

# SUDAN



⊕ ICRC delegation    ⊕ ICRC sub-delegation    + ICRC office / presence  
▴ ICRC-supported prosthetic/orthotic project

The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

## KEY RESULTS/CONSTRAINTS IN 2015

- ▶ The ICRC signed framework agreements with three federal ministries, but it was unable to resume the full range of its operations in Sudan, owing to pending practical arrangements and security/access constraints.
- ▶ After a series of regular meetings, the Sudanese Red Crescent Society and the ICRC signed three project agreements covering family-links services, communication and capacity-building/institutional support.
- ▶ Over 42,000 households in/around Jebel Mara produced their own food using ICRC-provided seed/tools. Donations of essential supplies and repairs to water systems helped people cope with the effects of violence.
- ▶ People with disabilities availed themselves of services at ICRC-supported physical rehabilitation centres; some of them had travel, food and accommodation costs covered by the ICRC.
- ▶ In September, 18 people released by an armed group in Jebel Mara were safely handed over to the Sudanese authorities; the ICRC acted as a neutral intermediary, at the request of the armed group.
- ▶ As it was not able to carry out many of its planned activities, the ICRC downsized its staff and donated, to the National Society and other organizations, the supplies it had in stock but was unable to distribute.

## EXPENDITURE IN KCHF

Protection	2,895
Assistance	15,655
Prevention	3,187
Cooperation with National Societies	1,881
General	155
<b>Total</b>	<b>23,773</b>
<i>Of which: Overheads</i>	<b>1,451</b>

## IMPLEMENTATION RATE

Expenditure/yearly budget	79%
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## PERSONNEL

Mobile staff	28
Resident staff (daily workers not included)	415

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 a series of agreements with the authorities, it pursues dialogue with the authorities 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 standards; receive emergency aid, livelihood support and medical care; and can restore family contact. When possible, the ICRC works in close cooperation with and supports the Sudanese Red Crescent Society.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**LOW**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Restoring family links</b>	
RCMs collected	370
RCMs distributed	26
People located (tracing cases closed positively)	165
People reunited with their families	2
<i>of whom unaccompanied minors/separated children</i>	2
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
RCMs distributed	1

ASSISTANCE	2015 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>		
Food commodities	Beneficiaries 255,000	289,031
Essential household items	Beneficiaries 48,000	87,600
Productive inputs	Beneficiaries 360,000	359,197
Cash	Beneficiaries	300
Vouchers	Beneficiaries 36,000	
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Water and habitat activities	Beneficiaries 500,000	106,597
<b>Health</b>		
Health centres supported	Structures 7	
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures	6
<b>Water and habitat</b>		
Water and habitat activities	Number of beds	3
<b>Physical rehabilitation</b>		
Projects supported	Structures 8	9
Patients receiving services	Patients 3,400	2,908

## CONTEXT

The armed conflicts between government troops and armed groups in Darfur, and in Blue Nile and South Kordofan, continued. Communal violence persisted in other parts of Sudan and in Abyei, an area disputed by South Sudan and Sudan.

According to reports, the conflict in Darfur had displaced over 230,000 people in 2015; approximately 2.1 million others had been displaced for some time. In the government-controlled areas of Blue Nile and South Kordofan, over 112,000 people were said to be newly displaced; among them, 71,000 had either returned to their places of origin or were relocated. Information on the number of IDPs in opposition-held areas was unavailable.

The presence of some 200,000 refugees from South Sudan strained the meagre resources of host communities in Sudan.

International organizations had limited access to conflict-affected people in large parts of Darfur. Access to newly arrived refugees from South Sudan, and to vulnerable people in Blue Nile and South Kordofan, was considerably more restricted. In compliance with government directives, humanitarian assistance was usually channeled through the Sudanese authorities, the Sudanese Red Crescent Society and/or local NGOs.

Sudan supported a coalition, led by Saudi Arabia, that carried out military operations in Yemen (*see Yemen*).

## ICRC ACTION AND RESULTS

The ICRC maintained its dialogue with the authorities, with a view to gaining further acceptance for its humanitarian work for people affected by armed conflict in Sudan. Agreements concluded with the government in 2014, and discussions with the authorities throughout 2015, enabled the ICRC to gradually resume its activities, which had been suspended between February and September 2014 in accordance with a government directive. However, the ICRC was still unable to implement the full range of its operations, owing to pending practical arrangements and other constraints.

In March, the Humanitarian Aid Commission and the Ministry of Foreign Affairs approved the ICRC's plan of action for 2015. The ICRC then launched a budget extension appeal to support a planned expansion of its activities. Meetings with government officials, and with the Sudanese Red Crescent, focused on refining the scope and terms of the ICRC's coordination with them, in line with its neutral, impartial and independent approach. Framework cooperation agreements – necessary for implementing the ICRC's plans to improve people's access to water and health care and to support their livelihoods – were discussed with the federal ministries concerned. The agreements with the Ministry of Water and Electricity, the Ministry of Animal Resources and Fisheries and the Ministry of Agriculture and Irrigation were signed in July, but the agreement with the Ministry of Health remained pending. Three project agreements – on family-links services, communication and institutional support – were signed with the National Society, which remained the ICRC's main partner. The National Society received financial/material/technical support for developing its capacities, and some joint activities with it were resumed.

Arrangements for implementing the agreements with the federal ministries, however, remained pending. Owing to this and other

constraints, such as lack of access to conflict-affected communities, several planned activities – for example, veterinary services for pastoralist households and support for primary-health-care centres – were not carried out during the year. The ICRC adjusted its set-up accordingly: it downsized its staff and donated, to the National Society and other organizations, the supplies it was unable to distribute directly to beneficiaries.

While discussions with the authorities were ongoing, the ICRC was able to provide some emergency relief and livelihood support for certain communities in Darfur. Repairs to water-supply systems improved access to clean water for people in rural areas, and distribution of food and household essentials alleviated the situation of vulnerable people, including farmers. Over 42,000 households in Jebel Mara produced their own food using ICRC-donated seed/tools. Some breadwinners with physical disabilities used cash grants to start small businesses to support their families. Wounded/sick people received treatment at hospitals that received medical supplies from the ICRC.

People with physical disabilities availed themselves of services at physical rehabilitation centres run by the National Authority for Prosthetics and Orthotics (NAPO) and at a children's hospital, all of which received ICRC material/technical support.

Some people, including unaccompanied minors repatriated from South Sudan, were able to locate and/or contact their relatives via ICRC family-links services.

Bilateral talks with the authorities were reinforced by dissemination sessions and other events for community members, legal advisers to the government, and members of civil society; these sought to broaden support for the ICRC's mandate and work and to promote respect for IHL. In light of Sudan's involvement in military operations in Yemen, the authorities were reminded of their responsibilities under IHL.

The ICRC continued to seek permission to visit people held in connection with conflict, in order to monitor their treatment and living conditions. It facilitated the safe handover, to the Sudanese authorities, of 18 people released by an armed group in Darfur.

## CIVILIANS

After the signing of agreements with the government in 2014, the ICRC continued its discussions with the Sudanese authorities, focused on gaining further acceptance for its activities, with a view to resuming the full range of its operations in Sudan.

In March 2015, the Sudanese government approved the ICRC's plan of action for 2015; the ICRC then launched a budget extension appeal in support of the planned expansion of its operations. Framework agreements for activities concerning livelihood support and improvement of people's access to water were signed with the pertinent ministries in July; an agreement covering health-related activities remained pending (*see ICRC action and results*). However, the arrangements/requirements necessary to implement these agreements – such as authorization for ICRC teams to travel to the field, and administrative procedures for the delivery of goods – remained under discussion. This and security/access constraints, including threats to the safety of aid workers, hampered the delivery of humanitarian assistance, especially in remote areas. As a result, several activities could not be implemented as planned.

### **Some communities in Darfur receive essential supplies and have better access to water**

The issuance of travel permits for mobile staff in late 2014 and further discussions with government officials enabled the ICRC to carry out emergency response activities in certain areas in Darfur. Some 43,800 people (7,300 households), most of them IDPs, received food supplies. Around 34,700 people (some 5,700 households) improved their living conditions with the help of essential household items from the ICRC.

Over 106,000 people had better access to water after local technicians and the ICRC repaired water-supply systems in rural areas. Water board authorities and ICRC-trained community members maintained water facilities using spare parts and other materials donated to them or to the state water authorities in Darfur and Khartoum. People staying in refugee camps in White Nile and in communities in East Darfur accessed water at facilities built by the National Society with ICRC material/financial support.

### **With limited ICRC livelihood support, some households work towards self-sufficiency**

In government-controlled areas and in those held by armed groups in and around Jebel Mara, some 42,500 households (around 255,000 people in all) produced their own food using seed/tools distributed by the ICRC in June and July. Of them, around 39,500 households (237,000 people) also received food supplies that helped cover their needs while they waited for their harvest, and enabled them to avoid consuming seed meant for planting.

In Nyala, 50 breadwinners with physical disabilities (supporting 300 people in all) started small businesses – for example, livestock rearing and water distribution – using ICRC cash grants. These beneficiaries were formerly patients at an ICRC-supported physical rehabilitation centre.

These livelihood-support activities, as well as the emergency-response and water-related initiatives mentioned above, also helped reduce the need for people to travel to unsafe areas in search of food or water, mitigating their exposure to risks.

As it lacked access to the field for most of the latter half of 2015, the ICRC donated the supplies it had in stock – food, household essentials, seed, agricultural tools, and spare parts for water equipment – to local organizations (e.g. an agricultural research centre), the Sudanese Red Crescent and other international humanitarian organizations assisting vulnerable communities in Darfur. The National Society's headquarters in Khartoum and its branches in Darfur, for example, replenished their stocks with ICRC-donated essential household items.

The National Society also received supplies for its primary-health-care centres, and mosquito nets for distribution to children and pregnant women in rural areas in Darfur, where high rates of malaria were reported.

### **Two unaccompanied minors are reunited with their families**

People with relatives separated from them by conflict, including those seeking information on relatives who had allegedly been detained/captured, approached the ICRC for assistance. To help these people find and re-establish contact with their relatives, ICRC teams provided family-links services in areas they could reach; 124 people were located as a result of these efforts. Two

unaccompanied minors were repatriated from South Sudan and were reunited with their families in Sudan.

In June, the National Society and the ICRC signed an agreement to resume cooperation in restoring family links. National Society focal points and volunteers refreshed their skills at ICRC-supported courses, and gradually became active once again in distributing/collecting RCMs and managing tracing cases. Joint National Society/ICRC needs assessments were carried out in certain states. However, the development/improvement of family-links services for South Sudanese refugees in White Nile and other locations remained limited, owing to difficulties for the ICRC in getting approval to travel to these areas to support National Society teams. In December, telephone services were set up at an IDP camp in South Darfur.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

Dialogue was pursued with the Sudanese authorities and armed groups, with a view to gaining access to people held in relation to the armed conflicts the country, in order to monitor their treatment and living conditions and help them re-establish contact with their relatives. Meetings with officials of the defence ministry officials and members of the national IHL committee helped familiarize them with the ICRC's past activities for detainees in Sudan.

#### **People released by an armed group are handed over safely to the authorities**

The ICRC's readiness to serve as a neutral intermediary in the handover of detainees or people held by armed groups was emphasized during discussions with military officials and members of armed groups. In September, 18 people released by an armed group in Jebel Mara were handed over to the Sudanese authorities; the ICRC acted as a neutral intermediary, at the armed group's request. All of the 18 people were previously visited by the ICRC; some of them having received visits in 2008. Following their transfer, they contacted their relatives with help from the ICRC.

Families continued to approach the ICRC with reports of relatives who had been allegedly arrested/captured or who were missing in action. On the basis of these reports, requests for information were submitted to the parties concerned; information obtained about 33 people was shared with their families.

### **WOUNDED AND SICK**

#### **Casualties of armed conflict receive medical treatment**

National Society emergency response teams – trained and equipped by the ICRC – provided life-saving care to wounded people in rural areas.

Weapon-wounded/sick people received treatment at six hospitals that were regularly supported with medical supplies. Some 11,000 people were admitted, and over 25,000 availed themselves of consultations at the four hospitals that provided the ICRC with data; three of the hospitals were in Darfur and one was in West Kordofan. The Ministry of Health, and several hospitals in Khartoum, were better equipped to respond to emergencies after receiving ad hoc donations of medical materials, including dressing kits, anaesthetics, disinfectants and other supplies for treating weapon-wounded people.

#### **People with physical disabilities avail themselves of rehabilitative services**

Some 2,500 people with physical disabilities received prostheses/orthoses and physiotherapy services at physical rehabilitation centres in Khartoum and Nyala, and at satellite centres in ad

Damazin, Dongola, Gedaref, Kadugli and Kassala. Destitute and other particularly vulnerable people also had their transportation/food/accommodation expenses covered by the ICRC.

The centres were run by NAPO with material, technical and other assistance from the ICRC; despite this support, provision of services at some of them continued to be hampered by shortages of supplies. People with physical disabilities from Darfur and West Kordofan were set to benefit from a newly constructed 20-bed dormitory at the centre in Nyala, to which they were usually referred.

Nearly 400 children with disabilities received good-quality prostheses/orthoses at the Cheshire Home children's hospital in Khartoum; the hospital's workshop benefited from infrastructure improvements, donations of equipment/raw materials and guidance from an ICRC-trained technician. An association of disabled people in al-Fashir also received technical/material support.

### **The authorities take steps to boost local capacities in physical rehabilitation**

The Sudanese government announced that it would pay particular attention to the needs of people with disabilities in 2015. NAPO worked to improve the services available at its centres, drawing on ICRC support for upgrading/renovating facilities, training technicians, clarifying staff member's roles and identifying good management practices. Some of the centres' staff members also learnt how to train their colleagues.

Two NAPO staff members completed a course in spinal orthotics in the United Republic of Tanzania. Two others continued their prosthetics/orthotics course in India; one had completed the course by year-end. Twenty students were selected to attend a three-year diploma course established by NAPO, a local university and the ICRC.

### **Some people with physical disabilities benefit from livelihood activities**

Sudan's Paralympic committee began to promote wheelchair basketball in the country, with the help of the ICRC, which provided it with specially equipped wheelchairs. With ICRC assistance, 50 people who had received services at the rehabilitation centre in Nyala started small businesses to support their families (see *Civilians*).

## **ACTORS OF INFLUENCE**

### **Full resumption of ICRC operations remains under discussion with the authorities**

Dialogue with the authorities, which began in 2014, continued to focus on securing further acceptance for the ICRC's efforts to provide humanitarian assistance to all victims of armed conflict in a neutral, impartial and independent manner (see *Civilians*). In March 2015, the government approved the ICRC's plan of action for the year, and cooperation framework agreements were signed with three federal ministries in July. However, the ICRC was able to carry out only a few of its activities, as discussions of its working methods, the scope of its activities and the practical arrangements necessary for their implementation were still ongoing.

Local authorities, community leaders and military/police commanders in Darfur and West Kordofan were briefed about the ICRC's mandate and informed of its ongoing negotiations with the authorities for the full resumption of its activities. Acknowledging the positive impact of past activities on the beneficiaries, local authorities expressed their willingness to work with the organization again in assisting conflict-affected people.

Through press releases, updates posted on online platforms and other sources of information, the general public learnt more about humanitarian issues in Sudan – for example, the plight of families dispersed by armed conflict – and about the ICRC's efforts to address them. Parliamentarians, journalists and members of civil society familiarized themselves with these topics, and with the basic principles of IHL, during information sessions conducted by the National Society/ICRC. Community members benefited from briefings conducted in connection with assistance activities.

### **Government officials, university professors and students learn more about IHL**

Officials of the Sudanese armed/police forces expressed interest in working with the ICRC again to provide IHL training for military/police personnel. Discussions with them led to the signing, in December, of a new memorandum of understanding with the Ministry of Defence, for the period 2016–18. In light of Sudan's involvement in the Saudi-led military operations in Yemen (see *Yemen*), the authorities were reminded of their obligations under IHL.

Training sessions and seminars held in Sudan or abroad sought to promote support for IHL. Three legal advisers from different government institutions and two university professors furthered their expertise in IHL at courses in Kenya (see *Nairobi*) and Lebanon (see *Lebanon*). At seminars in Khartoum, 100 law students and 70 medical students deepened their knowledge of IHL and the issues covered by the Health Care in Danger project. Plans for broadening awareness of the need to ensure the safety of patients and health workers/facilities were drawn up with the National Society, but their implementation remained pending.

Renewed interaction with the national IHL committee and universities in Darfur and Khartoum provided opportunities to discuss the integration of IHL into domestic legislation and university curricula. Students at various universities had better access to IHL-related information after reference materials/equipment were donated to their libraries.

## **RED CROSS AND RED CRESCENT MOVEMENT**

The Sudanese Red Crescent and the ICRC met regularly to refine their joint plans of action for 2015 and to define their respective roles, with a view to resuming their cooperation, in line with both organizations' objectives. In July, they signed three project agreements covering family-links services, communication, and institutional support/capacity building. With the agreements in place, the National Society received financial/training/material support for sustaining its activities. It covered operating costs at its headquarters and branches with the help of ICRC funding. Staff members and volunteers in conflict-affected/violence-prone areas refreshed their skills – for example, in restoring family links – at ICRC-supported courses; members of emergency actions teams received supplies/equipment.

The National Society also carried out dissemination sessions and strengthened its communication capacities with ICRC support, which included reference materials and training.

The National Society, the International Federation and the ICRC worked closely to draw up a new Movement coordination agreement in Sudan. Coordination with other Movement components and other organizations continued through regular meetings.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			UAMs/SC*		
RCMs collected		370	1		
RCMs distributed		26			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		2			
	<i>including people registered by another delegation</i>	1			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		364	83	56	47
	<i>including people for whom tracing requests were registered by another delegation</i>	106			
People located (tracing cases closed positively)		165			
	<i>including people for whom tracing requests were registered by another delegation</i>	37			
Tracing cases still being handled at the end of the reporting period (people)		649	75	39	64
	<i>including people for whom tracing requests were registered by another delegation</i>	121			
<b>UAMs/SC*, including demobilized child soldiers</b>			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		14	8		
UAMs/SC reunited with their families by the ICRC/National Society		2	1		
	<i>including UAMs/SC registered by another delegation</i>	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		5	4		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>Restoring family links</b>					
RCMs distributed		1			
Detainees released and transferred/repatriated by/via the ICRC		18			
People to whom a detention attestation was issued		24			

\*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	289,031	22%	58%
	<i>of whom IDPs</i>	114,538		
Essential household items	Beneficiaries	87,600	22%	59%
	<i>of whom IDPs</i>	64,259		
Productive inputs	Beneficiaries	359,197	21%	60%
	<i>of whom IDPs</i>	140,528		
Cash	Beneficiaries	300	21%	60%
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	106,597	30%	40%
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	6		
	<i>of which provided data</i>	4		
Admissions	Patients	11,192	4,212	4,791
	<i>of which weapon-wounded</i>	422	92	66
	<i>(including by mines or explosive remnants of war)</i>	26		
	<i>of which other surgical cases</i>	1,625		
	<i>of which internal medicine and paediatric cases</i>	7,375		
	<i>of which gynaecological/obstetric cases</i>	1,770		
Outpatient consultations	Patients	25,417		
	<i>of which surgical</i>	6,271		
	<i>of which internal medicine and paediatric</i>	17,302		
	<i>of which gynaecological/obstetric</i>	1,844		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	3		
<b>Physical rehabilitation</b>				
Projects supported	Structures	9		
Patients receiving services	Patients	2,908	560	680
New patients fitted with prostheses	Patients	221	43	8
Prostheses delivered	Units	588	113	17
	<i>of which for victims of mines or explosive remnants of war</i>	1		
New patients fitted with orthoses	Patients	441	19	390
Orthoses delivered	Units	920	87	737
	<i>of which for victims of mines or explosive remnants of war</i>	2		
Patients receiving physiotherapy	Patients	979	234	101
Crutches delivered	Units	791		