challenging this ideology. It is also time to rethink the role of women as bearers of culture and markers of ethnic boundaries, expressed, for example, in the restrictions posed on intermarriage between various communities in Sudan.

Only five of the 74 positions in Sudan’s new government are held by women. The new minister of health, Tabita Shokai – a nurse and long-time Nuba activist formerly based in the UK – welcomes the fact that there are 60 women in the 274-member National Assembly but argues that this is not enough. “We still need more representation in all aspects of decision making and there is need to build the capacity of women leaders.”

Apart from the Joint Assessment Mission’s report, which started by formulating a gender strategy, mainstream peace and peace-related processes have failed to look at the specific way in which conflict, peace building and post-conflict reconstruction have affected women and men in a gender-specific way. They have not given due consideration to the role of women as peace builders and active participants in post-conflict reconstruction. If left unaddressed, this risks endangering, and not engendering, Sudan’s recovery and reconstruction.

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1. www.nationmedia.com/EastAfrican/Current/Magazine/Magazine031020051.htm

Stemming the spread of HIV/AIDS in Sudan

International and Sudanese organisations working to prevent the spread of HIV/AIDS fear an increase in infection rates as a result of large return movements of refugees and IDPs.

With 1.5 million IDPs expected to return home by the end of 2006 and the imminent return of refugees from neighbouring countries whose rates of HIV/AIDS prevalence greatly exceed Sudan’s estimated 2.6%, the impact of the pandemic could spread. Abu Bakr A Waziri, HIV/AIDS project manager of UNFPA, warns that “...the situation will be very grim if the necessary measures are not taken from now, as the returnees coming from these infected areas will intermingle with the people in their new area.”

The head of UNHCR’s HIV/AIDS programme, Paul Spiegel, acknowledges the potential risks of an increase in HIV infections but urges people not to jump to conclusions with regard to HIV prevalence among returnees. “While it is true that conflict-affected populations and refugees are at greater risk of HIV infection - because of sexual violence and disruption of health services - this doesn’t necessarily translate into higher infection rates,” Spiegel said. “Actual infection rates are highly context specific.” Key factors include the HIV prevalence in the area of origin, infection rates of the population surrounding refugee camps and the time refugees have spent in the camp. In addition, the increased risk of HIV infection in a time of conflict could be offset by a decreased risk as refugees’ mobility is reduced and their level of HIV/AIDS awareness raised through educational programmes in refugee camps.

Rather than perceiving the return of Sudanese refugees as a potential risk for increased HIV infections in southern Sudan, Spiegel prefers to see the return of refugees as an opportunity. Those who have been educated in camps about HIV/AIDS and who have been trained as health workers or nurses can in turn educate and assist the communities with which and to which they will return.

Response

Government institutions have become increasingly aware of the situation and have initiated HIV/AIDS prevention programmes throughout the country. Education authorities have introduced teaching about the risks of unprotected sex in both primary and secondary school curricula. The Ministry of Religion is encouraging Muslim and Christian communities to discuss preventive measures.

Military authorities are instructing soldiers in the use of condoms.

In 2003 President Omar al-Bashir shook hands with HIV/AIDS-infected people in front of an audience of over 1,000 Sudanese citizens in order to spread the message that those living with HIV/AIDS would be supported by the nation. During this assembly, the president also made a commitment to support and fund projects dedicated to eradicating the spread of HIV/AIDS.

UNAIDS, UNFPA and UNHCR have made a commitment to support, fund and collaborate with one another’s HIV/AIDS-related projects. These focus on motivating community leaders to speak out in public about HIV/AIDS issues, enabling more people to access treatment, educating displaced people in camps and rural areas so that they can in turn educate their communities once they return home, and involving Sudanese people living with HIV/AIDS in informing, educating and counseling others.

HIV/AIDS-infected people join the fight

The Sudanese People Living with HIV/AIDS Care Association (SPLWHACA) was established in 2003 in Khartoum by local HIV/AIDS-infected persons to provide support to the more than 600,000 people with HIV/AIDS in
Stemming the spread of HIV/AIDS in Sudan

Sudan. The organisation provides counselling to help people to live a normal life and to play a key role in educating their communities about methods of HIV/AIDS contraction and prevention as well as in fighting the stigma surrounding the disease. According to Joseph Jenoro Ochilla, SPLWHA's head, “The purpose of the counselling is, yes, to provide support but also to instil confidence in the HIV/AIDS-infected person so that they can go out into the community and make people aware of the issue by saying, 'I am HIV positive and that is okay.'

The 250 members of the SPLWHA work around the clock on a voluntary basis to provide support and to educate communities in seven of Sudan's 18 states. Their work is beset by obstacles. Due to lack of funding, they have no office. When they try to educate Sudanese about HIV/AIDS, they are often ridiculed, even thrown out by communities, largely due to the correlation of HIV/AIDS transmission with sexual intercourse outside of marriage, an act condemned by the country's Islamic shari'a law. As Ochilla explains, “The people in Sudan want to keep those who are positive in a fenced area so as not to disturb the community. But they don’t understand that those of us who are aware that we are positive are less dangerous than those who are positive but do not know they are positive.”

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

For Ochilla, the reward of working with SPLWHA is in seeing those infected with HIV/AIDS begin to believe in a happier future and in watching communities gradually open up to the messages spread by SPLWHA members. “In the end it is not easy but we are dedicated to the work because we believe that it is important and that in time we can make a difference in the spread of HIV/AIDS in Sudan.”

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Separated children in south Sudan

Huge numbers of young people in south Sudan are growing up away from their parents. Research findings suggest many would rather live outside unsupportive family structures and that they are increasingly more dependent on each other for support and comfort than on adults.

War has skewed the demographic balance in south Sudan where children make up 53% of the population. Due to the large number of men who have either been killed or forced to migrate in search of work, females comprise 55% of the population. Women have had to take on a wide range of responsibilities that they did not have before the war, challenging family dynamics in a hierarchical male-dominated society.

As child-focused agencies in south Sudan have moved towards viewing the protection of vulnerable children more holistically it has become clear that there are significant cyclical linkages between family separation, voluntary or involuntary, and vulnerability to recruitment, abduction, sexual exploitation and other horrors which characterise the lives of many young people in southern Sudan. Children who are separated from their original primary carers are more likely to leave subsequent carers due to ill-treatment and perceived lack of love and support. Concerns about the encroaching impact that HIV/AIDS will have on household structures have led to an increased interest in separated children and children without primary care givers. The potential movement of large numbers of IDPs and refugees from the North and from informing and educating the people of Sudan about HIV/AIDS. She has appeared on numerous television programmes and has become a key speaker in many HIV/AIDS-related workshops throughout Sudan.

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