# **République of thé Soudan**

Meetings of the Intersessional Committees of the

"Convention on the Prohibition of the Use, Stockpiling, Production and transfer of Anti – Personnel Mines and on their Destruction"

GEVEVA, SWITZERLAND 2 – 6 JUNE 2008

# Statement on Victim assistance

# DATA COLLECTION

1. Can you provide specific examples of data collection mechanisms available that can provide comprehensive information on the numbers, location and needs of mine survivors to support the needs of programme planners and resource mobilisation?

a. In Sudan the data collection mechanism as follows:

a. Through the UNMAS IMSMA system which registers all the information gathered by the NGOs, survey teams, mine action sub offices.

The problem is that some victims will not be available in the time of data collection and they used to travel continuously. The data registered for mine victims through the IMSMA format are 4663 victims.

Many victims injured in the fighting areas and returned to their origin which is not covered by the data collection because it was not fighting areas.

B. Through the ICRC Patient Management System (PMS) in NAPO main center and the satellite centers where the victims coming alone searching the rehabilitation services and we registered more than 11000 patients deferent causes of disability within them the mine victims but this system needs to be computerized in the remote areas and supported by fax to send the data to be easily compiled.

The PMS including all the disabled by cause, type, case, location, gender, age and the other information needed as address and the device given.

c. We are looking for improving the data collection system by combine all the means and do the suitable analysis for disability in Sudan but lacking the funding and training the staff in NAPO centers.

### ACCESS TO TRAUMA CARE

2. Can you provide specific examples of progress in improving access to trauma care services with well-trained personnel and well-equipped facilities in close proximity to those who may need to access these services?

a. The Swiss Government funded Sudan by 30,000.00USD to produce the first trauma care banflit which will be distributed nation wide in the North and South Sudan plus training 40 persons with medical back ground to explain the use of the pamphlet in the areas affected by land mines.

The target is to produce 30,000 copies to be available with the personnel selected from the affected areas and to train them to deal with the accidents and refer the victims to the nearest health center.

#### ACCESS TO REHABILITATION

3. Can you provide specific examples of progress in improving access to rehabilitation services with well-trained personnel and well-equipped facilities to promote the physical well-being and the equalisation of opportunities for persons with disabilities?

a. In the physical rehabilitation we finished the training of the first batch of orthopaedic technologists Cat. II (14 Students) and got the recognition of the diploma from Sudan Ministry of High Education, The Ministry of Health, Technical Education Corporation and The International Society for Prosthetics and Orthotics ISPO.

We started the second course which will last for Three years for 14 new students and all this training is supported by ICRC.

Because of lack of funding to build new satellite orthopaedic centers in the remote areas we established a mobile orthopaedic work shop consisting of a 4x4 truck installed all the needed machinery and equipments plus the raw material for the production of prosthetics and orthotics and it will be runned by the graduate's technicians.

This work shop will cover 8 States linked by asphalt roads and will cover the needs of the physically disabled in these areas instead of taking all the long way to the nearest rehabilitation center.

The Government of Sudan funded the provision of the raw materials by 291,193.38 ERU for the year 2008 and supported the training programme of the new technicians by 243000 USD for the period from 2008 to 2010.

To provide the rehabilitation services in Darfour in spite of the security situation we expanded the orthopaedic center in Nyala South Darfour to receive the disabled from North Darfour, South Darfour and West Darfour to be transported to Nyala center in collaboration with ICRC and provide the accommodation, food and fitting by prosthetics or orthotics free of charge

# PSYCOLOGICAL AND SOCIAL SUPPORT .

4. Can you provide specific examples of progress in improving access to appropriate psychological and social support, including through peer support and other programmes, to assist mine victims and their families?

a. The Ministry of Welfare Women and Child Affairs is responsible for all the social support through programes funded from the social security funds like Zakat Department, Health Insurance, Social Insurance Fund and Pension Fund which are the main units forming The Ministry.

The psychological and peer support are taking place through the disabled unions and supported by funding through The Ministry of Welfare and the welfare departments in the States.

# VOCATIONAL REHABILITATION

5. Can you provide specific examples of progress in increasing access to programmes, training, micro-finance schemes and other activities that promote the economic inclusion of mine survivors and other persons with disabilities?

During the year 2008 and funding from The Japanese Government through the Human Security Trust Fund we achieved the first micro –finance projects consisting of 13 projects North and South Sudan implemented by national NGOs. Each project cost 50,000.00 USD and monitored and evaluated jointly by VA department, UNDP.

I want to highlight that this is the first funding to National offices for the VA vocational rehabilitation in Sudan.

## LEGAL AND POLICY FRAMEWORKS

6. Can you provide specific examples of how national legal and policy frameworks are effectively addressing the needs and fundamental human rights of mine victims and other persons with disabilities, including policies on accessibility to the built environment?

The National Strategic and Policy Frame work plus the Work plan for VA are the first legal frame work in the pillars of mine action and it was built jointly addressing all the needs of victims and PWDs in the North and South and approved by the high Authority.

The documents formed the base of the work in VA to all stake holders and put the needs in a time framed perogrammes plus showing the fund needed to implement the VA activities in Sudan and now it was included in the Five years plan.

The urgent need for this frame work is to produce the Building Codes Manual which its information is secured and needs funding for shaping and producing.

The legal frame work is supported now by the disability law which approved by The Council of Ministers covering all the pillars of VA and The Convention on the Rights of Persons with Disabilities.

The whole budget needed to implement the work plan is 5,755,000.00 USD and now we are addressing the international community to participate in allocating funding to Sudan so we can be able to put it in reality within the time frame.

### **INVOLVEMENT OF STAKEHOLDERS**

7. Can you provide specific examples of how relevant ministries have been involved in the development of a plan of action and are effectively cooperating in implementing the plan and monitoring its implementation?

The relevant Ministries started to cope with the development plan of action by the approval from NMAA and now the document will come out as a book to be distributed nation wide. We already completed the translation of the document to come out in Arabic and English.

Following the approval was the law of disability in Sudan which came out with a lot of benefits to PWDs.

The plan included in the Government of National Unity Five years and annual plan

Thank You