



# ICRC

# UPDATE

## SUDAN

### ICRC steps up its response

Update on activities from January to May 2005



*ICRC food distribution to villagers in North Darfur: because of widespread insecurity and disruption of livelihoods, the ICRC is increasing its food distributions by 25% in Darfur in 2005*

## EXECUTIVE SUMMARY

- In response to the Darfur crisis, Sudan is now the ICRC's largest operation worldwide, with around 200 expatriate and 1,800 national staff working in the country.
- The ICRC is building on its programmes in Darfur initiated in May 2004, seeking to ensure that civilians are protected from the effects of the hostilities and responding to their needs in terms of food, water and health care, particularly in remote and rural areas of this vast region. The organization is working in close cooperation with hundreds of dedicated Sudanese Red Crescent staff and volunteers and in coordination with an increasing number of partner National Societies.
- The tracing and Red Cross message network has been expanded throughout Sudan to help restore contact between thousands of family members separated by conflict.
- The ICRC is increasing its food aid in Darfur by 25% until the end of the year. The decision has been taken because three straight years of insecurity across the region have prevented whole communities – resident, nomad and displaced – from cultivating their land, travelling to market or following migration routes with their livestock; the plight of these communities is becoming increasingly desperate as the traditional "hunger season" between harvests nears its peak, and they have few or no food reserves.
- A large number of humanitarian organizations are now working in Darfur, providing a lifeline to hundreds of thousands of displaced people crowded into camps and urban centres, but large areas of rural Darfur have still not received any assistance; the inhospitable terrain and continuing insecurity make access for aid convoys difficult and often dangerous. The ICRC is one of only a handful of organizations that are delivering aid and providing protection services in remote and rural areas. To achieve this, ICRC staff maintain a dialogue with all parties on the ground to ensure the safety of the operations and the acceptance of the ICRC's humanitarian mission.
- The ICRC is seizing every opportunity to remind all the parties to the conflict that they are obliged under international humanitarian law (IHL) to respect the physical integrity and freedom of movement of the population; if these basic tenets of IHL are not respected, even more people will flee the countryside and dependence on outside aid will continue to spiral upwards.
- An ICRC rapid-response mobile surgical unit, which can cross front lines to treat the wounded and sick, has been set up; this complements the organization's substantial support for basic health-care centres and hospitals launched in 2004.
- In southern Sudan, the ICRC is implementing a series of carefully planned steps to adapt its structure and activities to the period of transition and reconstruction. It is phasing out its base of operations in Lokichokio in neighbouring Kenya, while strengthening its southern Sudanese bases in Juba, Wau and Malakal and opening an office in Rumbek, the transitional capital of southern Sudan. Activities focus on providing basic health care, restoring family links, responding to any unmet emergency needs of returning refugees and displaced people and raising awareness of IHL within the various armed forces.

## **SUDAN IN 2005**

### **General Situation**

At the beginning of 2005, the government in Khartoum and the Sudan People's Liberation Movement/Army (SPLM/A) signed a comprehensive peace accord, ending over twenty years of north-south conflict. Preparations are under way to form a government of national unity, draft a new constitution and start a six-year transition period (from July 2005), after which the south is scheduled to hold a referendum on self-determination. To bolster the agreement, international donors meeting in Oslo, Norway, in April pledged large sums for the reconstruction and development of the south, and the United Nations began the deployment of a 10,000-strong force to monitor the peace. Meanwhile, the crucial dialogue between southern forces began with a reconciliation conference in Nairobi, Kenya, attended by a wide range of political and civil-society groups.

At the same time, international efforts to resolve the conflict in the western Sudanese region of Darfur continued. In March, the UN Security Council passed resolutions 1591 and 1593, imposing an asset freeze and travel ban on individuals who impede the peace process or commit violations of international humanitarian or human rights laws, and referring war-crime suspects to the International Criminal Court in The Hague.

On another front, rising tensions in late January between security forces and members of the Beja minority in Port Sudan, eastern Sudan, serve as a reminder of the latent instability in this region of the country.

### **Humanitarian situation**

More than two years of hostilities have had a devastating impact on the population of Darfur. While fully-fledged fighting seems presently to be on the decrease, sporadic armed clashes, violence against civilians and a rise in banditry mean that the people are living in an environment of insecurity. An estimated two million people have been uprooted from their homes and are living in camps in and around urban areas of Darfur and in eastern Chad, where they are completely dependent on outside aid. Those who have stayed in their villages, like the few who venture home or resettle, are threatened with a loss of livelihood if they cannot freely cultivate their land, travel to market, or buy food. Similarly, the traditional migration routes of nomad populations have been blocked for the past two years. Such disruptions have torn deep rents across the whole economic and social fabric of the region – tears which aid agencies can help to patch up, but only the parties to the conflict themselves can ever mend. While humanitarian organizations can provide stop-gap aid, the parties alone must take the necessary measures to protect the life, dignity and livelihoods of the civilian population of Darfur.

In southern Sudan, decades of war have left deep scars on this immense and underdeveloped region, which is ill-prepared for the expected return of hundreds of thousands of formerly displaced people and refugees. Building infrastructure, such as roads, hospitals and schools, and rebuilding society are the great challenges for the new government of southern Sudan, a process in which humanitarian organizations will have to define how best they can play a role.

### **ICRC SET-UP** (see map annex)

In Sudan, the ICRC is currently employing some 200 expatriate and more than 1,800 national staff.

## **Darfur**

After the considerable build-up of the ICRC's Darfur operation in 2004, the set-up is now complete, with four sub-delegations (Al Fasher, Nyala, Zalingei and Al Geneina) and four offices (Kutum, Kabkabiya, Gereida and Seleia). These are staffed by around 100 expatriate and 800 national staff.

Despite the deteriorating security situation in Darfur, the ICRC has several teams in the field daily throughout the region. Thanks to a good level of acceptance by all parties to the conflict and strict coordination of its activities, the ICRC has generally not been affected by the insecurity, apart from some disruption of food distributions at the beginning of the year and the concomitant rise in operational costs (transport and logistics – for example, the ICRC is obliged to airlift part of its food aid from Khartoum to two of its logistical bases in Darfur).

## **Southern Sudan**

In addition to responding to needs in Darfur, the ICRC is facing the challenging task of adapting its structure and approach to the changing situation in the south. Adapting to the new political context is a complex undertaking. Field operations currently carried out from Lokichokio in neighbouring Kenya will gradually be redistributed to the sub-delegations and offices inside southern Sudan, as and when access across former front lines becomes feasible (within 2005), and services for Sudanese patients in the ICRC's Lopiding Hospital in Lokichokio will be phased out by June 2006. Other changes to the set-up include the handover of the office and primary health-care project in Yirol to a partner National Society, and the upgrading of the Malakal office to a sub-delegation.

## **ICRC ACTION**

### **Between 1 January – 30 April 2005, the ICRC:**

- collected 9,177 Red Cross messages and distributed 7,290 throughout Sudan
- delivered 7,720 tonnes of food in Darfur to a total of 330,000 rural residents and IDPs in 328 locations
- provided essential household items in Darfur to 79,937 people (18,325 IDPs in 3 camps and 61,612 residents in 114 locations)
- in the south, provided 2,800 people with essential household items
- set up, repaired and/or upgraded water systems and points in Darfur, providing clean water daily to more than 320,000 people (200,000 IDPs in camps and 120,000 residents in 72 locations)
- supported 8 health-care facilities in Darfur, which carried out 30,000 curative consultations (including over 13,000 for women), 1,300 ante- and post-natal consultations, and 71,000 immunizations
- supported 9 physical rehabilitation centres and smaller workshops throughout Sudan; 427 prostheses (including 33 for mine victims), 405 orthoses and 545 pairs of crutches delivered for Sudanese patients; 173 new patients fitted with prostheses and 198 with orthoses
- used some 300 vehicles, including 130 trucks (113 in Darfur) for its operations

## **Ensuring protection of the civilian population**

The ICRC continuously shares its concern regarding the serious violations of international humanitarian law (IHL) committed in Darfur. Since the start of the conflict in February 2003, it has made frequent appeals, both oral and written, to the authorities, military and all other armed groups to spare civilians, their property and public infrastructure from attack and ensure that people can move freely. The organization stresses that widespread violations of this body of law have given rise to insecurity throughout Darfur, provoked the displacement of entire communities, disrupted agriculture, livestock-breeding and trade, and is hindering aid from reaching those most in need and preventing people from returning home. The president of the ICRC visited Sudan in November 2004 to reinforce these messages.

With an increased number of delegates in the field delivering aid over a wider area, the ICRC has consolidated its dialogue with the authorities and armed groups on the ground, insisting on full compliance with the rules and principles of IHL by all the parties to the conflict. A team of Arabic-speaking specialists in dissemination of IHL is holding awareness sessions for commanders, fighters and soldiers in the field. ICRC delegates document and then follow up, in confidence, allegations of IHL violations with the authorities concerned.

With the approach of the crucial planting season, followed by the annual rains, the ICRC is reminding the parties that they bear full responsibility for protecting the civilian population from the effects of hostilities, in accordance with their obligations under IHL; while humanitarian organizations can provide stop-gap aid, it is they who must take the necessary measures to preserve the life, dignity and livelihoods of the civilian population of Darfur.

## **More food aid for rural areas in Darfur affected by conflict**

Assessments carried out since mid-2004 by a range of organizations – including UN agencies, NGOs, academic institutions and the ICRC – have consistently indicated shrinking food reserves in rural Darfur and the consequent risk of a food crisis in 2005. The main reason for this critical situation is the insecurity throughout Darfur, resulting in continued displacement, exceptionally low food production and a substantial loss of livestock. This situation is exacerbated by a significant imbalance of food aid between IDP camps and rural areas, as most of the relief agencies concentrate their activities in and around urban areas. That said, the massive food distributions by World Food Programme (WFP) and its implementing partners, including the Sudanese Red Crescent (SRC), to up to 1.6 million beneficiaries a month were key in preventing a food crisis in 2004.

Since May 2004, the ICRC has focused on assisting people in outlying rural areas where needs are high and humanitarian agencies thin on the ground.

- Throughout 2004, the ICRC distributed 8,500 tonnes of food to 280,000 rural residents and 117,000 IDPs in 237 different locations (76% of the food aid went to residents and 24% to IDPs).

Similarly, in 2005 the ICRC is focusing on providing appropriate food rations, shelter materials and essential household items to the rural population in Darfur.

- In April 2005, the ICRC was distributing food aid to some 220,000 beneficiaries.

Over the past few months it has become increasingly clear that the food gap in rural areas is going to remain considerable. The ICRC estimates that current levels of food distributions by WFP and the ICRC leave between 250,000 and 600,000 people in rural areas in need of food aid. On the basis of this assessment,

- the ICRC has decided to increase its food aid for 2005 in Darfur by 25 percent (in terms of tonnage) to reach up to 320,000 beneficiaries a month from May until the end of the hunger gap in October/November of this year. The ICRC will continue to distribute food to people in need from all sides of the conflict.

This revised programme does not seek to fill all the remaining food needs of the rural resident population of Darfur. The new and ambitious targets have been set according to priority needs as evaluated by the ICRC's sub-delegations in Darfur and are based on a realistic assessment of the ICRC's capacities to deliver food in adverse conditions to a multitude of remote locations with relatively small numbers of beneficiaries in each place. The ICRC will, at the same time, continue to identify food gaps and advocate for other humanitarian organizations to address them.

WFP is also planning an increase in food aid to Darfur, aiming to cover up to 3.25 million people. If more food aid does not reach rural areas, we will witness a further displacement of populations to IDP camps, where food rations are likely to be available. Additional population movements would further exacerbate the humanitarian crisis in Darfur, accelerate the demise of the local economy and considerably slow down recovery. Whatever food the ICRC can deliver to people in need in remote areas will help in preventing a rural exodus.

### **Seeds, tools and animal-health programmes**

**In Darfur**, to strengthen the impact of food aid, the ICRC is distributing seeds and agricultural implements to enable rural residents to plant their crops and hopefully harvest the fruits towards the end of the year. These basic programmes not only give a lifeline to food self-sufficiency for the beneficiaries in 2006, but also encourage people to stay in their villages if there is no direct security threat.

The livestock sector will benefit from an ICRC programme designed to protect animal health jeopardized by the increased concentrations of herds and flocks unable to migrate in the normal way. The ICRC is training Community Animal Health Workers (CAHW) in basic veterinary skills and providing them with a stock of basic drugs; the first of six planned CAHW courses in South, West and North Darfur has begun. Significantly, it was the communities themselves who identified "knowledge" as an urgent need. The trainees were chosen from the pastoralist community by their peers, and particular care was taken to ensure that the trainees would return to their areas to practise their new skills.

Lastly, essential household items are provided to residents whose goods have been looted, people returning to their villages and IDPs within resident populations and also in areas outside the food programme, where no other organization can react.

While the bulk of the ICRC's assistance programme is in Darfur, **in southern Sudan** the organization stands ready to provide essential household items to returning IDPs and refugees whose needs are not covered by any other organization, and in other emergency situations. The ICRC will also initiate Community Intervention Projects, providing materials, expertise and cash-for-work for the most vulnerable members in the society to help communities rehabilitate their assets. The fishing sector will benefit from the distribution of appropriate equipment.

### **Supplying water to people affected by conflict**

**In Darfur**, the conflict has interrupted the main supply chains, especially for rural communities in remote areas, paralysing their public service systems, including water supplies. In 2005 the ICRC has intensified its outreach work in remote rural areas of Darfur

that are not easily accessible to other organizations, while remaining flexible to respond to any emergency needs in other areas.

A major cause of water shortages in remote areas is the break-down of hand-pumps, often owing to the lack of spare parts and tools. Over the past month ICRC engineers have helped communities repair or replace over 120 such pumps, thus restoring water supplies for an estimated 120,000 people over a wide area.

In urban areas, where large numbers of IDPs have settled with host communities, the ICRC provides the State Water Corporation (rural and urban branches) with mechanized equipment (submersible pumps, generators, control panels etc.) to repair, maintain and/or upgrade their water yards. Since the beginning of 2005 the water-supply systems of the towns of Kutum, Al Geneina, Gereida, Seleia, and Kulbus have been repaired by the ICRC.

At the same time, the ICRC continues to operate, maintain and upgrade water-supply systems in seven IDP camps in Darfur, providing water to approximately 200,000 displaced people. It is coordinating with others in the search for partners to take over these activities, so it can concentrate resources on outreach work. As many of the IDP camps are located in or near large towns, the ICRC, wherever possible, has upgraded water supplies in these towns (e.g. Gereida and Zalingei) and linked IDP camps to town networks.

**In southern Sudan**, the ICRC continues to provide financial and logistical support to the water board in Yirol County, which maintains 70 water points serving some 100,000 people. This support will soon be taken over by the Norwegian, Swedish and Swiss Red Cross Societies, as part of the primary health-care project in Yirol. In addition, the ICRC completed construction of the water-treatment plant and distribution network for the 250-bed hospital in Malakal, which previously had no functioning water-treatment system, and handed over the facilities to the authorities in March, with two operators trained to maintain the plant.

### **Providing basic health care**

**In Darfur**, since mid-2004 the ICRC has focused on developing basic health-care services for people affected by the conflict in rural areas of Darfur. It is currently supporting eight facilities – three basic health-care units in North Darfur (Nena, Kafot and Um Sayallah), three in West Darfur (Abata, Terej near Zalingei and Gollul in the Jebel Marra) and one in Gereida IDP camp in South Darfur, as well as one primary health-care centre with six inpatient beds in Seleia, West Darfur. All these facilities were set up and/or rehabilitated by the ICRC in 2004. In 2005, the ICRC has rehabilitated three primary health-care centres in North Darfur and one in South Darfur and in March handed over the facilities to the communities. All ICRC-supported health facilities offer curative and mother-and-child care, vaccinations and hygiene education to an estimated population of 123,000 people and are located mainly in rural regions where the conflict has interrupted or severely weakened services. The project in Gereida IDP camp is run jointly with the British and Australian Red Cross Societies, and the one in Seleia with the Canadian Red Cross.



*Children under five receive polio vaccines (health project run jointly by the ICRC and British and Australian Red Cross Societies in Gereida IDP camp, South Darfur)*

Between 1 January – 31 March 2005:

- 8 ICRC-supported basic health-care facilities in Darfur performed a total of 30,000 curative consultations (including over 13,000 for women), 1,300 ante- and post-natal consultations, and 71,000 immunizations.

Security factors, compounded by geographical and time constraints and a lack of skilled local staff, have meant that the number of facilities supported in Darfur is less than originally planned for 2005, which foresaw support to four primary health-care centres (one to be used as a first-line referral facility with inpatient beds and three providing basic health care) and mobile clinics. Following a review, the ICRC has redirected its support to improving the quality of care and building the capacity of Ministry of Health staff. In addition, the ICRC is responding on an ad hoc basis to outbreaks of disease in remote areas, with rapid and effective results; in opposition-controlled areas, it has immunized more than 30,000 children against measles during an outbreak. Furthermore, as an official partner of the poliomyelitis-eradication campaign, during the last three months the ICRC has provided more than 80,000 doses of polio vaccines in Darfur to children under five, along with Vitamin A supplements and, in some areas, deworming treatment.

From April, the ICRC has been developing first-aid training to improve the skills of combatants and health staff in providing emergency care to the wounded, especially in opposition-controlled areas. So far, it has held eight sessions for some 100 combatants in opposition-controlled areas, mainly in North and West Darfur.

**In southern Sudan**, 11 of the 16 ICRC-supported primary health-care facilities were handed over to partner National Societies in 2004 and are being run successfully by them this year. The ICRC continues to support four such projects in Yirol and one in Chelkou, with catchment populations of 194,000 and 20,000 people respectively. A consortium of the Norwegian, Swedish and Swiss Red Cross Societies has expressed an interest in taking over the running of the Yirol projects, including the water, sanitation and hygiene-promotion components, and preparations for the handover are under way for June 2005. Chelkou will be handed over to the community and health authorities at the end of June 2005 and will receive a final six-month donation of drugs.

Between 1 January and 31 March:



- 5-ICRC-supported primary health-care facilities in southern Sudan carried out 15,000 curative consultations (including over 8,000 for women), 2,300 ante- and post-natal consultations and 33,000 immunizations
- more than 20,000 doses of polio vaccines, including vitamin A supplements, provided for children under five

### **Guaranteeing access to hospital care**

After upgrading five key hospitals **in Darfur** from mid-2004 in the towns of Al Fasher, Kutum, Zalingei, Nyala and Gereida, in coordination with the Ministry of Health, MSF and WHO, the ICRC shifted its focus to improving access to hospital services in rural areas where few other organizations are active. From July 2004, two ICRC teams, comprising surgeons, anaesthetists, nurses, medical doctors, laboratory technicians and hospital administrators, worked alongside local staff in Kutum and Zalingei hospitals, where the influx of displaced people had significantly increased the catchment population. The ICRC also carried out extensive construction and maintenance work on the hospitals and supplied medical equipment. This support enabled both hospitals to function again as referral units. The ICRC's aim was to ensure that emergency patients had free access to a secure medical facility that provided an adequate level of surgical, medical, paediatric and gynaecological treatment and nursing care.

However, in Kutum District Hospital the average bed occupancy remained very low (25 patients) over the past six months, with total surgical admissions averaging one per day and three war-wounded per month. The ICRC, therefore, decided to pull out of the hospital by March 2005. A three-month supply of basic medical, surgical and renewable materials was left in the hospital, which continues to be run by the Ministry of Health.

The other ICRC surgical team continued working in Zalingei District Hospital until the beginning of May 2005. In the first months of the year, overall activity in the hospital increased, but emergency surgical cases remained low, averaging about two per day, of which only 18% were war-wounded. In March 2005 the Ministry of Health appointed two consultants (one surgeon and one obstetrician) to the hospital, who began working with the ICRC team. After a few weeks, it became clear that the surgical workload of the hospital did not require so many experts. The ICRC team withdrew on 8 May, leaving a three-month stock of medical and surgical supplies and paying staff incentives until the end of May. A Netherlands Red Cross project to renovate Zalingei hospital started in May and was scheduled to last for one year.

After witnessing several cases of people wounded, but with no possibility of treatment, the ICRC decided to test for three months a flying surgical field team, which would provide surgical care for civilians and combatants in government- and opposition-controlled areas where access to health care remained difficult. This team has been based in Nyala since April and comprises one surgeon, one anaesthetist and two nurses. In its first two missions, the team operated on 13 wounded in Musbat in the far north of North Darfur and 36 wounded in Dar as Salam in the south-east of the same state.

To treat medical emergencies **in southern Sudan**, the ICRC continues to provide the government-run Juba Teaching Hospital (500 beds) with staff, supplies, equipment, training, food, building maintenance and renovations, while running its own Lopiding Hospital (400 beds) in Lokichokio in neighbouring Kenya, which treats patients evacuated from southern Sudan.

The workload of the Juba Teaching Hospital is increasing: on average, 200 surgical patients are admitted every month, 15% of them war-wounded. The administrators have taken a more active role in running the hospital since they, the ICRC and the Ministry of Health signed an

agreement at the end of November 2004 defining each party's responsibilities in improving patient care and administration. In February 2005, the staff, together with Sudanese Red Crescent members, coped well with the influx of patients following the explosion of an ammunition depot in Juba town, which left 31 dead and 150 wounded.

A phase-out plan has been agreed for the ICRC's Lopiding Hospital, and the facility will close by 30 June 2006. From December 2005, the number of patients evacuated from southern Sudan will be restricted, and medical evacuations will stop as of 1 March 2006. Discussions are under way with a view to the Kenyan authorities or other agencies taking over the services.

### **Fitting amputees**

To ensure adequate care for war amputees and other disabled people in Sudan, the ICRC's priority is to help the National Authority for Prosthetics and Orthotics (NAPO) become self-sufficient in running the country's main physical rehabilitation centre in Khartoum and five satellite orthotic/prosthetic workshops across the country. The ICRC currently provides the centre and workshops with a combination of materials, equipment, training and supervision and is actively encouraging other organizations to develop prosthetic/orthotic programmes in Sudan. To ensure a new generation of qualified staff, in September 2004 the ICRC started Sudan's first internationally recognized prosthetics/orthotics diploma course – a three-year programme for 12 students. This year, in response to the Darfur crisis, the ICRC and German Red Cross are upgrading the Nyala workshop in South Darfur.

The ICRC plans to close its prosthetic/orthotic workshop just across the Sudanese border in Lokichokio, Kenya, by mid-2006. Since its opening in 1992, the centre has been treating, free of charge, patients evacuated from southern Sudan. Various options are being discussed to boost the prosthetics/orthotics capacity within southern Sudan, for example setting up new centres or introducing mobile workshops. The ICRC is currently providing basic running costs, supplies and supervision to the workshop in Juba, which is run by the Nile Assistance for Disabled-run and lost its main donor in December 2004. It is also supplying Medical Care Development International, a US NGO, with crutches and organizing training for technicians for its recently opened prosthetic/orthotic workshop in Rumbek.

### **Restoring family links**

The ICRC has built up its tracing and Red Cross message (RCM) network in Darfur since mid-2004. This is a challenging task in a region the size of Iraq, where some million people have been displaced, many of them several times, and scattered over one hundred locations in Darfur and eastern Chad. Ten new offices for collecting and distributing RCMs, staffed by Sudanese Red Crescent (SRC) personnel, have been opened in camps and cities where IDPs have gathered, and five more are to be opened shortly. Before expanding the network, the ICRC organized four seminars, each lasting four days, to train 74 SRC volunteers and 12 ICRC field officers.

The ICRC is preparing to launch a radio campaign in Darfur to promote the tracing and RCM services. It will also distribute posters in 40 locations in Darfur and eastern Chad that feature the photos of some 200 children who have been separated from their parents by the conflict. The number of displaced children who are unaccompanied in Darfur appears to be relatively low, most probably because of the strong family and clan structures.

In other parts of Sudan, the tracing and RCM network continues to expand, with 107 ICRC tracing volunteers and 8 tracing assistants covering all SPLM/A-controlled areas, and more than 100 SRC volunteers and field officers working in cooperation with the ICRC in

government-controlled areas. They travel long distances across difficult terrain, often by bicycle or motorbike, to deliver RCMs that have arrived from loved ones across front lines.

Between 1 January and 30 April:

In connection with the Darfur conflict:

- 3,414 RCMs collected and 1,776 distributed in Darfur
- 2,342 RCMS received from Chad for distribution in Darfur and 1,755 collected in Darfur for distribution in Chad
- tracing requests opened for 421 persons in Darfur including 87 children; 1,287 people still being sought, including 828 children
- 179 unaccompanied/separated children registered, 72 of them during the last 4 months
- the first cross-border family reunification carried out (from Chad to northern Sudan)

In other parts of Sudan:

- 6,559 RCMs collected and 9,443 distributed
- 142 registered children being followed up and 2,583 persons being traced
- tracing requests still open for 183 people "missing in action"

### **People deprived of their freedom**

Shortly before the north-south peace agreement was signed on 9 January 2005 -- in which the SPLM/A and Sudanese government committed themselves to releasing all persons arrested in relation with the conflict, with the participation of the ICRC -- the ICRC submitted a memorandum of understanding to both sides, clarifying the role and responsibilities of all parties in such a release.

Meanwhile, on 10 March some 150 detainees were released by the SPLM/A and eventually reached Khartoum. ICRC involvement in this release was not requested. About 20 of the former detainees visited the ICRC in Khartoum and received assistance to enable them to travel to their families. Some of them had not seen their relatives for 15 years and Red Cross messages had been their only means of communication.

The ICRC is continuing its efforts to gain access to all detainees held by the government in connection with armed conflict in Sudan, in accordance with its mandate; it submitted a renewed offer to this effect to the government in January. The ICRC is also in discussions with the opposition SLM/A and Justice and Equality Movement regarding broader access to people held by them in Darfur (the ICRC is currently visiting some 50 opposition-held detainees).

### **ICRC communication in Sudan**

Communication for the ICRC in Sudan is primarily about ensuring the acceptance of its operations and understanding of its neutral and impartial approach, and promoting international humanitarian law (IHL).

*Acceptance:* in Darfur the ICRC is one of only a handful of organizations that is delivering assistance and providing protection services in remote and rural areas. To achieve this, ICRC delegates and key national staff maintain a dialogue with all the various weapon bearers to ensure the safety of the ICRC's operations and the acceptance of its humanitarian mission. Time is taken to explain the purpose of the ICRC's presence as well as the protective significance of the red cross and red crescent emblems.

*Understanding:* civilians and weapon bearers alike need to be fully aware of the ICRC's neutral, impartial and independent approach and how these strict principles determine the priorities of the ICRC's operation. Dissemination sessions explaining the principles are held with parties to the conflict and with the civilian population throughout Darfur and southern Sudan, as well as in the east, in Kordofan and in the Nuba Mountains.

*IHL Promotion:* The dissemination of IHL and the Fundamental Principles of the International Red Cross and Red Crescent Movement – especially in relation to their practical application – is fully integrated into all aspects of ICRC operations in Sudan.

Arabic-speaking specialists in the dissemination of IHL are active throughout Darfur, conducting awareness sessions with all parties to the conflict from the high command of the armed forces, Arab militias and opposition groups to the fighters and soldiers in the field. In southern Sudan, IHL sessions are held regularly with the Sudanese armed forces, the SPLM/A and other armed groups, as well as with civil-society representatives. A full-time ICRC armed forces delegate is now working with the government and the SPLM/A to ensure that IHL is integrated into newly established structures during the post-conflict period. The ICRC is also preparing a similar programme to be conducted with the African Union and other peace-support operatives in Sudan.

In addition to the hundreds of ad hoc and formal dissemination sessions which are carried out monthly in Sudan with parties to the conflict and civilians, the ICRC is conducting similar programmes with the police and security forces, academic circles and the media. In May 2005 a ten-day train-the trainer workshop on IHL and human rights was held with the National Security Forces of Sudan, while a seminar on 'the media and conflict', emphasizing IHL and humanitarian reporting, was held for key media representatives in Khartoum.

A memorandum of understanding was signed in March 2005 with the Unified Police Forces of Sudan, which paves the way for the full integration of IHL and human rights principles into their training curricula. The ICRC already has a similar agreement with the Sudanese Armed Forces, as well as a formal programme of IHL training with the SPLM/A, which is currently being enhanced.

There are also clear indications that Sudan will soon adhere to the two Protocols additional to the Geneva Conventions. Sudan's national commission for the implementation of IHL, supported by the ICRC, played an active role in this.

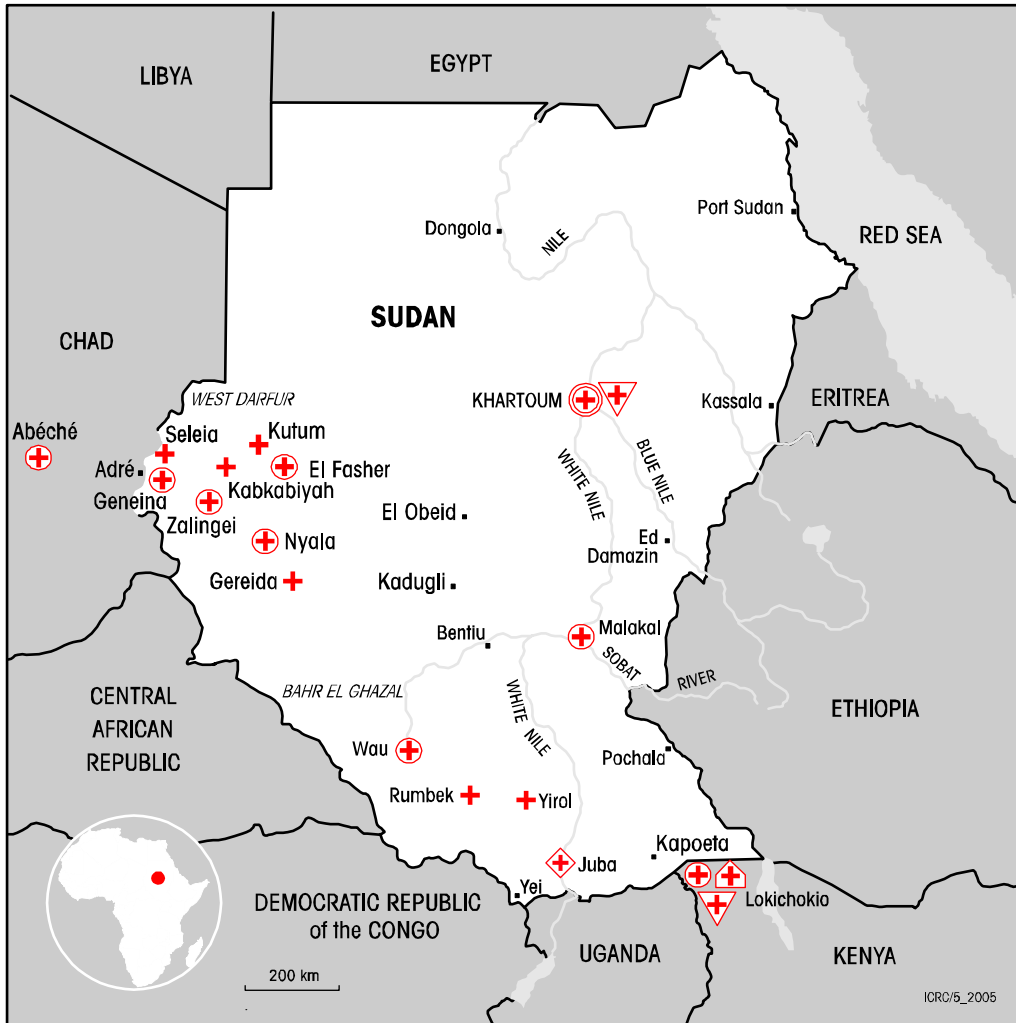
### **International Red Cross/Red Crescent Movement**

The ICRC is assuming major responsibilities on behalf of the Movement in Sudan and has worked hard to improve the management framework, including services for partner National Societies active in the country. Nine partner National Societies are currently working in Darfur; this includes two ICRC health-care projects run jointly with the Canadian and the British/Australian Red Cross Societies in Seleia and Gereida respectively and more loosely coordinated activities with the Netherlands, German, Finnish, Danish and Spanish Red Cross Societies. In the south, the ICRC is supporting three coordinated primary-health care projects of the German, Netherlands and Danish Red Cross Societies, handed over by the ICRC during 2004.

The ICRC continues to cover the running costs and provide materials and training to help Sudanese Red Crescent branches across conflict-affected regions to relay Red Cross messages, prepare for and respond to emergencies, and promote IHL, the Red Crescent's work and the Movement's Fundamental Principles. The Red Crescent is facing the dual challenge of responding to the needs in Darfur and the transition to peace and reconstruction

in the south. As the ICRC's main partner in the field, it is receiving increased support to boost its capacity to help vulnerable populations.

# Map of Sudan



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