

**Meeting of the Standing Committee on  
Victim Assistance and Socio-Economic Reintegration**

**Republic of Sudan**



*Geneva, 16-17 June 2005*

## **I. THE EXTENT OF THE CHALLENGE**

### **Goal 1:**

***To define the scale of the challenge,  
identify needs, monitor the responses to  
needs and evaluate the responses.***

## Situation:

As of May 2005, there were 1,751 registered mine/ERW victims.

Information is collected via individual reports/case incidents, community based needs assessments and surveys.

No nation-wide injury surveillance system, and data collection rarely delineates between mine/UXO casualties and injuries sustained through other causes.

Data collection systems need to be developed, strengthened and implemented consistently throughout the most affected areas of the country.

To date limited data collection has taken place on an ad hoc basis in Khartoum, Upper Nile, Blue Nile, Bahr El Jebel, Kassala and Nuba Mountains.

Data primarily collected by UNMAS as well as international and local NGOs.

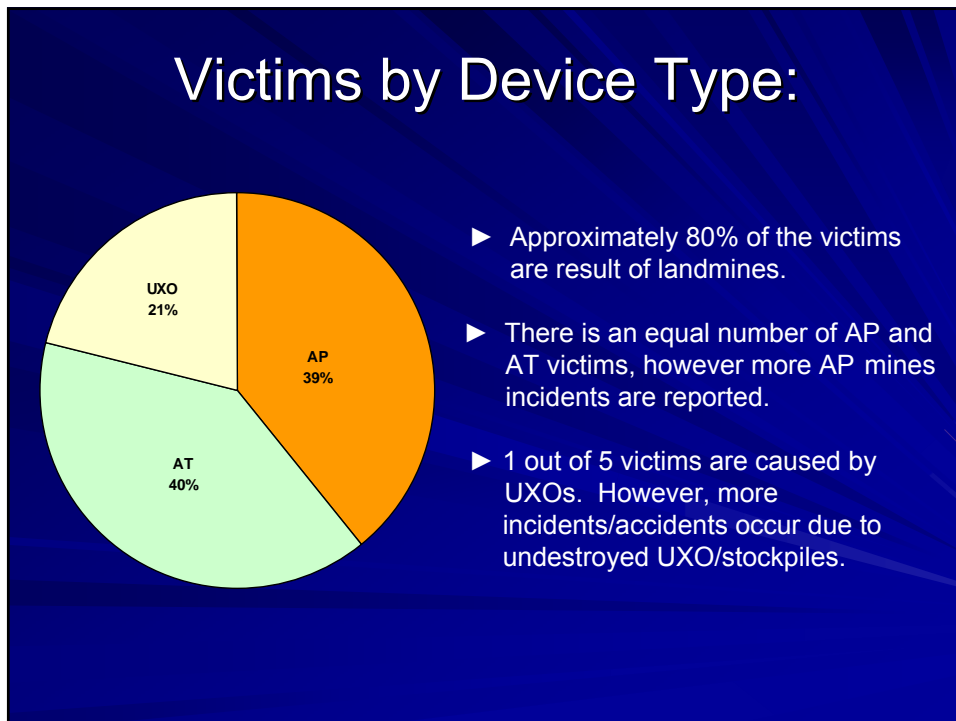
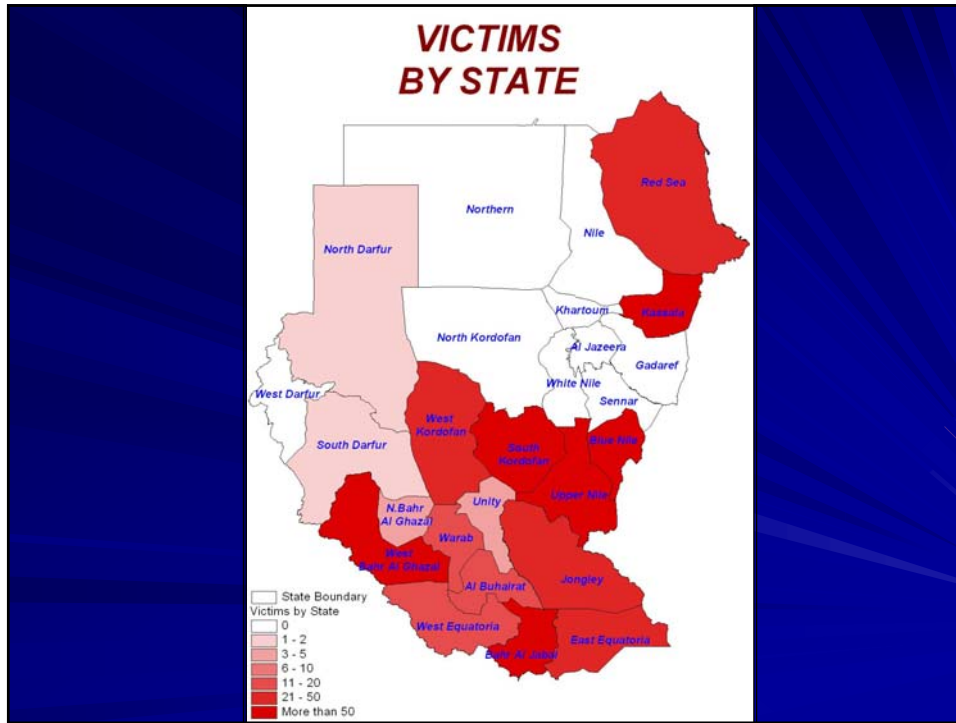
The National Mine Action Office and the New Sudan Mine Action Directorate, supported by UNMAS, UNICEF, and UNDP, provide data to the public and other stakeholders as requested.

The involvement of landmine survivors and persons with disabilities in the design and development of data collection has to date been limited.

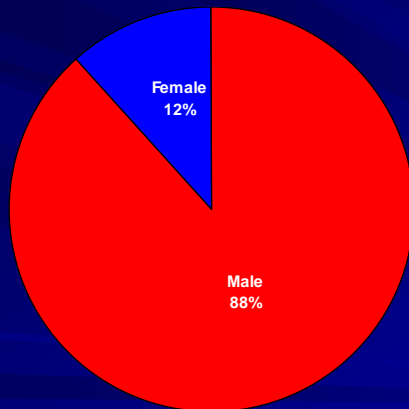
## Victims by State:



StateName	Not Specified	Female	Male	Total
South Kordofan	5	48	358	411
Kassala	1	25	326	352
Blue Nile		6	227	233
Upper Nile	1	56	167	224
Bahr Al Jabal	1	47	140	188
West Bahr Al Ghazal		3	135	138
Red Sea		3	38	41
Jongley		2	36	38
East Equatoria		2	35	37
West Kordofan		4	26	30
Warab		1	18	19
Al Buhairat	1	2	13	16
West Equatoria		3	10	13
Unity		2	3	5
North Bahr Al Ghazal			4	4
North Darfur			1	1
South Darfur			1	1
<b>Total</b>	<b>9</b>	<b>204</b>	<b>1,538</b>	<b>1,751</b>

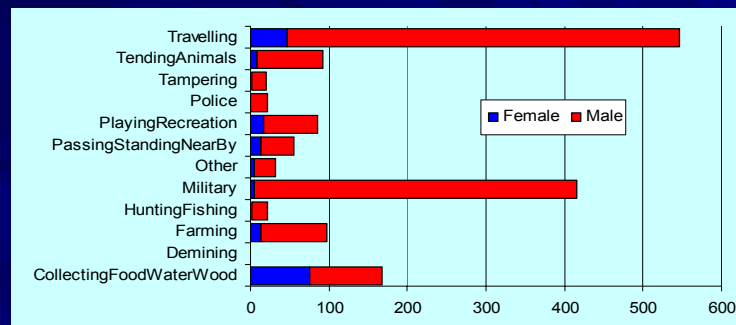


## Victims by Gender:



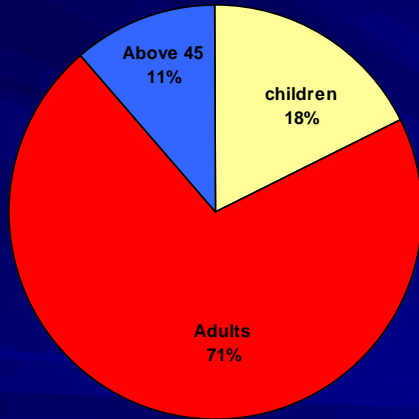
- ▶ 1 out of 8 victims are female
- ▶ Males are involved in more mine incidents than females.

## Activity by Gender:



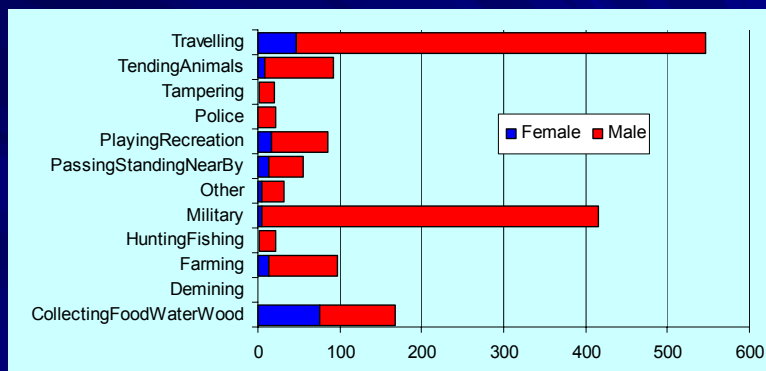
- ▶ Men travel more than women, and more than 35 % of incidents occurred during travel.
- ▶ Approximately 17 % of victims were collecting food, water and/or wood or tending to livestock before the incident occurred. The majority number of incidents involving women, occurred while collecting food, water, and/or wood; more so than other categories.
- ▶ Tampering with landmine is very low in this data set.

## Victims by Age Group:



- ▶ 7 out of 10 victims are adults (18-45 years of age).
- ▶ 20 out of 1,751 victims are children less than 5 years old.

## Activity by Age Group:



- ▶ 1 out of 6 victims are children.
- ▶ More than 70% of the victims are adults.
- ▶ 25 out 230 children are also involved in military activities.
- ▶ Both adults and children are both involved in tampering with mines/UXOs.

### **Objective 1.1**

To conduct comprehensive and coordinated victim assistance surveys and community-based needs assessments within highly-affected areas, from 2006 to 2007.

### **Objective 1.2**

To establish a comprehensive national injury surveillance, monitoring, reporting and referral systems by 2008.



### **IMPACT**

National statistics regarding the scope and impact of mine and ERWs on affected communities generated.

Updated information and reports generated by IMSMA, regarding the number, type and geographical location of mine/ERW incidents and survivors.

Well targeted projects and programmes addressing the needs of persons with disabilities developed.

## **II. EMERGENCY AND ONGOING MEDICAL CARE**

### **Goal 2:**

***To reduce deaths by stabilizing medical conditions and minimizing physical impairments in emergency settings that could result from injury.***

**Situation:**

In remote areas, communities participate in the evacuation of mine/UXO victims to the nearest medical care unit and/or facility.

55% of landmine victims receive first medical aid within 2 hours or less, whereas 20% receive it after 5 hours.

NAPO headquarters in Khartoum has a prosthesis and assistive device production facility, as well as first aid, rehabilitation and fitting services.

NAPO has six sub-offices and prostheses centers in Kassala, Demazyn, Juba, Kadugli, and Dongula.

In Darfur, there is a lack of access to first aid, as a result of the ongoing conflict within the region. NAPO is currently operating a large prosthesis center, where victims throughout the Darfur region are referred and evacuated for prostheses.

In the South, the health system has been seriously damaged due to many years of war.

In the South, a three-level structure for health administration is being implemented:

- (1) Peripheral health services: fixed and mobile Primary Health Care Units (PHCUs) serving populations of 4,000 to 5,000;
- (2) Primary health services: Primary Health Care Units (PHCCs) serving populations of 15,000 to 20,000, and
- (3) Secondary health services: District hospitals serving populations of 75,000 to 100,000.

**Situation (Goal 2) Contd.**

The capacity for persons injured by landmines to receive blood transfusions and safe blood / serum supplies on a national and or regional scale is largely unknown.

In the North, transportation and expeditious evacuation of persons injured by landmines to hospitals/clinics are available, but inconsistent in their accessibility and/or availability.

Health facilities in mine affected areas vary widely in their capacity, in terms of skills and equipment.

Emergency medical aid and services are free in Sudan and officially not denied due to cost.

Country-wide coordination in emergency and medical care for mine/UXO victims and people with disabilities is severely *lacking*.

The access to corrective surgery including cleaning of projectiles, debridement, pre-prosthetics re-modelling of stumps and reporting of damage to organs varies greatly both within and between regions and available facilities therein.

**Objective 2.1**

To improve access to and establishment of fixed and mobile emergency medical care facilities and services within highly-affected areas by 2009.

**Objective 2.2**

To develop and provide medical transportation, evacuation systems to remote mine/UXO affected-areas by 2009.

**Objective 2.3**

To develop the capacity of emergency medical care facilities and service providers in mine/UXO affected-areas by 2009.



**IMPACT**

Mine/ERW survivors and persons with disabilities have improved access to medical care facilities and services within high priority areas.

Reduction in fatal mine/ERW casualties due to lack of emergency treatment.

Improved capacity of medical facilities to provide emergency medical care to mine/ERW survivors.

### III. PHYSICAL REHABILITATION

**Goal 3:**

***To restore maximum physical functional ability for landmine survivors, including the provision of appropriate assistive devices.***



**Situation:**

NAPO provides rehabilitative care, including prosthetics, orthotics and physical therapy. Access to these services are limited, namely in Khartoum, Kassala, Demazyn, Dongula, Kadugli, Juba, and Nyala (Darfur).

In the South, the ICRC Lopinding Hospital operates an orthopedic workshop, which has provided some 4,000 people with prostheses since 1992. In 2004, MCDI opened an orthopedic workshop and rehabilitation center in Rumbek.

All NAPO centers provide landmine survivors with access to repair, replacement, and adjustment services to main assistive devices free of charge.

Currently, there are no ISPO trained technologists available to assist technicians with lower-level skills. NAPO and ICRC provides in-country training in physical therapy and prosthetics.

There is little to no planning of rehabilitation interventions that include landmine survivors and their families.

Limited country-wide coordination, between North and South .

**Objective 3.1**

To strengthen the institutional and operational capacity NAPO and relevant institutions for delivering physical rehabilitation products and services within highly affected communities by 2009.



**IMPACT**

Mine/ERW survivors and persons with disabilities in remote highly affected areas have access to physical rehabilitation products and services, designed along demographic specifications.

### III. PSYCHOLOGICAL SUPPORT AND SOCIAL REINTEGRATION

#### Goal 4:

*To assist landmine survivors, including children, to resume their role in the community by helping them cope with psychosocial adjustment issues and assisting them to regain and maintain a healthy and positive outlook in life.*

#### Situation:

In the North, NAPO social workers provide psychological support to landmine survivors and persons with disabilities to cope with their injuries. In cooperation with NAPO, ABRAR provides support in terms of social and physical rehabilitation of survivors.

Currently, NAPO and ABRAR are key agencies providing psycho-social counseling to landmine survivors and persons with disabilities. However, the services are limited and vary in degrees of quality and quantity, and are rarely suited to different individuals' needs and community situations.

In the South there are no known interventions in the area of psycho-social support and social reintegration.

There is limited to no staff training in hospitals/clinics in the psychological adjustment process and practical issues including discrimination in communities.

Education for adult landmine survivors and persons with disabilities is highly encouraged as it is free, depending on passing academic performance.

All NAPO centers treat children disabled by landmines as emergency cases, and ensure expedient procurement and fitting of prostheses to ensure their immediate reintegration back into their respective schools.

Psychosocial services to individuals are denied due to the lack of access to a limited number of facilities and programmes.

Available psychosocial services are not delineated or designed along gender lines and age demographics.

There is a complete lack of coordination in psychosocial support and reintegration services throughout Sudan.

**Objective 4.1**

To develop and implement psychosocial support and community reintegration programmes for landmine/ ERW survivors and persons with disabilities in highly affected areas by 2008.



**IMPACT**

Mine/ERW survivors and persons with disabilities in highly affected areas have access to psychological support and social reintegration services.

Counseling programmes designed and implemented, with respect to demographic specifications.

## V. ECONOMIC REINTEGRATION

**GOAL 5:**

*To assist landmine survivors to either return to their pre-injury occupation, or prepare for and find suitable employment.*

**Situation:**

Vocational rehabilitation programmes accessible to landmine survivors in affected areas is limited.

In southern Sudan, the Widows, Orphans, Disabled Rehabilitation Association for New Sudan (WODRANS) operates a number of small scale income generation and vocational projects for victims of war, including mine/ERW survivors, and MCDI in Rumbek runs a vegetable garden as well as various socio-economic courses in areas such as horticulture, carpentry, and poultry. The Rehabilitation Programme for Disabled Persons (RPDP) operates a flour mill for disabled persons in Bahr-El-Ghazal.

45% of landmine survivors lose their job.

Job placement and recruiting services do not ensure access of landmine survivors and persons with disabilities to employment opportunities.

There is no sensitization of employers.

The Ministry of Industry has encouraged all industries to ensure that 5% of their work force are persons with disabilities, by providing them with tax exemptions if they meet this quota.

There are no micro-enterprises or other economic development efforts that are accessible to landmine survivors and other persons with disabilities.

Economic reintegration efforts are not consistent with realities of the local market environment.

The extent to which individuals are denied services due to cost or other reasons is *unknown*.

There are no services available or current designs to meet the particular needs of men and women.

There is a High Council for Disability of which the National Mine Action Office is a member.

**Objective 5.1**

To develop and implement education, vocational training and socio-economic reintegration programmes in highly-affected mine/ERW areas by 2008.



**IMPACT**

Mine/ERW survivors and persons with disabilities are successfully reintegrated into their respective communities and local economies, with sustainable livelihoods.

## VI. LAWS & PUBLIC POLICIES

### Goal 6:

***To establish, implement and enforce laws and public policies that guarantee the rights of landmine survivors and other persons with disabilities.***

### Situation:

The 2002 Act of The Authority of Prosthetic and Orthotics for the Handicapped Persons and the 1984 Sudan Law for Disability provide persons with disabilities legal protection against discrimination and guaranteed equal opportunity, including acceptable level of care, access to services, education, vocational and employment opportunities.

There are no laws or policies that ensure access by persons with disabilities to buildings and public spaces.

In the North, landmine survivors and persons with disabilities have access to the Ministry of Welfare and Social Development, as it is a formal statutory complaint mechanism to address their concerns and protect their rights.

The Government of Sudan raises awareness for all persons with disabilities through the media (namely, national TV broadcasting programs), unions, religious institutions, and the academic community.

The Government of Sudan and the SPLM support the Sudan Campaign to Ban Landmines, including its 47 member NGOs, via the National Mine Action Office, for its national advocacy, monitoring and reporting activities.

The Government of Sudan and the SPLM supports all associations and unions for persons with disabilities, within all its states.

The laws and public policies against discrimination and to guarantee equal opportunities do take into consideration the particular needs of men, women, boys and girls, and older persons.

**Objective 6.1**

To develop and implement a national victim assistance support structure, strategy and work plans by 2006.

**Objective 6.2**

To develop and enact comprehensive national legislation for the rights of mine/ERW survivors and persons with disabilities by 2007.

**Objective 6.3**

To build and strengthen the Ministry of Welfare and Social Development's capacity to monitor and enforce the nation-wide implementation of public policies that guarantee the rights of landmine survivors and other persons with disabilities by 2009.



**IMPACT**

Mine/ERW survivors and persons with disabilities have guaranteed equal employment and education opportunities, access to public spaces, and transportation.

## VII. PLANS TO MEET OBJECTIVES

► ***To mobilize and focus domestic and international resources towards the development of:***

The monitoring, coordination, and policy enforcement capacity of the Ministry of Health and the Ministry of Welfare and Social Development.

The emergency medical aid capacity of the health care structures in Sudan.

National social and welfare service programmes, as well as local NGO capacities for providing psychosocial support to mine/ERW survivors and persons with disabilities.

National strategy and work plan for the provision of education, vocational training, and socio-economic support to mine/ERW survivors and persons with disabilities.

Effective coordination with UNMAS/UNAMIS to clear mine-affected road systems in high priority areas.

## VII. PLANS TO MEET OBJECTIVES (Contd.)

Establish and strengthen ambulance and other local transportation services linked to medical facilities within high priority areas.

Strengthen and support NAPO's prostheses and assistive device production capacities.

Establish additional NAPO centres in highly affected remote areas, as well as mobile orthopaedic workshops.

Support training and recruitment of ISPO technologists and physiotherapist in NAPO, in consultation and cooperation with the UN, international organizations and other stakeholders.

Establish additional NAPO centres in highly affected remote areas, as well as mobile orthopaedic workshops.

Support training and recruitment of ISPO technologists and physiotherapist in NAPO, in consultation and cooperation with the UN, international organizations and other stakeholders.

Design, develop and implement national ISPO technologists' training programme, as well as programmes for physical therapy and prosthetics manufacturing. Link programmes with local and regional academic institutions' training curricula.

## VII. PLANS TO MEET OBJECTIVES (Contd.)

Design, develop and implement peer support programmes and other psychosocial services in partnership with the UN, international and local NGOs, CBOs, hospitals, clinics, and/or medical units within highly affected areas.

Design, develop and implement education, vocational training, and socio-economic reintegration programmes for highly affected areas, in consultation and cooperation with the UN, international and local NGOs, and the private sector by 2009.

Draft victim assistance support structure and strategy legislation for mine/ERW survivors and persons with disabilities, in consultation with UN agencies, international and local NGOs, mine affected community leaders, and other stakeholders.

Draft national work plans; develop, support and strengthen effective implementing partnerships for enforcing the national structure, strategy and legislation.

Expand and develop the Ministry of Welfare and Social Development's capacity to monitor, coordinate and manage the implementation of nation-wide public policies that guarantee the rights of landmine survivors and other persons with disabilities.

## VIII. MEANS TO IMPLEMENT PLANS

The Government of Sudan since 2001 contributed towards the NAPO budget to cover staffing expenses (Phase I) and operational expenses (Phase II).

The ICRC supports NAPO operations and training.

Local NGOs have capacity to deliver psychological support and social reintegration services to mine/ERW survivors and persons with disabilities. However, this is limited due to a lack of funding.

Consultation and coordination between UN agencies, international donors, local and international NGOs, the Sudan Campaign to Ban Landmines, government ministries and departments, and other relevant stakeholders to develop a comprehensive nation-wide support structure, strategy and work plan for victim assistance in Sudan.

***Implementation of plans currently pending availability of international and domestic funding, as well as the establishment of the Government of National Unity in accordance with the Comprehensive Peace Agreement.***

**THANK YOU**