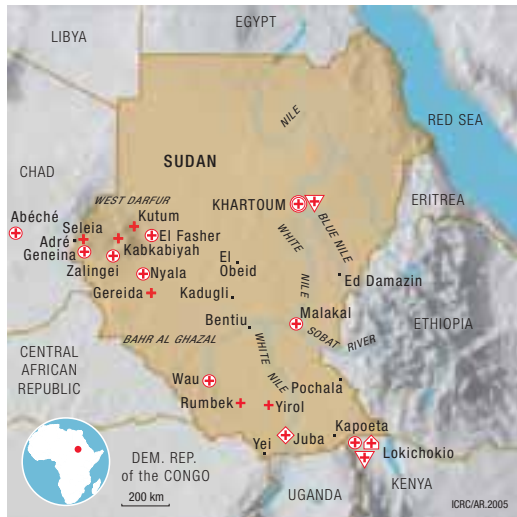


sudan



+ ICRC delegation + ICRC sub-delegation + ICRC mission + ICRC office
+ ICRC hospital + ICRC-supported prosthetic/orthotic centre

In Sudan, the ICRC's priority is to ensure that people directly affected by armed conflict are protected in accordance with IHL, receive emergency aid, medical care and basic assistance to preserve their livelihoods, and can re-establish family links. It supports the Sudanese Red Crescent Society and provides leadership for other Movement partners working in Sudan. The ICRC opened an office in Khartoum in 1978. In 1984, it initiated operations in the context of the conflict between government forces and the Sudan People's Liberation Movement/Army and is now adapting its programmes to the transition to peace. Since late 2003, it has been responding to needs arising from the hostilities in Darfur.

EXPENDITURE (IN CHF ,000)

Protection	12,090
Assistance	108,517
Prevention	5,741
Cooperation with National Societies	3,395
General	38

▶ 129,781

of which: Overheads 7,619

IMPLEMENTATION RATE

Expenditure/yearly budget	99.6%
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PERSONNEL

190 expatriates
1,940 national staff (daily workers not included)

KEY POINTS

In 2005, the ICRC:

- ▶ in Darfur: delivered food aid to an average of 150,000 people per month; distributed relief goods to some 360,000 people; improved access to clean water for some 1.5 million people by rehabilitating rural water points and repairing and maintaining water-distribution networks in towns and IDP camps; provided 332,000 residents with seeds and tools; and vaccinated 500,000 livestock against disease;
- ▶ set up a mobile surgical field team that operated on some 360 war-wounded in Darfur, and supported 4 hospitals that admitted over 24,000 patients and 8 limb-fitting facilities that treated some 1,800 patients across Sudan;
- ▶ documented allegations of IHL violations in Darfur, appealed to the authorities and armed groups to protect civilians and halt IHL abuses, and stepped up the promotion of IHL at grassroots level, reaching some 10,700 weapon bearers, local authorities and community leaders;
- ▶ facilitated the release of nearly 500 detainees held by the SPLM/A or parties to the Darfur conflict, and delivered over 31,000 RCMs sent between family members separated by conflict;
- ▶ restructured its operation in southern Sudan to adapt to the transition period;
- ▶ developed its partnership with and support for the Sudanese Red Crescent and 13 partner National Societies working in Sudan.

CONTEXT

On 9 January 2005, the Sudanese government and the Sudan People's Liberation Movement/Army (SPLM/A) signed a comprehensive peace agreement, ending 21 years of internal armed conflict. In line with the accord, Sudan adopted a new interim constitution, formed a national unity government and set up a separate SPLM/A administration in the south. Donors pledged some 4.5 billion US dollars for reconstruction, while the UN deployed around 4,000 peacekeepers in southern Sudan. The region was generally calm during 2005, but remained prone to tribal clashes. Equatoria was destabilized by the presence of the Lord's Resistance Army, a Ugandan opposition group, and tensions persisted in the transitional border areas (Abyei, Blue Nile and Nuba mountain regions), where armed groups had vied for control for years.

After two decades of conflict, poverty was widespread in southern Sudan and there was little infrastructure. Only a fraction of the estimated 4.5 million people displaced by the conflict returned home in 2005.

In Sudan's western state of Darfur, the security situation deteriorated, despite the deployment of more than 6,000 African Union peace-keepers in the region and ongoing international pressure and mediation to resolve the three-year-old conflict. Clashes pitting government troops and allied militias against the opposition Sudan Liberation Movement/Army (SLM/A) and the Justice and Equality Movement (JEM) were sporadic and of a lower intensity than in 2004. However, the conflict fuelled

age-old ethnic tensions. Splinter groups and numerous small but well-armed local militias sprung up. Lawlessness was widespread. Violations of IHL affected the whole population. Villagers were afraid to venture out to tend their fields, fetch water, go to market or seek medical care. Nomads' traditional migration routes were blocked and rustlers stole their livestock. The economy was stifled. Food was in short supply. Close to 2 million displaced people were living in urban areas, mainly in crowded camps, or as refugees in eastern Chad, dependent on aid. As conditions worsened, rivalries intensified. After a series of security incidents, many aid agencies had to decrease or abandon their activities.

In eastern Sudan, there were sporadic clashes between government forces and the opposition Eastern Front.

MAIN FIGURES AND INDICATORS

PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)		CIVILIANS		
Detainees visited	269	<i>Economic security, water and habitat</i>		
Detainees visited and monitored individually	269	Food	Beneficiaries	346,410
Number of visits carried out	17	Essential household items	Beneficiaries	410,013
Number of places of detention visited	9	Agricultural inputs and micro-economic initiatives	Beneficiaries	536,265
RESTORING FAMILY LINKS		Water-supply schemes and sanitation systems (completed projects)	Beneficiaries	667,000
<i>Red Cross messages (RCMs) and reunifications</i>		<i>Health</i>		
RCMs collected	30,134	Health centres supported	Structures	13
RCMs distributed	31,254	Consultations	Patients	161,709
People reunited with their families	6	Immunizations	Activities	247,101
<i>Tracing requests, including cases of missing persons</i>		WOUNDED AND SICK		
People for whom a tracing request was newly registered	559	Hospitals supported	Structures	4
Tracing requests closed positively (persons located)	425	Admissions	Patients	24,026
Tracing requests still being handled at 31 December 2005	1,805	Operations	Operations performed	8,619
<i>Unaccompanied minors (UAMs) and separated children (SCs), including unaccompanied demobilized child soldiers</i>		<i>Physical rehabilitation</i>		
UAMs/SCs newly registered by the ICRC	146	Patients receiving services	Patients	1,810
UAMs/SCs reunited with their families by the ICRC	5	Prostheses delivered	Pieces	1,197
UAMs/SCs cases still being handled at 31 December 2005	338	Orthoses delivered	Pieces	1,207
DOCUMENTS ISSUED				
People to whom a detention attestation was issued	635			

ICRC ACTION

In 2005, Sudan was the ICRC's largest operation for the second consecutive year.

In Darfur, the delegation adapted its activities to the urgency and scale of needs, constantly monitoring the situation from its base of four sub-delegations and four offices. It was able to work throughout the volatile region during most of the year. From November, after a series of security incidents involving ICRC, Red Cross and Red Crescent personnel, the ICRC restricted its movements in West Darfur.

As in 2004, the ICRC focused in Darfur on assisting residents in rural and remote areas as a complement to the large international aid effort in urban IDP camps. The aim was to help residents be self-sufficient, so that they would not be forced to move to urban centres for aid. A survey conducted in mid-October showed that, in all three Darfur regions, the majority of ICRC beneficiaries remained in their villages and were able to sustain their livelihoods. The delegation also provided assistance in IDP camps when needs could not be covered by other agencies.

To treat the war-wounded in Darfur, the ICRC set up a highly successful mobile surgical field team that operated on scores of civilians and fighters in remote areas. The delegation continued to support rural health care, as well as services for amputees, but scaled back its assistance to hospitals in Darfur because this sector was covered by other actors.

The ICRC reinforced its efforts to ensure that the rights of civilians in Darfur were respected, in accordance with IHL, and that its own staff continued to have safe access to conflict victims. Alleged violations of IHL were documented and taken up with the parties involved. Delegates also promoted IHL among government forces, other armed groups and local leaders.

At the national level, negotiations were stepped up with the Sudanese government, aimed at obtaining authorization to visit all detainees in the country.

Tracing and RCM services were expanded in Darfur and evaluated countrywide to better meet the needs of families uprooted by conflict.

In southern Sudan, the ICRC was adapting its operation to the transition period. Juba became the hub of the ICRC's set-up and integrated activities previously overseen by the Lokichokio sub-delegation across the border in Kenya. It was agreed that in June 2006 the ICRC would pull out of its hospital and physical rehabilitation centre in Lokichokio, which treated patients evacuated from southern Sudan. At the same time, the delegation took steps to ensure that the same treatment would be available in the south.

The ICRC continued to provide the Sudanese Red Crescent, its partner in the field, with substantial support to help vulnerable populations in conflict-affected

regions. To maximize the impact of aid, the ICRC also facilitated coordination within the Movement and coordinated its activities with those of the UN and other agencies working in the field.

CIVILIANS

Protecting civilians in Darfur

The ICRC remained deeply concerned about the lack of respect for IHL shown by all parties to the conflict in Darfur. It made frequent appeals to all sides to assume their responsibilities to protect civilians, their property and public infrastructure from attack and to ensure that people could move freely. ICRC delegates documented alleged violations of IHL, made confidential oral and written representations to the relevant parties and monitored their response.

Delivering food and relief goods

By the end of 2005, some 2 million people were receiving international food aid in Darfur.

In coordination with WFP, the ICRC delivered food rations (a total of 33,000 tonnes in 2005) in rural Darfur to an average of 150,000 people per month. Food distributions to residents started in April and finished in November, while IDP beneficiaries received rations throughout the year. Many of the resident communities receiving food aid were up to a six-hour drive from the nearest town. Most of the IDP beneficiaries lived in the towns of Gereida (South

Darfur) and Seleia (West Darfur) or in camps nearby. Because of the poor harvest in 2004, the ICRC decided in March to distribute 25% more food than planned during the remainder of 2005. Delegates regularly monitored economic security in 18 key locations in Darfur and adapted distributions accordingly. For example, therapeutic and supplementary feeding centres were set up for around 1,400 malnourished children in Gereida IDP camp. Between June and mid-July, the ICRC airlifted, rather than trucked, food aid into Darfur from Khartoum because some main roads had become dangerous or would be impassable during the rainy season.

As budgeted, some 360,000 people (60,000 households) affected by conflict in Darfur received essential household supplies, from tarpaulins, clothing and shoes to kitchenware, water containers and soap.

Together with the Sudanese Red Crescent, the ICRC also delivered household supplies to some 50,000 people in southern and eastern Sudan affected by clashes, long-term instability or natural disasters.

- ▶ in Darfur, 346,410 people (286,410 residents and 60,000 IDPs) provided with food
- ▶ overall 410,013 people (211,413 residents and 198,600 IDPs) provided with essential household items

Preserving livelihoods

To complement food aid in Darfur, the ICRC delivered around 305,000 tonnes of staple- and cash-crop seeds and 92,700 farm tools to some 66,250 families (332,450 people) who had relatively secure access to farmland. A survey in October showed that the amount of land under cultivation in ICRC-assisted areas had increased by 60 to 90% compared with 2004. However, the 2005 harvest would still not match pre-conflict levels, mainly because of the deterioration in the security situation, which prevented people from harvesting their crops.

Planned projects to boost livestock production were adapted to meet the most urgent needs. The ICRC vaccinated 500,000 cattle, goats and camels in rural North Darfur, using government-provided vaccines. The animals had not been inoculated for three years. Around 50,000 of the cattle treated belonged to women who were struggling alone to support their families. In response to local demand, the ICRC and the authorities also organized basic veterinary training for 140 community animal-health workers in all three Darfur regions.

In southern Sudan, some 5,000 conflict-affected families (around 30,000 people) living south of Malakal near the Sobat river received fishing gear to improve their diet and boost income.

- ▶ 536,265 people, over 500,000 of them in Darfur, benefited from agriculture assistance and micro-economic projects

Providing clean water

In Darfur, the ICRC ensured a supply of clean water in nine IDP camps (240,000 people); during 2005 work in five of the camps was handed over to NGOs.

At the same time, ICRC engineers worked together with the water authorities throughout Darfur to build or repair and maintain rural water points and urban networks serving some 1.3 million residents in government- and opposition-held regions. Improving access to clean water meant that communities faced significantly fewer health risks and women could fetch water closer to home, thus limiting the risk of being attacked or harassed.

- ▶ in Darfur, 7 town water networks renovated/repared, 459 hand pumps, 67 wells and 53 water yards (water-selling points with mechanical pumps) built/repared in rural areas and water systems maintained in 9 IDP camps
- ▶ 1.3 million residents in Darfur (825,000 in rural areas and 480,000 in urban areas) benefited from completed (500,000 beneficiaries) or ongoing (805,000 beneficiaries) water projects
- ▶ 244,000 IDPs in camps in Darfur benefited from completed (167,000 beneficiaries) or ongoing (77,000 beneficiaries) water/sanitation projects

In southern Sudan, the ICRC maintained an emergency stock of supplies to restore access to water for up to 15,000 people. In early 2005, the delegation completed the construction of a water-treatment and -distribution system for the teaching hospital (440 beds) in Malakal, where IDPs had fled to during fighting in 2004.

Ensuring primary health care

In Darfur, the ICRC rehabilitated and provided staff and medical supplies to eight primary-health-care facilities (a catchment population of 120,000). Three of the clinics were handed over to NGOs or the Health Ministry during 2005. The clinic in Gereida was run in partnership with the British and Australian Red Cross Societies and the one in Seleia with the Canadian Red Cross Society.

The ICRC also took over routine immunization programmes in Darfur in no-go areas for the Health Ministry. For example, ICRC teams vaccinated some 49,000 children against measles in the opposition-held region of Jebel Marra in West Darfur.

In southern Sudan, the organization completed the handover of its primary-health-care programme, initiated in 1998. The Norwegian, Swedish and Swiss Red Cross Societies took over the project in Yirol (four facilities), while the community assumed responsibility for the clinic in Chelkou.

- ▶ 13 health-care facilities supported (catchment population: 320,000)
- ▶ 247,101 vaccinations, 150,245 curative consultations and 11,464 ante and post-natal consultations carried out by ICRC-supported health-care facilities

Restoring family links

The ICRC, together with the Sudanese Red Crescent, continued to deliver and collect RCMs sent between Sudanese family members separated by conflict. The tracing and RCM network was expanded in Darfur to 19 tracing posts. A priority was to put children and parents back in contact through RCMs and, if possible, reunite the families. In a new initiative, the ICRC ran a three-month poster campaign in Darfur, Khartoum and Sudanese refugee camps in Chad and Kenya, displaying photos of 220 child refugees who were separated from their parents. The campaign boosted awareness of the network and brought in some information about parents sought, as well as new tracing enquiries.

- ▶ 30,473 RCMs delivered and 29,475 RCMs collected
- ▶ 425 people located at their families' request
- ▶ 6 people, including 5 children, reunited with their families
- ▶ 1,805 requests to trace relatives, including 959 children and 557 women, pending
- ▶ at 31 December 2005, 338 cases of children separated from their parents being handled

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC stepped up negotiations with the Sudanese authorities, renewing its request for official authorization to visit all detainees according to standard ICRC procedures. The government indicated that it would, in principle, be willing to sign such an agreement, which the ICRC then drew up and submitted to the authorities.

In line with the comprehensive peace agreement, the ICRC played a neutral role in facilitating the release and transfer to government authorities of detainees held by the SPLM/A in southern and eastern Sudan. In addition, the majority of the detainees, as well as some released by the SPLM/A without ICRC involvement, received ICRC financial aid to return home. The organization continued to follow up any remaining cases of SPLM/A-held detainees that it had registered during the 21-year conflict.

The ICRC also facilitated the release and transfer home from Eritrea to eastern Sudan of three members of Sudan's Red Sea state parliament abducted by the opposition Eastern Front on 24 May. The Eastern Front also signed a memorandum of understanding authorizing ICRC detention visits.

In Darfur, the ICRC and the SLM/A signed an agreement in September authorizing ICRC detention visits. An agreement had already been signed in December 2004 with the SLM/A and JEM that defined each party's role and responsibilities in the release and transfer of detainees.

- release and transfer of 468 SPLM/A-held detainees, 21 SLM/A-held detainees and 4 detainees held by Darfur militias facilitated
- 629 former SPLM/A detainees provided with financial assistance to return home
- 138 SPLM/A-held detainees visited and monitored individually in 4 places of detention during 4 visits
- in Darfur, 131 SLM/A-held detainees (119 newly registered) visited and monitored individually in 5 places of detention during 13 visits
- 140 allegations of arrest related to the Darfur conflict registered and followed up
- 781 RCMs delivered to detainees and 659 RCMs collected

WOUNDED AND SICK

Southern Sudan

The ICRC still ran its Kenya-based hospital (500 beds) in Lokichokio, set up in 1986 primarily to treat the war-wounded evacuated from southern Sudan. For the third year, the hospital offered a programme to treat vesico-vaginal fistula, operating on 37 Sudanese women. It was agreed that the ICRC would pull out of the hospital in June 2006, while ensuring that equivalent services were available in southern Sudan. Meetings were held with Kenya's Health Ministry and the African Medical and Research Foundation to determine their

interest in taking over the hospital. The hospital's last training programme for Sudanese students started in June, with 24 participants. Since the programme's launch in 1989, 360 Sudanese had graduated and returned to work in Sudan as prosthetic-orthotic technicians or assistants to physiotherapists, nurses, anaesthetists and laboratory technicians.

In southern Sudan, the ICRC continued to provide the government-run Juba Teaching Hospital (500 beds) with ICRC surgeons and medical staff, as well as medicines, training and salaries or incentives for local staff, meals for patients and help with building maintenance. The ICRC's planned refurbishment of Yirol hospital was cancelled, as the county was to receive international donor aid.

- at the ICRC's Lokichokio Hospital, 4,203 patients admitted (526 war-wounded, 1,390 surgical cases, 1,038 medical patients, 276 obstetric/gynaecological cases and 973 paediatric patients), 3,270 operations performed and 1,332 outpatient consultations given
- at the ICRC-supported Juba Teaching Hospital, 15,854 patients admitted (90 war-wounded, 2,527 surgical cases, 3,189 medical patients, 2,921 obstetric/gynaecological cases and 7,127 paediatric patients), 4,553 operations performed and 18,490 outpatient consultations given

Darfur

The ICRC began 2005 with surgical teams working in Kutum and Zalingei district hospitals, two of five hospitals in Darfur upgraded by the ICRC since 2004. However, a low number of surgical admissions in rural Kutum and the assignment of Health Ministry staff in Zalingei led to the ICRC's withdrawal from Kutum hospital in March and Zalingei in May. Both hospitals received a three-month stock of medical supplies.

While hospitals in Darfur received substantial international support, access to medical care was still a problem in rural and opposition-controlled areas. In April, the ICRC established a mobile surgical field team (a surgeon, anaesthetist and two nurses) that could respond within hours to emergencies across Darfur. The team was based in Nyala (South Darfur) and treated civilians and combatants alike.

- 575 patients treated, including 360 war-wounded operated on, some more than once, by the field surgical team during 30 deployments

- 3,969 patients admitted, including 47 war-wounded, 796 operations performed and 5,030 outpatient consultations given at Kutum and Zalingei hospitals while supported by the ICRC

In November, the ICRC held a two-day seminar on war surgery in Khartoum for some 200 Sudanese surgeons and doctors. The training was organized together with the Sudanese Health Ministry, Medical Association and Association of Orthopaedic Surgeons. The ICRC also gave first-aid courses in the field in Darfur to 460 civilians and combatants.

Treating disabled people

The ICRC continued to provide Sudan's National Authority for Prosthetics and Orthotics (NAPO) with staff, funds, materials, training and supervision for its Khartoum physical rehabilitation centre and five satellite workshops in Damazin, Dongola, Kadugli, Kassala and Nyala. NAPO became increasingly self-sufficient and was in a position to pay for staff salaries and materials in some workshops in 2006.

To reinforce the Nyala workshop in Darfur, the ICRC, with German Red Cross funding, built a 12-bed dormitory for patients, ensured transport, accommodation and fitting for 170 patients and oversaw staff training and the production of mobility devices.

The ICRC's physical rehabilitation centre in Lokichokio, Kenya, continued to evacuate and treat some 90% of prosthetic/orthotic patients from southern Sudan. It was agreed that the ICRC would pull out of the centre in June 2006. To boost physical rehabilitation services within southern Sudan, the ICRC provided funds and technical supervision to Juba workshop, run by the NGO, Nile Assistance for the Disabled. It also flew a dozen patients from Wau and Malakal to NAPO's Khartoum centre.

Training was key to the expansion of prosthetic/orthotic services in Sudan. With the ICRC providing either funds or teachers, 12 Sudanese students started a three-year, on-the-job prosthetic/orthotic diploma course in Khartoum, three were enrolled at the Tanzania Training Centre for Orthopaedic Technologists and 19 NAPO staff were upgrading their skills.

- 8 ICRC-supported physical rehabilitation centres or workshops treated 1,810 patients, including 1,030 amputees, and produced 1,197 prostheses (130 for mine victims), 1,207 orthoses, 2,934 crutches and 17 wheelchairs

AUTHORITIES

The ICRC welcomed the government of Sudan's announcement in 2005 that it intended to ratify the 1977 Additional Protocols. The organization worked closely with Sudan's inter-ministerial IHL committee, providing technical and legal advice on the integration of IHL into national legislation. It also sponsored committee members and relevant government officials to take part in IHL courses abroad.

In the field, ICRC delegates held presentations and workshops on IHL for members of state and local governments countrywide.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

The ICRC stepped up IHL training for all armed groups in Darfur and had frequent contact with both the African Union Mission in Sudan (AMIS) and the UN Mission in Sudan. The organization also initiated IHL training for the Joint Integrated Units. As defined in the comprehensive peace agreement, the units made up a unified force of around 40,000 Sudanese army and SPLM/A troops. Another encouraging development was the signing in March of an agreement with the Sudanese police and national security forces on the integration of IHL and human rights standards into their training programmes.

The ICRC:

- ▶ held 7 IHL seminars for some 200 SLA and JEM commanders and gave introductory talks in the field to armed groups in Darfur;
- ▶ organized 6 IHL programmes for Sudanese armed forces instructors and legal advisers and sponsored the deputy chief of staff to take part in an IHL seminar abroad;
- ▶ conducted a one-day IHL training session for 34 commanders of the Khartoum brigade of the Joint Integrated Units;
- ▶ trained AMIS personnel as IHL instructors and gave presentations to peace-keepers;
- ▶ gave IHL talks during induction courses for UN military observers;
- ▶ conducted an IHL seminar for Eastern Front members;
- ▶ held 7 seminars on IHL and human rights standards for 150 senior police and national security officers and gave introductory talks to local police countrywide.

CIVIL SOCIETY

The ICRC significantly increased its grassroots dissemination of IHL, giving over 60 seminars, workshops and introductory presentations to local community leaders, journalists and other influential civil society groups in Darfur and the rest of Sudan. It also sponsored two high-profile Sudanese journalists to attend an ICRC seminar in Dubai on IHL and the media.

Through the Sudanese and international media, the ICRC consistently advocated that parties to the conflict in Darfur assume their responsibilities in preventing violations of IHL and providing a secure environment for civilians. It stressed that the climate of insecurity severely restricted the movement of civilians, which in turn stifled the economy, creating food shortages and a growing dependency on aid.

The ICRC continued to help Sudanese universities adapt their curricula to incorporate IHL. It supplied teaching materials and publications and gave 15 lectures on IHL to university law students.

RED CROSS AND RED CRESCENT MOVEMENT

The Sudanese Red Crescent Society, with its 21 branches, worked with the ICRC, partner National Societies and UN agencies and NGOs to meet the needs of vulnerable populations, especially in Darfur. The ICRC continued to provide a variety of support to help the National Society build up its skills and activities, focusing on branches in volatile regions.

Restoring family links

The ICRC supported the National Society in establishing a countrywide tracing and RCM network, focusing on locating children separated from their parents during conflict and putting the families back in touch through RCMs. The ICRC:

- ▶ contributed financially to cover the salaries of 25 National Society tracing personnel and incentives for some 100 volunteers;
- ▶ helped organize 9 tracing workshops for more than 180 volunteers;
- ▶ donated 4 motorcycles to Darfur branches.

Reinforcing emergency response

The ICRC funded the running costs of 10 key Sudanese Red Crescent branches and nine units that provided emergency aid and assistance to conflict victims. It also

donated four vehicles and relief items to key branches, as well as transport, fuel, drivers and first-aid materials to maintain 24-hour services during demonstrations following the death of SPLM/A leader John Garang. To boost skills, the ICRC and National Society worked together to train 240 National Society first-aid instructors, introduce the "Safer Access" approach to 200 staff and volunteers and hold workshops for 80 personnel on the evaluation of economic security and project implementation.

Promoting IHL and the Fundamental Principles

The Sudanese Red Crescent held sessions to raise awareness of IHL and the Fundamental Principles among its own personnel and the general public, targeting secondary-school students. To support this programme, the ICRC contributed funds to cover the salaries of 12 Sudanese Red Crescent dissemination staff and to produce promotional materials, and helped stage events to mark World Red Cross and Red Crescent Day.

Movement coordination

The ICRC met regularly with the International Federation and Sudanese Red Crescent to discuss the development of the National Society. The ICRC highlighted the need for the National Society to obtain an agreement with the Sudanese government to work in all areas of southern Sudan.

The ICRC continued to support partner National Societies working in Sudan. Movement partners active in Darfur met weekly to share information and coordinate their activities, and the ICRC assisted them, as needed, with logistics, security management and communication.