



**ICRC**  
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# NEWSLETTER

**ICRC SUDAN**



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## The ICRC remains committed to the Sudanese people in 2007

**By Daniel Duvillard, Head of Delegation**

In Sudan, the International Committee of the Red Cross (ICRC)'s priority is to ensure that people directly affected by armed conflicts are respected in accordance with International Humanitarian Law (IHL), receive emergency aid, medical care and basic assistance to preserve their livelihoods, and can re-establish their family links. I would like to take this opportunity to present some operational strategies foreseen for 2007.

In December, the ICRC launched its annual appeal for funds to donors, which includes a budget of USD 60 millions for Sudan in 2007. Accordingly, Sudan will remain the ICRC's largest operation worldwide for the fourth consecutive year, in spite of a 40% reduction from the 2006 budget of USD 100 millions. There are three reasons for this reduction:

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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 Army (SPLA) in southern Sudan. Since early 2004, it has been responding to needs arising from the hostilities in Darfour. The organization assists people affected by armed conflict. It distributes relief, helps to preserve livelihoods, assists medical and limb-fitting facilities, visits detainees, restores family links, promotes compliance with IHL and supports the development of the Sudanese Red Crescent Society.

First, we closed our operational base in Lokichokio, northern Kenya, and handed over our 500-bed Lopiding hospital to the Kenyan Ministry of Health last June. This decision came in the wake of the signing of a Comprehensive Peace Agreement in January 2005, which brought Sudan's north-south conflict to an end. Secondly, we have reached an agreement with the World Food Programme (WFP) and Action Contre la Faim, as well as with Merlin, to take over respectively our food and health activities in the Gereida IDP camp in South Darfur, which accommodates over 100,000 displaced persons. This hand-over is in line with our strategy in Darfur, which is to focus on the resident population in rural areas so as to avoid them moving to camps in search of assistance.

Finally, we will discontinue our general food distributions in 2007. This is part of a shift in approach for our assistance programmes. While maintaining a capacity to respond in case of emergencies (e.g. water trucking, household items, food), we will carry out more quick-impact interventions with a view to enhancing economic sustainability for resident communities (e.g. seeds and tools, rehabilitation of water sources and systems, animal vaccinations, income-generating projects, etc).

This shift will also allow us to be more flexible and to adapt our activities to the growing security constraints in Darfur. In 2006, the region has indeed witnessed a proliferation of armed groups whose predatory behaviour towards the humanitarian organisations, including the ICRC, has been a major constraint for the implementation of our programmes. The killing of our Sudanese colleague Saleh Ibrahim, east of the Jebel Mara, in August has shown in the most tragic way the difficulty of obtaining reliable security guarantees from those groups. Accordingly, from comprehensive and consistent a year ago, our access has become sporadic in some areas of North Darfur, the Jebel Mara, and along the Sudan-Chad border where we could implement only part of our planned activities.

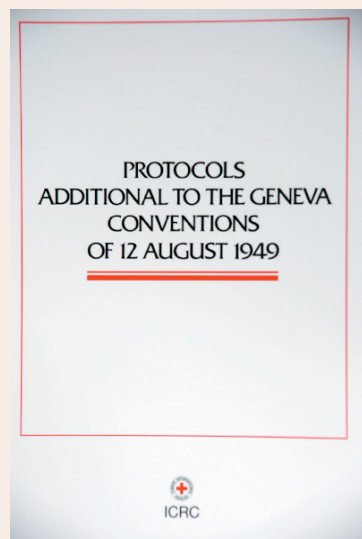
In southern Sudan, we will continue to accompany the transition from war to peace with a focus on health. Sixteen ICRC surgical and medical staff are working at the 500-bed Juba Teaching Hospital which we support with medicines, training, funds and meals for patients. We will expand our physical rehabilitation services in Juba, with the construction of a new orthopaedic centre in 2007, so as to give access to good-quality prostheses, orthoses and physiotherapy for war-amputees, mine victims and other physically disabled people. By 2009, Sudanese technicians currently being trained by the ICRC in Khartoum, in cooperation with the National Authority for Prosthetics and Orthotics (NAPO), and in an orthopaedic school in Tanzania (TATCOT) should take charge of the production of these appliances. Finally, we will maintain a capacity to respond to any unforeseen outbreak of disease (e.g. cholera), or situation of violence in the region.

Finally, we will continue to rely on the selflessness and commitment of our national and international employees – over 1,500 in 2007 – who stood the strain while working under often difficult conditions last year. I wish hereby to pay tribute to them and thank them wholeheartedly for their work.



## Sudan accedes to the 1977 Protocols additional to the Geneva Conventions

**The ICRC welcomes the accession by the Republic of the Sudan to Additional Protocol I on 7 March 2006 and to Additional Protocol II on 13 July 2006. Both instruments come into force six months after accession.**



The two Protocols, which supplement the four Geneva Conventions of 12 August 1949, reaffirm and develop international humanitarian law in several different areas. Protocol I, which applies to international armed conflicts, imposes constraints on the way military operations may be conducted. Protocol II, which applies to non-international armed conflicts, considerably strengthens respect for persons not, or no longer, taking part in hostilities and contains provisions designed to keep civilians safe from the dangers of military operations. It stipulates, in particular, that such persons must be treated humanely in all circumstances. Protocol II also establishes important rules governing the treatment of detainees, and judicial guarantees applicable to the prosecution and punishment of criminal offences related to armed conflict.

In cooperation with the Sudanese National Commission on International Humanitarian Law, the ICRC will continue to provide its expertise with a view to ensuring that the rules of humanitarian law are duly incorporated into domestic legislation. It will also continue its efforts to encourage the government of the Sudan to ensure full respect for humanitarian law throughout the country.

Sudan's accession brings to 166 the number of States party to Additional Protocol I and to 162 those party to Additional Protocol II.



## Seeds and tools generate income as well as food

**Throughout 2006 the ICRC helped communities living in remote regions of Darfur to sustain their livelihoods, with distributions of seeds, tools and food**

In addition to millet and sorghum, the ICRC distributed cowpea, groundnut, okra, tomato and watermelon seeds together with tools for weeding, hoes and donkey ploughs. The latter were mostly given to women heads of households so they could work the land more easily and save time for other income generating activities.

“The ICRC focused on remote rural areas, where other humanitarian organisations did not work or had difficulties to get access,” explains Barbara Hunziker head of the ICRC’s Economic Security programme. Distributions of seeds and tools during 2006 took place in all three Darfur States for around 130, 000 beneficiaries.

The village of Mallam lies north of Nyala, along a jolting unmade road. The route passes through a deserted landscape dotted with jagged grey rock forms and a few scattered trees.

“The entrance to the village is much like any other,” recalls David Ito, ICRC Food Security delegate, who went to Mallam recently to monitor food security in the region, and to see how well people who had received seeds and tools earlier in the year were coping. “But when you go beyond the first straw huts and into the central market you begin to see how inter-dependent people are when it comes to their economic survival.”

Stacked alongside the ubiquitous plastic toys and other cheap knick knacks that merchants had brought from Nyala, were sacks of sorghum and millet, together with spices, dried okra and tomatoes, and fresh vegetables. Nearby, a lady sat on the ground, legs outstretched, with onions, garlic and bags of peanuts spread out for sale beside her. Further on, a handful of small kiosks selling ‘foul’ -- the traditional bean stew that is everyman’s daily food in Sudan -- were doing a good trade.

So how is it that in such a remote spot – the village is an hour and a half’s drive from any road – there is such an active local economy? The answer lies in the fact that people’s traditional coping mechanisms are still intact, or have been adapted to cope with the precarious security situation that exists in many parts of Darfur.

It often happens that when villages are raided and the inhabitants flee, goats, sheep and other animals get left behind and are stolen. Without money to replace their livestock, people have little choice but to become full time farmers when they eventually return home. This was what happened to the agro-pastoralists of Mallam, who shifted from herding to farming, following raids on the village in 2005.

The amount of land available for planting in times of fighting or war depends, of course, upon the prevailing security situation, but even when their fields are cut off by front lines, families still try to cultivate a few hectares in safe places, close to their villages. The ICRC’s strategy of providing food along with seeds and tools ensures that people have enough to eat during the ‘hunger gap’ -- the months immediately preceding the harvest.

“Basically, the food buys people time,” explains David Ito. “And this means families can get on with activities that earn them some money during the lean period, such as daily work.” The seeds and tools distribution to Mallam took place in late May and early June. The area had been quiet since 2005, and remained peaceful throughout the following months. Prospects for the harvest were the best in years. “This was not only good for the food production itself,” comments David Ito, “It also meant that, in addition to planting their own seeds, people could find work as day labourers hoeing and weeding the fields of big landowners, and later were able to help with gathering and threshing the grain.”

Most crucial of all, this helped to prevent people becoming dependent on aid.

Even the stalks that remained in the fields after the harvest could be gathered by the poor and sold as building material to generate income. And there was yet another, equally valuable, but far less obvious benefit to the distribution of seeds and tools. “When people receive food it is something they think about for a day,” comments David, “But when people plant seeds it keeps them active and gives them something to focus on for several months, which is psychologically very important.”

During 2007, areas to be assisted will be chosen according to an assessment of needs, and will focus even more closely on programmes that generate income. The success of any distribution, however, will depend on there being adequate security – something which looked increasingly fragile in many parts of Darfur as 2006 drew to a close.



ICRC staff prepare to distribute food





General view of a food distribution in May 2006 in Abata Darfur



Writing a Red Cross message in Juba



Vaccination of camels in Al Hosh in the North of Darfur



Preparation for food distribution in Gereida IDP camp in cooperation with Sudan Red Crescent volunteers in May 2006

## Review of activities

For the third consecutive year, the 2006 ICRC operations in Sudan were successful. This selection of pictures taken in May by Boris Heger shows some of the activities carried out.

Between January and November, the ICRC did the following:

### All over Sudan

- exchanged around 42'000 Red Cross Messages
- reunited 41 children and vulnerable persons with their families
- supported the National Authority for Prosthetics and Orthotics (NAPO) in providing 905 orthoses and 1,144 pairs of crutches
- supported 14 students to take part in a three-year orthopaedic training programme
- carried out international humanitarian law presentations for the Sudanese National Intelligence and Security Service, governmental authorities and military officers
- held orientation sessions on IHL with UNMIS military observers and staff
- supported the training of 525 Sudanese Red Crescent Society staff during conflict and over 600 volunteers in tracing activities to help find missing persons

### In Darfur

- distributed over 19,000 MT of food to a monthly average of 177,000 people
- distributed essential household items (tarpaulins, blankets, buro, etc.) to 17,000 households in rural areas
- distributed staple seeds, tools and donkey ploughs to over 130,000 people
- vaccinated 222,000 animals in North and South Darfur. Seventy camels were vaccinated in the North and 152,000 in the South
- the ICRC's field surgical team was deployed 60 times and performed 1,200 operations
- supported five primary health care clinics in Gereida, Seleia, Nena, etc.
- supported vaccination campaigns for over 25,000 children (polio, measles, etc.) and women against tetanus
- repaired 340 hand pumps, dug or cleaned 62 shallow wells and carried out 1,200 water interventions
- regularly supplied drinking water to 99,000 internally displaced persons
- carried out 48 detention visits and made 48 interventions to ensure the humane treatment of detainees

### In southern Sudan

- supported the Juba Teaching Hospital, which carried out more than 5,000 operations and treated 1,200 patients
- supported the orthopaedic centre of the Ministry of Gender, Social Development and Labour in Juba. During 2006 it provided patients with 129 prostheses
- during a cholera outbreak, airlifted 30 tonnes of medical material and supported an isolation ward at the Juba Teaching Hospital
- provided trucks and logistical support to the Sudanese Red Crescent Society





Strengthening of a well in Um Jebag in North Darfur



People waiting for ICRC water distribution at Gereida internally displaced persons camp

## ities during 2006

Sudan remained its largest humanitarian action around the world.  
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NAPO)'s centre in Khartoum, which delivered 913 prostheses,

ining course at the national centre in Khartoum  
Sudanese Armed Forces, Sudan People's Liberation Army, the police,  
ies, community leaders and civil society  
and battalions and AMIS troops  
f and volunteers in first aid, 155 staff and volunteers in safer access  
o separated families keep in contact with each other

00 residents and IDPs in rural areas, and in the Gereida IDP camp  
uckets, jerry cans, sleeping mats and soap) to just under 22,500

people in rural areas  
community animal health workers learnt basic veterinarian skills  
ed 491 operations  
s, Golul and Abata  
measles, tuberculosis and diphtheria) and vaccinated 6,270 pregnant

ried out repairs in 33 'water yards'  
people in four camps until July  
re respect for the civilian population

han 20,500 outpatients consultations, admitted more than 12,000

cial Welfare and Religious Affairs of the Government of Southern  
ses and 311 pairs of crutches  
riar from Nairobi (perfusions, rehydration salts, antibiotics) and

nt Society during floods in September



A delegate disseminates the principles of international humanitarian law to an armed group in Darfur



Preparation for a dissemination session with the southern Sudan National Legislative Assembly in Juba



## Support for the Juba Teaching Hospital

The ICRC has maintained a strong presence in the Juba Teaching Hospital (JTH) in southern Sudan for 13 years. A team of 16 specialists including two surgeons, an anaesthetist, a paediatrician and a general practitioner currently work there. Whilst the ICRC trained Sudanese staff on the job from the onset, in 2001 it developed, in agreement with local authorities, more in-depth training for nurses and medical assistants. This remains a major focus of the work today.

Built in the nineteen twenties, the JTH has a 500-bed capacity. The ICRC team performs surgical operations, provides consultations, and supports the local staff. Between January and November 2006, around 32,000 consultations (among them 20,500 outpatient consultations) were provided and 5,200 operations performed.

During a recent visit to JTH, the sheer number of people crowding the corridors and grounds struck a first-time visitor. Dozens of women shouldering sick babies crowded around the nurse who was making outpatient appointments. More than 40 percent of the patients are children. The ICRC provides medicine, technical support for the laboratory, and electricity.

JTH hospital has 400 nursing staff including 230 students from the nursing school. Four ICRC nurses are in charge of the daily coaching of students on the wards. The teaching nurse and the Sudanese nurse tutors give theoretical and practical lectures in order to refresh and expand the knowledge and skills of students.

Margaret Sitti, 53 years old, a Sudanese assistant head nurse on the surgical ward started her career at JTH 30 years ago. "Before the war, there were around 50 doctors working in the hospital," she says "but because of the security situation during the conflict very few of them remained in Juba. There was no support to the hospital, and it deteriorated. Patients had to bring their own medical supplies; there were problems with the sterilisation, electricity, and water." Owing to the ICRC's support Margaret has seen the hospital's fortunes change from the one described above to being the main referral hospital in southern Sudan.



More than 40% of the patients are children

## Three questions to Magne Barth, ICRC Head of Mission in southern Sudan

**You are about to leave southern Sudan after 15 months. How would you describe the evolution of the humanitarian situation since your arrival?**

Magne Barth: Firstly, there is now a government system, which constitutes a framework for the work of humanitarian organisations. There is no longer a conflict and everything is more organized. Secondly, security has generally improved over the last year. This is particularly spectacular since April when talks between the Government of Uganda and the rebels of the Lord Resistance Army (LRA) started in Juba. Finally, more humanitarian organisations work in southern Sudan and more assistance is available for the population. Overall, I can say that the humanitarian situation has improved.



Magne Barth

**A Comprehensive Peace Agreement was signed in January 2005 between the Government of Sudan and the Sudan People's Liberation Army (SPLA). Why is an organization like the ICRC whose mandate is to assist victims of armed conflicts still working in southern Sudan?**

The ICRC still has responsibilities stemming from the war, which lasted over twenty years. We have, for instance, to complete our tracing work (re-establishment of family links through Red Cross messages and the reunification of children with their families) in the coming months. In health, the ICRC handed over its field hospital in Lokichokio, northern Kenya - where war wounded from the conflict in southern Sudan had been treated for 19 years - to the Kenyan authorities. Instead, it has increased its support to the Juba Teaching Hospital and to the Juba Orthopaedic Workshop. The ICRC is providing the Workshop with material, coaching, and specialised staff and will build a new orthopaedic centre in 2007.

**What will be the priorities of the ICRC in 2007 in southern Sudan?**

The orthopaedic and dissemination programmes. As I said, we are supporting an orthopaedic centre, and the new facility will produce up to 100 appliances per month for amputees. We will also increase our work doing dissemination about International Humanitarian Law (IHL) with arms carriers. We are moving from ad hoc dissemination to a more systematic approach to formalize the teaching of IHL within the regular armed forces.

## Amputees assisted in orthopaedic centres

The Orthopaedic Centres in Khartoum and Nyala are part of NAP0 -- the National Authority for Prosthetics and Orthotics, a Sudanese orthopaedic network, which manages six centres countrywide. The Nyala centre, which is also supported by the German Red Cross, has provided 512 amputees with prosthesis since it was first opened.

The conflict in Darfur has caused many injuries that are often hard to treat. "Sometimes," explains the ICRC's medical coordinator Doctor Pierre Gratzl, "wounded persons who have been shot in their limbs must wait six weeks before treatment, so amputation becomes the only option to save their lives."

During the conflict in southern Sudan, amputees were treated in Lokichokio, northern Kenya, where the ICRC ran a field hospital and orthopaedic centre for 19 years. The complex was handed over to the Kenyan authorities in mid-2006, following the signing of a Comprehensive Peace Agreement that ended the civil war in southern Sudan in January 2005. Today, patients requiring prostheses are treated at the orthopaedic centre of the Ministry of Gender, Social Welfare, and Religious Affairs of the Government of Southern Sudan in Juba, which is supported by the ICRC.

The ICRC is also constructing a new physical rehabilitation reference centre in the town, which will provide wide ranging orthopaedic services, including physiotherapy. The new centre will have a production capacity of 100 artificial limbs per month, sufficient to take care of current needs.

The Orthopaedic Centre in Khartoum, which is a national referral centre, produces over 150 prostheses and orthoses per month. The fitting process takes up to three weeks and the majority of patients who come to Khartoum from all over Sudan are diabetic.



Orthopaedic centre in Khartoum

It is in Khartoum that the ICRC also supports a training school. Fourteen students started a three year training in orthopaedics in 2005, and will receive internationally recognized certificates upon graduation. In addition, the ICRC is sponsoring five Sudanese technicians to be trained in the fitting of artificial limbs in Tanzania.

"We support existing structures, provide material, and train local staff," say Dr. Gratzl. "In this way the programmes will always be sustainable."

## New lease of life

Chol Tipo Chol, 56, was involved in a dreadful car crash in December 2004. The painful outcome of this unfortunate incident was the loss of his left leg from below the knee which was amputated in order to save his life. Almost two years later, Mr Chol can walk and earn a livelihood as a technical mechanic. This transformation was made possible with the aid of the ICRC through its orthopaedic programmes for southern Sudan.

After the accident, Mr Chol returned to Malakal, southern Sudan, to recuperate. One day he discovered through friends that the ICRC was evacuating people who had lost their limbs to their field hospital in Lokichokio, northern Kenya, for treatment. In March 2005, the ICRC flew him there to fit a prosthesis.

Mr Chol spent the next two months at the ICRC's orthopaedic centre. In addition to the prosthesis, he received many sessions of physiotherapy so that he could learn to use it comfortably and effectively. He then returned home.

Last June, the ICRC closed its operations in Lokichokio. All ICRC activities are now coordinated by its Mission based in Juba, southern Sudan. The Juba Orthopaedic Workshop receives support from the ICRC. Mr Chol heard about this development through a radio campaign. At the time, he was living and working in Malakal.

He went to the ICRC's office to make enquiries and was added to a long list of people needing treatment. The following August, he was flown by the ICRC together with 13 other orthopaedic patients from Malakal to Juba for fitting and adjustment of his prosthesis.

With a smile on his face Mr Chol said, "When I came to Juba I thought there would be new people, but I found my friends from Lokichokio there, and we have been very well treated."

Traditionally, the orthopaedic services of the ICRC treat war-wounded victims, but this assistance has been extended in Juba to the physically challenged and to accident victims, as in the case of Mr Chol.



Training at the orthopaedic center in Nyala



## Flying all over Darfur to save lives

**Mandated by the international community to provide assistance to the victims of armed conflict, the International Committee of the Red Cross (ICRC) has undertaken to address the needs of weapon-wounded persons in Darfur. A mobile medical unit, the Field Surgical Team (FST), composed of a surgeon, an anaesthetist, an operating theatre nurse and a ward nurse, travel to remote corners of Darfur to save lives.**

"For the ICRC, it is a new medical approach which allows more flexibility in a conflict where combatants move a lot," the surgeon of the team Julio Vidal explains. The ICRC used the same kind of mobile unit in Somalia in the nineteen nineties, but surgical mobile units are rather unusual in ICRC operations.

"There were NGOs and hospitals providing health care in territories controlled by the government in Darfur, but we realised that there was a lack of services in opposition areas," Pierre Gratzl, the ICRC Medical Coordinator, says. For this reason, the ICRC launched the FST in April 2005. Since then, the team has been deployed 89 times and has performed more than 900 operations.



Field surgical team at work

The purpose of the mobile medical unit is to operate on all weapon-wounded people in Darfur in both opposition and government controlled areas wherever adequate surgical structures or trained surgeons are not available. Its services are impartial and based on needs alone. The FST can also assist the surgical team of a hospital if there is a big influx of wounded. The team operates mainly on fractures, thoracic and abdominal injuries, trauma and burns.

Certain conditions are required before any deployment. Firstly, there should be a minimum of two to three seriously wounded persons. Then, the team needs to obtain guarantees of security, and agreement from all the parties involved in the conflict, before deployment.

Logistically independent, the team moves with its own material and supplies by plane or vehicle from its base in Nyala, South Darfur. This independence is important since the team has to stay regularly for a few days on the spot to perform operations, often in a very adverse environment.

Dittia Chakrabarti, a ward nurse who has been working for one year for the FST, explains the stressful conditions of the job: "We have to operate everywhere. Sometimes inside a lorry, other times in the back of a Land Cruiser or even outside, and people have to chase the flies away. To work under such constraints, you need to be ready to carry out different tasks and to show great solidarity with your colleagues."

## International Humanitarian Law (IHL) competition

In October, the Sudanese IHL Network launched a research competition for graduates and undergraduate students in the field of IHL, in cooperation with the ICRC. Three topics have been selected for the competition: A comparative study of IHL and international human rights law, IHL and the current challenges of the "war on terrorism", and respect for the civilian population and detainees during internal conflicts. The winners in each section will receive an award.



**Khartoum:** Street 33, House 16, Amarat  
Tel +249 (0)1 834 76464/5/6  
Khartoum.kha@icrc.org

**Juba:** Haggar Unity Garden, Plot No. 1  
Block No. AV11, Juba  
Tel: +249 (0)811 820 177

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to ensure respect for the lives and dignity of victims of war and internal violence and to provide them with assistance.

It directs and coordinates the international relief activities conducted by the Red Cross and Red Crescent Movement in situations of conflict. It also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the International Red Cross and Red Crescent Movement.

For more information contact the Communications Coordinator ICRC/Sudan  
Tel : +249 (0)91 217 0576 or visit our website at [www.icrc.org](http://www.icrc.org)



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