOH, & Partners		50% public funding 50% external funding

			system.			
5- To expand provision of quality services to serious maternal morbidity conditions esp. VVF	VVF management centers established in additional two regions	<ul style="list-style-type: none"> <li>- Incidence of post operative afflicted women due to VVF</li> <li>- No of HF with improvement in the management of VVF</li> </ul>	<ul style="list-style-type: none"> <li>- Establishing two centers for VVF management in two regions</li> <li>- Providing the needed S/E and training of staff</li> </ul>	2006 ~ 2010	SMOH, FMOH, & Partners	50% public funding 50% external funding

## **Family Planning**

### **Present Situation**

Family Planning services are provided through public institutions as an integral component of RH and also by NGOs and the private sector.

Contraceptive Prevalence Rate (CPR) is estimated at 7%, according to the 1999 safe motherhood survey (SMS) of currently married women using any form of family planning. The CPR quoted by the DHS in 1989/1990 was 9 %. It is interesting to note that the SMS showed that 11% of women indicated that their births were unplanned; another 4% said that their pregnancies were unwanted, and the proportion of the women who had never used contraceptive was 21%.

The figures showed that the CPR is low and even declined from previous levels, and it indicates that there is an unmet need in the country for contraceptive services. In the southern Sudan the CPR is estimated to be less than 1%, so there are great regional variations. These practices explain the high total fertility rate of 5.9% births per women, one of the highest in the Eastern Mediterranean Region.

As for the methods of contraceptives used according to SMS, the pill was the most widely practiced method, used by 61% of women. The government health facilities are the main outlet for provision of contraceptives rather than the private sector. The cost of those contraceptives especially at the private sector could be deterrent to those who could not afford it

### **National Strategy Targets 2006 ~ 2010 (Family Planning):**

To increase the use of modern contraceptives methods to eligible couples to 20%

### **Means of Achieving the National Strategy Targets:**

- Expanding the FP services as integrated PHC services especially to rural and remote areas
- Providing a variety of contraceptive choices to clients and strengthen the logistic system
- Increasing the numbers of qualified and trained staff especially females, to provide services and enhance supervision system
- Training and motivation of service providers to promote FP services
- Improving the quality of services and enhancing counseling skills of service providers
- Enhancing health education and IEC program to spread awareness and contribute to attitude and positive behavioral changes in the society towards FP
- Conducting operation research aiming at the improvement of service delivery and identifying social barriers and administration and policies' constraints and suggest ways to solve them

**ACTION PLAN  
FAMILY PLANNING**

<b>Objectives</b>	<b>Out puts</b>	<b>Indicators</b>	<b>Main Activities</b>	<b>Period</b>	<b>Responsible Parties</b>	<b>Cost</b>	<b>source of funding</b>
1- To raise CPR of modern FP methods to 25% of the married women by the end of 2010	1.1- Quality FP services Expanded and scaled up to cover 50% of the health facilities.	<ul style="list-style-type: none"> <li>- CPR of modern FP methods</li> <li>- % of health facilities provides quality FP service</li> <li>- Number of trained personnel on service criteria.</li> <li>- Percentage of facilities committed to implementing the criteria</li> <li>- Precise and reliable statistics available</li> <li>- Variety of FP methods' choices available</li> </ul>	<ul style="list-style-type: none"> <li>-Ensuring the supply of FP methods and providing quality multiple choices.</li> <li>- Mobilizing resources to secure the annual needs of FP methods based on the quantification.</li> <li>- Expanding FP services to include all the health facilities especially health units and making FP services accessible to remote areas via mobile clinics.</li> <li>- Providing necessary supplies and equipment for service delivery points.</li> <li>- Preparing health facilities to provide counseling services and FP services for mothers and fathers (couples).</li> <li>-Providing qualified personnel to the health facilities and continuous training of care providers</li> <li>- Training of midwives and MAs on provision of counseling for different FP methods</li> <li>- Encouraging and streamlining the private sector in the provision of suitable, safe methods at appropriate prices.</li> <li>- Availing standards and SOPs for FP provision (Infection prevention for IUD, Implants)</li> <li>- Creating an effective statistics system in all health facilities (availing logistics, statistics for records and</li> </ul>	2006 ~ 2010	SMOH, FMOH, & Partners		40% public funding 60% external funding

			documentation) - Ensuring monitoring, surveillance system and evaluating FP services  - Expanding variety of quality choices for the beneficiaries - Training of logistics & supply and statistics personnel	2006 ~ 2010			
	.1.2- Awareness and demand rate on the service increased from ??to ??	- Percentage of increased community awareness  -	- Providing IEC through different media channels - Building partnership with related NGOs in implementing IEC activities - Providing counseling services at all service delivery points and training of personnel on counseling to males and females (couples) - Preparing, printing and distributing appropriate printings for the target groups	2006 ~ 2010			
	1.3 Research in FP field strengthened	- Availability of needed information	Conducting operation research aiming at the improvement of service delivery and identifying social barriers and administration and policies' constraints				

## STIs & HIV/AIDS

### Present Situation

The common STIs (Gonorrhoea, Trichomonas, Chlamydia, and Syphilis) are usually dealt with at the secondary and tertiary health care system as well as the private sector. Some approaches at the PHC level include the syndromic approach to treat some of these infections by the health care providers where facilities for investigation are not available. National figures for the prevalence of these STIs are few; never the less some are available at institutional level

STIs report from health facilities "using the syndromic approach" from six states namely Khartoum, River Nile, Kassala, Gadaref, Bahr El-Jabl, and Upper Nile in 1999 showed that a total of 56,825 cases of STIs were reported in the six states ( a total population 12,049,980) giving prevalence rate of 4.7 cases per 1000 population. This report is a rough estimates of the incidence of STIs which is usually under reported

The National Reproductive Health Policy draft document realizes that STIs and HIV/AIDS are major public health problems, worsened by armed conflicts and natural disasters. This situation is liable to deteriorate further with the expected mass population movement associated with the influx of returnees and IDPs following the signing of the comprehensive peace agreement unless appropriate policies are duly formulated and implemented. Recent epidemiological surveys showed that the country is facing a generalized epidemic with regional variation; the prevalence being higher in the Southern, Eastern, Khartoum, and White Nile states

Sudan is committed to the international agenda and declarations that call for a better and comprehensive response to stop the spread of HIV/AIDS and reduce its incidence.

The numbers of reported AIDS cases increased from 190 during the period 1988-1989 to 3,027 cases during 2000-2004 and the annual mean increase of reported cases from 38 during 1985-1989 to 600 during the period 2000-2004. The main route of transmission is through sexual intercourse (97%), the age group most affected is 15-39 years accounting for 85% of infected cases, the cases during pregnancy reported as 1%. Awareness of AIDS is poor as only 43% of Sudanese women have heard about it (28% of rural women and 71% of urban women) with regional variation 15% in Northern and Western Darfur to 83% in Khartoum.

Since 2001 onwards, the National AIDS program has made considerable progress towards preventive and curative measures for AIDS. Strong Advocacy program was initiated and a multisectoral National Strategic frame work that guides current projects and operational plans was established.

The number of VCT centers has increased form only one in 2001 to more than 45 in 2006 and the number of treatment centers has increased form only one in 2001 to 14 in 2006. Comprehensive training was given to health providers.

More over anti-retroviral and opportunistic treatment and supported centers for 3,500 people living with HIV/AIDS have been established. Blood transfusion screening for HIV/AIDS, hepatitis B virus and Hepatitis C virus are in the process of being established in 10 blood banks.

The level of awareness has improved from 20% of the population had heard of AIDS (the 1999 Safe Motherhood Survey) to more than 80% as shown in the recent studies.

Collaboration with other governmental sectors was established. A good model is the partnership developed between Ministry of Health, UNICEF and Ministry of Basic Education to include life-Skilled based Curricula in primary and secondary schools focusing on prevention of STIs specially HIV/AIDS..

### Overall Objective:

To maintain the current level of HIV/AIDS prevalence at less than 2% among the general population by 2010

### National Strategy Targets 2006 ~ 2010 (STIs & HIV/AIDS):-

- To reduce the incidence of STIs by 50%
- To reverse the spread of HIV/AIDS in the country through:-
  1. Reducing the prevalence among 15 ~ 24 age group

2. Increase the contraceptive prevalence rate (Condom Use)
3. Decrease the number of children orphaned by HIV

**Means of Achieving the National Strategy Targets:-**

- Emphasizing the national policy that considers HIV/AIDS/STIs as a central component of RH especially at PHC level.
- Maximizing efforts through the PHC network across the country and ensuring sustainability to these services in the long run through co-ordination and collaboration between all stakeholders
- Conducting studies to determine the magnitude and incidence of STI, including HIV/AIDS
- Increasing awareness in the community about means of prevention and treatment of STIs, HIV/AIDS especially among adolescents, youth and high risk groups.
- Providing voluntary counseling and testing in health institutions. (Increasing the number of VCT centres from 45 centres to more than 270 by the end of 2010 )
- Providing quality preventive and curative services within the health care system and its integration within PHC services
- Improving the coverage of Syndromic Management of Sexually transmitted infections from less than 25% to 70% by the end of 2010
- Ensuring 100% safe blood transfusion in all health units
- Scaling up PMTCT services from 5 sites to 45 sites by the end of 2010
- Applying second generation surveillance including improved AIDS Cases reporting , behavioural surveillance and sentinel surveillance
- Building the capacity of the different partners including States AIDS program for effective and efficient program implementation
- Mobilizing and sustaining political and community through activation of National and State AIDS Multisectoral Councils
- Providing sustainable BCC and advocacy programs including different partners to ensure involvement of policy makers , community , family and individuals in the AIDS prevention and supporting people living with AIDS including combating stigma and discrimination

**Action Plan  
STIs including HIV/AIDS**

Objectives	Out puts	Indicators	Main Activities	Period	Responsible Parties	Cost	source of funding
To maintain the current level of HIV/AIDS prevalence at less than 2% among the general population by 2010	Efforts toward stopping the spread of HIV/AIDS and others STIs Expanded and strengthened	<ul style="list-style-type: none"> <li>-HIV prevalence among pregnant women attending ANC clinics</li> <li>-HIV prevalence among specific population group such as TB and STIs patients</li> <li>-Number of children orphaned by HIV/AIDS</li> <li>-Percentage of women and men aged 15 – 49 who both correctly identify ways of preventing the transmission of HIV and who reject major misconceptions of about HIV/AIDS (By rural and urban)</li> <li>-Percentage of young women and men aged 15-24 reporting the use of a condom the last time they had sex with a non-marital ,non-cohabiting sexual partner</li> <li>-Number of people among most-at-risk target populations reached through BCC/counseling session(s) (By target population)</li> <li>-Number of women and men with sexually transmitted infections at health care facilities who are appropriately</li> </ul>	<ul style="list-style-type: none"> <li>-Conducting BCC and advocacy campaign including life skills training , peer education and awareness sessions targeting policy makers , community leaders , Young people and general public</li> <li>-Delivering comprehensive service package to at most risk population sub-groups including promotion of safer sexual practise</li> <li>-Improving STIs management through procurement and distribution of drugs , training of HWs and operational research</li> <li>-Providing kits, logistics , trained personnel and monitoring tools for 100% safe blood transfusion</li> <li>-Establishing and expanding VCT services to 720 sites</li> <li>-providing ARV and OI treatment and nursing care for 20,000 HIV/AIDS patients</li> <li>-Establishing 40 PMTCT delivery points in hospitals and RH centres</li> </ul>	2006 – 2010	FMOH. SMOH , LHA , UN , NGOs , CBOs , Private sectors and other line ministries	200,000,000	40% domestic and 60% external funding including the Global Fund

	<p>diagnosed, treated and counseled</p> <ul style="list-style-type: none"> <li>-Number of clients (By age &amp; sex) received HIV test results and post test counseling</li> <li>-Number of blood banks(public &amp; private) providing HIV blood screening services using standardized protocols (By existing &amp; new established</li> <li>-Number of people (By sex, age, pregnant women &amp; children, new &amp; follow-up) with advanced HIV infection receiving antiretroviral combination therapy</li> <li>-Number of HIV orphaned and vulnerable children whose households received free basic external support in caring for the child</li> <li>-Number of government sector(s) and private sector has strategic plan with budget for HIV/AIDS in place with a functional HIV/AIDS unit</li> <li>-Amount of external funds disbursed and utilized by all the other partners for the HIV/AIDS programmes and activities (Disaggregated by disbursed &amp; utilized in US Dollars</li> </ul>	<ul style="list-style-type: none"> <li>-Providing logistics and office equipments to 15 AIDS programs</li> <li>-Establishing , training staff and providing logistics to 75 sentinel sites in the country</li> <li>-Conducting regular Behavioral Surveillance Surveys targeting general public and at most risk group</li> <li>-Supporting Multisectorial Response through activating the National and State AIDS -council and providing technical assistance to other sectors to develop and implement their sectoral Plans</li> </ul>				
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# Harmful Traditional Practices

## **Present Situation**

Traditional practices constitute an important part of the social life in Sudan. Female genital mutilation is one of the most prevalent practices and should be eliminated. Others include early or childhood marriage and Nutritional Taboos.

FGM is widely practiced in the Sudan. It has been widely studied over the last three decades and all documentation shows that the incidence is still high, reaching a rate around 90% in Northern States (about 300,000 cases annually). FGM has known immediate and late complications on the health of women and children, which has been significantly documented in many studies.

Early or childhood marriage is practiced especially in rural communities. Maternal mortality and morbidity due to childhood pregnancy are consequently increased as has been established in many studies. The extent of the practice of childhood marriage is not yet known at national level although some institutional studies have shown that the practice is prevalent.

Nutritional Taboos have been reported in some studies and the practices include the restriction of certain important nutritional components during pregnancy and childhood.

The Sudan National Reproductive Health Policy (2005) has called for the elimination of the HTP especially FGM and encourages public health actions towards achieving elimination.

## **National Strategy Targets 2006 ~ 2010 (HTP):-**

To work towards the elimination of the HTP affecting the health of women and children

## **Means of Achieving the National Strategy Targets:-**

- Formulating a multidisciplinary national committee to develop strategies and action plans for elimination of HTP negatively affecting the health of women and children with the appointment of focal points at FMOH
- Involving professional bodies e.g. obstetricians & gynecologists society, pediatrician society, midwifery groups to enlist the support of their memberships in the efforts to eliminate HTP especially FGM
- Introducing the subject of the pre-service and in-service training of RH service providers and training of RH providers on the management of HTP complications in particular FGM
- Conducting the needed studies to ascertain the harmful affects of HTP to support the arguments for its elimination
- Developing health education and IEC material addressing the different community groups
- Enlisting the support of the community e.g. women youth, political and religious leaders for elimination of HTP

**Action Plan  
HTP**

Objectives	Out puts	Indicators	Main Activities	Period	Responsible Parties	Cost	source of funding
To reduce the incidence of HTP aiming towards their elimination	<p>1.1 Awareness towards HTP raised among all groups of the communities</p> <p>1.2 Needed services to the complication of HTP especially FGM Provided to all referral sites</p>	<p>% of young girls undergone FGM</p> <p>% of women practicing other HTP</p> <p>-</p>	<p>- Developing IEC program for elimination of HTP especially FGM, in coordination with relevant public NGOs and communities</p> <p>- Introducing the topic of elimination of HTP in the curricula of all health care providers</p> <p>- Training of RH care providers on the management of the complication of HTP</p> <p>- Enlisting the support of professional organizations, political leaders, community and religious leaders, youth and women groups on the effort for the elimination of HTP</p> <p>-</p>	2006 ~ 2010	SMOH, FMOH, & Partners		40% public funding 60% external funding

## **Adolescent and Youth Reproductive Health**

### **Present Situation**

Adolescent and Youth constitute a sizable group of the population in Sudan. Their RH needs tend to be neglected by the health care system and this will have negative impact on their reproductive knowledge, practice, and attitude in later life.

In the recently endorsed population policy of Sudan, Youth is considered as one of the important population sectors for the future of the country. The policy document identified common Youth problems as education, labor, marriage, family life, and problems of change and ambition and effects of globalization.

The health care provided to Youth, school children or university students is only of curative nature. There is neither education program on adolescent RH problems nor health services to deal specifically with adolescent and youth RH problems in a way which will be addressing their needs

### **National Strategy Target 2006 ~ 2010 (Adolescent and Youth Reproductive Health):-**

Improvement of RH situation of adolescent and youth

#### **Means of Achieving the National Strategy Targets:-**

- Providing appropriate RH information, counseling and services for adolescents and youth to enable them to develop broad range decision leading to adoption of healthy life style
- Increasing the coverage and quality of school health services and university-based services and training the service providers in these institutions on the provision of adequate RH information and services
- Developing coordination and collaboration plan with all stakeholders, at various levels, on improvement and advancement of RH care for youth.
- Involving youth groups and students on the development and implementation of information and services programs to adolescents and youth
- Providing pre-marital counseling and care within the health care system
- Training of RH service providers on counseling and management of adolescents and youth RH problem
- Conducting the needed researches on Youth and Adolescent health problems

**Action Plan**  
**Adolescent and Youth Reproductive Health**

Objectives	Out puts	Indicators	Main Activities	Period	Responsible Parties	Cost	source of funding
1- To improve the management of adolescent and youth RH problems	<ul style="list-style-type: none"> <li>- Awareness on RH issues among adolescents and youth raised</li> <li>- Interest of the education, training institutions and the private sector on the adolescent and youth RH issues attained</li> <li>- Data base on the adolescent and youth RH issues established</li> <li>- Sustainable systems to perform the IEC on adolescent and youth RH Built.</li> <li>- Support of the religious, education and health leaders and families and the whole society for the awareness raising of the adolescent and youth RH issues gained.</li> <li>- Capacity of personnel to deal with the RH issues of</li> </ul>	<ul style="list-style-type: none"> <li>- The number of education, training institutions and the private sector involved in adolescent and youth RH issues</li> <li>- The number of communities having peer educators providing IEC on the adolescent and youth RH issues.</li> <li>- The number of schools providing IEC on adolescent and youth RH issues.</li> <li>- The number of youth clinics providing IEC to the youth.</li> <li>- The number of programmes targeting adolescent and youth RH issues.</li> <li>- The number of qualified personnel in the concerned institutions dealing with the adolescent and youth RH issues.</li> </ul>	<ul style="list-style-type: none"> <li>- Spreading awareness through the participation of the education, training institutions and the private sector in the funding and implementation of the adolescent and youth RH issues in order to secure the sustainability.</li> <li>- Conducting research and surveys to identify the needs of this group.</li> <li>- Supplying the necessary equipment for data collection and data analysis</li> <li>- Support youth clinics initiatives.</li> <li>- Spreading awareness among educational and training institutions as well as families on the importance of the IEC on RH issues.</li> <li>- Development of specialized IEC programmes on the RH issues and their transmission through the appropriate channels.</li> <li>- Training of a number of education specialists in the schools to provide IEC.</li> <li>- Training of a number of health workers to be able to deal with the adolescents and youth group.</li> <li>- Introduction of the IEC subjects into the school curriculum.</li> <li>- Training of teachers on lecturing of the IEC</li> </ul>	2006 ~ 2010	SMOH, FMOH, & Partners		40% public funding 60% external funding

	his age group built. - Adolescent and youth RH issues integrated into the schools' curriculum and schools' health services.		subjects. - Monitoring the implementation of the schools' project				
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# Infertility

## **Present Situation**

Infertility constitutes an important RH problem affecting couples. SMS survey (1999) showed the incidence of primary infertility to be about 10% in Sudan, and these are mainly due to endocrinological causes. Secondary infertility would mainly result from STIs and this is preventable through proper management which is usually provided at secondary and tertiary care levels by qualified personnel (obstetrician, endocrinologist)

The private sector constitutes an important avenue for management of infertility, where clients would try to get the best care they could afford to cure their problem

Modern advances in the management of infertility, for example In Vitro Fertilization (IVF), are available in two centers in Sudan but the cost is prohibitive to the majority of patients. The public health system has not yet introduced such new advances

## **National Strategy Targets 2006 ~ 2010 (Infertility):-**

Reduction of the incidence of infertility due to STIs and improvement in the management of the infertile couple all over the country

## **Means of Achieving the National Strategy Targets:-**

- Conducting studies to determine the incidence and the aetiology of infertility in all States of the country
- Developing national protocols and guidelines for the management of the infertile couple at all levels of the health care system, and provision of clear referral mechanism
- Establishing of advanced infertility management centers in at least three tertiary public institution in the different regions of the country, with provision of needed training and equipment
- Strengthening proper management of STIs which lead to secondary infertility

## Action Plan Infertility

Objectives	Out puts	Indicators	Main Activities	Period	Responsible Parties	Cost	source of funding
To Prevent and manage infertility at all level of health care system	<ul style="list-style-type: none"> <li>- Data on the incidence and causes of the infertility provided</li> <li>- IEC services on prevention aspects of infertility integrated within RH services</li> <li>- Management facilities for infertility provided</li> </ul>	<ul style="list-style-type: none"> <li>- Incidence of infertility</li> <li>- % of infertile couples provided by management for infertility</li> </ul>	<ul style="list-style-type: none"> <li>- Conducting studies in the incidence and causes of infertility</li> <li>- Providing IEC on STIs causing secondary infertility</li> <li>- Establishing three specialized regional centers to provide advance infertility management</li> <li>- Establishing referral mechanism of the affected cases to specialized centers</li> </ul>	2006 ~ 2010	SMOH, FMOH, & Partners		40% public funding 60% external funding

# Screening for Breast Cancer, Cervical Cancer, and Management of Menopausal Problems

## **Present Situation**

Breast cancer and cancer of the cervix are established internationally as the most prevalent form of malignancies in women and two of the major causes of female mortality

Recent health care developments have provided preventative approaches to these two diseases through screening and early management (primary prevention method)

There are no reliable figures in Sudan on the incidence of breast cancer and cancer of the cervix; and there is no existence for a program for screening yet

Usually women with these two diseases report in late stage to health care system and are dealt with surgically and/or with radiotherapy, but the result for late cases are disappointing. Hence it is high time to embark on developing national screening program for breast cancer and cancer of cervix the in Sudan

Women are known to suffer from a variety of health problems at the menopause, which could affect their normal life. It is important that the national strategy should develop ways to provide health information and care to women during this period

## **National Strategy Targets 2006 ~ 2010 (MNH):-**

1. Establish a screening program for breast cancer and cancer of the cervix
2. Introduce management of menopause in the training of RH care providers

## **Means of Achieving the National Strategy Targets:-**

- Introducing the subjects of breast cancer and cancer of the cervix screening and problem of the menopause in curricula of pre-service and in-service training of RH service providers
- Developing of national protocols and guidelines on screening for breast cancer and cancer of the cervix, and management of menopausal problems for all levels of the health care system
- Training of RH service providers on the screening for breast cancer and cancer of the cervix and management of menopausal problems
- Providing of needed equipment in the PHC centers for pap smear and proper referral to cytology centers
- Providing of mammograms at level of tertiary centers at the beginning
- Establishing of two specialized centers for management of cases of breast cancers and cancer of the cervix, with provision of needed trained staff, equipment and supplies

**Action Plan**  
**Screening for Breast Cancer, Cervical Cancer, and Management of Menopausal Problems**

Objectives	Out puts	Indicators	Main Activities	Period	Responsible Parties	Cost	source of funding
To ensure early detection and management of the breast and cervical cancer	<ul style="list-style-type: none"> <li>- Screening program for breast and cervical cancer established</li> <li>- Information on breast and cervical cancer , their complications and seriousness provided to the families specially females</li> <li>- IEC for the prevention from these diseases disseminated among targeted groups</li> <li>- improved capacity for management of breast and cervical cancer</li> </ul>	<ul style="list-style-type: none"> <li>- Incidence of breast and cervical cancers</li> <li>- Percentage of women aware of preventive aspects of breast and cervical cancers and the importance of screening</li> <li>- Availability of health centers providing management for breast and cervical cancer</li> <li>- percentage of women screened for breast and cervical cancer</li> </ul>	<ul style="list-style-type: none"> <li>- Introducing health education and females' self detection of breast cancer in the routine RH services</li> <li>- Introducing of topics on cervical and breast cancer on training curricula</li> <li>- Conducting Awareness raising campaigns through Brochures, booklets and inclusion of these subjects into school curricula.</li> <li>- Training of health personnel on the ways of dealing with, complications and treatment of these diseases.</li> <li>- Organizing awareness raising workshops about these diseases in all states and districts.</li> <li>- Expanding IEC about these diseases and the basic behaviors through comprehensive mass media projects</li> <li>- Providing investigations serving the diagnosis and equipping the specialized centers for treatment and early detection through the following testing mechanisms:               <ul style="list-style-type: none"> <li>- Pap smear,</li> <li>- Colposcopy and</li> <li>- Mammography</li> </ul> </li> <li>- Providing and training of service providers on treatment and early detection.</li> <li>- Development of criteria, protocols, manuals and referral system.</li> </ul>	2006 ~ 2010	SMOH, FMOH, & Partners		40% public funding 60% external funding
To provide information and services for menopausal problems at health facilities	Information and services for menopausal problems made available within RH services	- Number/percentage of women properly managed for menopausal symptoms	<ul style="list-style-type: none"> <li>- Providing information and services at all hospitals for women with menopausal problem</li> <li>- Training the RH service provider in the management of menopausal problems</li> </ul>				