

**SUDAN REPORTING TO THE SECOND SESSION OF THE
STANDING COMMITTEES TO THE ANTI-PERSONNEL MINE
BAN CONVENTION
GENEVA 21-25 JUNE 2004**

**UPDATE TO THE MEETING OF THE STANDING COMMITTEE ON VICTIM
ASSISTANCE AND SOCIO-ECONOMIC REINTEGRATION**

I. THE EXTENT OF THE CHALLENGE

- a. The extent and total impact of mine/UXO problem in Sudan has yet to be ascertained. Accordingly, 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 mine action strategy in Sudan. Although ongoing efforts are uncoordinated, numerous non-governmental organisations (NGOs) and government agencies have been implementing projects and programmes for victims' assistance in Sudan for quite some time.
- b. 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 Government of Sudan (GoS) and the International Committee of the Red Cross (ICRC), manages the National Orthopaedic Centre in Khartoum, and satellite centres in six states. These are also the only, ongoing data collection points for tracking new mine/UXO victims. Competent NGOs specialised in disability issues exist such as Action on Disability and Development, ABRAR, Sudanese Red Crescent, Sudan People Support Association, Mine Combat Organization and Peace and Tolerance International Organisation (PTIO).
- c. Recent surveys have revealed the following statistics:
 - There is an estimated 10,000 victims of mines and UXO in Sudan
 - There are currently 1090 victims registered at the NMAO. This is appreciated as being vastly underreported, because of the poor reporting and surveillance system for the collection of mine victims' information;
 - 50% of the registered casualties are in the Nuba Mountains and equatorial states;
 - 84% of the registered casualties are male;
 - One out of four registered victims is a child;
 - 90% of the registered casualties are attributed to mines, whereas only 10% to UXO;
 - 30% of the registered injuries lead to death;
 - 71 % of registered injuries that led to death occurred in the incident area; whereas 29% took place on the way to the health facilities or upon arrival;

- In Kassala, 84% of the registered victims were transported more than 50 km to reach the nearest health facility, 14% were carried on foot, and 12% of these registered victims are living with permanent disabilities.

II. ADDRESSING THE CHALLENGE

a. The Current Situation

1. Availability of Information

- Although NGO's have collected some data on landmine victims, there has not been a reliable, comprehensive, nationwide collection of data in this regard. Weak infrastructure, communications, and health facilities have led to the absence of comprehensive information about landmine victims.
- The National Mine Action Office (NMAO) has trained volunteers from the Sudanese Red Crescent (SRC) on the general concept of the Information Management System for Mine Action (IMSMA), including the procedures for completing victim assistance forms. The NMAO, in cooperation and collaboration with the Federal Ministry of Health, World Health Organization (WHO) and UNICEF, has conducted state-wide surveys, by sending trained volunteers to highly effected areas (Kassala, South Kordofan, Upper Nile, Bahr Eljabal, and Blue Nile). Surveys have also been conducted in Khartoum, given the concentration of IDP camps within the area. Victims' assistance data is gathered and analysed via IMSMA, at the NMAO in Khartoum.
- Since 2004, morbidity rates are collected on a monthly basis through the Secretariat of Health's epidemiological sentinel site data collection process. This data does not include mortality because, in general, deaths are not reported consistently in the North and South of Sudan, as the country has been at war for the past 21 years and some areas are still underdeveloped. The SPLA has not kept or provided the numbers of casualties due to war. In addition, there is little respect for, or understanding of, the use of data for planning.
- The United Nations Mine Action Service (UNMAS) and ICRC's records claim that very few mine/UXO victims have been reported in Southern Sudan. Medical Care Development International's (MCDI) research indicates the same. However, these agencies recognize that the reason for this is due to the weak surveillance, monitoring, and reporting systems in South Sudan. Limited infrastructure restricts countrywide surveillance, as several areas lack roads, communications, electricity and security.
- The Sudan Landmine Information and Response Initiative (SLIRI) has been implementing needs assessment surveys. SLIRI data is currently sensitive because most of the victims are combatants and were injured during conflict. SLIRI data indicates that the pattern of mine/UXO incidents in South Sudan parallels that of the North. In this regard, a large number of injuries occurred during and immediately

after conflict, whereas a significant decrease in mine/UXO incidents followed, once the SPLM secured their area. The SPLM have conducted mine clearance and awareness operations in the South. Although affected communities are suffering from the fear factor related to the threat of mines/UXO, there is not enough pressure on resources at the moment 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, returning home.

- Although the ICRC and MCDI have also conducted surveys to identify the areas and needs for victims assistance, there is very little coordination in this sector and thereby, very little comprehensive, aggregated data.
- 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.

2. Emergency and Continuing Medical Care

- The first point of contact for assisting mine/UXO victims in South Sudan are the Preliminary Health Care Units/Centres (PHCU/C). The PHCU/C is responsible for first aid, and dressing of wounds. Patients are then referred to the appropriate tertiary health care facility. Health services, however, are inadequately equipped to deal with mine/UXO injuries. Most PHCU/Cs have the supplies to clean wounds, prevent bleeding, and administer intravenous (IV) therapy. However, painkillers and antibiotics are in short supply. Most victims are transported by the community on animals, carts, bicycles or homemade stretchers to the nearest health facility. Few, if any communities, have access to ambulance services. The PHCU/Cs are unable to deal with internal injuries caused by fragmentation. Referral services are fragile and in most areas not functioning and generally survivors in Southern Sudan are referred to Lokichoggio. The SPLM's Health Policy stipulates that Mine/UXO survivors hospitalised at PHCU/PHCCs are not fee exempt, unless they are cared for by a relative or interned in a government institution.
- According to victim assistance data in the National Mine Action Office (NMAO), 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 (SRC) volunteers are well-trained in First Aid, however, hospitals are not well prepared or equipped to treat mine/UXO victims and there is a shortage of, or in some cases, no specialised doctors in affected areas. 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.

3. Physical Rehabilitation / Prosthetics

- The main National Orthopaedic Workshop in Khartoum is supported by the ICRC, and 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 assistive devices. The National Orthopaedic Workshop 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 for people in need.
- There are plans for a MCDI prosthetic centre in Rumbek (South Sudan), with smaller operations in other counties of Bahr el Ghazal. Although the details of these plans are being finalized, the MCDI prosthetic centres aim to manufacture and fit limb prostheses, as well as provide vocational training. The centre in Rumbek will be attached to Rumbek hospital, as the hospital has surgical facilities. Widows, Orphans, Disabled Association of New Sudan (WODRUNS) is an indigenous NGO, with a mandate for providing care to war widows, orphans and the disabled. Although WODRUNS seems to facilitate some employment for war veterans, overall, it has little capacity.

4. Psychological and 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. ABRAR has peer to peer programs for mine/UXO victims. In addition, ABRAR, with the collaboration of and supervisory coordination of the NMAO, has organised two preparatory camps, through sports and psychological programmes. The Canadian government allocated a grant of CAD\$100,000 to ABRAR for the establishment of a trauma care centre in Khartoum.
- In regards to sports programmes for mine/UXO victims, 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 has conducted many mine/UXO counselling workshops, especially in the IDP's camps.

5. Economic Reintegration

- The National Vocational Training Institute in Khartoum has the capacity to train 40 to 200 people in a variety of skills. Ten landmine victims graduated in computer maintenance from the Elamam Elmahadi 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 for mine/UXO victims, in the amount of USD\$54,000. The Arab Gulf Fund for United Nations Development Organisation granted USD\$62,000 for the establishment of a women's development centre for mine/UXO victims and their families.

6. Key Constraints

Overall, the key constraints for identifying the needs and effectively serving mine/UXO victims in Sudan are:

- Lack of accurate or comprehensive data regarding mine/UXO victims;
- Need for greater coordination between the NMAO, mine action agencies, NGOs, national and local government agencies, and communities;
- Poor infrastructure for providing medical, psycho-social, and socio-economic reintegration services to mine/UXO victims;
- Lack of funding for victim assistance.

b. The 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.

c. Plan to Achieve the Desired Results:

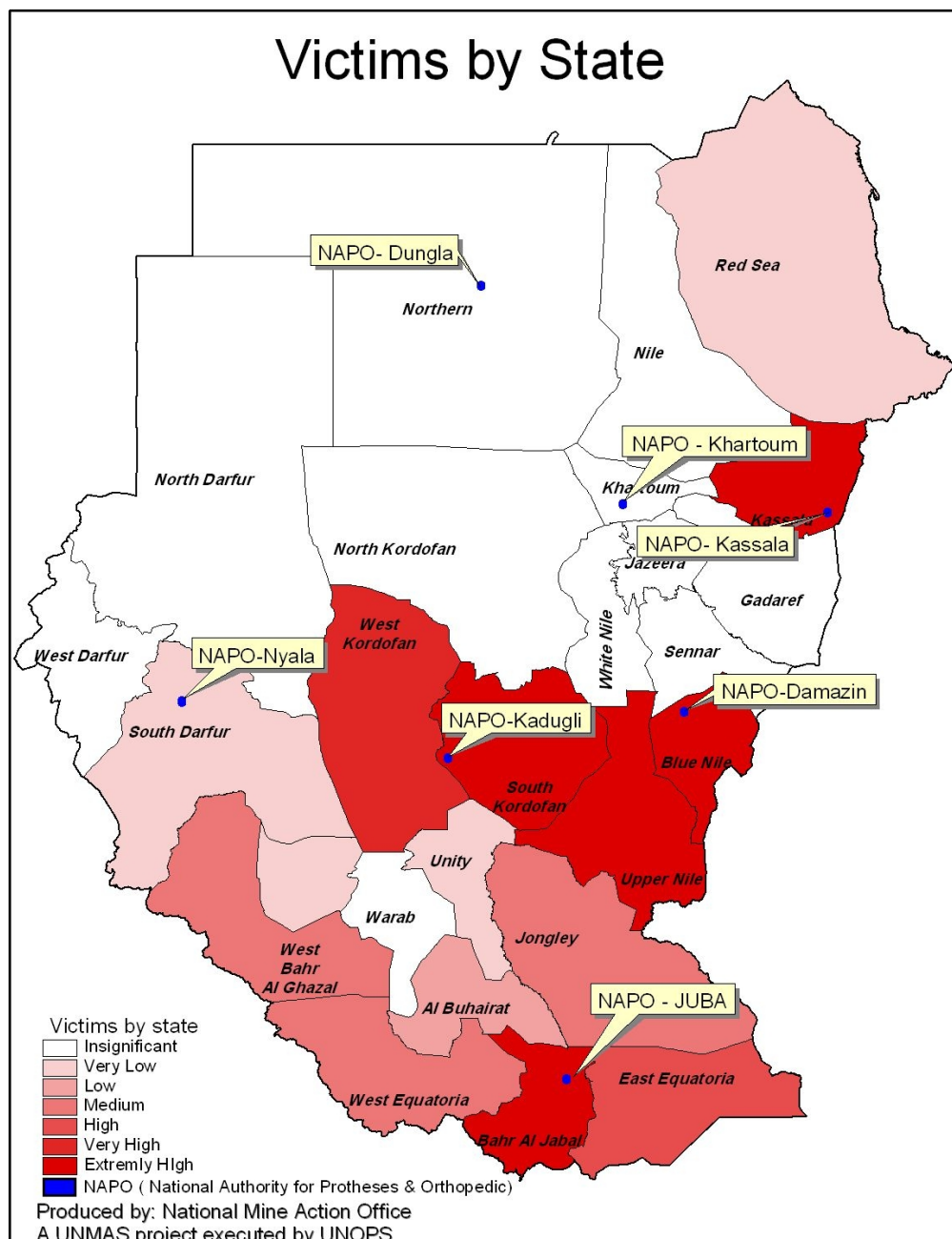
- Coordination of all matters related to landmine victims in Sudan through the NMAO;
- The establishment of an effective mine/UXO victim information network, coordinated by the NNMAO and managed by the IMSMA database;
- Assessment survey of the extent and needs of mine/UXO victims;
- The establishment 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.

d. Priorities for Outside Assistance:

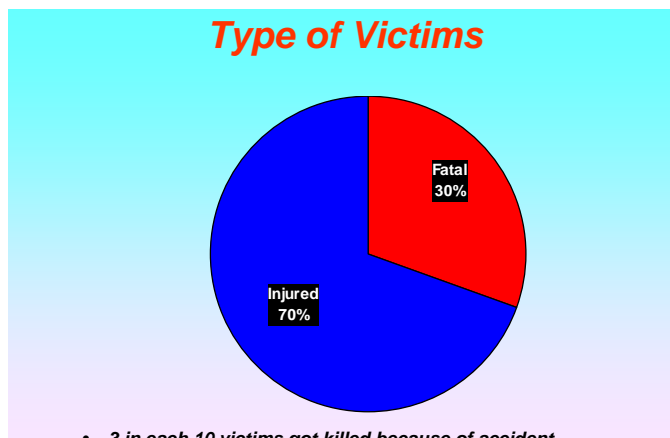
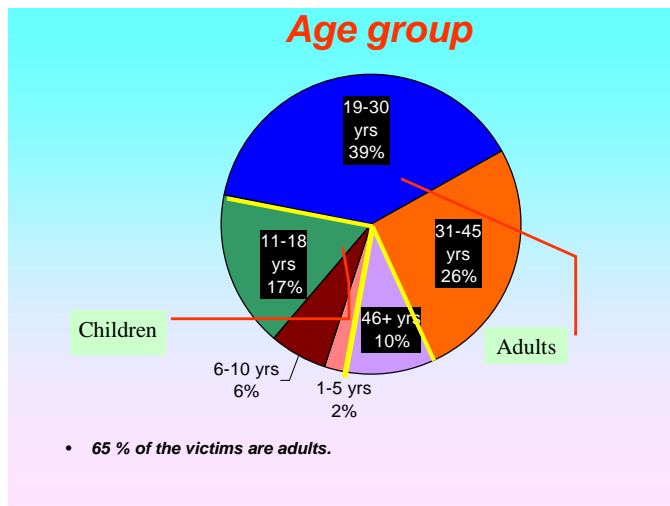
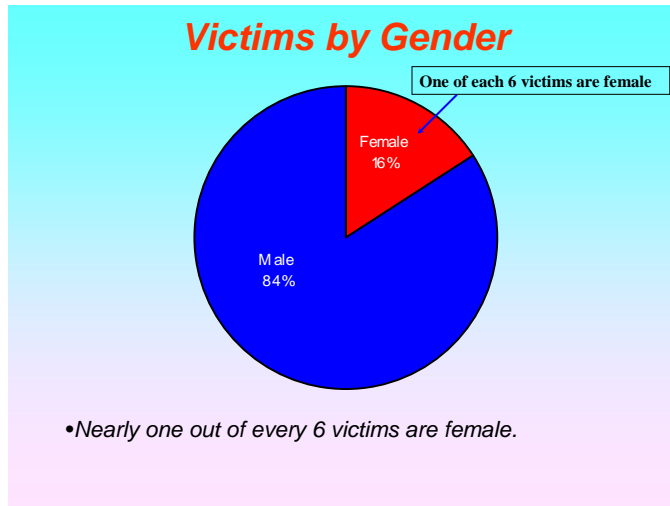
- Develop the capacity of the victim assistance office at the NMAO, with international technical assistance, in order to effectively implement and coordinate victims assistance throughout Sudan;
- Support for a countrywide survey to determine the actual extent of the mine/UXO victims' problem and needs;
- Develop and support psycho-social counselling services for traumatised victims;
- Strengthening of decentralised PHCU/Cs to be able 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.

III. LAWS AND PUBLIC POLICIES

- a. Sudanese laws and legislation have established a rule, in 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. Aside from this, there are no other laws that relate specifically to assisting mine/UXO victims in Sudan.
- b. The Victim Assistance Working Group, supported by the NMAO, advocates for the rights of persons with disabilities.
- b. The NMAO is coordinating and collaborating with the Ministry of Social Affairs (MoSA) for establishing a health insurance system for landmine victims throughout Sudan.



ANNEX 2



Agencies and Organizations Operating in Mine Action

**ANNE
X 3**

Government Agencies	International Institutions	International NGOs	Local NGOs	Demining Organisations
National Mine Action Authority (NMAA)	United Nations Mine Action Service (UNMAS)	International Committee of the Red Cross (ICRC)	Sudanese Red Crescent (SRC)	Swiss Federation for Demining (FSD)
National Mine Action Office (NMAO)	United Nations Development Programme (UNDP)	Save the Children (Sweden)	Organization for Care of War Disables and Protection Against Land Mines (ABRAR)	Danish Church Aid (DCA)
Southern Sudan Mine Action Directorate (SSMAD)	United Nations Children's Fund (UNICEF)	Health Net International	Peace and Tolerance International Organization (PTIO)	Save the Children (USA)
Southern Sudan Mine Action Office (SSMAO)	European Union (EU)	Medical Care Doctors International (MCDI)	Sudan Landmine Information and Response Initiative (SLIRI)	Norwegian People's Aid
Sudan Campaign to Ban Landmines (SCBL)		OXFAM	Roots Organization for Development (ROD)	RONCO International
National Authority for Prosthetics and Orthotics (NAPO)			Friends of Peace and Development Organization (FPDO)	Landmine Action UK
			Operation Save Innocent Lives (OSIL)	MECHEM
			Nile Community Development Organization	SPLA
			Sudan Association for Combating Landmines (JASMAR)	Sudan Integrated Mine Action Service (SIMAS)
			Action on Disability and Development	
			Disabled People Organization	

			Rehabilitation Programme for Disabled Persons (RPDP)	
--	--	--	--	--