

sudan



The ICRC opened an office in Khartoum in 1978 in response to the Ethiopian conflict. In 1984 it initiated operations in connection with the conflict between government forces and the Sudan People's Liberation Movement/Army in southern Sudan. In 2004 the ICRC substantially reinforced its operations in response to the conflict in the Darfur region. The organization protects and assists people affected by armed conflict. It distributes relief, helps to preserve livelihoods, assists medical and limb-fitting facilities, visits security detainees, restores family links, promotes compliance with IHL and supports the development of the Sudanese Red Crescent.

EXPENDITURE IN CHF

Protection
10,705,771
 Assistance
75,601,265
 Preventive action
3,971,350
 Cooperation with National Societies
2,657,228
 General
61,583 ▶ **92,997,196**
 of which: Overheads **5,411,662**

PERSONNEL

137 expatriates
924 national staff

KEY POINTS IN 2004

- ▶ To respond to the Darfur crisis, the ICRC significantly increased its operations and appealed for an additional CHF 31 million, making Sudan the ICRC's largest operation.
- ▶ In a difficult environment, the ICRC was able to work throughout most of Darfur. With the Sudanese Red Crescent, it delivered food to 400,000 people and relief goods to 525,000, and improved access to water for 480,000.
- ▶ The ICRC president made 2 official visits to Sudan, calling on the authorities and armed groups to protect civilians in Darfur and halt IHL violations.
- ▶ The ICRC supported 7 hospitals and 9 limb-fitting facilities.
- ▶ The ICRC visited people held by the SPLM/A and was officially asked, as a neutral intermediary, to facilitate any release of detainees held in connection with the north-south and Darfur conflicts.
- ▶ To prepare for a transition to peace in the south, the ICRC reinforced its presence there, extended the family-links service and handed over health projects to partner National Societies.
- ▶ The ICRC signed a memorandum of understanding with the International Federation and Sudanese Red Crescent on coordinating and supporting Movement activities.

CONTEXT

On 31 December 2004, following sustained international diplomacy, Sudan's government and the Sudan People's Liberation Movement/Army (SPLM/A) signed a permanent ceasefire agreement and endorsed a detailed plan on sharing power and wealth. This was expected to lead to the signing of a comprehensive peace settlement in early January, ending over two decades of north-south conflict. As the talks progressed, incidents of armed violence decreased in the south. The Upper Nile, however, remained a flashpoint, with civilians coming under attack during renewed fighting between pro-government and opposition forces. Elsewhere, clan rivalries occasionally erupted into violence, and Equatoria remained destabilized by the presence of the Lord's Resistance Army, a Ugandan opposition group. Infrastructure in the south was in ruins and an estimated four million people were still displaced.

In the western Sudanese region of Darfur, increasing international pressure failed to halt the fighting that broke out in early 2003, pitting government forces and allied militia against the Sudan Liberation Movement/Army (SLM/A) and the Justice and Equality Movement (JEM). Access to the region by aid organizations improved following a renewable ceasefire agreement signed on 8 April by the government and both opposition groups, but the ceasefire did not hold. Serious violations of international humanitarian law (IHL) affected the whole population. More than one-and-a-half million people were displaced

and living in crowded camps in Darfur and eastern Chad.

Food shortages loomed in rural areas. Towards the end of the year lawlessness spread as new armed groups formed and ethnic tensions rose. Communities were living in constant fear for their safety. After the death of four of its staff members in two separate incidents – an anti-tank mine explosion and an armed attack – Save the Children UK pulled out of Darfur in December.

ICRC ACTION

The ICRC remained focused on protecting and assisting victims of armed conflict, while preparing for any transition to peace and development in the south.

Darfur

To respond to the crisis in Darfur, the ICRC significantly increased its activities and expanded its set-up, making Sudan its largest operation worldwide. It deployed an additional 100 expatriate and 650 national staff, opened 8 sub-delegations and offices in Darfur, and on 27 May launched an appeal for an additional CHF 31 million to finance its action. The ICRC met most of the objectives set in the appeal, while operating in an environment made difficult by the immense scale of needs combined with the logistics of working in a vast, remote and harsh terrain amid ongoing conflict.

Initially the ICRC provided emergency aid (water, shelter, essential household items and medical care) to internally displaced people (IDPs) in camps around urban centres. From May more organizations arrived in Darfur, most of them working in the camps. Given its strict neutrality and independence and solid contacts established with all parties to the conflict, the ICRC was able to work throughout most of Darfur. It therefore focused increasingly on remote rural areas, assisting resident communities of both African and Arab extraction that had received no aid. Without help, many of the beneficiaries would most likely have been forced to join the crowded camps for IDPs, move in with relatives in towns or cross into Chad to avoid destitution. From late July the ICRC distributed food to the worst-off rural populations, in coordination with the World Food Programme (WFP). When assessments showed that food shortages were worse than expected, it stepped up food aid. To assist in the treatment of the wounded and sick, the ICRC upgraded five hospitals and supported nine health facilities. It also took the lead role in restoring contact between family members separated by the conflict, extending the tracing and Red Cross Messages (RCM) network to Darfur and the Sudanese refugee camps in eastern Chad. The ICRC appealed frequently to the authorities and all armed groups to protect civilians and ensure aid could reach them, in accordance with IHL. During two official visits to Sudan, ICRC President Jakob Kellenberger reinforced this message.

Southern Sudan

As access improved in southern Sudan, the ICRC extended its activities. It provided emergency aid to people directly affected by conflict, reopening an office in Malakal for that purpose, and expanded the tracing and RCM network, stepping up efforts to reunite Sudanese children and their parents. The ICRC was the only organization that regularly visited government soldiers held by the SPLM/A. It supported Juba Teaching Hospital and seven physical rehabilitation centres in government-controlled areas, while the ICRC's own hospital and limb-fitting centre in Lokichokio in neighbouring Kenya continued to treat patients evacuated from southern Sudan. In anticipation of a transition to peace and reconstruction, the ICRC reinforced its presence in Juba and Wau, handed over three health projects to partner National Societies and stepped up its promotion of IHL among regional authorities, armed forces and militia.

The Sudanese Red Crescent, as the ICRC's main partner in the field, received increased support to boost its capacity to help vulnerable populations, particularly in Darfur.

A large number of partner Red Cross and Red Crescent Societies started working in Sudan, most of them in Darfur. The ICRC and Sudanese Red Crescent facilitated coordination within the International Red Cross and Red Crescent Movement to maximize resources and the impact of activities. The ICRC also coordinated closely with UN agencies and the growing number of non-governmental organizations (NGOs) active in Sudan.

CIVILIANS

Protecting civilians in Darfur

The ICRC remained deeply concerned about the serious violations of IHL in Darfur. It made frequent appeals to the authorities, the military and all other armed groups to spare civilians, their property and public infrastructure from attack and to ensure that people could move freely, in compliance with IHL. The ICRC stressed that persistent insecurity was preventing aid from reaching conflict victims and IDPs from returning home. ICRC President Jakob Kellenberger made two official visits to Sudan, meeting the authorities in Khartoum and touring Darfur to reinforce these messages. In the field, ICRC delegates monitored the treatment of civilians, documented allegations of IHL violations and made representations to the parties involved in order to stop

further abuses. It also monitored any follow-up action by the parties.

With the agreement of all parties, the ICRC acted as a neutral intermediary during the release on 26 March of a Chinese engineer and on 18 September of eight Sudanese civilians, all held by the SLM/A.

Providing emergency aid in Darfur

In a short period, more than one-and-a-half million people were driven from their homes in Darfur. Thousands at a time took refuge in camps around the provincial capitals (El Fasher, Nyala and Geneina) and other towns. The ICRC, together with the Sudanese Red Crescent, provided emergency aid in the camps (water, shelter, essential household items – blankets, jerrycans, clothing, kitchenware, soap and mosquito netting – and medical care).

Following the April ceasefire, many more aid organizations arrived in Darfur, most of them working in the urban IDP camps. Because of its strict neutrality and solid contacts established with all parties to the conflict, the ICRC was able to work throughout most of Darfur. It continued, therefore, to monitor conditions and maintain water systems in the camps and towns, but from May focused on rural areas, assisting communities that had received no aid. The aim was to prevent more residents from migrating to towns, overcrowded urban IDP camps or eastern Chad to avoid destitution. Initially ICRC teams assessed the needs in more remote government- and opposition-controlled areas, while making quick-impact repairs to water systems and distributing essential household items to people of African and Arab extraction alike who had returned to their damaged villages or were still hiding near their homes.

From mid-July the ICRC began distributing food to the worst-off rural communities. Most villagers had planted, on average, less than one-third of their crops owing to a combination of poor rains, looted livestock, damaged fields, displacement and people's fear of going out to their fields. The ICRC estimated that food stocks would run out in many rural areas by April 2005. Towards the end of the year, in coordination with WFP, it began to shift from one-off distributions that stabilized communities to providing regular food rations to vulnerable residents in remote areas.

WFP supplied the bulk of food aid in IDP camps. However, the ICRC provided food to some 35,000 people in Gereida camp

(South Darfur), set up in July, because it was the only organization able to do so.

- ▶ 8,500 tonnes of food delivered to 283,000 rural residents and 117,000 IDPs in 237 locations
- ▶ 525,000 people (336,000 IDPs in 11 camps and 189,000 residents in 109 locations) received essential household items
- ▶ water systems and points set up/ repaired/ upgraded, providing 2 million litres of water daily to more than 480,000 people (150,000 IDPs in 5 camps and 330,000 residents in 44 locations)
- ▶ the layout of 3 camps organized, accommodating some 90,000 IDPs

Delivering emergency aid in the south

In southern Sudan, the ICRC provided emergency assistance, mainly essential household items and water, to civilians affected by clan violence or clashes between government and opposition forces. Following renewed fighting in the Upper Nile, the ICRC reopened its office in Malakal, where many people had sought refuge. It distributed relief goods to IDPs and residents in the area and began building a water-treatment plant for the town hospital.

- ▶ 39,500 people received essential household items
- ▶ 10,450 residents and IDPs received fishing gear to boost their source of food/income

Providing health care in Darfur

The ICRC, in cooperation with the Ministry of Health, set up or rehabilitated nine basic health-care units in Darfur. The majority of facilities offered curative and mother-and-child care, vaccinations and hygiene education and were located mainly in rural regions of North, South and West Darfur where the conflict had interrupted or severely weakened health services. In some cases, if the local health facility had collapsed, people would have had to cross dangerous front lines to get treatment. The ICRC's two main health projects in 2004 were in Gereida IDP camp (South Darfur), supported by the Australian and British Red Cross Societies, and in Seleia (West Darfur), supported by the Canadian Red Cross.

The ICRC also carried out vaccination campaigns in remote or dangerous regions inaccessible to the health authorities. For example, following a measles outbreak in October in the Jebel Marah region (north of Zalingie in West Darfur), the ICRC

vaccinated some 16,000 children in government- and opposition-controlled areas; UNICEF and the Ministry of Health provided the vaccines and other medical supplies.

- ▶ 9 basic health units set up/ supported, serving a catchment population of some 190,000 residents and IDPs
- ▶ from September, ICRC-supported health units gave 20,000 curative and 1,100 antenatal consultations, and referred 185 patients to hospital
- ▶ 40,000 immunization doses administered; 17,537 children immunized against polio

Transition in the south: handover of health projects

The ICRC supported 16 primary-health-care facilities in the south, which served some 235,000 people in five regions (Juba, Raja and Wau in government-controlled areas and Chelkou and Yirol in opposition-controlled areas). Most of the facilities offered curative, antenatal and mother-and-child care, vaccinations and health education. This community-based programme, launched in 1998, aimed to improve public health by rebuilding health and water services undermined by years of conflict and neglect. During the year the ICRC focused on building local skills. It involved the communities and health authorities more in planning and implementing activities, organized in-service and formal training for health workers and introduced performance-related staff incentives, standard treatment guidelines and a health-information network. Given the rising international interest in funding reconstruction in southern Sudan, the ICRC handed over its Wau, Raja and Juba projects during the year to the Danish, German and Netherlands Red Cross Societies, respectively.

The ICRC also helped communities maintain water points and promote hygiene. In Yirol, with ICRC materials and expertise, the water board managed 62 water points serving some 100,000 people, families built new latrines, and 10 schools taught their pupils good hygiene practices.

- ▶ 16 primary-health-care facilities supported, including 12 handed over to partner National Societies
- ▶ 105,262 curative and 10,000 antenatal consultations given
- ▶ 54,709 immunization doses administered; 12,835 children immunized against polio
- ▶ 2,250 health-education sessions held

Restoring family links

Around 200 ICRC and Sudanese Red Crescent staff and volunteers relayed more than 69,000 RCMs between family members separated by conflict. Most messages travelled across north-south front lines or between Sudan and refugee camps in neighbouring countries.

As access improved, the tracing and RCM network was expanded within southern Sudan. The flow of messages increased, and the ICRC stepped up efforts to re-establish contact between children and their parents and, where possible, reunite them. With government and SPLM/A permission, the ICRC escorted a total of 86 people, most of them children, across front lines and reunited them with their families – the biggest programme of this type in years.

The ICRC took the lead role in restoring contact between relatives separated by the conflict in Darfur. This was challenging in a region the size of France, where more than one-and-a-half million people had been displaced, many of them several times, and scattered over 100 locations in Darfur and eastern Chad. The existing tracing and RCM network was extended to Darfur. Tracing requests from parents and children who had become separated took priority. The ICRC also set up a directory listing people looking for relatives and posted it in key locations in Darfur and the Sudanese refugee camps in eastern Chad. (For details of the network in the refugee camps, see *Yaoundé*.)

- ▶ 35,636 RCMs delivered in Sudan
- ▶ 86 people, 55 of them children, reunited with their families
- ▶ 332 Sudanese children separated from their parents registered in Sudan, 1,102 in Kenya, 599 in Ethiopia and 107 in Chad
- ▶ 199 people whose families filed tracing requests located
- ▶ 2,509 tracing requests, including 797 related to children, registered

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC pursued its mandate to visit all detainees held in Sudan in connection with armed conflict. It was the only organization that regularly visited government soldiers detained by the SPLM/A. It monitored the detainees' treatment and living conditions and reported its findings, in confidence, to the authorities. During visits to detention facilities, the ICRC offered the RCM service to inmates so they could communicate with

their families and distributed medical supplies and hygiene and recreational items to contribute to detainees' health and welfare.

In Darfur, the ICRC visited a small number of detainees held by opposition groups and, at the request of both parties, acted as a neutral intermediary during the release of 11 government soldiers held by the SLM/A.

Both the security protocol signed by the government, SLM/A and JEM in Abuja on 9 November and the permanent ceasefire agreement signed by the government and SPLM/A on 31 December in Kenya cited the ICRC's involvement, as a neutral intermediary, during any release of detainees held in connection with internal armed conflict. In December the SLM/A and JEM signed a memorandum of understanding with the ICRC on the principles and practicalities of such a release.

- ▶ 511 detainees (including 18 newly registered) seen individually in 14 detention facilities during 18 visits
- ▶ 2,222 RCMs distributed to detainees

WOUNDED AND SICK

Supporting hospitals in Darfur

The ICRC, in coordination with Médecins Sans Frontières and the World Health Organization, upgraded five key hospitals in Darfur – El Fasher and Kutum in North Darfur, Zalingie in West Darfur and Nyala and Gereida in South Darfur – providing medical supplies, equipment and training and carrying out building repairs and renovation. In all five towns, the influx of displaced people had significantly increased the population served by the hospitals. From June the ICRC focused its support on Kutum and Zalingie hospitals, in line with its strategy of concentrating on rural areas where few other organizations were active. Seven-person ICRC teams, comprising surgeons, doctors, nurses and administrators, worked alongside local staff; by mid-July both hospitals were functioning as referral units for a catchment population of some 200,000 residents and IDPs. ICRC personnel also made field trips to remote government- and opposition-controlled areas, administering first aid, distributing dressing materials and medicine and, where possible, evacuating patients to hospital.

- ▶ 5 hospitals repaired and upgraded, serving a catchment population of some 650,000 residents and IDPs
- ▶ from August, 2 ICRC-supported rural hospitals treated 1,182 medical inpatients and 418 obstetric/

gynaecological patients, performed 744 surgical operations, including 85 related to war wounds, and gave 21,715 outpatient consultations

- ▶ over 100 war-wounded treated in the field and, where possible, evacuated to hospital

Treating the war-wounded in southern Sudan

To support the treatment of medical emergencies in southern Sudan, the ICRC continued to provide Juba Teaching Hospital (government run with 500 beds) with staff, supplies, equipment, training, food for personnel and patients and building maintenance and renovations, while running its own Lopiding Hospital (600 beds) in Lokichokio in neighbouring Kenya, which treated patients evacuated from southern Sudan.

Because of the lack of qualified staff, ICRC surgeons still performed most operations at Juba Teaching Hospital. At the same time, local skills continued to improve as a result of ICRC-supported in-hospital training programmes for staff and medical and nursing students. Lopiding Hospital also trained around 20 Sudanese medical personnel, who then returned to work in southern Sudan. After lengthy discussions, the ICRC, the Ministry of Health and the Juba Teaching Hospital signed an agreement in November defining each party's roles and responsibilities in improving patient care and administration.

- ▶ 2 hospitals supported
- ▶ 3,897 medical inpatients and 3,425 obstetric/gynaecological patients treated
- ▶ 6,231 surgical operations, including 824 related to war wounds, performed
- ▶ 21,180 outpatient consultations given

Rehabilitating amputees

The ICRC provided raw materials, components and staff training to Sudan's two physical rehabilitation centres – the Khartoum centre run by the National Authority for Prosthetics and Orthotics (NAPO) and the Juba Workshop – and ran its own limb-fitting centre in Lokichokio, Kenya, which treated patients evacuated from southern Sudan. It also covered the costs of fitting war amputees in Khartoum, including their transfer from Wau and Malakal in southern Sudan and from Darfur. With ICRC support, NAPO opened five satellite workshops – Dongola, Ed-Damazin, Kadugli and Nyala in 2004 and Kassala in 2003.

To address the lack of skilled Sudanese staff in this sector, NAPO and the ICRC

developed Sudan's first internationally recognized diploma course in prosthetics and orthotics. The three-year study programme was scheduled to start in January 2005 with 12 students. The ICRC also held courses to upgrade the skills of NAPO technicians, sponsored four to study at the Tanzania Training Centre for Orthopaedic Technologists and trained students from a new workshop opened by Medical Care Development International in the opposition-controlled town of Rumbek.

- ▶ 9 physical rehabilitation centres and smaller workshops supported
- ▶ 1,391 prostheses (including 162 for mine victims), 1,394 orthoses and 1,358 pairs of crutches delivered for Sudanese patients
- ▶ 509 new patients fitted with prostheses and 581 with orthoses

AUTHORITIES

The ICRC frequently urged the authorities to step up measures in Darfur to protect civilians from attack and to improve the security situation so aid could reach conflict victims. ICRC President Jakob Kellenberger reinforced this message during his official visits to Sudan in March and November.

With improved access in southern Sudan, the ICRC spent more time in the field promoting IHL among regional authorities. Discussions included the application of IHL to events that would follow a peace accord, such as the return of IDPs and the formation of new armed forces.

Sudan's interministerial committee for the implementation of IHL, set up in 2003 by presidential decree, continued to benefit from ICRC input on technical and legal matters. The ICRC held a presentation for committee members on the incorporation of IHL into national law. It also equipped the committee's premises and sponsored a member to attend an international conference in Pakistan on Islamic law and IHL (see *Pakistan*).

ARMED FORCES AND OTHER BEARERS OF WEAPONS

National security forces approve IHL programme

The Sudanese national security forces signed an agreement on 5 June to launch a training programme on IHL and international human rights law. This marked another milestone in the ICRC's programme to promote these subjects within the armed

forces – the army had integrated IHL into its training in 2002, using its own ICRC-trained instructors. The ICRC was in regular contact with the armed forces training department, gave lectures on IHL at the Military Academy and held its first combined introductory and advanced IHL course for air force personnel. In the field, improved access in the south meant the ICRC gave more presentations and workshops on IHL and international human rights law to military, security and police forces stationed in conflict-affected areas.

In Darfur, ICRC staff seized every opportunity to give ad hoc briefings on IHL and international human rights law to armed, security and police forces. As its mandate became better known, it organized comprehensive presentations on IHL, such as a three-day workshop in El Fasher for high-ranking army officers. The ICRC also conducted sessions on IHL and the ICRC for newly arrived African Union troops.

Other bearers of weapons

The SPLM/A taught IHL at its main training centre, the Institute for Strategic Studies, but had not yet integrated the subject into all its training programmes. As support, the ICRC trained 30 SPLA officers as IHL instructors. It also conducted courses on IHL at the centre, gave the centre an IHL reference library and held presentations on IHL, often combined with first-aid training, for SPLM/A members in the field.

On the basis of a 2003 agreement with the Sudanese authorities, the ICRC continued to give IHL presentations to pro-government militia in the south, including, for the first time, members of the South Sudan Unity Movement and South Sudan Independence Movement.

In relation to the conflict in Darfur, the ICRC conducted ad hoc briefings in Sudan and abroad on IHL and the ICRC for members of government-allied militia and the opposition JEM, SLM/A and National Reform and Development Movement.

CIVIL SOCIETY

Raising public awareness of IHL

The ICRC increased its contacts with the media. This generated widespread coverage, and so raised public awareness, of the plight of conflict victims and relevance of IHL, particularly in Darfur. In southern Sudan, the ICRC stepped up its promotion of IHL among opinion-makers, such as Islamic leaders and local chiefs, who would play

key roles in a transition to peace and reconstruction.

In 2004 the ICRC:

- gave IHL presentations for opinion-makers in Darfur, including clerics, village, nomad and IDP leaders, women's groups and medical personnel;
- widely distributed a new leaflet, in Arabic and English, targeting people in Darfur encountering IHL and the ICRC for the first time;
- held a two-day IHL workshop in Khartoum for 20 Sudanese journalists;
- gave an IHL briefing in El Fasher at a workshop on internal displacement, attended by regional authorities and international organizations active in North Darfur, and organized by Sudan's Humanitarian Aid Commission, UNICEF, UNHCR, the International Rescue Committee and OCHA;
- in southern Sudan, organized a tour of a Sudanese art exhibition to Wau, Juba, Yei and Rumbek entitled "Protecting human dignity during conflict".

Promoting IHL among educators

In November 2002, with ICRC support, a group of Sudanese law faculty deans, lawyers and professors formed an IHL Network. The Network's long-term goal was to introduce a standard IHL course in all relevant university curricula.

The IHL Network and the ICRC:

- produced a standard IHL course which was integrated into the undergraduate international law degrees at 4 universities (Khartoum, Ezehar, Rabat and Shendi);
- conducted a two-day workshop on teaching IHL for 30 Network members and law-faculty heads;
- held an IHL essay competition for university students;
- conducted IHL lectures at 4 universities for some 2,000 students and staff.

In cooperation with the Ministry of Education, the ICRC:

- sponsored a ministry official to take part in the pan-African seminar in South Africa on the ICRC's Exploring Humanitarian Law programme (see *Pretoria*);
- conducted a week-long seminar on teaching IHL in an Islamic context, attended by 70 education officials and secondary-school teachers.

NATIONAL SOCIETY

The Sudanese Red Crescent faced the considerable challenges of responding to the needs in Darfur and preparing for a likely transition to peace and reconstruction in the south.

Strengthening the Red Crescent in Darfur

The Sudanese Red Crescent was the ICRC's main partner in Darfur. The National Society assessed needs, distributed relief goods, registered IDPs and helped to run water and health projects and the tracing and RCM network. The ICRC provided the Red Crescent with funds, vehicles, relief goods, other materials and equipment, and logistic back-up to carry out these activities. As more Red Crescent staff and volunteers were recruited to work in Darfur, the ICRC organized continuous training in first aid, tracing, relief management, project reporting/evaluation, the Safer Access approach (see *Glossary*) and communication (promoting IHL and the Movement's Fundamental Principles).

Reinforcing the Red Crescent other in conflict-affected areas

The ICRC covered the running costs and provided materials and training to help branches in conflict-affected regions relay RCMs, prepare for and respond to emergencies and promote IHL, the Red Crescent's work and the Movement's Fundamental Principles. A main achievement was the extension of the tracing and RCM network to previously inaccessible areas. More National Society tracing volunteers were recruited and trained, and refresher courses held in priority branches. The ICRC and Red Crescent also agreed on a framework document for the tracing network, defining objectives and respective roles and responsibilities.

Movement coordination

With the active encouragement and support of the ICRC, a large number of partner Red Cross and Red Crescent Societies were working in Sudan, many of them contributing to the humanitarian response in Darfur. To ensure effective coordination, the ICRC, Sudanese Red Crescent and International Federation of Red Cross and Red Crescent Societies signed a memorandum of understanding in February defining their roles and responsibilities in Sudan, including the support of partner National Societies, many of whom subsequently signed the agreement. A Movement coordination office was set up at the Sudanese Red Crescent headquarters, and partners attended weekly meetings.