The extent and total impact of mine/UXO victim problem in Sudan has yet to be ascertained. There is an estimated 10,000 victims in Sudan. Mine/UXO survivors in Sudan are vulnerable and one of the most neglected minorities. Assistance to both landmine/UXO survivors and victims forms a core component of the mine action strategy in Sudan. Although uncoordinated, NGOs and government agencies have been implementing some projects for quite some time (See Annex 3). Competent NGOs specialised in disability issues operate in Sudan. The Ministry of Welfare and Social Development is the focal point for people with disabilities. The National Authority for Prostheses and Orthotics (NAPO), supported by the GOS and ICRC, manages the National Orthopaedic Centre, and satellite centres in six states. These are the only, ongoing data collection points for tracking new victims. The Military Hospital provides free medical care to mine/UXO victims.
Numbers of victims are vastly underreported, because of the poor reporting and surveillance systems.  
50% of casualties are in the Nuba Mountains and equatorial states.  
84% of casualties are male.  
One out of four victims is a child.  
90% of casualties are attributed to mines, whereas only 10% to UXO.  
30% of injuries lead to death.  
71% of injuries that led to death occurred in the incident area 29% on the way to health facilities or upon arrival.  
84% of victims were transported more than 50 km to reach the nearest health facility, 14% were carried on foot, and 12% are living with permanent disabilities.
**Victims by Gender**

- Male: 84%
- Female: 16%

**Victims by Age**

- 19-30 yrs: 39%
- 31-45 yrs: 26%
- 46+ yrs: 10%
- 11-18 yrs: 17%
- 6-10 yrs: 6%
- 1-5 yrs: 2%
**RATIO OF FATALITIES TO INJURIES**

- **Fatal**: 30%
- **Injured**: 70%

**AVAILABILITY OF INFORMATION**

- Due to inadequate coordination, weak infrastructure, communications, and health facilities there is no reliable, comprehensive, nationwide collection of data.
- The NMAO, in cooperation and collaboration with the Federal Ministry of Health, WHO, UNICEF and the Sudan Landmine Information and Response Initiative, conducted limited surveys.
- Victims' assistance data is gathered and analysed via IMSMA, at the NMAO in Khartoum.
- A large number of injuries occurred during and immediately after conflict, whereas a significant decrease in mine/UXO incidents followed ceasefire agreements.
- There is currently limited pressure on resources to force people into risk taking behaviour and thereby, traversing into unsafe land. However, the number of mine/UXO incidents is expected to increase once immediate resources diminish, and if there is to be a large influx of IDP’s/refugees.
- Since the end of the ceasefire, few injuries have been reported and the exact extent of victims' assistance needs in South Sudan is not known. Thus, given current gaps and inconsistencies in the data collected, victims' assistance might not seem to be a priority.
MEDI CAL CARE

- The first point of contact for assisting mine/UXO victims in South Sudan are the Preliminary Health Care Units/Centres (PHCU/C).
- Since 2003, MRE initiatives that target special groups, such as IDPs and refugees, have been estimated to cause an 80% reduction in mine/UXO incidents.
- Health services, however, are inadequately equipped to deal with mine/UXO injuries.
- Most victims are transported by the community on animals, carts, bicycles or homemade stretchers to the nearest health facility.
- Approximately 75% of registered victims reached medical facilities in four hours or less. Of those victims who were transported to a hospital, over one fifth arrived at the medical facility 5 or more hours later.
- Almost 30% of fatalities that resulted from mine/UXO accidents took place while the victim was transported to trauma medical facilities.
- WHO has training programmes in First Aid.
- The majority of the Sudanese Red Crescent volunteers are well-trained in First Aid.
- The NMAO has now started to collaborate with WHO for developing a project that aims to train surgeons on limb saving operational techniques, in addition to training a core group of 12 trainers for providing training to health workers and counsellors, as well as make provisions for supplies and equipment to operating rooms in select hospitals.

PHYSICAL REHABILITATION/PROSTHETICS

- The National Orthopaedic Workshop in Khartoum, supported by the GoS and ICRC, has six sub-offices in different states, which specialise in the production, provision, and fitting of prostheses, pre- and post-prosthetic care, repair and adjustment of prostheses, as well as provision and maintenance of orthotics. It initiated the free provision of artificial limbs to mine/UXO victims, both civilian and military, from July 2003.
- The Juba branch of the National Orthopaedic Workshop is supported by the ICRC and Norwegian Church Aid (NCA) for producing wheelchairs, in addition to prostheses.
- Currently, mine/UXO victim referrals in Southern Sudan are made to Lokichoggio for amputation and prosthesis. A hospital in Yei has the capacity to administer amputations and the MCDI is currently constructing a centre for prosthesis and orthotics.
- There are plans for a MCDI prosthetic centre in Rumbek (South Sudan), with smaller operations in other counties of Bahr el Ghazal.
PSYCHO-SOCIAL SUPPORT

- The Organization for Care of War Disabled & Protection from Landmines (ABRAR) and Peace and Tolerance International Organisation (PTIO) are active organizations that are working in psychological and trauma care for landmine victims.

- The Canadian government allocated a grant of CAD$100,000 to ABRAR for the establishment of a trauma care centre in Khartoum.

- ABRAR is a member of the National Union of Sports for Disabled People. In collaboration with and coordinated by the Sudan Campaign to Ban Landmines (SCBL), ABRAR organized the first race for landmine victims.

- ABRAR with the collaboration and coordination of the NMAO organized an exhibition by the Landmine Supporters Group from the University of Sudan exhibiting drawings reflecting the landmine victims’ problem.

- PTIO conducted many mine/UXO counselling workshops, especially in the IDP’s camps.

ECONOMIC REINTEGRATION

- The Japanese government funded the National Vocational Training Institute in Khartoum, established by ABRAR. The Institute has the capacity to train 40 to 200 people in a variety of skills.

- Ten landmine victims graduated in computer maintenance from the El Mahadi University.

- The University of Sudan agreed to provide five mine/UXO victims per year access to free courses.

- MCDI plans using mine victims for MRE in Bahr El Ghazal region.

- The Japanese embassy approved the establishment of a vocational training centre project in Khartoum, coordinated by the NMAO and implemented by ABRAR for mine/UXO victims, in the amount of USD$54,000.

- The Arab Gulf Fund for United Nations Development Organisation granted USD$62,000 to ABRA for the establishment of a women’s development centre at an IDP camp near Khartoum - for mine/UXO victims and their families.
KEY CONSTRAINTS

- Lack of accurate or comprehensive data regarding mine/UXO victims
- Lack of resources for coordination and capacity building
- Poor infrastructure for providing medical, psycho-social, physiotherapy, occupational therapy and socio-economic reintegration services to mine/UXO victims
- Lack of funding for victim assistance

DESIRED SITUATION

- Adequate data on mine victims, their situation, needs and possibilities for rehabilitation and reintegration
- Capacity to conduct psycho-social counselling of victims at an early stage
- Sufficient and decentralised trauma medical centres to deal with mine/UXO casualties, within an acceptable time frame
- Decentralised orthopaedic centres in the North and South, capable of dealing with the manufacture, fitment and maintenance of all types of prostheses and orthotics
- Adequate facilities for the physical rehabilitation of victims
- Cost effective projects for the reintegration of mine/UXO victims, linked to other peace-building and poverty reduction initiatives
**PLAN TO ACHIEVE RESULTS**

- Coordination of all matters related to landmine victims in Sudan through the NMAO
- The establishment of an effective mine/UXO victim information network, coordinated by the NMAO and managed by the IMSMA database
- Assessment survey of the extent and needs of mine/UXO victims
- The establishment of adequate trauma medical facilities at PHCU/Cs
- Strengthening and support of decentralised prostheses and orthotic centres to cover both the North and South of Sudan
- Implementation of community based socio-economic reintegration projects for mine victims
- Building of a sustainable national capacity for victim assistance

**LAWS AND PUBLIC POLICIES**

- Sudanese laws and legislation have established a rule, in the context of employment equity, for promoting the rights of people with disabilities. For example, it is national policy that local organizations reserve 5% of their occupational positions for applicants with disabilities
- The Victim Assistance Working Group, supported by the NMAO, advocates for the rights of persons with disabilities
- The NMAO is coordinating and collaborating with the Ministry of Social Affairs (MoSA) for establishing a health insurance system for landmine victims throughout Sudan
PRIORITIES FOR ASSISTANCE

- Develop the capacity of the victim assistance office at the NMAO, with international technical assistance, in order to effectively implement and coordinate victims assistance throughout Sudan.

- Support for a countrywide survey to determine the actual extent of the mine/UXO victims’ problems and needs.

- Develop and support psycho-social counselling services for traumatised mine/UXO victims.

- Strengthening of decentralised PHCU/Cs for enabling them to deal with trauma injuries.

- Support and expand prostheses/orthotic centres, including rehabilitative care, throughout Sudan.

- Funding and support for socio-economic reintegration programmes for mine/UXO victims, linked to peace-building, poverty reduction and repatriation of IDP/refugee projects.