

EFFORTS TO ADDRESS  
**HIV/AIDS**  
IN DARFUR

CASE STUDY SERIES ON IMPLEMENTATION OF UNSCR 1983 (2011)





EFFORTS TO ADDRESS  
**HIV/AIDS**  
IN DARFUR

HIV/AIDS UNIT  
AFRICAN UNION - UNITED NATIONS MISSION IN DARFUR (UNAMID)  
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# Stopping the Silent Killer: Efforts to Address HIV/AIDS in Darfur

UNAMID's HIV/AIDS Unit works to provide Darfuris with greater access to information and medical care designed to help protect them from the spread of the disease.

BY ABDULLAHI SHUAIBU



*On 4 July 2011, UNAMID representatives conduct a presentation on HIV/AIDS for ex-combatants on the first day of a programme jointly run by UNAMID and the North Sudan Disarmament, Demobilization and Reintegration Commission. Some 400 ex-combatants are demobilised in this particular exercise. Photo by Olivier Chassot, UNAMID.*

**H**IV and AIDS interventions in peacekeeping operations are supported by UN Security Council resolution 1308 (17 July 2000), which details the need to address the disease in all possible ways. Following this resolution, on 27 June 2001 the UN General Assembly Special Session on HIV/AIDS adopted a declaration of commitment that calls on all UN agencies, regional and international organizations, as well as nongovernmental organizations involved with assistance to regions affected by conflict or natural disaster to provide HIV/AIDS awareness and training programmes.

The Security Council adopted resolution 1983 on 7 June 2011 to reinforce its earlier mandate on HIV and AIDS. Among other things, the resolution called for formalising approaches to HIV prevention, treatment and support, and initiating programmes for counselling and testing in peacekeeping operations, as well as providing assistance to national institutions.

In line with this framework, the African Union - United Nations Mission in Darfur (UNAMID) has been addressing the HIV/AIDS situation in the region. Although there is no definitive data on the prevalence of HIV/AIDS in Darfur, the nine-year conflict introduces several factors to the area that experts say are contributing to the spread of the epidemic here. These factors include economic and social disruption, widespread poverty and population movements.

According to human rights observers, women around the world are dispro-

portionately affected by HIV/AIDS on the whole, largely as a result of gender inequality, poverty and inadequate access to education, which experts say is widespread in Darfur and places a burden on social, economic and medical resources.

The situation is further complicated by the reality that many women living with HIV/AIDS are subjected to ill treatment and are denied health care, housing, employment or the right to travel. The stigma associated with the disease represents a serious problem, with many women often refraining from seeking medical treatment following rape because of the risk that they will be ostracized within their family and community.

“Our women will not tell you easily if such a thing happens to them,” says Ramatu Tahir, a women activist in El Fasher, North Darfur. “In our culture, it is a shame, and women will hide this in their hearts so that the men do not hear about it.”

The prevalence of HIV/AIDS in Darfur, prior to the conflict, was estimated to be 2.3 per cent. According to Sudan National AIDS Programme (SNAP), the prevalence rate for HIV currently ranges between 0.67 and 1.6 per cent. However, this statistic cannot be verified, as no organized data collection has been undertaken except in a few established programmes.

Dr. Joseph Gernal, Deputy Chief of the UNAMID HIV/AIDS Unit, acknowledges that HIV/AIDS rates today have not yet been accurately approximated in Darfur but he says the prevailing consensus points to an increase rather than a reduc-

*“Our women will not tell you easily if such a thing happens to them. In our culture, it is a shame, and women will hide this in their hearts so that the men do not hear about it.”*

*—Ramatu Tahir*

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## Facts about HIV/AIDS

Infection by the Human Immunodeficiency Virus (HIV) is a life-threatening disease that gradually destroys the immune system, preventing the body from fighting off infections. Currently there is no cure, but special antiviral medications can keep the virus under control.

Over time and without treatment, the presence of HIV can prevent the body from being able to fight infection and disease. When that happens, the HIV infection leads to AIDS, or Acquired Immunodeficiency Syndrome. AIDS is the final stage of HIV that puts those infected with the disease at extreme risk for opportunistic infections.

### Other facts:

- Approximate number of people living with HIV/AIDS is over 40 million globally.
- Women account for nearly half of all HIV/AIDS cases.
- Significantly more young women than men are infected by HIV/AIDS.
- The number of new HIV infections is estimated at five million annually.
- Deaths from AIDS annually numbers around three million people.
- World AIDS Day, held on 1 December each year to honour the victims of the AIDS pandemic, focuses attention on the prevention and treatment of conditions related to HIV and AIDS.

*“When a population is displaced, the socioeconomic base is totally affected; there is likely to be a change in behaviour. The bottom line is that the disease is in Darfur.”*

*—Dr. Joseph Gernal*

ants in Darfur have benefited from the Mission’s HIV/AIDS interventions, and the awareness campaigns have reached more than 1,100 prison inmates across Darfur. In addition, more than 2,700 members of the Sudanese Armed Forces (SAF) have been trained in HIV and AIDS issues. To provide training and facilitate the awareness campaigns for ex-combatants, the HIV/AIDS Unit has been working with the National Sudan Disarmament, Demobilization and Reintegration Commission.

The HIV/AIDS Unit also has been working to address HIV and AIDS among peacekeepers and the local communities by providing HIV-prevention services to UNAMID personnel and vulnerable groups in communities and by strengthening the capacity of SNAP and other service organisations so that they can respond more effectively to the epidemic.

In 2010, UNAMID started providing support to SNAP to facilitate condom dis-

tion. To respond to this increase, UNMAID has been implementing HIV and AIDS awareness campaigns and has been focusing on building community networks that facilitate counselling and testing services.

The work is being carried to the local communities and to ex-combatants. More than 2,500 demobilized combat-

## **UNAMID HIV/AIDS Unit Outreach Activities**

UNAMID’s major activities related to Security Council Resolution 1983 accomplished from 1 July 2011 to 30 June 2012 include the following:

- Technical assistance to partners through coordination and participation in 48 Monthly HIV/AIDS forums chaired by the Sudan National AIDS Program (SNAP).
- Participation in 120 sessions of the weekly state general health coordination forums to integrate HIV/AIDS in other health and humanitarian programs.
- Awareness briefings for 334 child and 400 adult ex-combatants in West and North Darfur.
- Awareness and sensitisation campaigns that reached 1,139 prison inmates, including 1,126 males and 13 females, across Darfur.
- Training for 2,701 members of the Sudanese Armed Forces (SAF) in West and North Darfur.
- Five-day, peer-educator workshops to sensitise Government of Sudan authorities to HIV/AIDS issues. The workshops reached 240 GoS officials from the Ministries, Police, SAF, Military Intelligence, SNAP, locality leaders and offices of the Walis.
- HIV/AIDS awareness training for 329 GoS Police Officers.
- Sensitisation training for 2,318 community members from internally displaced persons camps.
- Five-day, peer-educator workshops for 140 university students across Darfur, and sensitisation training for an additional 197 community youths.





tribution to health centres in rural areas. But due to logistical constraints, remote villages and high-risk areas have remained out of reach. In December 2011, the HIV/AIDS Unit developed a new cooperation framework with SNAP, SAF and Sudanese national police to conduct HIV/AIDS awareness to national uniformed personnel. However, the absence of an official Sudanese policy to control and prevent HIV and AIDS has hindered an effective national response.

Outside of the logistical and coordination challenges, the main problem, says Dr. Gernal, is that many people in Darfur still do not know enough about the disease, its methods of transmission or its consequences. "Fear of the unknown generates stigma and this is why more awareness is needed to educate and enlighten the communities on the dangers and consequences of the epidemic," he says.

The Ministry of Health Coordinator of AIDS in South Darfur State, Dr. Dawoud Adam Ahmed, points to progress being made in responding to the HIV/AIDS threat through the awareness-raising programmes and services facilitated by the HIV/AIDS Unit.

"So far, the performance of UNAMID HIV/AIDS Unit in all parts of Darfur is satisfactory, and we are benefitting from it as it makes us aware of the deadly infection and ways to avoid getting infected and how to live and treat those suffering from it," says Mohamed Hamdan, a student at El Fasher University in North Darfur and also a volunteer peer educator on HIV/AIDS.

However, despite the steps that have been taken in raising awareness, UNAMID's HIV/AIDS Unit personnel say that community attitudes indicate there is still a long way to go in eradicating the silent killer that continues to claim lives amid the violence and insecurity in the region.

*On 1 June 2011 in South Darfur, more than 1,000 ex-combatants participate in a reintegration program held at the National Service Camp in Nyala. The initiative is organized by the North Sudan Disarmament, Demobilization and Reintegration Commission with the support of UNAMID. Activities in the programme include financial assistance, technical support, medical examinations, HIV tests and advisory services. Photo by Albert González Farran, UNAMID.*





# Breaking Through Cultural Barriers:

## HIV/AIDS Prevention Strategies for Women in South Darfur

BY IRENE HAUROBI

**T**his case study looks at how UNAMID's HIV/AIDS Unit is not only addressing HIV/AIDS in Darfur but also is working to eradicate gender-based violence for vulnerable communities living in the Otash internally displaced person (IDP) camp near Nyala, which is South Darfur's largest urban settlement. It also highlights the HIV/AIDS Unit's efforts to find a culturally acceptable solution to HIV/AIDS in Darfur.

Despite the cultural boundaries in seeking a solution to HIV prevention, women in the Otash IDP camp, which is home to some 85,000 people who have been residing there some for more than five years, are embracing the current HIV/AIDS prevention strategies.

Given that Darfur's population is predominantly Islamic, and Sharia Law is strictly observed, culture and religion influence personal behaviour and also the acceptance of HIV-preventative measures such as the use of condoms. To illustrate the situation in South Darfur more clearly, this case study will offer specific examples of personal attitudes. These examples are derived from the HIV/AIDS Unit work in the area. The names of those interviewed and quoted have been changed in the interest of preserving privacy.

When Amina attended one of the sessions on HIV/AIDS during her induction as an individual contractor for UNAMID, she recalled that the signs and symptoms of AIDS being discussed were similar to those of her husband before he passed away, yet she could not test herself for HIV due to fear of what could happen to her if members of her community found out that she had been tested or if they discovered she was HIV positive.

"I cannot decide to get tested," says Amina. "I am afraid of the community reaction toward me if I will be found to be HIV positive, so it is better not to be tested."

In the Otash camp, women like Amina wonder about the illnesses that have been taking the lives of their husbands or their relatives, and they wonder how they are they going to protect themselves from the disease. One group of women has left the IDP camp, not fearing hunger or war but HIV and AIDS. Through several discussions during HIV/AIDS Unit sensitization programmes, it became clear to the HIV/AIDS Unit that most of the IDP population has little or no knowledge about the disease.

Although the women in Otash camp were not aware of the specific ailments to which their husbands succumbed, one woman says she began to realize some of the signs and symptoms after she heard about it during a UNAMID HIV/AIDS training session when she was hired to work as a cleaner.

"During the induction training, that's when I heard about this HIV," says Joanna. "Quickly I realized how my husband was suffering during his illness and he eventually passed away."

Joanna has not yet availed herself of testing, due to the stigma associated with it, but the question remains worrisome to her that if it is true that her husband died of AIDS, it means that any of the four wives he left behind might be

infected. This scenario is not unique to Amina and Joanna. Many of the widows in the IDP camps have gone through similar circumstances.

Most of women in the camps are housewives who spend much of their time tending to the family, especially because the food relief given to them in the camps does not meet all their needs. "The food handouts that we are given is not enough; we need to augment this by fending for ourselves," says Annan, who notes that it is the women's responsibility to take care of their families. These responsibilities include fetching firewood, which in some cases is dangerous because the women risk being raped far from their homes.

Annan says she worries about getting infected with HIV and being pregnant. "According to our culture, if you are found pregnant without marriage you will be answerable to the authorities and risk imprisonment or hash penalty," she says.

The vulnerability of IDPs to HIV and AIDS is exacerbated by mass movements, poverty, food insecurity, nonexistent or poor health services and even apathy. "We used to have three clinics in this IDP camp but as of now only one is providing services," says an elderly woman who lives in the camp. "Even if one wants to be tested, I don't think they will have time for you because they are very busy."

Although the Government of Sudan has put in place HIV/AIDS programmes, not many people are using them. Generally, the stigma and discrimination are acute, and people do not want to be associated with anything or anyone that has anything to do with HIV/AIDS. "I heard about the Sudan National AIDS Programme (SNAP) but I don't feel safe being tested by them," says Susan.

Several factors are increasing women's vulnerabilities to HIV in Otash camp. Many households are headed by women, partly due to family structures that have been destroyed as a result of years of war. There is extreme poverty, food insecurity and reliance on food aid, which sometimes leads to sexual exploitation for food. There is a general marginalization of and discrimination against women and girls. In addition, there is a lack of access to health and HIV/AIDS services and prevention products at the camps, and there are low levels of awareness about HIV/AIDS and related health services.

The HIV/AIDS response in Darfur has been inadequate and sporadic, with state and nonstate actors conducting programmes that fail to meet the complete needs of these communities. It is against this backdrop that UNAMID, along with SNAP and the Sudan Ministry of Health (MoH), embarked on HIV/AIDS and



*An HIV/AIDS Unit counsellor discussing the disease with women in the Otash camp for internally displaced people in South Darfur.*

gender-based violence sensitization in IDP camps to create awareness and to work with communities to find culturally acceptable solutions to the problem.

The aim of the intervention is to provide an enabling environment for behaviour change among men, women and youths in IDP camps, to improve access to voluntary counselling and testing among local communities, and to build the capacities of SNAP, MoH and local communities so they can eventually take responsibility for the programmes and continue the their momentum.

As part of this general strategy UNAMID's HIV/AIDS Unit has focused on activities that involve camp leaders (Sheiks) in planning and delivering sensitization and awareness sessions, training HIV/AIDS peer educators, distributing education materials in the local language at the camps, and conducting joint campaigns with UNAMID police and other UNAMID sections and units.

To date, UNAMID's HIV/AIDS Unit in South Darfur has conducted more than 40 awareness sessions and has distributed more than 2,600 pamphlets and 150 posters. For each awareness session, HIV/AIDS Unit officers have secured consent from community leaders through meetings between UN Police and Military, SNAP, MoH and nongovernmental organisations.

As a result of concerted campaigns promoting condom use, attitudes towards condom use have improved and there is a general increase in awareness about HIV/AIDS not only among women but also among men. "Before this session, I did not know that having multiple partners could lead to contracting HIV, and I never knew about condoms or testing," says a young male in an IDP camp. "Now that I know, I will change my behaviour and I will take great care."

One programme participant expressed the need for vulnerable groups to be educated on HIV and AIDS. "When you organize these sessions, invite many young men and women to come since they are sexually active and more vulnerable," says a middle-aged man who lives in the Otash camp.

Raising awareness through culturally sensitive trainings and information distributions has helped dispel the myths and misconceptions held by IDPs about HIV/AIDS. "I used to believe that if one has HIV and AIDS, one needs to eat the head of a dog to get cured," says an IDP camp leader. "But now I know about testing and treatment."

Despite the progress made, there are several challenges faced in Otash camp.

*An HIV/AIDS Unit counsellor discussing the disease at the Women's Centre in the Otash camp for internally displaced people in South Darfur.*



*In South Darfur, the vulnerability of internally displaced people to HIV and AIDS is exacerbated by, among other factors, mass movements, poverty, food insecurity, inadequate services and even apathy. Many households in the Otash camp for internally displaced people are headed by women, partly due to family structures that have been destroyed as a result of years of war.*

For one, there is no counselling and testing centre in the camp. Furthermore, cultural and religious beliefs are limiting the uptake of services, and negative attitudes toward HIV prevention methods, such as condoms, remain prevalent. In addition, funds are lacking to deliver training interventions for IDP communities. Moreover, despite significant effort to tune messages to the specific cultural and religious context, there remains a communication barrier that tends to distort these messages.

In implementing these programs and working to address these challenges, the HIV/AIDS Unit in South Darfur has learned that the involvement of local IDP camp leaders is essential for the acceptance, increased ownership and sustainability of HIV/AIDS information and training activities. The Unit has learned, furthermore, that training peer educators is an important part of delivering correct messages in a locally acceptable way, and that partnership with other actors will help in avoiding duplication of activities, wasting resources and maximising community participation.

It is clear that increased awareness among IDPs results in the adoption of positive behaviour change and safer practices. It is also clear that concerted campaigns that involve IDPs and are sensitive to their cultural and religious beliefs encourage participation in HIV and AIDS activities.

Moving forward, the South Darfur HIV/AIDS Unit has found it to be increasingly necessary to advocate for funding to train peer educators. This funding would go a long way to addressing the communications barrier and will therefore help increase awareness.

The success of UNAMID's work in South Darfur will not depend on how many training sessions are delivered but whether questions have been answered and finally put to rest when IDP families are able to return to their homes once the conflict is over in Darfur. Consistent with this observation, UNAMID's HIV/AIDS Unit recognises the need to increase access to HIV/AIDS counselling and testing, and has therefore partnered with SNAP and a local NGO to construct and supply a counselling and testing site.

As UNAMID continues to advocate to improve health infrastructure and the capacity to provide services, reduce poverty and illiteracy, and address other social, economic and political factors that increase vulnerability to HIV infection, the HIV/AIDS Unit will continue to provide technical support and assistance to the Government of Sudan and its partners to ensure that prevention remains the backbone of HIV/AIDS control programmes, even where treatment is available.

Preventing HIV transmission from mothers to their infants is another key aspect of the HIV/AIDS Unit strategy. Women who are HIV positive need contraceptive choices and counselling to help them decide whether to have a pregnancy. Increasing contraceptive use to prevent such pregnancies appears to be at least as cost-effective as providing antiretroviral drug therapy during delivery and to the newborn children of HIV-infected mothers.

Thus, the key challenges for the future of an HIV/AIDS response in South Darfur remains controlling further spread of the disease in infants and young adults; treating and supporting the people living with HIV/AIDS; and mitigating the impact of the disease in the region.



## 2

# Invisible Threat in the Desert:

## HIV/AIDS Interventions for Ex-Combatants in North Darfur

BY YUSUF KAGGWA



*A group of combatants waiting for a demobilization exercise in a rural locality in North Darfur.*

**T**his case study, which focuses on UNAMID HIV/AIDS interventions to benefit ex-combatants in North Darfur, details what UNAMID has implemented, the challenges UNAMID has faced in HIV and AIDS prevention, the emerging issues that require attention and what can be done to enhance existing strategies.

According to UNICEF statistics, the 2009 HIV/AIDS estimates for Sudan put adult (15-49) infection rates at 1.1 per cent. Although the generalized information sheds light on what the rates could be in Darfur, the Darfur situation is unique. Factors such as an active conflict with multiple warring factions, large population movements, poverty and accommodation in internally displaced persons camps make the Darfur situation different from the general situation in Sudan. Such factors are normally associated with increases in HIV prevalence and thus they can be used to indicate a higher HIV/AIDS incident rate in Darfur in comparison to other parts of Sudan.

There is a large international presence in Darfur, with almost all major UN

agencies represented. Several international nongovernmental organisations (NGOs) are also present in the region. In addition, the North Darfur region hosts a significant amount of UNAMID peacekeepers. UNAMID works closely with the Sudan National AIDS Program (SNAP) and supports its coordination role of HIV and AIDS activities in Darfur.

For gathering information, this case study relies on retrospective observational techniques and interviews conducted with ex-combatants during demobilization exercises. The other information presented here was gathered from interviews with UNAMID HIV/AIDS Unit personnel as well as from reviews of reports of demobilization exercises.

In response to United Nations Security Council Resolution 1983 (July 2011), UNAMID scaled up its interventions targeting ex-combatants. From July 2011 to June 2012, UNAMID reached out to more than 2,500 ex-combatants through Disarmament Demobilization and Reintegration (DDR) exercises conducted in various North Darfur locations.

DDR in Darfur is still largely an ad hoc activity that is controlled by the government. Formal DDR processes have not started. While the number of ex-combatants that have been reached seems impressive, this number could have been much larger if there had been formal DDR activities. Ex-combatants interviewed during HIV/AIDS awareness training in Darfur have been concerned with the lack of prior access to information on HIV and AIDS. Almost all ex-combatants interviewed had never received any HIV and AIDS briefings prior to UNAMID interventions.

There are high levels of stigma and discrimination related to HIV and AIDS among ex-combatants and in the general community where ex-combatants are reintegrated. More than 90 per cent of the ex-combatants to whom UNAMID officers talked during the demobilization exercises expressed concern about stigma and discrimination. This study affirms that the HIV/AIDS sessions conducted during DDR exercises have provided a rare opportunity for ex-combatants, especially those at junior ranks, to voice concerns that pertain to their personal health.

During interviews conducted in the training exercises, ex-combatants have expressed many concerns, including those relating to family acceptance, a cure for the disease and the fact that the disease may remain in the body for many years without any medical intervention.

Ex-combatants cannot readily access HIV counselling and testing services because the majority of counselling and testing facilities are located in Darfur's state capitals, leaving rural areas not served. In some cases across Darfur, there are health facilities that could be used for counselling and testing services, but these facilities suffer from inadequate or sometimes even nonexistent technical services.

During the study, issues came up about child ex-combatants. Approximately 800 child ex-combatants were reached by the HIV/AIDS Unit since the adoption of Resolution 1983. Perceptions of HIV among child ex-combatants indicate varying degrees of exposure to information about sex.

Because UNAMID's HIV/AIDS Unit employs the use of age-specific measures to

*There are high levels of stigma and discrimination related to HIV and AIDS among ex-combatants and in the general community where ex-combatants are reintegrated.*

*Strong collaboration with various actors has been a crucial factor for the success of HIV/AIDS interventions during DDR exercises.*

*A counsellor from the Sudan National AIDS Program (SNAP) in North Darfur discussing HIV/AIDS issues with demobilized young combatants.*



discuss sensitive information, the type and depth of discussion with child ex-combatants has depended on the level of awareness of sexual matters according to initial assessments and interactions. Some child ex-combatants have been quoted as saying that sex is for adults, while others have said they would not miss an opportunity to have sex with a woman in the desert.

UNAMID has been collaborating with the Sudan National AIDS Program (SNAP) and the Ministry of Health (MoH) on matters of HIV and AIDS. According to UNAMID's Chief HIV/AIDS Advisor Margaret Masenda-Simbi, this collaboration is designed to ensure that SNAP and MoH will continue supporting ex-combatants on matters of HIV and AIDS. "The Sudan DDR Commission repeatedly expresses the need for UNAMID to support demobilized combatants in matters of HIV and AIDS," says Ms. Masenda-Simbi.

Ms. Masenda-Simbi notes that the HIV/AIDS Unit has established meaningful collaboration with partners including the Sudan DDR Commission, SNAP, State and federal Ministries of Health, the Sudanese Police and Military, and civil society organizations working at national and grassroots levels. Other partners include members of the United Nations Country Team and UN agencies.

Strong collaboration with various actors has been a crucial factor for the success of HIV/AIDS interventions during DDR exercises. By the same token, the lack of adequate follow-up mechanisms on the status of demobilized combatants has posed a challenge because ex-combatants are mobile and are not easy to track down. This factor is partly attributable to the political nature under which DDR exercises are conducted in Darfur.

The inadequate capacity of SNAP is another factor, and is responsible for the inability to coordinate effectively with partners in the field to reach out to and support ex-combatants to access HIV/AIDS services. "There is total lack of services in some areas of Darfur, so one cannot even talk of a coordination role for SNAP," says one ex-combatant. "Coordinate with whom?"

Despite the challenges, including the limitations of SNAP and fact that UNAIDS does not operate in Darfur, the UNAMID HIV/AIDS Unit in North Darfur has implemented 10 workshops benefiting more than 180 Government of Sudan (GoS) officials. The five-day workshops included participants from GoS Military, Police, National Security, State Ministries, SNAP, MoH and offices of the Wali (Gov-



*“The Sudan DDR Commission repeatedly expresses the need for UNAMID to support demobilized combatants in matters of HIV and AIDS.”*

*—Margaret Masenda-Simbi  
Chief HIV/AIDS Advisor, UNAMID*

error). The workshops were designed to raise the HIV/AIDS profile among GoS officials so that they can more effectively support demobilized combatants in accessing counselling and testing services.

“The workshop helped me to better understand the HIV needs of high-risk and special groups,” said an official from the Ministry of Health at the end of one of the workshops. “After the workshop, I am going to incorporate ex-combatants in the State Ministry’s work plan for this year.”

In addition to conducting workshops and other training and information campaigns, UNAMID’s HIV/AIDS Unit in North Darfur has established a network of liaison officers among the Police and Military components of the mission. The liaison officers for HIV/AIDS are attached to the HIV/AIDS Unit and regularly liaise with their counterparts to organize and implement awareness and sensitization activities in camps for internally displaced persons (IDPs). In North Darfur, more than 1,500 IDPs have so far been reached through this initiative, which involves liaison officers joining patrol teams to sensitize IDP camp residents and leaders.

Despite some measurable progress made during the past year, it has become clear that UNAMID must strengthen links with UNAIDS and other organisations and agencies to provide Darfuris with more robust HIV/AIDS services. In addition, there is a need for UNAIDS to open field offices in all five states of Darfur. Furthermore, the capacity of SNAP must be addressed as a matter of some urgency.

With Darfur being a conflict area, there is a high possibility of escalation of the prevalence of HIV/AIDS, particularly if the coordination efforts of SNAP do not measure up to the problem. There is also a need for community-based interventions to address issues such as stigma and discrimination associated with HIV and AIDS. It remains important for the Darfur community to be sensitized about the implications of social stigma on the lives of those affected and infected with HIV.



UNAMID Chief HIV/AIDS Advisor Margaret Masenda-Simbi (middle) addressing a group of demobilized combatants in El Fasher, North Darfur.

## 3

# Hope in Confinement: HIV/AIDS Awareness Strategies in Central Darfur Prisons

BY CISSY KINAAWA

**B**ecause UNAMID is mandated to implement outreach activities for vulnerable groups to reduce their risk of contracting HIV, UNAMID's HIV/AIDS Unit in Central Darfur has worked with several groups in the state, including with the Zalingei Prison. Since 2010, the Central Darfur team has been collaborating with the Sudanese National AIDS Program (SNAP) to educate the Zalingei prison inmates and staff about issues associated with the disease.

Recognising that there are more than 150 inmates and 40 prison officers in Zalingei prison, making the prison occupants a sizeable vulnerable group, the HIV/AIDS Unit began work with the Zalingei Prison Director to implement a prison programme. "At times, inmates don't want to hear anything about HIV because they think that you contract HIV by talking about it," said the Prison Director during one of the initial meetings to discuss a formal programme.

Since the initial meetings several years ago, the Central Darfur HIV/AIDS Unit has developed a strong relationship with the Director. That relationship has enabled the HIV/AIDS Unit and the Prison to work with SNAP and other UNAMID entities to help improve the living conditions of both the inmates and the staff at the prison.

The factors contributing to the HIV/AIDS situation in Central Darfur in general, and in the Zalingei prison in particular, include low levels of awareness about the disease and about available health services, lack of access to adequate health services and prevention products, cultural and religious beliefs that limit the uptake of services, and ongoing stigma and discrimination.

*HIV/AIDS Unit and Rule of Law staff members conduct a joint awareness-raising session at the Zalingei Prison.*



Furthermore, until the HIV/AIDS Unit initiated the programme in Zalingei Prison, there were no HIV/AIDS interventions in prisons in Darfur, largely because the Sudan National AIDS Program (SNAP) is not capable of responding to all the needs in the region, especially the needs of special groups such as prison inmates and prison staff.

In many countries, the groups most vulnerable to HIV are also groups at increased risk for criminalization and incarceration, as many of the same social and economic conditions that increase vulnerability to HIV also increase likelihood of imprisonment. As a result, in some countries the populations with the highest rates of HIV infection are also disproportionately represented within the prisons, where there is an additional high risk of transmission of HIV and other infections.

Prisons are frequently overcrowded and characterized by an atmosphere of violence and fear. Furthermore, while prisoners are most at risk, prison workers share this high-risk environment with the prisoners. Because HIV is transmitted only through contact with blood or other bodily fluids, prison staff can adopt simple and routine practices, called “universal precautions,” to reduce the likelihood that they will become infected with HIV as a result of occupational exposure. However, other infections that can spread more easily than HIV, in particular tuberculosis, pose a real threat to prison staff.

As part of its initial efforts in Zalingei Prison, the HIV/AIDS Unit coordinated with SNAP to carry out education interventions to reduce the vulnerability of prisoners and prison workers to HIV/AIDS. These interventions included distributing information material and conducting HIV/AIDS sensitization and awareness seminars for prison staff and inmates, with separate sessions designed for men and women.

One notable outcome of HIV/AIDS Unit’s work with Zalingei Prison is that the prison has recruited a social worker to help the inmates and prison workers with psychosocial issues. “The inmates are more confident talking about HIV and sexually transmitted diseases now,” says the Prison Director. “This has made it easy for the inmates to approach him and ask for HIV-related information.”

Inmates have expressed similar appreciation for the information delivered by the social worker and by the information campaigns and workshops. “I have become aware of the importance of not sharing razor blades and I have vowed to discourage the other inmates who had not been part of the awareness sessions to avoid the same,” says one prison inmate. “This is a very common practice here.”

Another inmate notes that most of what the Zalingei Prison programmes introduced is new information. “Personally I was not aware that shaking hands or sharing a bed with someone that is HIV positive can’t result in HIV transmission,” he says. “I thought that the mere mention of the word HIV could make one infected.”

Collaboration between UNAMID’s Rule of Law section and the HIV/AIDS Unit has made it possible not only to visit the prison regularly but also to provide help at times of humanitarian crisis, such as during periods of water shortage. In addition, collaboration with SNAP has been one of the most important aspects to implementing a successful HIV/AIDS counselling and testing service in the prison. As a result, many inmates now know their status.

*Until the HIV/AIDS Unit initiated the programme in Zalingei Prison, there were no HIV/AIDS interventions in prisons in Darfur; largely because the Sudan National AIDS Program (SNAP) is not capable of responding to all the needs in the region.*

*In many countries, the groups most vulnerable to HIV are also groups at increased risk for criminalization and incarceration, as many of the same social and economic conditions that increase vulnerability to HIV also increase likelihood of imprisonment.*

The HIV/AIDS Unit in Central Darfur continues to monitor the prison by periodically meeting with its partner SNAP to discuss the progress of the interventions and areas of possible improvement. Regular monitoring has become one of the key strengths of the program.

As for the future, UNAMID's HIV/AIDS Unit in Central Darfur is exploring several ideas for strengthening HIV/AIDS awareness programmes in prisons. These ideas include helping set up a voluntary counselling and testing programmes within other prisons, conducting mobile counselling and testing and in collaboration with SNAP, conducting more awareness campaigns and training for inmates and staff, and documenting lessons learned and achievements made to help develop future strategies.

The HIV/AIDS Unit in Central Darfur is planning strategies for a peer-education system for prison staff and inmates and is working to strengthen partnerships with other actors to help deliver HIV/AIDS-related services to prisons. In addition, the HIV/AIDS Unit is focusing on conducting joint activities with other UNAMID sections to help develop additional services, and is applying measures to strengthen the capacity of SNAP to coordinate HIV/AIDS interventions in Darfur more effectively.

*An HIV/AIDS Unit staff member facilitates one of the awareness sessions for prison inmates and officers at Zalingei Prison.*



# Protecting the Protectors: CASE STUDY FOUR

## HIV Programmes for Service Personnel in West Darfur

BY AHMED ALI IBRAHIM

Uniformed service members, including peacekeepers, are ranked among the population groups most affected by sexually transmitted diseases, including HIV. Uniformed personnel are two to five times more likely to contract these diseases than civilians.

During conflict, this likelihood can increase significantly. However, soldiers may also become important agents for behavioural change in reversing the spread of HIV. If equipped with the right information, knowledge and tools, the military can achieve lower HIV prevalence rates than the national average.

One of the goals of the HIV/AIDS Unit's strategic plan is to reach out to all local communities and vulnerable groups so that they have greater access to HIV/AIDS information and services. The HIV/AIDS Unit in West Darfur has therefore been implementing HIV-prevention programmes for UNAMID personnel and vulnerable groups in the local communities, and has been coordinating with the Sudan National AIDS Programme (SNAP) and other organisations to strengthen the response to HIV/AIDS in the region.

This case study focuses, in particular, on the efforts of UNAMID's HIV/AIDS Unit in West Darfur to facilitate prevention and care programmes for Sudanese Armed Forces (SAF) and Government of Sudan (GoS) Police. In December 2011, the West Darfur HIV/AIDS Unit developed a cooperation framework with SNAP, SAF and GoS Police to conduct HIV/AIDS awareness programmes for national uniformed personnel.

The HIV/AIDS Unit has been actively supporting responses to HIV/AIDS among uniformed service members in Darfur since December 2011. Currently, interventions with SAF and internally displaced persons have been scaled up to match with the requirements of UN Security Council Resolution 1983. Although the threat of HIV is widely recognized as a major issue in Sudan, there is, at present, no functioning legal framework on HIV/AIDS for the Sudanese military.

There are several issues of concern in this context. For one, West Darfur has open borders with two countries: Chad and Central African Republic. These countries have a prevalence rate of HIV that is higher than parts of Sudan. In addition, most military personnel are single men age 15-24, an age group that is one of the most sexually active and highest-risk.

According to SNAP, Sudanese uniformed personnel are the most infected and affected people in Sudan. Service members move from one area to another with frequency, and are often posted far from their spouses for a protracted period, sometimes upwards of two years. In addition to these factors, the chance of infection through wounds or contaminated blood is higher during periods of conflict.

In terms of the general context in which the HIV/AIDS Unit operates in West Darfur, there is a high rate of illiteracy among the public, with many people migrating or seeking asylum. In addition, there is a weak health infrastructure and little awareness of HIV/AIDS. Finally, the region is open to the movement of population groups and different categories of uniformed service members.

On the upside, because of their command and control structures, uniformed service members are uniquely positioned to effectively implement HIV/AIDS



*Although the threat of HIV is widely recognized as a major issue in Sudan, there is, at present, no local legal framework on HIV/AIDS for the Sudanese military.*

prevention programmes in their areas of assignment. The HIV/AIDS Unit has therefore contributed to developing intervention strategies among national uniformed personnel, and has supported SNAP for the implementation of counselling and testing services.

To date, the number of national uniformed service members reached by the UNAMID HIV/AIDS Unit interventions in West Darfur, including awareness-raising sessions, mobile voluntary counselling and testing services, information materials and referrals to clinics, totals 1,247. These 1,247 service members include SAF personnel, Sudanese Police and Prison Police, among others.

The HIV/AIDS Unit received a great deal of feedback from the beneficiaries of these interventions.

- “Now we can request that our military hospital coordinate with SNAP to arrange to provide mobile counselling and testing to our soldiers because now we know the importance of the test for our military personnel,” says the SAF Deputy Commander.
- “Now I can go to the voluntary counselling and testing centre and test myself without fearing my HIV status, and I feel my information will be kept confidential,” says a Sudan Police Officer.
- “I was made to believe that the lubricant inside condom packets contains HIV, as I heard from my friend, but now I have the correct information,” says a SAF soldier.
- “I have a friend who drinks alcohol and he has more than one sexual partner; today I am going to tell him that he is at risk of contracting HIV himself and transmitting it to his wife,” says a Sudan Police Officer.
- “Before I attended this awareness training, I did not believe in HIV/AIDS,

*HIV/AIDS training participants from the Sudanese Armed Forces.*





A UNAMID HIV/AIDS officer conducts awareness training for the Government of Sudan Police.

but now I believe," says a SAF Officer.

- "We are far from our family and we behaved badly in different areas in Sudan, but now I will change my behaviour and I will bring my wife from Khartoum to stay with me," says a SAF Military Intelligence Officer.
- "The information we had on HIV/AIDS was very little and no one taught us about this disease, so from now on we are requesting from our commander to continue these awareness sessions because we learn a lot," says a Sudanese Police Officer.

Despite the progress, which is evidenced by the amount of positive feedback illustrating that the information programmes are having an impact, many challenges remain. For one, the capacity of SNAP is not adequate to respond to the HIV/AIDS needs in Darfur, let alone the special groups such as uniformed personnel. Many more uniformed personnel require counselling and testing. SNAP does not have the capacity to service this number of people.

The HIV/AIDS Unit in West Darfur plans to help strengthen the capacity of SNAP personnel, enhance the coordination between all interested actors, implement HIV/AIDS advocacy activities specifically targeting authorities, design and develop capacity-building programs for other uniformed personnel, and select focal points from uniformed personnel to function as peer educators and trainers.

UNAMID's HIV/AIDS Unit is developing a strategy, in coordination with SNAP, to implement an HIV/AIDS awareness programme and voluntary counselling and testing services for national uniformed personnel posts across Darfur.

*While the HIV/AIDS Unit has been actively supporting responses to HIV/AIDS among uniformed service members in Darfur since December 2011, the Sudanese national response, so far, has not included a common policy to control and prevent HIV/AIDS in Sudan.*



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