



ICRC

NEWSLETTER

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ICRC SUDAN

A word from the head of delegation

Patrick Vial

The International Committee of the Red Cross (ICRC) in Sudan runs a large number of humanitarian programmes. Many of them focus on people living in remote rural areas who have been affected by armed conflict, helping them sustain their livelihoods and gain access to essential services. At the same time, the ICRC has the capacity to mount emergency responses to address the most urgent needs of people affected by natural disasters or outbreaks of fighting.

Over the last few months, the ICRC has been called upon to do just that. In cooperation with the Sudanese Red Crescent Society (SRCS), its main partner in Sudan, the ICRC rapidly responded to several emergencies.

When Omdurman was attacked in May, for instance, the ICRC and SRCS immediately sprang into action. The Khartoum branch of the SRCS mobilized 250 volunteers to give first aid assistance to the injured and to evacuate the wounded and the dead. The ICRC provided logistical support, including vehicles, fuel and drivers, to the National Society. It also supported four hospitals in Omdurman and Khartoum with enough war-wounded medical kits to treat dozens of injured people.

The ICRC and SRCS were also able to bring emergency humanitarian relief to people affected by fighting that broke out in the Abyei region in May. Several ICRC/SRCS teams deployed to Abyei, Almujiad, Agok and Malual Aleu to assist thousands of people who fled the fighting both north and south of Abyei town. The teams provided them with food rations, shelter material, household items, clean water, and assisted in burying the dead. The ICRC also donated medical kits to Almujiad Hospital, improved its electricity and water supply, and made the operating theatre fully functional.

Continue on p. 4



Improving Livelihoods in Darfur

Last May, the ICRC launched a major operation to distribute seeds to rural communities in Darfur. It aimed to assist 40,000 families (200,000 people) living in remote farming areas, especially in and around Jabal Marra, to sow their fields before the onset of the rainy season.

The operation responded to a major threat to the economic security and livelihoods of rural households posed by a combination of factors. These included partial crop failure caused by a dry spell towards the end of the 2007 cropping season, soil depletion, population displacement, poverty and insecurity.

"This situation made it difficult for many families to get the basic goods and services they need," said ICRC agronomist Bruno Declercq. "The seeds will boost their production capacity and improve their economic position."

Each household received seeds for staple foods and cash crops, together with basic tools and a "seed-protection ration" – a supply of food for the families' own consumption while planting the seeds.

By the end of the operation in June, ICRC teams had reached at least 45,000 families in remote areas of North and South Darfur States - 5,000 families (25,000 people) more than the original target. The ICRC had used over 500 trucks and hundreds of workers to distribute nearly 3,300 tonnes of seeds, food and agricultural implements to those families.

Continue on p. 5

Inside

- | | | | | | |
|---------------------------|---|------------------------------------|---|-----------------------------|---|
| • Guantanamo: Internees | 2 | • Assisting Abyei victims | 3 | • Gereida operation | 5 |
| • The Field Surgical Team | 2 | • Fuel efficient stoves in Gereida | 4 | • Helping people walk again | 6 |

Guantanamo:

Words from a lost brother that were not to be

A Sudanese internee in the US detention centre in Guantanamo Bay was to speak to members of his family for the first time since his arrest in Pakistan seven years ago. It did not happen.

The three men- two brothers and a nephew- had traveled more than 850 kilometers from the Red Sea town of Port Sudan to the ICRC offices in Khartoum hoping to speak to their brother. Too ill to take part in the long and exhausting trip, the mother, who has been longing to hear her son's voice, decided not to come.

Sitting around a table at the ICRC office, the three waited tensely as time passed slowly. The only thing standing between the two sides of the family was a cell phone and a few more minutes. The room was so tense one could hear the sound of silence.

Even the ICRC delegate was nervous as she started dialing the Guantanamo number that would make it possible for the detainee to speak to his family for the first time since his arrest in 2002. The phone rang and rang. No one on the other end was picking up.

With considerable persistence, the ICRC delegate spent the next 20 minutes making several calls to different places before someone informed her that the detainee would be brought to the phone soon, and that she should call back 20 minutes later.

Time passed ever so slowly before the delegate picked up her

mobile phone again. Making sure that the detainee was there, she handed the telephone to his older brother in the room. The brother began talking. There was only silence on the other end of the line.

Near tears, he pleaded with his brother in Guantanamo to say something, anything, even one word. Absolute silence is all he got.

Hoping that his younger brother would be able to persuade his sibling to say a word or two, he passed the phone to his brother. Nothing, just silence.

Nearly an hour had passed since the first attempt to call Guantanamo. A voice followed saying in English that the detainee refuses to speak.

"He is like that; too emotional and chokes on words," said the older brother with tears in his eyes. "This happened before, even when he was free."

The brother was overwhelmed with emotions when he spoke to the media later. "We want our brother to come back to us; we miss him very, very much."



The Field Surgical Team: Taking care of the injured

The ICRC Field Surgical Team (FST) can now be deployed anywhere in Sudan. For people wounded by weapons, the FST could mean the difference between life and death.

The ICRC has a highly specialized flying Field Surgical Team to help those injured by weapons that have no access to professional treatment. Based in Nyala, the capital of South Darfur, the FST was established to cover remote areas of Darfur, where life-saving surgical facilities are lacking. The four-person team is composed of a surgeon, an anaesthetist, an operating theatre nurse and a ward nurse.

When armed confrontations erupted in the central region of Sudan, the FST expanded its operation to take care of those who were wounded in the area.

The team serves civilians and combatants alike. Its services are impartial and available to all, based only on need. The FST intervenes in government and opposition controlled areas where fighting has taken place. It can also assist the surgical team of a hospital if there is a large influx of wounded. It is deployed only in emergencies.

In May, the ICRC deployed the FST for the first time in Almujlal, north of Abyei, to treat people with gunshot wounds after heavy fighting erupted in the area.

From January to June 2008, the ICRC deployed the FST 8 times. The team flew to remote areas of Darfur, Bentiu, Almujlal and Abyei conducting major surgeries for dozens of injured people.



Health care for children and women at ICRC-supported PHC facilities

At the beginning of 2008, three primary health care (PHC) facilities were being supported by the ICRC. By the end of June, the number had increased three-fold. Now the ICRC supports 10 health centres in remote areas and a major health and nutrition centre in Gereida camp.

The health facilities provide primary health care and curative services to a large number of people in remote areas of Darfur. Immunization of children less than 5 years of age and women of childbearing age against the most common killer diseases is vital for communities that have suffered due to insecurity, geographic distance from main towns, and poor health services.

During the first half of 2008 these health facilities, excluding the one in Gereida, vaccinated nearly 60,000 children (under 5 years), provided antenatal and postnatal consultations to more than 6,000 women and around 66,000 curative consultations to people in various locations of Darfur.

The ICRC has been focusing its operations and interventions on remote areas in Darfur to facilitate access of those communities to health and clean water.



ICRC/HGER, Boris

Interview:

Assisting the victims in Abyei

Following intense fighting in Abyei, central Sudan last May, ICRC teams provided food and non-food relief to displaced people and repaired the electrical and water systems at Almujaad Hospital making its surgical theatre operational. 'Sudan Newsletter' spoke to Giorgio Negro, the outgoing ICRC team leader.

Newsletter: What was the ICRC response to the humanitarian needs in the Abyei region?

Giorgio Negro: In May, in collaboration with the Sudanese Red Crescent Society, the ICRC sent its teams to south and north Abyei to assess the situation of the displaced. The Field Surgical Team was deployed to Almujaad where it operated on people wounded in the fighting. We distributed food rations and essential household items (plastic sheets, blankets, kitchen sets, jerry cans and soap) to 2,000 displaced people in Almujaad, and 1,450 essential household items to 9,000 displaced people in Malual Aleu. ICRC engineers repaired water pumps to supply clean water to the displaced and their hosts.

In Kadugli, north-west of Abyei, the ICRC had pre-positioned 250 similar essential household items kits, sufficient for 1,500 people, in SRCS warehouses after clashes in Kharasanah in April. At least 80 displaced families received food and these kits. The rest of the items will be used in future emergencies.

What are ICRC plans for the future?

ICRC teams have been to Almujaad more than once to evaluate the situation and provide assistance to IDPs. They also visited Abyei to bury the dead and assess the needs of the population that started trickling back to the city. Furthermore, the ICRC assessed the situation of IDPs outside Almujaad, in Aldebab and Setab villages, and will distribute essential items to them soon.

Our teams will be back to assess water consumption needs in areas around Almujaad, including water pumps and water yards

to provide access to clean and sufficient quantities of water for humans and animals. In Abyei town, the ICRC is assessing water pumps to provide access to clean water for returnees.

The teams have also conducted tracing activities to help IDPs and returnees re-establish family links and find missing family members. We held sessions on the modus operandi of the ICRC and the Red Cross and Red Crescent Movement. Information sessions, including notions of International Humanitarian Law, were held for more than 500 officers and soldiers of the Joint Integrated Unit and the police force in Abyei. We also held introductory meetings with community leaders and the Sudanese Armed Forces in Almujaad area.

Is the ICRC planning to establish a more permanent presence in the area?

The ICRC has been providing assistance to the area from two directions. In the south, our teams travel from Juba to respond to the needs of displaced people in the southern part of the Abyei region, especially Agok. As for the northern part of the region, we have a team based in Khartoum that covers Almujaad and surrounding areas.

Our teams have been establishing contacts with the different parties and the communities in both areas. Since the terrain is very difficult, distances are great and there is a need to be present there in a more sustained manner, the ICRC is establishing a small logistical base in Almujaad from where our teams can operate.

Fuel efficient stoves:

Saving time and reducing risks

A new wood-saving stove introduced by the ICRC in Gereida camp and some agro-pastoral villages is proving useful, according to initial research.

An evaluation study conducted by an ICRC Economic Security team has indicated that fuel-efficient stoves distributed to families at Gereida camp at the end of 2007 are saving time and money and generating extra income for displaced families.

In December 2007, the team organized focus group sessions for 95 Meirams (female group leaders) of the 138 that had received stoves in November of the same year. The study compared the effectiveness of the new stoves with the traditional, widely used, three-stone fireplaces. The focus group discussions resulted in the development of a monitoring form on the usage of the stove to evaluate acceptability, usage, efficiency, economic impact and feasibility of such a project.

Participants in the focus group sessions indicated that the stove uses much less wood, heats quickly and reduces cooking time and smoke. They said it was safer, that it produces charcoal that can be used to make tea and ironing clothes, and that it is transportable.

However, some women said that the stove is less stable than the traditional method and that its handle can break easily.

When the team visited a sample of 33 households to evaluate the stove, they found that 100 percent of households used the fuel-efficient stove. The majority of the families continued also to use the more traditional method when more fire was needed, especially during celebrations.

According to the study, 50-80 per cent of respondents showed enthusiasm for the stove because "[it] cuts down on firewood usage". They all indicated that the stove is speeding up cooking by up to two times.

Some women used their saving in firewood consumption to generate extra income instead of reducing firewood-collecting trips as intended. Now, women are selling the extra wood in the market and are using the cash to improve their economic situation.

Other women are either "buying or collecting wood depending on the availability of cash and their assessment of the security situation," says the study. In this case, firewood is only used for their own consumption. They buy less wood or reduce the number of times they go for firewood collection.

The ICRC has distributed more than 2,225 stoves in Gereida IDP camp and some more to agro-pastoral families in Abata and Fase.



From page 1

(A word from the head ...)

Other highlights of the last few months include the completion in July of two major operations in Darfur that lasted several weeks. The first was distributing seeds and agricultural tools to 45,000 farming families in and around Jabal Marra to improve the economic security of these families. The second project was the vaccination of more than half a million cattle, sheep, goats and other livestock belonging to pastoralist communities affected by armed conflict in North and South Darfur States.

The ICRC also continued its permanent functions to monitor compliance with international humanitarian law by all parties to the conflict, and engage in dialogue with them over respecting the law.

At the Government's request, the ICRC oversaw the detention conditions of over 100 minors captured during the fighting in Omdurman in May. The ICRC registered the minors, made recommendations to the Government, put the minors in touch with their families through Red Cross Messages, and helped to reunify them with their loved ones.

This edition of the ICRC newsletter is dedicated to our two colleagues who tragically died in the course of upholding the humanitarian values at the heart of the ICRC's work. Adoma Abdallah Adoma was killed in an attack on the ICRC office in Seleia in western Darfur in February, and Emmerich Pregetter died in August while working in the Jabel Marra region of Darfur. Everyone in ICRC was profoundly shocked and saddened by their deaths. They will forever remain in our memory.

ICRC in Gereida

Caring for internally displaced people

The ICRC continued to provide monthly food rations, shelter materials, essential household items, and access to health, water and sanitation services to a fluctuating camp population.

The number of malnourished children in the camp went down by at least 50 percent since 2005, when the ICRC set up a feeding centre in partnership with the British and Australian Red Cross Societies.

The latest nutritional survey, which is conducted every six months, indicates that the number of children benefiting from the centre remained stable as access to water and sanitation services improved.



The ICRC has been responding to essential needs of more than 130,000 displaced people in Gereida camp, one of the largest in the world.

Facts and Figures

During the first 6 months of 2008, the ICRC provided the following services to residents of Gereida camp:

- Monthly food rations to more than 130,000 IDPs.
- Access to clean drinking water, sanitation, garbage disposal and hygiene services.
- Rehabilitation of 2,500 latrines and construction of 150 new ones with help from SRCS volunteers.
- Over 3,000 postnatal and antenatal consultations to women.
- 27,000 doses of vaccines against major killer diseases to children under 5 years.
- 24,000 polio immunisation doses to children under 5 years.
- Curative consultations at the primary healthcare centre in the camp for some 37,000 people, including more than 17,000 women.
- 2,250 Fuel Efficient Stoves to some of the most vulnerable households of the camp. The stoves save fuel, time and money spent on firewood.



ICRC/LEBIHAN, Stéphanie

From page 1 (Improving livelihoods ...)

Livestock vaccination campaign

Darfur is home to an estimated 22-25 million heads of livestock, making grazing animals the main form of livelihood and source of income for nomads in the region. Conflict and insecurity have disrupted traditional livestock routes and made it increasingly difficult for nomads to obtain animal health services. The ICRC is vaccinating their livestock in areas where such services are not available.

To protect animals against five major fatal diseases, two ICRC teams completed a major livestock vaccination campaign in remote areas around Kabkabiyya in northern Darfur, working with the Ministry of Animal Resources. The teams vaccinated nearly 130,000 cattle, camels, sheep and goats.

By the end of the operation in mid-July, ICRC teams had vaccinated more than 500,000 animals in designated nomadic areas in North and South Darfur. "Red Cross medicine is very good for our animals," said a camel owner near Nyala, South Darfur. "We used to lose 15 to 20 per cent of our animals to disease. This has now dropped to about 5 per cent."

Vaccinations were to resume after the end of the rainy season. It is virtually impossible to conduct vaccination campaigns during the rains, as the herds are moved to greener pastures and access to these remote areas becomes difficult.



ICRC/DABBAKEH, Saleh



Persons with disabilities

Helping people with disabilities walk again

The ICRC provides technical advice, materials and component parts to the physical rehabilitation centre of the National Authority for Prosthetics and Orthotics (NAPO) in Khartoum and five other centres across Sudan.

The ICRC organized a training course in the "management of physical rehabilitation centres, basics on procedures and tools" for all directors of physical rehabilitation and/or orthopaedic centres in Sudan.

In January, the ICRC started another three-year training course for 15 new students. The course leads to the Sudanese Diploma for Prosthetics and Orthotics (SDPO), recognized nationally and internationally. The ICRC sponsored 12 other Sudanese staff to study abroad in Tanzania and Rwanda.

The ICRC assessed the orthopaedic centres and their needs in Kassala, Damazine and Kadugli in coordination with NAPO. In light of local authorities' commitment to running the centres, the ICRC started to rehabilitate the buildings, which will be equipped with new machinery and materials to boost the production of prostheses.

The Juba centre, run by the Nile Association for the Disabled, continued to receive materials and components. It also received funds in order to cover patients' transportation and accommodation. Technical and managerial advice is given through two ICRC full-time specialists.

In coordination with the Ministry of Gender, Social Welfare and Religious Affairs, the ICRC built a new physical rehabilitation reference centre in Juba. The ICRC also provided support to the ministry in the organisational planning and budget preparation for the new centre.

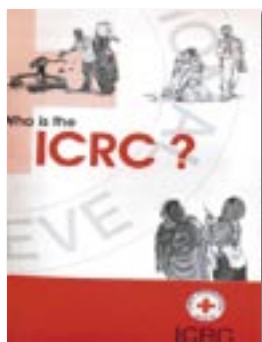
Supported by the ICRC, the Nyala Orthopaedic Centre (the only facility serving Darfur) is treating patients free of charge. In addition to funds to cover patient fees, including transportation and accommodation, the centre benefits from the full-time services of an ICRC specialist. It also receives necessary materials to produce and fit orthopaedic appliances.

Within the first six months of 2008, the three orthopaedic centres supported by the ICRC in Khartoum, Nyala and Juba, treated 1,537 patients (including 88 mine victims) and produced 488 prostheses, 408 orthoses and 1,534 crutches.

ICRC-supported orthopaedic centres across Sudan are helping thousands of Sudanese to regain control of their lives.



New from ICRC- Sudan:



Who is the ICRC?

An illustrated booklet using simple Sudanese Arabic to explain ICRC's role and activities to semi-literate people in Darfur.

(Available in Arabic and English.)



Restoring Family Links

The ICRC is working closely with the Sudanese Red Crescent to re-establish and/or maintain contact between family members separated by conflict. This illustrated booklet explains, in simple language, the working modalities of the Family News Network.

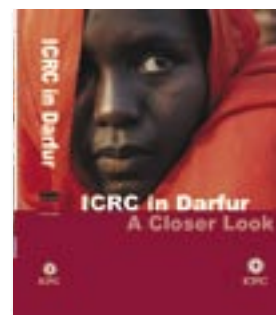
(Available in Arabic and English.)



The ICRC in Southern Sudan

The ICRC began operating in Southern Sudan in 1984 to assist victims of the armed conflict. The signing of the CPA ushered in a transitional period. The ICRC has adapted its programs accordingly, while retaining its capacity to respond to emergencies.

(Available in Arabic and English.)



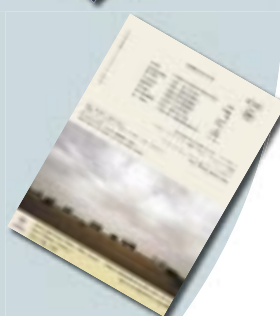
Film: The ICRC in Darfur: A Closer Look

Famous Sudanese singer/musician Shurhabil Ahmad tells the story of the ICRC in Darfur through this film, and explains what it does and how it works.

(22 minutes, available in Arabic, and in Arabic with English subtitles.)

New ICRC calendar products 2009

The 2009 calendar products illustrate in photos and text the main actions of ICRC in Sudan.



ICRC actions in Sudan through its press releases

Some of the major activities and operations of the ICRC during the first half of this year were reflected in public press releases. Here are the most notable:

February:

A Sudanese **ICRC staff member was killed** during fighting in Seleia, West Darfur.

March:

Sudanese writer, **Alhadi Radi, wins first prize for short story in a regional competition** organized by the ICRC Communication Support Centre (CSC) in Cairo. Patrick Vial, the head of the ICRC delegation in Sudan, handed him his award at the ICRC offices in Khartoum.

April:

ICRC offices in **Chad and Sudan work together to reunite six children**, caught up in the Arche de Zoe affair, with their families in Darfur.

May:

ICRC, the Sudanese Red Crescent Society and the International Federation celebrate the **International Red Cross and Red Crescent Day in Khartoum on 8 May**.

In response to fighting in Omdurman, **ICRC/Sudanese Red Crescent teams deliver medical supplies such as surgical material, dressing sets and medicines to four hospitals** in greater Khartoum. The ICRC provides logistical assistance and medical supplies to 250 SRCS volunteers mobilized to help carry out humanitarian work.

To finance the continuation of **its operations at Gereida camp and the work of its Field Surgical Team in Sudan, the ICRC asks donors for an additional CHF 20 million**. This brings the 2008 budget to over US\$ 121 million, making Sudan the largest ICRC operation in the world.

June:

The ICRC facilitates the **first direct telephone call between a Sudanese internee in the US detention centre in Guantanamo Bay, Cuba, and his family in Khartoum**.

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 (SPLM/A) in Southern Sudan. Since early 2004, it has been responding to needs arising from the hostilities in Darfour. The organization protects and 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.



International Committee of the Red Cross (ICRC)

St. 33, House 16, Amarat, Khartoum, Sudan
P.O. Box No. 1831
Telephone No. +249 183 476464 - Fax No. +249 183 467709
E-mail: khartoum.kha@icrc.org

Al-Fashir : +249 731 844751/831417
Al-Geneina : +882 1651127505
Nyala : +249 711 832081
Zalingi : +249 713 822038
Gereida : +871 764050455
Kutum : +882 1651120407
Kabkabiya : +873 764038564
Juba : +249 811 823412/415/550

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance.

The ICRC 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 Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.

For additional information visit our website at www.icrc.org



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