

# SUDAN



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

EXPENDITURE (IN KCHF)	
Protection	4,647
Assistance	30,261
Prevention	3,230
Cooperation with National Societies	2,000
General	-

▶ **40,137**  
 of which: Overheads 2,425

IMPLEMENTATION RATE	
Expenditure/yearly budget	73%

PERSONNEL	
Expatriates	60
National staff (daily workers not included)	763

## KEY POINTS

In 2012, the ICRC:

- ▶ gained access to detained persons for the first time in many years, visiting 24 recently captured South Sudanese POWs and acting as a neutral intermediary in the repatriation of 19 of them and of 13 Sudanese POWs from South Sudan
- ▶ facilitated the safe transfer of 68 Sudanese Armed Forces personnel and 34 foreign nationals to the authorities concerned, following their release by armed groups in Darfur and South Kordofan
- ▶ despite security and access constraints, supported 7 primary health centres in rural Darfur, which provided mother and child care and immunization, among other services
- ▶ to help them cope with large numbers of casualties, provided hospitals in areas in Blue Nile, Darfur and South Kordofan with emergency medical supplies, enabling them to treat over 400 weapon-wounded
- ▶ with the National Society, combined emergency aid with livelihood support for some 118,300 households (708,200 people) including by distributing seed and tools and, with local experts, providing livestock care and vaccination
- ▶ helped some 486,000 people in conflict-affected communities access clean water for domestic and agricultural use

The ICRC opened an office in Khartoum in 1978. In 1984, it initiated operations in response to the armed conflict between government forces and the Sudan People's Liberation Movement/Army, later adapting its programmes to the transition to peace. Since 2003, it has responded to needs arising from the hostilities in Darfur. It works to ensure that people directly affected by armed conflict are protected in accordance with IHL, receive emergency aid, livelihood support and medical care and can restore contact with relatives. It works with and supports the Sudanese Red Crescent Society.

## CONTEXT

In disputed areas between South Sudan and Sudan, military confrontations escalated into an international armed conflict between the Sudan People's Liberation Army and the Sudanese Armed Forces (SAF). A comprehensive agreement defining, among other things, a demilitarized border zone was signed in September; however, discord over its implementation remained.

In Blue Nile and South Kordofan states, hostilities between armed groups and the SAF persisted. International actors had limited access to these areas. Most humanitarian assistance was channelled through designated national organizations.

In Darfur, people continued to be affected by the non-international armed conflict, as well as tribal clashes. Security conditions remained volatile, affecting all humanitarian actors. This situation, coupled with heavy administrative procedures, limited the provision of aid to vulnerable populations. Erratic rainfall in Darfur led to below-average harvests.

The African Union-United Nations Hybrid operation in Darfur (UNAMID), whose mandate was renewed in July, and the UN Interim Security Force for Abyei (UNISFA) continued their peace-support operations.

## ICRC ACTION AND RESULTS

In spite of security and access constraints in some parts of Sudan (see *Context*), the ICRC continued to assist conflict-affected people in Darfur, adapting its activities and monitoring procedures as it worked via "remote management" with its own locally recruited staff or through partners, such as the Sudanese Red Crescent, national and local authorities and communities. In Blue Nile and South Kordofan, access restrictions limited ICRC activities, which thus remained modest.

To foster greater acceptance of its neutral, impartial and independent humanitarian action, the ICRC engaged in dialogue with the authorities, armed forces and civil society representatives. It sought to heighten their understanding of IHL and humanitarian concerns, including the need to safeguard health care. The authorities and weapon bearers were reminded of their obligations under IHL and, where necessary, reported violations were brought to their attention for follow-up with those allegedly responsible.

Having secured the authorities' approval, the ICRC visited recently captured South Sudanese POWs in Sudan to monitor their

Main figures and indicators	PROTECTION	Total		
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Red Cross messages (RCMs)</b>				
RCMs collected		6,401	UAMs/SCs*	14
RCMs distributed		6,353		5
Phone calls facilitated between family members		3		
<b>Reunifications, transfers and repatriations</b>				
People reunited with their families		8		
People transferred/repatriated		5		
<b>Tracing requests, including cases of missing persons</b>				
People for whom a tracing request was newly registered		382	Women	36
People located (tracing cases closed positively)		91		67
	<i>including people for whom tracing requests were registered by another delegation</i>	16		
Tracing cases still being handled at the end of the reporting period (people)		542		92
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>				
UAMs/SCs newly registered by the ICRC/National Society		17	Girls	5
UAMs/SCs reunited with their families by the ICRC/National Society		9		3
	<i>Including UAMs/SCs registered by another delegation</i>	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		175		34
<b>Documents</b>				
Official documents relayed between family members across borders/front lines		11		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>ICRC visits</b>				
Detainees visited		97	Women	
Detainees visited and monitored individually		97		
Detainees newly registered		97		
Number of visits carried out		7		
Number of places of detention visited		6		
<b>Restoring family links</b>				
RCMs collected		19		
RCMs distributed		16		
Detainees released and transferred/repatriated by/via the ICRC		87		
People to whom a detention attestation was issued		30		

\* Unaccompanied minors/separated children

treatment and living conditions. As a neutral intermediary, it facilitated the repatriation of 19 South Sudanese POWs and 13 Sudanese POWs. It also facilitated the safe transfer of SAF personnel and foreign nationals released by armed groups to the Sudanese authorities or to their respective embassies. While continuing talks with the authorities to gain access to other persons held in relation to the conflicts in Blue Nile, Darfur and South Kordofan, it simultaneously sought through dialogue to visit people held by armed groups.

Employing a multidisciplinary approach, the ICRC, together with the Sudanese Red Crescent, provided a combination of emergency aid and livelihood support to communities struggling to recover from the effects of conflict. In Darfur, vulnerable families of IDPs, residents or people returning home after displacement received food rations and shelter materials. Through the joint efforts of the Ministry of Animal Resources and Fisheries and the ICRC, pastoral communities benefited from livestock vaccination and enhanced veterinary services, while farming communities increased food production and income with the help of seed, equipment and other inputs. With local authorities and communities, the ICRC rehabilitated and maintained water facilities to ease access to water for domestic and agricultural use.

The ICRC worked with the Ministry of Health in making health care more accessible to conflict-affected populations. In South Kordofan, weapon-wounded people received treatment from National Society volunteers or other first-responders trained by the National Society/ICRC. Medicines and other supplies helped hospitals cope with large influxes of casualties. Ad hoc support

was given to health centres and a Sudanese Red Crescent mobile health unit in areas of Blue Nile state affected by fighting and displacement. In rural Darfur, ICRC-supported primary health centres provided preventive and curative care, including mother and child care, post-rape treatment and immunization. With local health teams and the WHO, the ICRC facilitated a vaccination campaign to contain a yellow fever outbreak.

To ensure longer-term care for people with conflict-related disabilities, the ICRC provided physical rehabilitation centres with funding, materials and equipment. Local technicians increased their skills through training.

Families dispersed by conflict or other situations of violence were able to re-establish contact with their relatives through the National Society/ICRC family-links service. Unaccompanied children reunited with their families. Families of Sudanese people held in the US internment facility at Guantanamo Bay Naval Station in Cuba and in the Parwan detention facility in Afghanistan communicated with their relatives via telephone/video calls. Ex-Guantanamo internees were offered psychological support.

The National Society remained the ICRC's main operational partner in Sudan. With ICRC material, technical and financial support, the Sudanese Red Crescent continued to build its capacities to respond to emergencies, restore family links and, with the Swedish Red Cross, disseminate IHL and the Fundamental Principles.

The ICRC continued to coordinate with Movement partners and other humanitarian agencies, thereby maximizing impact, identifying unmet needs and avoiding duplication.

Main figures and indicators	ASSISTANCE	Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	516,733	22%	49%
	<i>of whom IDPs</i>	Beneficiaries		
Essential household items	Beneficiaries	25,092	26%	44%
	<i>of whom IDPs</i>	Beneficiaries		
Productive inputs	Beneficiaries	708,209	26%	48%
	<i>of whom IDPs</i>	Beneficiaries		
Cash	Beneficiaries	271,643	16%	49%
	<i>of whom IDPs</i>	Beneficiaries		
Work, services and training	Beneficiaries	178,220	16%	51%
	<i>of whom IDPs</i>	Beneficiaries		
Water and habitat activities	Beneficiaries	485,842	40%	20%
<b>Health</b>				
Health centres supported	Structures	7		
Average catchment population		141,267		
Consultations	Patients	88,187		
	<i>of which curative</i>	Patients	9,252	40,593
	<i>of which ante/post-natal</i>	Patients	13,216	
Immunizations	Doses	150,834		
	<i>of which for children aged five or under</i>	Doses	148,346	
Referrals to a second level of care	Patients	330		
Health education	Sessions	205		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	9		
	<i>of which provided data</i>	Structures	6	
Patients whose hospital treatment has been paid for by the ICRC	Patients	30		
Admissions	Patients	14,991	5,317	6,138
	<i>of whom weapon-wounded</i>	Patients	445	21
	<i>(including by mines or explosive remnants of war)</i>	Patients	13	
	<i>of whom other surgical cases</i>	Patients	2,664	
	<i>of whom medical cases</i>	Patients	9,146	
	<i>of whom gynaecological/obstetric cases</i>	Patients	2,736	
Operations performed		2,162		
Outpatient consultations	Patients	32,869		
	<i>of which surgical</i>	Patients	4,015	
	<i>of which medical</i>	Patients	27,314	
	<i>of which gynaecological/obstetric</i>	Patients	1,540	
<b>First aid</b>				
First-aid posts supported	Structures	1		
	<i>of which provided data</i>	Structures	1	
Wounded patients treated	Patients	7		
<b>Physical rehabilitation</b>				
Centres supported	Structures	9		
Patients receiving services	Patients	4,207	966	905
New patients fitted with prostheses	Patients	541	132	26
Prostheses delivered	Units	1,390	345	72
	<i>of which for victims of mines or explosive remnants of war</i>	Units	22	
New patients fitted with orthoses	Patients	682	92	485
Orthoses delivered	Units	1,315	233	836
Number of patients receiving physiotherapy	Patients	1,951	548	243
Crutches delivered	Units	1,495		
Wheelchairs delivered	Units	14		

## CIVILIANS

### Civilians have their welfare promoted and family links restored

Security and access constraints in conflict-affected areas of Sudan, including Darfur, continued to limit the ICRC's first-hand monitoring of the situation of civilians. Nevertheless, wherever possible and on the basis of documented allegations, ICRC delegates engaged in dialogue with the relevant authorities and armed groups with a view to enhancing the protection of the civilian population and preventing abuses. Meanwhile, assistance activities were designed to help communities strengthen their existing self-protection mechanisms; for example, the provision of donkey carts enabled families to transport crops to markets or people to clinics more efficiently, reducing violence-related risks while travelling.

Specific representations were backed up by general briefings, during which the authorities, community leaders and weapon bearers were reminded of their responsibilities under IHL to protect civilians and to allow humanitarian workers safe and unimpeded access to people in need. During a round-table organized by the National Society, for example, Sudanese officials from different ministries and Movement representatives discussed ways to safeguard the provision of health care. The government was also reminded of its obligation to allow South Sudanese citizens in Sudan to return to their country if they so wished and to protect any nationals who chose to remain in Sudan.

Families dispersed by conflict restored/maintained contact through the tracing and RCM services of the National Society/ICRC.

Refugees in Sudan contacted their relatives back home, while Sudanese nationals kept in touch with theirs abroad (in Ethiopia and South Sudan, for example). Nine unaccompanied minors reunited with their families, eight of them in Chad and South Sudan. Through video calls, families exchanged news with relatives held in the Guantanamo Bay internment facility and Parwan detention facility.

In the aftermath of confrontations between South Sudanese and Sudanese forces, National Society emergency teams, equipped with body bags, protective material and technical advice from the ICRC, managed the remains of the dead. The teams also received psychological support.

With ICRC input, the National Society completed a review of its family-links services for IDPs, residents, returnees, refugees, migrants and asylum seekers. Using its findings, it worked with the ICRC to enhance, for instance, its follow-up of tracing cases with the authorities concerned and the promotion of measures to prevent disappearances.

### **Rural communities benefit from emergency and livelihood support**

Adapting its approach to the constraints on its operations (see *ICRC action and results*), the ICRC worked with the National Society and local authorities to help communities, mainly in Darfur, recover from the effects of conflict through a combination of emergency relief and livelihood assistance. As the ICRC's main operational partner, the National Society enhanced its capacities in emergency response, first aid and other areas with ICRC financial, material and technical support.

Following clashes, some 169,000 returnees, IDPs and residents, including some 114,000 people in East Jebel Marra, Darfur, met their immediate needs with food rations to last for up to one month. Some 25,000 people, including flood victims in South Kordofan and some 6,000 people who had fled fighting in Blue Nile, improved their living conditions following the receipt of tarpaulins, blankets and other supplies.

Returnees and residents whose livelihoods had been disrupted by conflict resumed or continued farming with ICRC support. Over 93,000 households (560,000 people) planted vegetable and groundnut seed. Some 58,000 of these households (348,000 people) received food supplies to prevent the consumption of the seeds before planting. Some 2,000 of these households irrigated their lands with newly installed pumps (see below), while some 6,000 households (36,000 people) cultivated up to 100% more land with new ploughs. To raise their income by up to 20%, some families engaged in community-based livelihood initiatives, such as cereal milling and groundnut oil production, with ICRC-supplied tools. In addition, agricultural research centres in Al-Fashir and Nyala increased the availability of locally adapted seed with structural support and irrigation equipment.

During face-to-face/phone interviews conducted by National Society/ICRC teams with community representatives, most farmers gave positive feedback on the agricultural inputs they received. In south and east Darfur, for example, while crop disease and pest attacks adversely affected crops, farmers produced enough seed to sustain their families and save some for the next planting cycle. In some areas such as East Jebel Marra, however, insecurity limited farmers' access to land and caused crop damage, resulting in low yields.

In Darfur, 21,700 pastoralist households (130,200 people) had their herds (over 1 million heads) protected against disease through vaccination campaigns implemented by the Ministry of Animal Resources and Fisheries with ICRC support. Some 178 community animal health workers, 20 animal health auxiliaries and 20 National Society personnel who attended refresher/basic training courses served some 29,700 pastoralist households (178,000 people) in remote areas. The rehabilitation of animal health clinics (one completed, three ongoing) improved the accessibility and quality of services.

### **Families access clean water and health care**

Vulnerable communities comprising some 486,000 people and their livestock, mostly in Darfur but also in Blue Nile and western South Kordofan, accessed safe water and reduced health risks through the ICRC's rehabilitation of water facilities in close cooperation with the local authorities and communities. After undergoing training, some 250 community workers repaired and maintained these water points.

Seven primary health care centres in Darfur provided preventive and curative care to a catchment population of 141,000 with financial and material support. Of these, only six centres (catchment: 138,000 people) benefited from monthly supplies, staff training and infrastructural maintenance, as restrictions limited the ICRC's access to one centre in Jebel Marra. Supply rations included drugs, surgical material and post-rape kits.

Over 88,000 consultations, including some 13,000 for pregnant women, were carried out at primary health centres, while patients needing specialized care were transferred to other facilities. Twenty-eight children were referred for surgery to a Khartoum hospital, while 13 women from Gereida, Nyala and Zalingay were referred for vesicovaginal fistula repair to the Al-Fashir Special Women's Hospital. Upon request, their transport and treatment costs were covered by the ICRC. To mitigate disease risks, primary health teams conducted routine childhood immunizations and vaccination campaigns against polio and meningitis, reaching over 150,000 people.

In five localities in North Darfur, the local health authorities and the ICRC worked together to enable over 26,000 children to receive routine vaccinations and over 10,500 women of child-bearing age to be vaccinated against tetanus during a six-month campaign. As a result, the immunization coverage in these areas for children under 5 years of age rose from an estimated 10% to 50.4%. This improvement was more modest than expected, partly because the movements of nomadic communities prevented some children from getting all the required doses. In response to a yellow fever outbreak in Darfur, over 208,000 people in Nertiti and Sharq Al-Jabal were vaccinated against the disease, thus preventing its further spread, during an emergency campaign organized with the Ministry of Health and the WHO. Hospitals were assisted in treating those affected. Over 250 awareness sessions promoted sound health practices among over 10,000 people to prevent sickness.

Contributing to the availability of adequate ante/post-natal care in remote villages, 27 new midwives completed their training in schools in Al-Fashir and Zalingay and facilitated safe home births using ICRC-provided kits. Another 48 women started their training in these midwifery schools, which benefited from better facilities and teaching materials.

As insecurity affected medical services in Blue Nile, four health centres and a Sudanese Red Crescent mobile health unit also received ad hoc supplies enabling them to cope with growing numbers of patients following displacements. Ministry of Health staff also conducted monitoring visits to remote health centres with ICRC support.

### PEOPLE DEPRIVED OF THEIR FREEDOM

For the first time in many years, the Sudanese authorities gave the ICRC permission to visit detained persons. The ICRC visited 24 recently captured South Sudanese POWs according to its standard procedures in two places of internment, in Kadugli and Nyala, to check on their treatment and living conditions. Following the visits, the ICRC reported its findings confidentially to the Sudanese authorities on the basis of the Third Geneva Convention.

With the ICRC acting as a neutral intermediary, 19 South Sudanese POWs were repatriated from Sudan, and 13 Sudanese POWs were repatriated from South Sudan. The ICRC also facilitated the safe transfer of 68 SAF soldiers released by armed groups in Darfur to the authorities concerned, and of 29 Chinese civilians released by an armed group in South Kordofan (see *Nairobi*) and 5 Turkish civilians released by an armed group in Darfur to their respective embassies.

The ICRC continued to seek permission from the relevant authorities to visit all people detained in relation to the conflicts. It also pursued efforts to visit people held by armed groups.

With some 140 people informing the ICRC of the alleged arrest/capture of a family member, the alleged detaining authorities received requests to provide, if possible, information on the whereabouts of these people to enable them to restore family links. Sudanese detainees/internees held in the Guantanamo Bay internment facility and Parwan detention facility were able to exchange news with relatives through video calls.

People of Sudanese origin who had returned to Sudan following their release from the Guantanamo Bay internment facility participated in individual, group and family therapy sessions to deal with the psychological effects of their incarceration.

### WOUNDED AND SICK

People wounded in fighting increased their chances of surviving their injuries as the National Society's 23 emergency action teams (460 volunteers) administered first aid and, when necessary, evacuated patients to medical facilities. National Society personnel, as well as some 135 weapon bearers, sharpened their first-aid skills at National Society/ICRC courses.

Nine hospitals in conflict areas (six in Darfur, two in South Kordofan and one in Blue Nile) coped with influxes of casualties with the help of drugs and material provided by the ICRC. Over 400 weapon-wounded received care, and some 2,600 surgeries were performed at six of these hospitals.

Over 4,000 people with conflict-related disabilities underwent physical rehabilitation at seven centres in Khartoum and Nyala. These centres, managed by the National Authority for Prosthetics and Orthotics (NAPO), received support in the form of components, equipment and technical expertise. Some 116 patients had their transport, food and other costs covered during their treatment. People also accessed rehabilitative care at a NAPO-run

mobile clinic and five satellite centres. Moreover, ICRC-funded renovations progressed at the Damazine and Kadugli centres. In addition, Cheshire Home, a children's hospital, received materials enabling it to manufacture orthopaedic devices for disabled children.

To boost national technical capacity, Sudanese prosthetic/orthotic technicians and physiotherapists participated in a course on treating patients with clubfoot. NAPO staff members were sponsored to attend training courses conducted abroad by other organizations, such as Mobility India and the Tanzania Training Centre for Orthopaedic Technologists.

### AUTHORITIES

In view of the ongoing armed conflicts, the authorities were reminded through dialogue of their responsibilities under IHL to protect people not or no longer taking part in the fighting and to allow humanitarian aid, including health care, to reach those in need. Decision-makers in Khartoum and in the field received monthly reports on ICRC activities, while members of the State parliament and senior national security and military intelligence officers deepened their understanding of IHL and the Movement's work through briefings.

Drawing on the ICRC's expertise and published materials, the national IHL committee continued to raise awareness of IHL and its implementation among government officials. In support of the Health Care in Danger project, the committee also contributed to promoting unimpeded access to health care for the wounded and sick.

### ARMED FORCES AND OTHER BEARERS OF WEAPONS

The SAF integrated IHL into its doctrine, training and rules of engagement. With ICRC support, it drafted a plan to ensure the systematic teaching of IHL at all levels. It continued to offer basic IHL courses using ICRC-published materials.

Over 100 senior SAF officers and 40 legal advisers were briefed on the ICRC's mandate to boost support for the organization's humanitarian activities, including for detainees. The SAF-affiliated Central Reserve Police increased its pool of IHL instructors after 30 officers completed their training, enabling them to teach humanitarian norms to police troops. To strengthen their capacities to teach IHL, 30 SAF officers attended instructor courses, and two SAF and two police officers attended an IHL course abroad with ICRC sponsorship.

Some 600 government security personnel received briefings on IHL norms. Such briefings could not take place for armed groups. To help facilitate safe humanitarian access, predeployment briefings were given to UNAMID troops, and contacts were maintained with UNISFA officers.

### CIVIL SOCIETY

Communication efforts sought to enhance cooperation between communities and the ICRC on assistance projects and to foster support for humanitarian aims among the general public, including weapon bearers. Community leaders, journalists and academics learnt more about the ICRC's mandate and work.

Media produced reports based on ICRC press releases and briefings, heightening public awareness of humanitarian issues, including those encompassed by the Health Care in Danger project.

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To increase the quantity and accuracy of their reporting, journalists enhanced their understanding of the Movement's neutral, impartial and independent humanitarian action during National Society/ICRC-run workshops in Darfur.

Law students became better acquainted with the ICRC's work through seminars, while three educators updated themselves on IHL-related developments by attending courses abroad. They also received reference materials to assist them in their teaching. During a workshop, 12 academics from three peace and development centres in Darfur developed a model IHL curriculum.

National Society staff enhanced their promotion of IHL and production of communication materials. An external evaluation of a Swedish Red Cross/ICRC-led project aimed at building the IHL dissemination capacities of the National Society confirmed the progress made in this respect.

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

The National Society remained the ICRC's main operational partner in Sudan in the areas of emergency assistance, livelihood support, family links, health care, first aid, and the promotion of IHL and the Fundamental Principles (see *Civilians, Wounded and sick* and *Civil society*). To boost its capacities in these areas, the National Society drew on ICRC technical, material, training and financial support.

With ICRC guidance, the National Society facilitated a Health Care in Danger round-table with representatives of the military medical corps and the Ministry of Health to raise awareness of the global need to safeguard health care during situations of armed conflict and other emergencies. It also engaged in contingency planning for potential unrest, trained volunteers in the Safer Access approach, and sought to optimize its financial management.

The Sudanese Red Crescent coordinated activities with Movement partners through meetings and workshops. The signing of a new partnership framework agreement between the National Society and the ICRC and of a Movement coordination agreement between the National Society, the International Federation and the ICRC aimed at strengthening cooperation over the next three years.