

SUDAN



ICRC/AR_2014
 ICRC delegation ICRC sub-delegation ICRC office / presence
 ICRC-supported prosthetic/orthotic centre

The ICRC has been present in Sudan since 1978. It focuses on addressing the consequences of armed conflicts in Darfur and between South Sudan and Sudan. Based on an agreement with the authorities, it pursues discussions on the requirements/procedures necessary to fully resume its work addressing needs arising from conflicts in the country – particularly ensuring that conflict-affected people are protected in accordance with IHL and other internationally recognized standard; receive emergency aid, livelihood support and medical care; and can restore family contact. When operational, the ICRC works in close cooperation with and supports the Sudanese Red Crescent Society.

KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ the ICRC's humanitarian activities in Sudan were suspended from February to September, in accordance with a governmental directive citing technical and administrative reasons
- ▶ dialogue between the authorities and the ICRC led to the signing of agreements recognizing the ICRC's mandate and clarifying its working procedures, which allowed it to resume working in late 2014
- ▶ 3 soldiers released by an armed group in Darfur were safely handed over to the Sudanese authorities in January, with the ICRC acting as a neutral intermediary
- ▶ 24 people severely wounded by clashes in December received timely medical care after being evacuated to hospital by the authorities with the assistance of the Sudanese Red Crescent Society and the ICRC
- ▶ in January and late 2014, some Darfur communities coped with the effects of armed conflict with the help of donated food supplies and household items, and improvements to water systems

EXPENDITURE (in KCHF)	
Protection	3,038
Assistance	12,254
Prevention	2,533
Cooperation with National Societies	1,545
General	-
	19,370

of which: Overheads 1,182

IMPLEMENTATION RATE	
Expenditure/yearly budget	100%

PERSONNEL	
Mobile staff	21
Resident staff (daily workers not included)	544

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

LOW

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	508
RCMs distributed	329
Phone calls facilitated between family members	9
People located (tracing cases closed positively)	41
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	3
Detainees visited and monitored individually	3
Number of visits carried out	1
Number of places of detention visited	1

ASSISTANCE	2014 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	198,000	16,812
Essential household items	Beneficiaries	84,000	12,294
Productive inputs	Beneficiaries	525,000	12,294
Vouchers	Beneficiaries	36,000	
Work, services and training	Beneficiaries	1,190	
Water and habitat activities	Beneficiaries	650,000	108,365
Health			
Health centres supported	Structures	7	6
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures		4
Physical rehabilitation			
Centres supported	Structures	9	10
Patients receiving services	Patients	5,190	2,683

CONTEXT

The armed conflict between government troops and armed groups in Darfur, and in Blue Nile and South Kordofan, continued. According to reports, the escalation of fighting in Darfur resulted in the displacement of over 350,000 people; this is in addition to the two million who had been displaced for some time. Only about 131,000 people had been able to return to their homes at the time of writing. Intercommunal violence took place sporadically throughout Sudan and in Abyei, an area disputed by South Sudan and Sudan.

The arrival of tens of thousands of refugees from South Sudan (see *South Sudan*) strained the meagre resources of host communities. The decrease in oil transit revenues, caused by the fighting in South Sudan, weakened Sudan's economy further and exacerbated the hardship of conflict-affected people. Relations between South Sudan and Sudan remained tenuous.

International organizations had limited access to conflict-affected people in large parts of Darfur and to newly arrived refugees in areas bordering South Sudan; access to conflict-affected people in Blue Nile and South Kordofan was, however, considerably more restricted. In compliance with government directives, humanitarian assistance was usually channelled through the Sudanese authorities and local NGOs.

ICRC ACTION AND RESULTS

The ICRC engaged in dialogue with the national authorities, in order to regain their acceptance of its humanitarian work in favour of people affected by armed conflict in Sudan. Citing technical and administrative reasons, the Humanitarian Aid Commission (HAC), the government body in charge of regulating the activities of humanitarian organizations, asked the ICRC to suspend its activities from 1 February. The authorities also requested that the previous headquarters agreement, signed in 1984, be revised in order to reflect the ICRC's diplomatic status and regulate its activities in the country in light of their current guidelines. Constructive discussions between the authorities and the ICRC led to the signing of agreements that enabled the ICRC to gradually resume its operations.

The ICRC held several meetings with the authorities to discuss its mandate and work, as well as ways to ensure effective coordination with government bodies while adhering to its neutral, impartial and independent approach. These discussions led to the signing in August of a revised headquarters agreement recognizing the ICRC's mandate to assist victims of armed conflict and other situations of violence, and defining the ICRC's status in Sudan. In September, the ICRC received notice that the suspension had been lifted; discussions were then held with the HAC on various practical matters related to the resumption of ICRC activities. In November, the HAC signed an agreement with the ICRC, setting out how it was to coordinate its humanitarian activities with the authorities; the ICRC then took up its work in Sudan again.

Following the signing of these agreements and its staff's return to the field, the ICRC sought to re-establish contact with all parties involved in armed conflict to secure their support for the resumption of its work. In cooperation with local authorities and the Sudanese Red Crescent, it began to assess humanitarian needs in Darfur and to provide urgently needed assistance (see below).

Owing to the suspension of its operations, the ICRC was unable to implement many planned activities; however, conflict-affected people in Darfur benefited from ICRC support in January and late 2014. The ICRC remained without access to Blue Nile and South Kordofan states throughout the year.

In January, before the suspension of its activities, the ICRC facilitated the safe handover of three members of the Sudanese Armed Forces (SAF) who had been released by an armed group. In remote and violence-prone areas, people availed themselves of health-care services, including immunizations at clinics and hospitals that the ICRC supported with supplies and other assistance. People with disabilities received prostheses/orthoses and physiotherapy at ICRC-supported physical rehabilitation centres.

In January and December, displaced people and their host communities coped with their situation with the help of National Society/ICRC-distributed food and household items. Communities improved their access to water after the construction/rehabilitation of water infrastructure. In December, a number of people, severely wounded during clashes in West Kordofan, were evacuated by the National Society and the ICRC to an airport, from where the authorities flew them to Khartoum for treatment. The suspension of ICRC support from February to September brought the physical rehabilitation centres' services to a halt; these services resumed in October, when the ICRC began supplying raw materials again. A limited number of people separated from their relatives benefited from family-links services in January and December.

Bilateral talks with Sudanese authorities, on humanitarian issues and the ICRC's work, were reinforced by dissemination sessions for community members, law students and other sections of civil society. Dialogue with the Sudanese Red Crescent, the ICRC's main partner, led to the renewal of a partnership agreement, and the commencement of their joint planning for 2015.

CIVILIANS

Sudanese authorities lift suspension of ICRC activities

After its activities were suspended (see *ICRC action and results*), the ICRC – in consultation with the Sudanese Red Crescent, its main partner – engaged in dialogue with the authorities to regain their acceptance for its mandate and working methods. This led to the signing in August of a new headquarters agreement defining the ICRC's status and, in September, the lifting of the suspension of ICRC activities in the country (see *Actors of influence*).

On 4 November, the HAC signed a cooperation agreement with the ICRC, allowing ICRC staff to return to the field. As the ICRC had been unable to monitor the humanitarian situation in conflict-affected regions from February to October, ICRC personnel began to assess humanitarian needs in cooperation with local authorities and the National Society, and also provided some emergency assistance (see below).

The ICRC remained without access to vulnerable populations in Blue Nile and South Kordofan states.

Some communities receive essential supplies and have better access to water

In January and December, conflict-affected communities in Darfur benefited from emergency and longer-term activities carried out by the ICRC in cooperation with local authorities and the National Society.

Over 108,000 people had better access to water following the construction/rehabilitation of water supply systems by local technicians, National Society volunteers and the ICRC. Such infrastructural improvements eased the strain on villages' resources caused by the presence of refugees and their livestock. Thanks to ICRC training and donated equipment/materials, community members were able to maintain these structures to ensure their long-term access to water.

In January, more than 1,000 people (187 households) from South Sudan, who were taking refuge in Muglad, West Kordofan coped with their situation with the help of household items, shelter materials and tools provided by the National Society/ICRC. In December, over 11,100 people (1,862 households), who had fled to Tulu and surrounding areas in North Darfur because of clashes in East Darfur, met their immediate needs with ICRC-distributed food and shelter/household items. They also received agricultural tools. About 5,600 people (925 households) from the communities hosting them also received food supplies. In addition, 90 people in Central Darfur benefited from food rations to tide them over until harvest.

Because of the suspension of operations, plans to aid households in strengthening their livelihoods could not be implemented.

Health centres serving remote communities benefit from limited support

There was a pause in cooperation between the Ministry of Health and the ICRC owing to the suspension of ICRC activities. After the suspension was lifted, Ministry of Health officials in Darfur met with the ICRC in December to discuss gaps in the provision of primary health care and the status of health-care programmes that had been supported by the ICRC before the suspension (see below). They reported that the programmes had had a positive impact on beneficiaries.

Because preparations for restoring ICRC support for primary health care were still in progress at year's end, all the health-care-related activities mentioned below were conducted only until the end of January 2014.

Six primary health care centres received support for providing communities in Darfur with adequate medical services. Five out of the six centres received regular, comprehensive support (medical supplies, infrastructural maintenance, and training). When government-imposed restrictions limited the ICRC's access to and ability to support a clinic serving 17,500 people in Golol in Jebel Mara, the clinic's staff were given financial incentives to provide basic services. A clinic in Guildo – which had received ICRC support in 2013, and had ceased functioning after being looted during clashes that year – remained closed.

Local teams at ICRC-supported health centres curbed disease outbreaks by carrying out 7,294 consultations and 28,339 vaccinations, mainly for children. During an accelerated vaccination campaign – conducted by the Ministry of Health with ICRC-provided supplies – people in Central and South Darfur had their children immunized against polio; over 25,000 doses of vaccine were administered. Meetings with community representatives allowed the ICRC to monitor the progress of the campaign. Communities learnt – through information sessions conducted at health centres – about the importance of vaccination, clean water and prevention of malnutrition.

People requiring specialized treatment – children, victims of sexual violence, women with gynaecological complications, and others – were referred/transported to hospitals where they received further care. To boost the availability of adequate care for vulnerable women in isolated regions, 15 women continued studying midwifery; they received financial incentives.

Family-links services reach fewer people than expected

Because of the suspension of ICRC operations, National Society/ICRC family-links services were provided only in January and December, which limited the number of people who benefited from these services. Only 9 calls between relatives were facilitated; 508 RCMs were collected, and 329 distributed. The ICRC continued to follow up the situation of unaccompanied minors.

Families seeking information on relatives who had allegedly been arrested/captured, or were missing in relation to conflict, continued to approach the ICRC for help. An ICRC-facilitated video call enabled one family to exchange news with a relative detained in Afghanistan.

PEOPLE DEPRIVED OF THEIR FREEDOM

Three soldiers held by an armed group safely handed over to the authorities

In January, three SAF personnel released by an armed group in Darfur were handed over to the Sudanese authorities, with the ICRC acting as a neutral intermediary between the two sides. At the request of the families concerned, the ICRC asked the armed group's representatives for information, if they had any, on the whereabouts of eight combatants reported missing.

As dialogue with the authorities focused on regaining their acceptance for the ICRC's mandate and working methods (see *Actors of influence*), the issue of access to people detained in connection with the conflicts was set aside temporarily.

WOUNDED AND SICK

Some local hospitals and physical rehabilitation facilities received ICRC support in January and December, but most of the capacity-building activities planned for them could not be implemented during the suspension of ICRC operations.

Some wounded and sick combatants and civilians receive life-saving care

In December, following intercommunal fighting in West Kordofan, the Sudanese Red Crescent and the ICRC helped to evacuate 24 severely injured persons to the Muglad airport, from where the authorities flew them to Khartoum for specialized care.

Wounded and sick people accessed medical services at four hospitals that had received supplies from the ICRC in January. In Central Darfur and West Kordofan, at the two hospitals that provided data for January, 559 people, including 17 weapon-wounded persons, were admitted for treatment, and 625 people availed themselves of outpatient consultations.

Paramilitary troops of the Popular Defence Forces (PDF) learnt to administer first aid at a four-day training course conducted jointly with the National Society in January (see *Actors of influence*).

Local physical rehabilitation centres resume operations

When its activities were suspended, the ICRC temporarily halted its support for the National Authority for Prosthetics and Orthotics

(NAPO); however, NAPO continued to function at a reduced capacity until late May, when a lack of resources brought its operations to a standstill. NAPO was able to resume its services in October after the ICRC began to provide it with raw materials again.

Nearly 2,700 patients, including 547 women and 819 children, received prostheses/orthoses and physiotherapy at centres in Khartoum and Nyala, which were run by NAPO with ICRC material/technical support. Transport, food and accommodation costs for particularly vulnerable patients were covered during their treatment. People also benefited from such services at five satellite centres in Damazin, Dongola, Gedaref, Kadugli and Kassala, and at a mobile clinic that went on outreach missions to al-Obaid and Port Sudan. An association of disabled people in al-Fashir, with ICRC support, facilitated the referral of patients.

Physical rehabilitation centre for disabled children opens a new prosthetic/orthotic workshop

Children were fitted with orthoses at the Khartoum Cheshire Home's limb-fitting workshop, which the ICRC supplied with raw materials. In December, the Cheshire Home furnished its new prosthetic/orthotic workshop with ICRC-donated equipment.

NAPO staff worked with ICRC specialists to enhance service provision, notably by improving the centres' facilities, clarifying the roles of technical staff and considering better management practices. A technician from Nyala returned to Sudan after completing his ICRC-sponsored studies at a prosthetics and orthotics school in India. Two other technicians from Khartoum continued their studies at the same school.

In cooperation with a local university and with ICRC encouragement, NAPO secured the approval of the Ministry of Higher Education for establishing a prosthetics and orthotics school in Sudan.

ACTORS OF INFLUENCE

Dialogue with the authorities leads to further acceptance for the ICRC's work

The ICRC engaged in dialogue with the authorities to regain their acceptance for its efforts to provide humanitarian assistance to all victims of armed conflict in a neutral, impartial and independent manner. The authorities requested the ICRC to revise the previous headquarters agreement that was signed in 1984, which defined the ICRC's status and regulated its work in Sudan. Following talks in Khartoum and at the Permanent Missions of Sudan in Geneva, Switzerland, and New York, United States of America, a new headquarters agreement – which recognizes the ICRC's mandate to assist all victims of armed conflict and other situations of violence without discrimination – was signed by the Ministry of Foreign Affairs and the ICRC on 28 August. Subsequently, after discussions about the ICRC's working procedures, the HAC formally lifted the suspension of ICRC activities. In November, the HAC and the ICRC signed an agreement clarifying the responsibilities of both parties in coordinating humanitarian work, in line with governmental standards and the ICRC's neutral, impartial and independent approach.

When the ICRC was allowed to resume working, the government began to issue visas for new ICRC delegates. Following the conclusion of the agreement with the HAC, travel permits were issued for several delegates, allowing them to return to work at the ICRC's sub-delegations in Darfur. In cooperation with local authorities and the Sudanese Red Crescent, ICRC personnel assessed humanitarian needs in key areas and began implementing assistance

activities (see *Civilians* and *Wounded and sick*). The ICRC sought to renew contact with the authorities and weapon bearers involved in the armed conflicts in Sudan to secure their support for the resumption of its work.

Weapon bearers familiarize themselves with their responsibilities under IHL

Before the suspension of ICRC operations, some weapon bearers learnt about IHL through National Society/ICRC dissemination sessions. At a first-aid course in January, 17 PDF officers acquainted themselves with basic IHL norms, the significance of the emblem and the ICRC's mandate and work (see *Wounded and sick*). Ten Central Reserve Police officers learnt about IHL during a training session.

Communication efforts aim at drawing attention to humanitarian issues

Press releases and information materials sought to raise awareness of humanitarian issues, such as those raised by the Health Care in Danger project, and to generate support for ICRC activities among national authorities, community leaders and the general public. Media coverage of the handover of SAF personnel to the Sudanese authorities (see *People deprived of their freedom*) drew public attention to the ICRC's role as a neutral intermediary between parties to armed conflict. Community members learnt about the activities of the National Society and the ICRC during briefings conducted in relation to assistance activities (see *Civilians*). Over 100 law students deepened their knowledge of IHL and the ICRC at a seminar in Khartoum in January.

Government officials study the incorporation of IHL-related instruments in domestic law

In May, government representatives attended a regional conference in the United Republic of Tanzania on the Arms Trade Treaty. It was jointly organized by the Regional Centre on Small Arms, and the ICRC (see *Nairobi*).

In November, representatives of the Ministry of Justice and the national IHL committee participated in a regional experts' meeting on the implementation of IHL; this was organized in cooperation with the League of Arab States and attended by government officials from 18 countries (see *Algeria*).

RED CROSS AND RED CRESCENT MOVEMENT

Sudanese Red Crescent renews partnership agreement with the ICRC

Before the suspension of ICRC activities, the Sudanese Red Crescent and the ICRC jointly carried out several assistance and IHL dissemination activities. The National Society received funds, training and material support to help it strengthen its capacities. Because of the suspension, the ICRC was unable to provide such support from February to October.

When the ICRC resumed operations, it signed a new partnership framework agreement with the National Society in early December. Subsequently, the two organizations began cooperating again in restoring family links and assisting casualties of clashes (see *Civilians* and *Wounded and sick*). In light of initial assessments, they began working on a joint plan of action for 2015.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SCs*		
RCMs collected		508			
RCMs distributed		329			
Phone calls facilitated between family members		9			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		136	33	16	22
<i>including people for whom tracing requests were registered by another delegation</i>		52			
People located (tracing cases closed positively)		41			
<i>including people for whom tracing requests were registered by another delegation</i>		3			
Tracing cases still being handled at the end of the reporting period (people)		759	86	70	64
<i>including people for whom tracing requests were registered by another delegation</i>		176			
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		57	14		
Documents					
Official documents relayed between family members across borders/front lines		9			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		3		1	
			Women	Girls	Boys
Detainees visited and monitored individually		3			1
Detainees newly registered		3			1
Number of visits carried out		1			
Number of places of detention visited		1			
Restoring family links					
Detainees released and transferred/repatriated by/via the ICRC		3			
People to whom a detention attestation was issued		3			

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	16,812	21%	60%
	<i>of whom IDPs</i>	11,172		
Essential household items	Beneficiaries	12,294	21%	60%
	<i>of whom IDPs</i>	12,294		
Productive inputs	Beneficiaries	12,294	21%	60%
	<i>of whom IDPs</i>	12,294		
Water and habitat activities	Beneficiaries	108,365	30%	30%
Health				
Health centres supported	Structures	6		
Average catchment population		118,500		
Consultations	Patients	7,294		
	<i>of which curative</i>		1,231	3,849
	<i>of which ante/post-natal</i>		824	
Immunizations	Doses	28,339		
	<i>of which for children aged five or under</i>	28,110		
Referrals to a second level of care	Patients	21		
Health education	Sessions	17		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	4		
	<i>of which provided data</i>	2		
Admissions	Patients	559	293	139
	<i>of whom weapon-wounded</i>	17		1
	<i>of whom other surgical cases</i>	164		
	<i>of whom medical cases</i>	200		
	<i>of whom gynaecological/obstetric cases</i>	178		
Operations performed		103		
Outpatient consultations	Patients	625		
	<i>of which surgical</i>	126		
	<i>of which medical</i>	280		
	<i>of which gynaecological/obstetric</i>	219		
Physical rehabilitation				
Centres supported	Structures	10		
Patients receiving services	Patients	2,683	547	819
New patients fitted with prostheses	Patients	288	59	7
Prostheses delivered	Units	672	152	19
	<i>of which for victims of mines or explosive remnants of war</i>	5		
New patients fitted with orthoses	Patients	193	41	106
Orthoses delivered	Units	1,026	109	829
Patients receiving physiotherapy	Patients	565	182	57
Crutches delivered	Units	358		