In times of crisis or disaster, humanitarian workers and governments need an accurate account of events and situations on the ground. An information service that focuses on a daily basis on humanitarian issues in Africa, Asia and the Middle East, IRIN seeks to satisfy that need. Our aim is to bridge the information gap between decision makers, humanitarian workers and the people they are trying to help.

For more information on our services visit our website at: [www.IRINnews.org](http://www.IRINnews.org)
inside this issue

1. **Introduction**
   - the Project .................................................................................................................................................. 3

2. **Ethiopia**
   - ETHIOPIA: WFP scheme sustaining thousands affected by HIV, 7/Sep/06 ............................................. 4
   - ETHIOPIA: Poverty threatens efforts to stop mother-to-child HIV transmission, 28/Apr/06 ...................... 4
   - ETHIOPIA: Govt treatment programme brings hope to thousands, 13/Apr/06 ........................................ 5

3. **Somalia**
   - SOMALIA: Prevention of mother-to-child HIV transmission starts, 18/Aug/06 ....................................... 7
   - SOMALIA: Youth-friendly magazine passing on HIV/AIDS message, 5/Jul/06 ......................................... 8
   - SOMALIA: Free ARVs, but stigma hampers HIV/AIDS fight in Somaliland, 1/May/06 ............................... 8
   - SOMALIA: Fighting HIV in a chronic emergency, 7/Apr/06 ................................................................. 9

4. **Sudan**
   - SUDAN: Fighting the HIV/AIDS enemy in Darfur, 6/Sep/06 .................................................................. 11
   - SUDAN: Poor services, ignorance hamper HIV/AIDS fight in south, 22/Aug/06 ................................. 11
   - SUDAN: Preventing HIV/AIDS in the south - a cash-strapped mission, 16/Aug/06 ............................ 12
   - SUDAN: Grannies step in to care for children orphaned by HIV/AIDS, 17/Apr/06 .............................. 13
   - SUDAN: War-scarred south ill-equipped to deal with HIV/AIDS, 10/Apr/06 ........................................ 14
   - SUDAN: Returning refugees face new challenges in unprepared south, 7/Apr/06 .............................. 16

5. **How to contact PlusNews** .................................................................................................................... 17
This PDF is a compilation of selected articles produced by IRIN/PlusNews exploring issues around HIV/AIDS and populations of humanitarian concern in Ethiopia, Somalia and Sudan.

Crisis-affected communities have the right to access HIV services on the same basis as general populations. But they also have special needs requiring innovative programming in circumstances that can be operationally very difficult.

IRIN/PlusNews is part of a DFID-funded consortium of nine UN agencies seeking to expand the provision of HIV prevention, treatment, care, and mitigation services to an estimated 200 million people of humanitarian concern.

Through this project, IRIN/PlusNews aims to raise awareness by:

- Providing sustained coverage on HIV/AIDS and crisis-affected communities
- Highlighting programmatic responses and best practice
- Enhancing advocacy efforts around populations of concern, including responses to gender-based violence
- Challenging stigma surrounding HIV/AIDS and vulnerable populations
- Working in partnership with media organisations to help journalists improve coverage of crisis-affected communities

A full collection of regularly updated IRIN/PlusNews articles are available at http://www.plusnews.org/DFIDproject.asp

Alternatively you can subscribe to the free email service via http://www.plusnews.org/subscriptions/AIDSSubslogin.asp
**ETHIOPIA: WFP scheme sustaining thousands affected by HIV**

NAIROBI, 7 September - A UN World Food Programme (WFP) initiative is providing nutritional support to thousands of poor, HIV-affected families in Ethiopia, where hunger is still a major problem more than twenty years after famine killed an estimated one million people.

“The scaling-up and expansion of our HIV/AIDS urban programme will allow WFP to continue working towards improving the nutritional status and quality of life of many thousands of people in Ethiopia, who are either infected or affected by HIV/AIDS,” said WFP acting country director Abnezer Ngowi.

In terms of a US$9 million agreement, signed in August by WFP, the Addis Ababa HIV/AIDS Prevention and Control Office, and other local agencies and implementing partners, WFP will provide nutritional assistance to 110,000 people in 14 towns across the country, including 54,000 beneficiaries in the capital, Addis Ababa, until December 2007.

Two million people are living with the virus and an estimated 2.6 million children have been orphaned by the pandemic in the last decade. Urban households have been more affected than rural ones.

Dinku Shitaw, 85, who lost her daughter and son-in-law two years ago, is one of the beneficiaries. “I am taking care of these two AIDS-orphaned children with the support of an organisation that gives me wheat, edible oil and schooling materials to the children.” The children help their grandmother sell firewood and charcoal to pay the $5 monthly rent for their tiny, one-roomed home.

The organisation assisting Shitaw is the Participatory Community Support Association. “We have given nutritional support worth $200,000 to over 1,000 people living with HIV/AIDS. Our association has been re-elected by WFP to continue this programme (and we) plan to increase the number of beneficiaries in the coming months,” said the manager, Solomon Tesfaye.

People taking antiretroviral (ARV) medication must have adequate nutrition, and households are given 45kg of wheat, three litres of oil and 9kg of a locally produced fortified blended food supplement every month, allowing caregivers, usually family members, also to benefit.

Ayalnesh Melaku, 33, lost her husband to an AIDS-related illness five years ago and has been on ARVs at Addis Ababa’s government-run Black Lion Hospital for the past year. “Without the nutritional support, it would be difficult to start such a heavy medicine,” she said. Since she started the ARVs, her CD-4 cell count (which measures the strength of the immune system) has increased from 100 to 408 and her weight has gone up from 40kg to 50kg.

**ETHIOPIA: Poverty threatens efforts to stop mother-to-child HIV transmission**

ADDIS ABABA, 28 April - Preventing HIV-positive mothers from infecting their children remains a serious challenge in conservative and impoverished Ethiopia, where women are expected to breastfeed their babies.

Prevention of mother-to-child transmission (PMTCT) programmes advise mothers to find replacements for breast milk in order to reduce the risk of passing on the HI virus to their children through breastfeeding. However, in a country like Ethiopia, parts of which suffer from chronic food shortages, alternative food sources are often unavailable.

Amelework Tesema, a 38-year-old HIV-positive mother receiving treatment at Zewditu hospital in the Ethiopian capital, Addis Ababa, said she found it extremely difficult to feed her baby girl. “When I first came to the hospital, the doctors convinced me to start the treatment,” she said. “I have accepted their advice and started to use the treatment, but getting replacement foods for my kid is a headache. I can’t feed my baby properly and she is losing weight. I am confused about what I should do.”

According to a recent study by the United Nations Children’s Fund (UNICEF), about 15 to 20 percent of infant HIV infections occur during pregnancy, 50 percent during labour and delivery, while breastfeeding accounts for a further 10 to 30 percent.
Preventing transmission during pregnancy and birth involves both mother and child taking antiretroviral drugs, but stopping infection through breastfeeding means resorting to formula milk and other breast milk substitutes, an option not open to most Ethiopian mothers.

“Many mothers in developing countries cannot afford breast milk substitutes and lack access to clean water, which is essential for their safe preparation and use,” said Dr Yohannes Leulseged, head of PMTCT services at Zewditu hospital. For many of these mothers, not breastfeeding often leads to malnutrition and death of the child.

“These problems are aggravating the death of children due to HIV/AIDS. Adequate care and support - including nutrition - should be made available to tackle these problems,” Amelework said. “Otherwise, PMTCT treatment has its own disadvantage to positive mothers.”

AIDS activists have also pointed out that HIV-positive mothers need to be educated to take better care of their own health so they can be in good enough health to look after their children. “HIV positive women who decide to have babies are facing various problems. They only focus on their children and forget to look after themselves,” said Anteneh Tsige, who works with Dawn of Hope, a local NGO of people living with HIV/AIDS.

In addition, many Ethiopian women fear the consequences of refusing to breastfeed their children, which is considered an important part of their culture. “Breastfeeding is a critical issue in the Ethiopian culture, because a woman is expected to breastfeed her baby,” said Zewditu’s Yohannes.

“Infants not infected during pregnancy and childbirth whose mothers are HIV positive face a 10 to 15 percent chance of acquiring HIV through breastfeeding, depending on how long they receive it [the milk],” he added. “Throughout [the country], the treatment has multicultural problems, and PMTCT should be supported with proper care and support.”

Yohannes said in order to encourage HIV-positive mothers to start the treatment, the hospital was providing education on prevention to pregnant women.

The Global Fund to Fight AIDS, Tuberculosis and Malaria, United States President George Bush’s Emergency Plan for AIDS Relief, the UN and various NGOs have partnered with the government to ensure that more pregnant women around Ethiopia are receiving PMTCT services.

UNICEF is currently undertaking PMTCT programmes in the Ethiopian towns of Dilla, Dire Dawa, Gondar and Jimma. The UN World Food Programme is also involved in feeding pregnant mothers and their children under the age of two attending PMTCT programmes in six Ethiopian cities.

At the state-run Zewditu hospital, programmes for the prevention of mother-to-child transmission of HIV began in 2003. Similar programmes are also being carried out at three other hospitals in the city, according to Yohannes. The government, he said, was providing PMTCT to more than 2,000 women around the country.

“So far, over 600 mothers and children are receiving the treatment being given freely in the hospitals in the city,” Yohannes said, noting that another 150 mothers and children were also receiving the treatment in hospitals around Addis, home to some five million people.

**ETHIOPIA: Govt treatment programme brings hope to thousands**

ADDIS ABABA, 13 April - In January 2005 the Ethiopian government launched a programme to give universal access to free antiretroviral therapy (ART) to people living with HIV/AIDS. Just over a year later, the initiative has changed the lives of approximately 23,000 people.

Last October, for the first time in months, Almaz Eshaw, 35, an HIV-positive mother of three who is around 1.6 m tall and weighs just 40 kg, was able to leave the bed of her tiny mud house on the outskirts of the capital, Addis Ababa. She is one of the beneficiaries of the programme.

“This medicine saved my life,” she said. “I’ve spent so many months unable to leave my bed and to do anything. Now I can take care of my children again, dress them up to go to school, prepare some food and take care of the house.”

From a plastic bag placed under her pillow she removed two boxes of pills from India that she takes twice a day. A voluntary nurse, Dekenera Getachew, from the Hiwot HIV/AIDS Prevention Care and Support Organisation (HAPCSO), a local NGO, visits Almaz three times a week to make sure she is adhering to her regimen and to help her with household chores.
“The difference between now and before [she started ART] is really impressive,” said Dekenera. “A few months ago I had to spend all my days with her to wash her and feed her.”

According to the Ethiopian Ministry of Health, at least 1.5 million people are living with the HI virus and some 285,000 people need ART. When the programme started in 2005, just 900 people were accessing the free treatment.

In March 2006 the health ministry announced that it planned to provide ART and treatment for opportunistic infections to 58,000 people by beginning of July, to reach 100,000 patients by December, and increase that number to 200,000 by August 2008.

Since the beginning of the year, 126 hospitals have been able to offer voluntary HIV/AIDS counselling and testing (VCT), and services for the prevention of mother-to-child transmission of the virus.

“For us, this really means hope,” said Selamawit Gesamasanm, a trained nurse working for HAPCSD, which tries to ensure free access to ART and home-based care for the poorest in Addis Ababa. “Before, we had approximately 10 people dying every week. Now it is one or two in a month.”

At the centre where Selamawit works in southern Addis Ababa, some 463 people have tested positive for HIV, 267 of whom are receiving the free ART; last July only 10 people were accessing the free drug.

“There are still probably a lot of people who don’t know, or don’t want to know, their status and probably need ART. We still have to fight against a lot of stigma and wrong ideas,” she commented. “Many people still don’t realise that they are not condemned once they have HIV and that they can live with it.”

Almaz’s husband, for example, refuses to know what his HIV status is and has stopped having sexual relations with her as a way of protecting himself. Thankfully, her daughter has tested HIV-negative.

The free ART programme is mainly financed by the Global Fund to fight AIDS, Tuberculosis and Malaria. Another source of funds is US President George Bush’s US $15 billion emergency plan for HIV/AIDS relief.

Around half of Ethiopia’s 77 million people have limited access to health facilities, according to government and UN figures. The HIV prevalence rate is 4.4 percent, and at least 900,000 people have died from the pandemic since 1986.

In 2004 the US spent $43 million on anti-AIDS activities in Ethiopia, and a further $61 million was earmarked for 2005, half of it for purchasing antiretroviral drugs.

**ART PROVISION UNDER THREAT**

“Without this programme, probably less than five percent of the people who need ART would have access to it,” one aid worker estimated. The medication costs around $30 a month, but nearly 50 percent of Ethiopians live on less than a dollar a day.

“There is a problem of viability in the long term, because you would need to take ART for life, but for now, the programme is only financed until 2009,” the relief worker noted.

Other service providers are more optimistic. “Morally, it is impossible for the donors to say we [should] stop financing ART when people’s lives are depending on it,” said a UN official, who preferred anonymity. “In the long run, the prices are also expected to go down, so that people can have easier access to the drugs.”

The extreme poverty of most Ethiopians, coupled with the ongoing severe drought in the south and southeast and the resultant food insecurity, are also hindrances to the success of the ART rollout in this vast country.

“An important challenge is the nutritional aspect: if you give drugs to people without adequate nutrition it can be really difficult to keep them on track - we need to be able to couple treatment and food,” the UN official added.

“One of the main challenges we are having is to put a good follow-up system of the patients in place,” said Negatu Mereke, head of the government’s HIV/AIDS Prevention and Control Office. “Now we have 658 VCT sites, but we still need more to reach the rural areas and the patients there.”
SOMALIA: Prevention of mother-to-child HIV transmission starts

NAIROBI, 18 August - Somalia’s health care system is virtually nonexistent after fifteen years of violence and lawlessness, leaving HIV-positive pregnant women without the services and knowledge they need to prevent them from transmitting the virus to their unborn babies.

“Most Somali women use unskilled traditional birth attendants [TBA] during childbirth - hospital delivery is very rare,” Fadumo Qasim Dayib, Somalia focal point for prevention of mother-to-child transmission (PMTCT) of HIV at the United Nations Children’s Fund (Unicef) in Kenya, told PlusNews. “Women aren’t comfortable in hospitals, which are often unsanitary and have poorly trained personnel.”

Only 30 percent of Somali women use skilled birth attendants, and the country’s estimated 7,000 TBAs are largely ignorant of HIV transmission and safe birthing practices.

“A midwife in Somalia recently told me she had spoken to a TBA who had assisted in delivering a baby to an HIV-positive woman; she did not use any special precautions against passing on the virus ... [and] immediately used the same instruments on the next woman ... so you can see they have not even the minimal knowledge about HIV transmission.”

UNAIDS estimates Somalia’s HIV prevalence at 0.9 percent, well below that of neighbouring countries, but has warned that it is “approaching a generalised epidemic”. UN agencies have set up one site providing antiretroviral (ARV) drugs in the self-declared republic of Somaliland in the northwest, and four voluntary counselling and testing (VCT) sites around the country.

UNICEF is in the process of rolling out PMTCT services and has been training political leaders in advocacy, community and religious leaders in awareness raising and health practitioners to provide the services.

“We have come up with a training package that will include counselling for all women at ante-natal clinics, where the women will receive health talks focusing on HIV and PMTCT,” Dayib said. “If they feel comfortable to take a test, we will carry out rapid tests for syphilis and HIV, initially with written consent, until the testing becomes routine.”

CULTURAL CHALLENGES

Somalia is a conservative Muslim nation with a deep-rooted aversion to discussing sexual matters and HIV/AIDS. However, Dayib said the reality of HIV/AIDS had eroded much of this.

“People in Somalia are aware of HIV and how it is spread. If discussions are held by people who understand the local culture, religion and language, then Somalis - both men and women - are willing to open up and discuss any issues related to sex and HIV/AIDS,” Dayib said.

Local involvement in programme implementation was critical. “The Somali people need to own the process of PMTCT, right from the planning stages to implementation.” They were an “oral society” who relied on word of mouth, and if the clinics were poorly equipped or had poorly trained staff, it would have a significant impact on women’s uptake of services.

Dayib stressed the “need to move beyond the awareness-raising stage and start providing treatment, care and support services, otherwise it’s like a chain with a link missing.”
SOMALIA: Youth-friendly magazine passing on HIV/AIDS message

HARGEYSA, 5 July - In the self-declared republic of Somaliland, where discussions about sex remain taboo, a group of young people have been passing the HIV/AIDS message on to their peers through a youth-friendly magazine, Koor.

The name is the Somali word for the wooden bell worn by herd camels to avoid them getting lost. Created in 2003, Koor provides basic information on HIV/AIDS to the youth, who in turn can use the knowledge to protect themselves from contracting the virus.

“We realised that the youth have very little basic knowledge of HIV/AIDS, they had few facts and a lot of fiction about the disease,” said Koor’s editor, 22-year-old Ilham Sheik Muse. “It made us realise that they needed a leader to pass vital and comprehensive information on the disease, we therefore established Koor to lead them.”

Although Somalia’s HIV infection rate remains low at 0.9 percent, UNAIDS nevertheless says Somalia is “approaching a generalised epidemic”. Ignorance about HIV persists in this conservative Muslim country, and many Somalis perceive HIV/AIDS to be a “foreign” problem that is unlikely to affect them.

A behavioural study conducted by the United Nations Children’s Fund (Unicef) in Somalia in 2004 found that just 26.6 percent of women in Somaliland had heard of condoms. Only 13 percent of men and three percent of women in the region had ever used one.

“During a survey we conducted last year about the use of condoms in Somaliland, some boys said that they think condoms are not safe and they instead use polythene bags when having sex,” Deq Saeed, of UNAIDS Somaliland, said recently.

The free, quarterly magazine - supported by Unicef and a local nongovernmental organisation, HAVOYOCO - is run entirely by young people, who report on HIV-related issues and interview people in the region to find out their views on the pandemic.

Following increasing demand among young Somalis, Koor expanded to the semiautonomous region of Puntland in the northeast and to southcentral Somalia, bringing together the youth in a country deeply divided by clan loyalty.

Koor also tackles health, development and entertainment. For instance, it highlights the health risks - including higher HIV risks - posed by female genital mutilation, which is practised almost universally in the Horn of Africa nation.

In its third year now, Koor’s editor says the magazine has registered positive impacts in terms of influencing behaviour change and prevention and control.

“After the youth got the knowledge of how HIV is spread, an overwhelming number have employed precautionary measures, which include abstinence and the use of condoms, so most of them are not ready to risk contracting HIV,” Muse said.

SOMALIA: Free ARVs, but stigma hampers HIV/AIDS fight in Somaliland

HARGEYSA, 1 May - Patiently waiting for her monthly dose of antiretrovirals (ARVs) at an HIV clinic in Hargeysa, capital of the self-declared republic of Somaliland, Amina Hassan, a 26-year-old mother of two, is one of 110 people benefiting from free treatment in the region.

“I started taking the ARVs five months ago. I’m feeling stronger than before and have added six kilos in my body weight,” she said. “I intend to continue taking the drugs as the doctors are saying.”

Hassan said her husband had died four months earlier from an AIDS-related illness, and when she too started falling sick, she had herself tested for HIV and was diagnosed in December. Mercifully, her two daughters - aged two and four - are negative.

The authorities in the self-declared republic - in the northwest of the Somalia - joined the fight against the pandemic by establishing a commission in September 2005 to plan and coordinate efforts against HIV/AIDS.
Free ARV provision began when dozens of internally displaced people in Somaliland tested positive for the HI virus. Their appalling condition triggered an appeal by the United Nations refugee agency, UNHCR, which saw the delivery of the drugs to the HIV clinic in June 2005.

The provision of free ARVs by UN agencies has given hope to HIV-positive people in the region, and encouraged more to volunteer for counselling and testing. Hassan said it was the knowledge that the ARVs were available that gave her the courage to get tested.

Despite the progress made in treatment, health authorities in Somaliland are worried that significant challenges remain. Although HIV prevalence currently stands at 1.4 percent, relatively low compared to neighbours Ethiopia and Djibouti, insufficient information about the virus, and deeply entrenched cultural and religious beliefs, continue to fuel the spread of the epidemic.

“We presume HIV first reached Somaliland over a decade ago and it has increased tremendously over the past four years, but still a majority of the population are not serious about its consequences,” said Dr Deq Saeed, of UNAIDS Somaliland.

Alarming misconceptions still exist - even among the educated - with some believing the disease is “foreign” and cannot be found in Somaliland, because the country is a strong Muslim nation.

A behavioural study conducted by the UN Children’s Fund in Somalia in 2004 found that just 26.6 percent of women in Somaliland had ever heard of condoms. Only 13 percent of men and 3 percent of women in the region had ever used one.

“During a survey we conducted last year about the use of condoms in Somaliland, some boys said that they think condoms are not safe and they instead use polythene bags when having sex,” said Saeed.

Stigma and discrimination are also enormous barriers to the fight against the epidemic in the self-declared republic. Health experts report that people have even been physically attacked by family members for being HIV-positive.

“Recently we got a report that an HIV-positive girl was being attacked by neighbours. When we visited her, we found she was staying in shanty house that collapsed after neighbours and family members hurled stones at it,” Saeed narrated. “The girl was accused of spreading HIV/AIDS in the area and had we not gone to collect her, she could have been killed.”

The campaign to combat stigma was dealt a major blow when Olad Dorre, an AIDS activist and the only person in Somaliland to publicly declare his status, passed away in April.

“Owing to the stigma surrounding the disease, the majority of the patients are not willing to open up and admit their positive status,” said Saeed. “We need a workable strategy against stigma to be developed by all, including AIDS activists.”

SOMALIA: Fighting HIV in a chronic emergency

NAIROBI, 7 April - Severe food shortages and continuing conflict in large parts of war-scarred Somalia have stretched people’s coping strategies to breaking point, but for those who are HIV positive every day brings another struggle to survive.

“The country is in the grip of a severe drought at the moment, which means millions of Somalis are going without food - they have to move from place to place with their animals to find pasture and water,” said Ulrike Gilbert, HIV project officer for the UN Children’s Fund (UNICEF).

About 400,000 internally displaced people are now living in camps, where they depend on their host communities and relief agencies for food and protection. The few health services that exist are stretched to capacity, and populations on the move in search of pasture and water may find there are no health services at all.

Water shortages have heightened the risk of waterborne infections, and resisting and recovering from diarrhoeal diseases is much harder for people living with HIV, so progression from infection to AIDS can be greatly accelerated.
Women and children living in the camps are also at greater risk of HIV infection. “Displacement and conflict have damaged these people’s support networks, exposing them to the risk of sexual exploitation, which in turn exposes them to HIV/AIDS,” Gilbert pointed out.

When women and children are raped or abused, access to emergency post-exposure prophylaxis is limited, and trauma counselling rare. To make matters worse, there is little basic education about how to avoid HIV/AIDS.

Discussions about sex are traditionally taboo and conservative Somalis have been in denial about the existence of HIV and its ability to affect them for years. “At first we thought that AIDS was a foreign disease, but we now know that AIDS is here,” said Sheikh Mahamud Aw Abdulle, a senior religious scholar in the capital, Mogadishu.

HIV diagnoses are becoming increasingly common. “We see HIV positive people at the hospital - many more than we did years ago. Increasingly we see AIDS patients, who obviously contracted the virus several years ago, before we knew we had a problem,” said Dr Mohamed Mahmud.

“Our geographical position, and the fact that our populations are very mobile - travelling around the region, where HIV is more prevalent - means we need to be on guard about the epidemic growing here [in Mogadishu],” he added. An estimated 350,000 Somali refugees live in neighbouring countries, with millions more in the diaspora.

UNAIDS estimates the HIV prevalence rate in Somalia at 0.9 percent, well below that of its east African neighbours, such as Ethiopia with 4.1 percent and Kenya with 6.7 percent. However, according to UNAIDS, Somalis are “approaching a generalised epidemic”.

Some cultural practices have also aggravated the situation, according to human rights activists. “AIDS is spreading in Somalia. One of the main factors is the continued practice of FGM [female genital mutilation] on our young girls,” said Marian Hussein Awreye, co-director of the country’s largest rights group, the Ismail Jumale Human Rights Centre.

Close to 100 percent of Somali girls undergo FGM, traditionally seen as a rite of passage into womanhood, and perceived as a procedure ordained by the Koran. It is rarely carried out in a hospital, and unsterilised instruments are often used to cut several girls.

Deep-rooted stigma is an underlying reason for the continued failure to recognise HIV/AIDS as a problem.

“Somali people do not like to hear about AIDS, and that is why they are always negative towards HIV-positive people, simply because they believe that such an ‘immoral’ disease befalls only those who do not comply with Islamic religion,” said Mohamed Abdi Osobleh, a musician.

“Nobody dares to disclose his/her HIV status to people for fear of humiliation, so they continue to infect others, unidentified.”

In a frank acknowledgement of the problem, Dr Mahmud noted: “When these people come and discover they are HIV-positive I do not know where to send them ... We have no VCT [voluntary counselling and testing] services; we have no ARV [antiretroviral] services at the hospital.”

Financing for HIV/AIDS programmes is slowly beginning to arrive. The Global Fund to Fight AIDS, Tuberculosis and Malaria has provided funding - with UNICEF as the principal recipient - to implement a “framework” for the prevention and control of HIV/AIDS and sexually transmitted infections.

“In areas where there is relative stability we are able to provide some services - Somaliland and Puntland both established AIDS commissions in 2005 to coordinate the effort in those regions,” Gilbert said. “Most recently, the government and partners established the South Central AIDS Commission, in March, in an effort to deal with the pandemic.”

The northeastern self-declared autonomous region of Puntland and the northwestern self-declared republic of Somaliland are relatively stable compared to the southern and central regions of the country, where the drought is worst and factional fighting continues to disrupt the flow of humanitarian aid to those most in need.

“We now have one site providing ARVs in Hargeisa [capital of Somaliland], and have two more planned by June in Puntland and the central-south region,” said Gilbert. “We have set up four VCT sites around the country and have trained counsellors to expand the services.”

UNICEF has also established child protection programmes in the camps to shield orphans and vulnerable children from potential abuse. Other measures include basic steps like ensuring that bathrooms and toilets, which are outdoors, are well lit to ward off potential attackers.
SUDAN: Fighting the HIV/AIDS enemy in Darfur

NAIROBI, 6 September - A group of faith-based organisations is teaching communities affected by three years of conflict in the Darfur region of western Sudan to defend themselves against HIV/AIDS.

The lives of more than three million people have been disrupted, of which one-third are internally displaced. The Sudan Council of Churches (SCC), acting in partnership with Action by Churches Together (ACT), and Caritas International, a Catholic relief agency, are working to prevent the spread of the disease in a culture where sexual matters are traditionally not discussed.

“People may have heard of HIV/AIDS but they do not know what it is, or how to protect themselves or care for the infected,” Charlotte Brudenell, ACT information officer in Darfur, told PlusNews. “Generally, it is difficult to talk about things that concern sex in open forums in a Muslim society.”

HIV statistics are hard to come by in Darfur, but according to ACT, the Sudanese Ministry of Health has been running a voluntary counselling and testing (VCT) centre for the past four months in Nyala, capital of South Darfur State, where 11 percent of the 180 people tested have been HIV positive.

Few Darfurians can afford to buy food and water, so antiretroviral (ARV) drugs at up to US$24 per tablet - when they are available - are beyond reach.

Rape and sexual assault are widespread in Darfur, and the International Rescue Committee (IRC) reported in late August some 200 women in Kalma, the largest camp for war displaced in South Darfur, had suffered sexual violence in the preceding five-week period.

“The conflict has increased the risk of HIV/AIDS in our community through attacks on women, families being separated, and children and young people losing parents, so they have nobody to care for them and tell them how to behave,” a recent ACT press release quoted Nyala resident Amani, 26, as saying.

The SCC has been running training workshops in Nyala, with materials provided by the ministry of health. To date the SCC has trained 375 educators in disseminating AIDS prevention messages, counselling, and how to care for people living with HIV/AIDS. Amani is one of several young participants who now urge community leaders such as local Sheikhs [Muslim scholars] to speak to their communities about HIV/AIDS, and also visit learning institutions.

Brudenell said nongovernmental organisations such as Darfurnet, a local agency dealing with gender issues, had also set up committees to contribute to the fight against HIV/AIDS.

SUDAN: Poor services, ignorance hamper HIV/AIDS fight in south

BENTIU, 22 August - There are no HIV testing and counselling centres in Bentiu, the main town in southern Sudan’s oil-rich Unity State, and statistics are scarce, but that does not mean the disease does not exist.

“I had never known that I was HIV-positive [until] I was admitted just a week ago, when my sickness intensified,” said John Jal, 23, (not his real name). “I had been under treatment for TB [tuberculosis].”

Jal has started taking antiretroviral (ARV) drugs provided by international medical charity Medecins Sans Frontieres (MSF), at the only clinic offering the medication in Bentiu, which has a population of about 100,000.

“We have had eight [HIV-positive] patients - three of them died and five are still on the programme,” Paul Mabany, a health worker with MSF, told IRIN. “The only problem we have is that patients come when they have already been sick for a long time, so they cannot tolerate the side effects coming with the drugs.”
HIV/AIDS is shrouded in ignorance and myth. Unity State health minister Kuong Ruach commented that “AIDS is a private thing”, and people did not discuss it.

Stigma is rife in the region. Angelina Nyaket, who has two children and sells tea from a stall in Bentiu, felt that “I can be angry with somebody who has it [HIV/AIDS], and my opinion is that such a person should be excommunicated”, but did not know how the disease was contracted.

A 2005 survey by the Sudanese National AIDS Control Programme and UN agencies found that less than 10 percent of Sudanese youth knew how to prevent HIV or what a condom was.

Health agencies operating in the area say it is difficult to raise awareness of the pandemic without an explicit directive and government support. MSF provides treatment but does not have counsellors trained to offer advice on prevention, treatment and care.

Ruach acknowledged the urgent need for more information and government involvement. “We are planning a three-day workshop when we shall invite the south Sudan health sector and other health agencies. We shall call it ‘Health Awareness Day’ - that is when we shall develop strategies on how to handle HIV/AIDS.”

He was upbeat about the results. “Once this campaign is launched, people will be allowed to talk about it openly. Some can even go as far as knocking on doors to make people aware about HIV, and posters against HIV will be everywhere.”

**SUDAN: Preventing HIV/AIDS in the south - a cash-strapped mission**

JUBA, 16 August - In southern Sudan, slowly recovering from a 21-year civil conflict, the fight against HIV/AIDS has to compete with other priorities, such as securing food and safe drinking water, combating other deadly diseases and the lingering threat of landmines and small arms.

When signing the Comprehensive Peace Agreement in 2005, the late leader of the former southern Sudanese rebels, John Garang, remarked that after the war AIDS would be southern Sudan’s biggest enemy.

According to UNAIDS, the adult HIV prevalence in Sudan as a whole in 2003 was 1.6 percent, around 320,000 people aged 15-49 living were with HIV/AIDS, and there were an estimated 34,000 AIDS-related deaths. About 2.6 percent of the adult population in southern Sudan, one of the world’s poorest regions, is thought to be HIV positive.

“These numbers are based on estimates when the war was still going on and, based on anecdotal evidence, we expect that the number is higher than that,” said Sheila Mangan, HIV/AIDS programme officer for the United Nations Children’s Fund in southern Sudan. “The current post-war situation provides the perfect environment for the spread of HIV.”

Since the peace agreement, growing commercial and population movement between southern Sudan and neighbouring countries with higher prevalence rates, large numbers of returning internally displaced persons, military demobilisation and lack of HIV/AIDS awareness among local communities could spur a rapid rise in infections.

“As many people are moving towards the towns, we expect to see higher infection rates there, but it is too early to tell,” Mangan said. “In rural areas we see high rates of untreated STIs [sexually transmitted infections], especially syphilis and gonorrhoea. We expect that if we would start testing in these rural areas, we would see higher rates [of HIV] there as well.”

Condoms are not widely available in many parts of southern Sudan, and are often unaffordable; resources are limited and health services are poor or non-existent - a 2004 survey estimated an average of one doctor per 100,000 people.

The southern Sudanese government has established an HIV/AIDS Commission directly under the presidency to develop policy and coordinate the response.

According to the commission’s chairman, Bellario Ahoy Ngong, this is a reflection of how seriously the pandemic is viewed. “HIV/AIDS is not a sectoral problem and it is not a health problem alone; it is a general socio-economic problem.”
A CHALLENGING START

The commission has limited financial resources and capacity, Ngong told Plusnews. “Not a single penny has been put in the budget. We have three permanent members - that is not enough.” Other members only joined the commission occasionally for meetings.

“We are going to establish a critical department under the commission that will deal with various aspects of monitoring and evaluation, administration, planning and coordination of projects - but this implementation capacity has yet to be established.”

Ngong acknowledged that “We need to have a baseline, because we can’t do anything unless we know the magnitude of the problem.”

The health infrastructure would also need considerable improvement. “We need to put in place a surveillance system as well as improve service delivery - ARVs [antiretroviral drugs], HIV test kits - to make sure hospitals have the kind of equipment and medical capacity to respond,” Mangan said.

A national survey covering both north and south Sudan would provide better insight into people’s knowledge of HIV/AIDS, while “information about attitudes and knowledge of the disease will give an indication of how fast the infection might spread and what kind of measures are needed to prevent it”.

“The survey is going to be a huge undertaking,” she said. Poor roads and the remoteness of many areas, training reliable data-collectors and preparing medical personnel for surveillance and blood testing are formidable obstacles to obtaining information.

“The problem in southern Sudan is that we are spread a little thinly in terms of logistics and capacity - it isn’t difficult to do, but it requires a lot of planning and organisation. But right now, the biggest problem we have in terms of programming is getting the financial resources,” Mangan said.

“If we don’t do anything about HIV/AIDS now, we’ll be in a dismal position in five to ten years,” she warned. “Southern Sudan has many needs, emerging from so many years of war, but if we don’t do anything now, it can end up a high-prevalence country, while it could have been avoided.”

SUDAN: Grannies step in to care for children orphaned by HIV/AIDS

JUBA, 17 April - “My father died when I was young and my mother died in 2000,” said Yomima, 14, one of 250 children known to be orphaned by HIV/AIDS in Juba, the capital of South Sudan.

She and her three younger siblings live with their 60-year-old grandmother, Catherine, in her mud hut, its corrugated iron roof lined with empty food sacks donated by the American government.

Until last year Catherine was unable to cope with the added financial load of school fees and clothing, but then Help Age International, an NGO, offered financial assistance through the Southern Sudan Older People’s Organisation (SSOPO), which received a US $36,000 grant in 2005 from the British annual fundraising event, Comic Relief, to support elderly people caring for children orphaned by HIV/AIDS.

“The economic burden for grandparents of AIDS orphans is so great it can’t be described,” said Marcellina Denya, formerly a social worker. “Elderly people in Juba are earning nothing, so they are left in an impossible position. Even the small monies we are able to give make a vital difference.”

Yomima’s grandmother farms a plot of land in Kapuri village, 16 km from her home in Juba. The distance is too great for her to cover each day, so she stays for several days at a time in an area where people live in fear of attack by the Ugandan rebel group, the Lord’s Resistance Army.

SSOPO now supports 44 orphans and their caregivers in Juba. It provides for the children’s school fees and uniforms, while offering their custodians modest grants to set up small-scale businesses, such as charcoal making.

“If they [SSOPO] had not assisted my grandmother, I would have left school and been left with nothing,” said Yomima,
who was not at school on the day she spoke to PlusNews because the school staff had refused to teach - their salaries had not been paid.

The orphans face a desolate future in southern Sudan, one of the poorest places on earth. According to SSOPO, many drop out of school and end up on the street, sniffing glue and benzene to escape their daily misery.

**FIGHTING TO KEEP ORPHANS IN SCHOOL**

Fears are growing that female orphans will turn to prostitution, exposing themselves to the risk of sexually transmitted diseases and HIV/AIDS.

The 2005 peace agreement between the country’s Arab-led government in the north and the warring factions in the south ended 21 years of civil war. South Sudan’s fledgling Government opened the borders, bringing traders and truck drivers south from the Sudanese capital, Khartoum, and north from Uganda, fuelling a growing sex-trade in the larger southern towns.

“New cultures are coming in and people are becoming increasingly loose - the girls are looking for men with money,” said Donato Ochan, Programme Coordinator at SSOPO. “That is how we worry AIDS could enter the country and, of course, the female orphans are vulnerable to temptation.”

Convincing the orphans to remain in school is the organisation’s greatest challenge. The importance of continuing with their education is a hard argument to sell, according to Asunta Dowki, a counsellor working with them and their caregivers in Juba.

“Many orphans are forced to fend for themselves, even if a relative takes custody of them, so they say to us ‘now our parents are dead we must earn money to survive’,” she explained.

SSOPO hopes to offer the orphans a balance between education and financial independence through vocational training: it has eight new sewing machines and will offer tailoring courses, starting in mid-April.

Dowki would also like to see greater efforts in raising levels of awareness about HIV/AIDS.

**KNOWLEDGE COULD COUNTER STIGMA**

Sudan’s civil war kept the HIV/AIDS prevalence rate in the south low; it also prevented the issue from coming into the open as Sudan’s neighbours started tackling one of the continent’s most taboo subjects.

The disease carries a huge stigma in southern Sudan, and once the community knows it has touched a family they are discriminated against and isolated. “Children are told they are poisonous!” exclaimed Dowki.

Yomima is not aware of why her parents died; her grandmother is too afraid to say: “Your parents died of AIDS.”

According to Dowki, “The stigma is so great because there is not enough awareness on HIV/AIDS issues - we need more.”

**SUDAN: War-scarred south ill-equipped to deal with HIV/AIDS**

BOR, 10 April - Southern Sudan, slowly emerging from a 21-year civil war that left it bereft of even the most basic services, is waking up to the reality of HIV/AIDS in a population with little awareness and few prevention and care mechanisms in place.

Sheila Mangan, an HIV AIDS officer for the UN Children’s Fund (UNICEF) based in Juba, the capital of South Sudan, fears HIV infection rates could “explode” in the region as a result of low levels of awareness among the population.

“It is so hard to disseminate information when literacy levels are so low, and there is a complete lack of radio and television,” she commented. “This is a disease nobody believes they can get.”

With the return of peace to the region, cross-border trade between neighbouring Democratic Republic of Congo (DRC), Kenya and Uganda - all of which have significantly higher HIV prevalence levels than southern Sudan - has dramatically increased, and with it, the fear that HIV prevalence could spike.

Access to condoms remains severely limited in southern Sudan, and health experts are concerned that the population
A series of small studies carried out on behalf of the UN World Health Organisation (WHO) since the end of the war in January 2005 indicated the size of the challenge facing the Government of South Sudan.

In the town of Rumbek, 520 km northwest of Juba, fewer than four percent of adults could identify two methods of preventing HIV transmission, and only two percent said they had used a condom the last time they had sexual intercourse; in the town of Yei, less than 100 km from the Ugandan border - where a 2003 WHO report estimated the HIV prevalence rate at 2.7 percent - only one in four people had used a condom.

Across the south, traders and truck drivers from Uganda are fueling a lucrative sex trade among the town’s tea-sellers and young destitute women.

According to UNICEF’s Mangan, South Sudan’s government is slowly managing to put together an HIV strategy, despite any real financial resources being allocated to a campaign.

**ABSTINENCE OR CONDOMS?**

South Sudan is looking to Uganda for inspiration. Uganda’s pioneering Abstain, Be faithful, use a Condom approach - commonly known as ABC - is widely credited with bringing its prevalence rate down from over 20 percent to about six percent, but there is disagreement on whether to focus initially on abstinence or condoms.

“I propagate the policy of abstention,” said Dr Agot Alier Leek, Minister of Health in southern Sudan’s Jonglei State. “With communities like ours, that have been kept down by war, and where illiteracy is a major problem, most people have never even heard the word ‘condom’, so to propagate the use of condoms will need more time.”

Sheila Mangan disputed the idea that abstinence is the most effective tool to fight the spread of HIV in South Sudan.

“When people have no information at all you have to start with ‘how to protect’, and it would be difficult not to promote condoms,” she maintained. “Obviously ‘A’ is the only way to guarantee avoiding the disease but we can’t afford to go against cultural values and, traditionally, they [communities in southern Sudan] are sexually active before marriage, so condoms are the most appropriate message.”

**BEGINNING TREATMENT**

Other HIV prevention and care services are slowly taking root - South Sudan’s first voluntary counselling and testing centre (VCT) opened in Juba in March 2004. Nearly 1,000 people have been screened since then, of whom 216 were positive, according to Dr Felix Wani, a national HIV/AIDS officer.

“That should not suggest a prevalence rate of 21 percent,” he warned. “Most people who come for testing have lost either a husband or a wife, or have reason to suspect they are infected.”

The centre has also started providing antiretroviral (ARV) treatment to a limited number of patients. “Since January we have screened 80 HIV positive patients with a high viral count. Of those, 35 have been placed on ARVs,” said Wani.

WHO has three ARV treatment sites up and running in the towns of Juba, Wau and Malakal, and hopes to establish up to eight by the end of the year. “Our target is to have 200 patients receiving ARVs in Juba, Wau and Malakal by December 2006,” said WHO’s HIV AIDS programme officer for south Sudan, Dr Patrick Abok. Medecins Sans Frontieres also runs a treatment site in the southeastern town of Kajo Keji.

Abok said the WHO was looking to scale up ARV treatment in areas with potentially high HIV prevalence rates. The initial focus would be the towns of Yambio, Yei and Mundri, all located close to the borders of the DRC and Uganda.
Education programmes, too, are underway, with the UN Development Programme (UNDP) supporting an HIV/AIDS awareness campaign in The Sudan Mirror, one of the largest weeklies in the region.

Via the UNDP, South Sudan will receive US $8.8 million over a period of two years from the Global Fund for Aids, Malaria and Tuberculosis.

SUDAN: Returning refugees face new challenges in unprepared south

BOR, 7 April - In a crumbling hospital building, pock-marked by bullet holes, Dr Agot Alier Leek admits that he doesn’t know the HIV/AIDS prevalence rate in the war-scarred garrison town of Bor in southern Sudan.

“We believe the figure is very low, but it is guesswork based on the fact that our out-patient department has recorded no case of HIV/AIDS,” said Leek, the Minister of Health for Jonglei State. “This does not mean it is not there, but you know the communities here are traditional, so they try and hide it from the authorities.”

Compared to the high HIV/AIDS prevalence in the neighbouring Democratic Republic of Congo (DRC), Kenya and Uganda, the infection rate in southern Sudan is estimated at 2.3 percent, according to a report by the UN Population Fund.

Despite this relatively low figure, AIDS activists are worried that the ingredients for a jump in the infection rate could be in place.

The 21-year civil war between the Sudanese People’s Liberation Movement/Army (SPLM/A) and the Arab-dominated Khartoum government displaced around four million people internally, while more than half a million fled across the border into Uganda, Ethiopia and Kenya.

Sudan’s warring factions signed a peace agreement in January 2005, but some health experts fear the return of the refugees from the so-called ‘AIDS belt’ to the south could, as one doctor put it, “bring the virus back with them” and drive its spread.

However, other specialists differ. According to Dr Patrick Abok, the WHO HIV/AIDS programme officer for southern Sudan, “There are several key factors that will determine the risk: the HIV prevalence in the area of origin; the infection rate of the host population surrounding refugee camps; and the length of time the refugees have spent in the camp.”

Rather than perceiving the return of displaced persons and refugees as a threat to the region’s residents, Abok viewed them a resource that the Government of South Sudan should take advantage of.

Many returnees received HIV/AIDS education in the refugee camps. “The people coming back are in fact more aware of HIV/AIDS issues than those who remained in South Sudan during the conflict. They are better informed, with a large wealth of knowledge,” he said.

HIV is already considered an epidemic in Sudan, with UNAIDS estimating that some 400,000 people are HIV-positive and another 23,000 have died from AIDS-related illnesses. The UN World Health Organization (WHO) said the prevalence rate across south Sudan ranged from less than one percent to seven percent.

Leek fears that as calm returns to the region, the increased mobility of people could raise the threat of HIV infection among rural communities that remained isolated during the war, which helped keep infection rates low.

“Someone needs to take leadership on this issue,” Abok noted. “Ideally, this should be the government, but in southern Sudan it is the NGO community that caters for most health services, so we must look to them to do more.”