

Victim Assistance in Sudan: then and now

Sudan	1	2	3	4	5	6
According to original study		•			•	•
According to LM 2002		•				
According to LM 2003		•		•	•	

Key Developments (LM 2002):

After the signing a cease-fire agreement for the Nuba Mountains area, a series of new mine action projects were initiated. A number of assessments were carried out in both government- and rebel-controlled areas. The United States deployed part of its quick reaction demining force to clear mines from roads in the Nuba Mountains for a five-week period. The Sudan Landmine Information and Response Initiative was formed in 2001. Between April 2001 and March 2002, Operation Save Innocent Lives cleared a total of 329 miles of road and 263,093 square meters of land. Both the government and the SPLA have renewed pledges not to use antipersonnel mines, although there are still unconfirmed allegations of use by both sides.

Indicator 1: The extent to which information on mine victims' demographics and needs is available.

According to original study:

LM 2000 reports that the government's Humanitarian Aid Commission estimates that Sudan has 700,000 amputees resulting from mine accidents but to date this number has not been verified. Landmine victim statistics are not systematically collected. The International Committee of the Red Cross reported 5,000 amputees registered in their hospital in Lokichokio (on the Sudanese border of Kenya) from which information on mine casualties is fed into the ICRC War Wound Surgical Database. Sudan's large size and poor infrastructure place mine victims at extreme risk. Most victims die before reaching health care facilities, which may account for the relatively small number of amputees registered at the various centers

According to LM 2002:

At a seminar on landmines in June 2001, the former commissioner of the Humanitarian Aid Commission, Hussein el Obaid, reported that there had been 123 landmine casualties already in 2001.⁴⁸

There is presently no nationwide mechanism to collect data on landmine casualties in Sudan, although the SLIRI network aims to do so. Limited data on landmine casualties in the Nuba Mountains has been reported, which gives an indication of the magnitude of the problem. It is believed that many casualties are not reported, as an unknown number of landmine victims die before reaching medical assistance. The true casualty figures are likely to be much higher than reported.

The government of Sudan reportedly states that between 1989 and 2001, landmines incidents caused 1,135 casualties in the Nuba Mountains,⁴⁹ which is similar to the Nuba Relief, Rehabilitation and Development Organization records of 1,129 mine casualties for the same period. The NRRDO acknowledges that the data does not include all those killed in an incident.⁵⁰ An SPLA Commander provided information on 1,137 casualties from 35 villages, including both government and SPLA-controlled areas.⁵¹ It is not known to what extent the casualty data overlaps.

Save the Children-USA reported 16 landmine casualties in south Kordofan States, and another 12 antitank mine incidents involving six commercial vehicles, three military trucks, and three tractors between December 2000 and December 2001.⁵² In 2001, NRRDO evacuated 25 mine casualties to Lokichokio for medical treatment; 29 were evacuated in 2000.⁵³ An Oxfam GB/Save the Children Sweden mine risk education project annual report from Malakal, Upper Nile, provided information on mine casualties that reached the local hospital: two women and six children were killed and four others were seriously injured.⁵⁴ The Sudanese Red Crescent reported on landmines/UXO casualties in the Kassala area during the period March 2001 - March 2002: one shepherd killed and one child injured by antipersonnel mines; three people killed and 24 injured in UXO explosions; 15 people injured by antivehicle mines.⁵⁵

Casualties continue to be reported in 2002. In February, two people were killed in Kadugli province, and in March another person was killed in the Talodi area by antipersonnel mines.⁵⁶ In May, eleven people were killed

and fifteen others injured when the vehicle in which they were traveling hit a landmine. The casualties were local officials from Warap State on their way to visit a food security program.⁵⁷

Indicator 2: The extent to which a national disability coordination mechanism exists and recognizes mine victims.

According to original study:

No information available.

According to LM 2002:

No information available.

Indicator 3: The extent to which programs and services for the medical care and rehabilitation of mine victims are available.

According to original study:

LM 1999 reports that while the government of Sudan provides its military personnel with medical care, civilian medical facilities in government-controlled areas usually lack basic equipment, staff and resources. The ICRC provides assistance to the government prosthetic/orthotic centre in Khartoum with satellite workshops in southern Sudanese government towns of Juba and Wau. The ICRC has also resumed activities at the Juba Teaching Hospital in August 1998 after a period of absence.

According to LM 2000, basic infrastructure and public services in SPLA-held areas of Southern Sudan are practically non-existent. NPA operates four hospitals in Yei, Chukum, Labone and Nimule, and runs emergency mobile medical units in Chukum and Yei. MSF operates a hospital in Kajo Keiji which treats landmine victims on the Sudanese side of the border with Uganda, in Equatoria. War wounded from Southern Sudan receive aid at the ICRC hospital and prosthetic/orthotic centre across the Kenyan border in Lokichokio. However, a UN Assessment mission concluded that very few landmine victims survive to make it to hospital. The Sudan Evangelical Mission (SEM) and the Church Ecumenical Action in Sudan (CEAS) provide some prosthetic and rehabilitation support in southern Sudan. Some counseling and social support services are available at the ICRC facilities at Lokichokio and at the UNHCR refugee camp at Kakuma, Kenya, managed by the Lutheran World Federation and the International Rescue Committee.

According to LM 2002:

In general, the assistance available to landmine survivors, from both the government and the international community, is irregular and not sufficient to address the size of the problem.⁵⁸ Years of war seriously damaged the healthcare system, and for many people living in remote areas, the nearest medical facilities are days of travel away. According to a recent report, in the Nuba Mountains there was only one doctor for every 300,000 people and health workers are often insufficiently trained or equipped to treat patients.⁵⁹

The ICRC's medical assistance activities in Sudan include first aid training and providing comprehensive medical and surgical care to the war-wounded and other surgical emergencies, including landmine casualties, at its two referral hospitals. These are the ICRC Lopiding surgical hospital in Lokichokio in northern Kenya and, as support to existing local structures, the government-run Juba Teaching Hospital (JTH). The ICRC airlift emergency cases from Sudan to the hospital in Lokichokio; 300 were transferred between July and September alone. In 2001, the two hospitals treated 45 mine/UXO casualties. Limited surgical assistance and medical supplies were provided to Wau's two hospitals, one for military and one for civilians. Support is also given to approximately 15 primary health care facilities in southern Sudan.⁶⁰

Inside the rebel controlled Nuba area, Save the Children USA and MSF Holland established new health clinics, in Como and Limoon, prior to the cease-fire in addition to the existing German Emergency Doctors hospital in Luwari. However, all suffer shortages of doctors and medical supplies.⁶¹

In July 2002, the World Health Organization (WHO) started a training program for medical assistants to treat landmine casualties in the Nuba Mountains. Initially the health workers will provide emergency assistance to the demining operations. WHO will also train 50 medical assistants, 150 nurses and 50 first aid staff of Kadugli-based NGOs with the intention of building the health capacity in the area. The training course was organized in collaboration with the South Kordofan State government, and the Federal Ministry of Health.⁶²

The ICRC supports the National Corporation for Prosthetics and Orthotics (NAPCO). In 2001, NAPCO assisted 991 amputees, including 158 landmine survivors. Both the ICRC and WHO provide training for local staff, who are provided by the government of Sudan, through Ministry of Social Planning & Development and Ministry of Defense. NAPCO provides free services to military personnel and charges 50 percent to civilians.⁶³ In 2001, ICRC activities included: on-the-job training for Khartoum staff in prosthetics, orthotics, and physiotherapy; intensive training courses for technicians from Nyala and Juba; equipment was provided to start local production of crutches using recycled polypropylene; transport was provided for 15 patients from Wau and two from Malakal for treatment in Khartoum; and prosthetic manufacturing equipment was provided to the Norwegian Association for the Disabled (NAD) center in Juba.⁶⁴

The ICRC's Lopiding Hospital, with its annexed prosthetic-orthotic center in Lokichokio, has continued to provide physical rehabilitation to amputees and other disabled people from across the border in rebel-held areas of Southern Sudan since 1992. In 2001, 365 prostheses were fitted, of which 91 were for mine survivors. In addition, 1,299 crutches and walking sticks were produced using recycled polypropylene, and 23 tricycles, produced by the Physically Disabled of Kenya, were also distributed.⁶⁵

Indicator 4: The extent to which programs and services for the social and economic reintegration of mine victims are available

According to original study:

LM 2000 reports that social reintegration programs are practically non-existent.

According to LM 2002:

The Sudanese Association for the Care and Rehabilitation of War Victims (ABRAR) provides support to 650 war victims, including 153 landmine survivors. ABRAR works with very limited resources to provide medical assistance as well as psychosocial and economic support.

Indicator 5: The extent to which mine victims are protected and supported by effective laws and policies.

According to original study:

No information available.

According to LM 2002:

According to a government report, landmine survivors have access to free medical treatment in the public and NGO hospitals, and a Presidential decision protects the jobs of government employees who are disabled by landmines.⁶⁷

Indicator 6: The extent to which there is a disability community advocacy network.

According to original study:

No information available.

According to LM 2002:

ABRAR is advocating for a disability policy and legislation that supports the victims of war, including landmine survivors.⁶⁶

Endnotes:

⁴⁸ Yahya el Hassan, "Landmines claim 70,000 victims in Sudan," *Pan African News Agency (PANA)*, 19 June 2001.

⁴⁹ "Sudan: Food deliveries vital for Nuba ceasefire," *UNOCHA Integrated Regional Information Network*, 27 May 2002.

⁵⁰ Landmines in the Nuba Mountains, SLIRI Emergency Field Assessment – March 2002, 4 April 2002.

⁵¹ Ibid.

⁵² Save the Children USA reports from the Nuba Mountains.

⁵³ Yousif Ali, Mine Coordinator, NRRDO.

⁵⁴ Oxfam GB – annual report to Save the Children Sweden, September 2001.

⁵⁵ Information provided by SRC to Landmine Monitor March 2002.

⁵⁶ Save the Children-USA Updates, February and March 2002.

⁵⁷ "Landmine Kills Over 10 Officials Near Wau", *Khartoum Monitor*, 4 May 2002, accessed at <http://www.khartoummonitor.com/news44.htm> (7 July 2002).

⁵⁸ Interview with Hasabo Mohamed Abdolrahman, Head of Peace Administration, HAC, 17 March 2002.

⁵⁹ “The Key to Peace: Unlocking the Human Potential of Sudan,” Interagency Paper, May 2002, p. 27, prepared by Save the Children, Christian Aid, Oxfam, CARE, IRC, and TEARFUND.

⁶⁰ ICRC (Geneva), *Special Report, Mine Action 2001*, July 2002, p. 21; and Sudan, Update on ICRC Activities, 30 November 2001, accessed at <http://www.icrc.org>.

⁶¹ Landmine Monitor field work, March-April 2002; interview with SPLA Nuba Commander Abdelaziz Adam el Helu, 22 April 2002; see also *Landmine Monitor Report 2001*, pp. 232-233.

⁶² “WHO trains health workers in Nuba Mountains,” *Khartoum Monitor*, 20 June 2002, accessed at <http://www.khartoummonitor.com/news177.htm> (7 July 2002).

⁶³ Interview with Abdeldaim Elmagbol, Administrative Manager, NAPCO, Khartoum, 10 March 2002.

⁶⁴ ICRC Physical Rehabilitation Programmes, Annual Report 2001, accessed at <http://www.icrc.org>.

⁶⁵ ICRC Special Report: Mine Action 2001, p. 21.

⁶⁶ Report from Najat Salih, Executive Director, ABRAR, to Landmine Monitor, March 2002.

⁶⁷ Sudan Report Geneva, 7 May 2001; see also *Landmine Monitor Report 2001*, p. 232.