Sudan

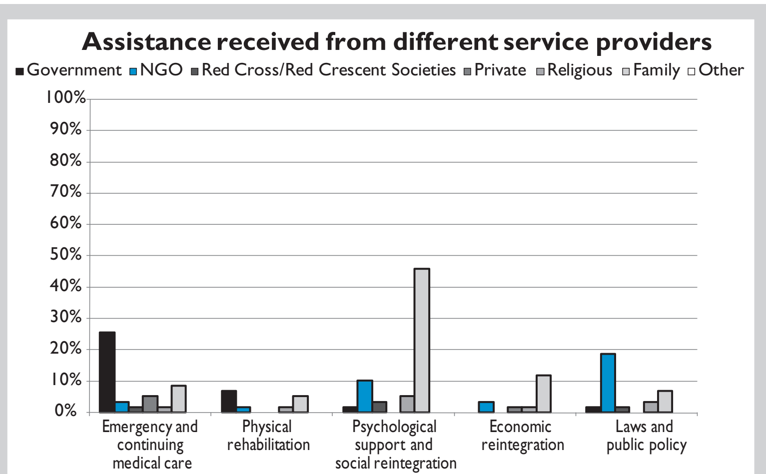
Country indicators

- *Conflict period and mine/ERW use:* Sudan is contaminated with mines, cluster submunitions and other ERW as a result of 20 years of internal conflict (1985-2005) all of Sudan's borders are also mined, with some dating back to World War II.[1]
- *Estimated contamination:* As of 2009, the precise scale of contamination in Sudan remains unknown, although 19 of the 25 states are said to be affected. The ongoing Landmine Impact Survey has identified 190 affected communities in 18 states.[2]
- *Human development index:* 147th of 179 countries – low human development (compared to 139th of 177 in 2004).[3]
- *Gross national income (Atlas method):* US$1,130 – 159th of 210 countries/areas (compared to US$706 in 2004).[4]
- *Unemployment rate:* 18.7% (2002 rate).[5]
- *External resources for healthcare as percentage of total expenditure:* 6.4% (compared to 5.1% in 2004).[6]
- *Number of healthcare professionals:* 12 per 10,000 population.[7]
- *UNCRPD status:* Ratified the Convention and its Optional Protocol on 24 April 2009.[8]
- *Budget spent on disability:* Unknown, but the VA budget for 2009-2011 is estimated at US$4.3 million.[9]
- *Measures of poverty and development:* Despite being rich in natural resources and having enormous agricultural potential, Sudan is one of the poorest countries in the world, due to decades of conflict as well as economic sanctions. Until the economic recession in 2008, Sudan's economy was growing fast and foreign investment increasing. However, investment and prosperity are concentrated around the country's capital Khartoum. It is estimated that some 60% of the population in northern Sudan and 90% in the south live on less than US$1 per day. Infrastructure is either non-existent or very weak in all parts of the country.[10]

VA country summary

Total mine/ERW casualties since 1964: At least 4,211			
Year	Total	Killed	Injured
2004	101	34	67
2005	121	31	90
2006	140	38	102
2007	91	28	63
2008	65	19	46
Grand total	**518**	**150**	**368**

- *Estimated number of mine/ERW survivors:* Unknown, at least 2,809.
- *VA coordinating body/focal point:* The National Mine Action Center is the VA focal point in northern Sudan and the Ministry of Gender, Social Welfare and Religious Affairs is the focal point in southern Sudan; coordination is effective but, particularly in the south, national capacity is still being built.
- *VA plan:* The National Victim Assistance Strategic Framework 2007-2011 set strategic objectives; the subsequent Victim Assistance National Work Plan September 2007-August 2009 was the practical tool for the first implementation period.
- *VA profile:* Sudan's infrastructure is devastated by years of conflict and often lacked even the most basic services, particularly in southern Sudan. Political divisions and continued conflict hamper equal service delivery in all parts of the country and have, until 2006, made a unified VA response impossible. With strong international impetus, national VA coordination and planning have improved significantly since 2007, and relatively stable international funding has led to increased project implementation (to 2011). While Sudan is heavily dependent on external support for many of its basic needs, the ongoing conflict in Darfur diverts many international resources from other parts of the country. Service provision is centralized and often limited to the main cities, with all types of service provision more devastated in southern Sudan. The lack of services leads to a lot of preventable deaths and disabilities. Healthcare coverage and quality is variable and in most rural areas basic to non-existent. Many health centers are in bad physical condition, lack supplies and equipment, and are both under-staffed and lacking qualified personnel. Physical rehabilitation is functioning well in the two main cities in northern and southern Sudan, but less so in the government satellite centers or in NGO centers. Although treatment is free of charge, distances and waiting periods are long, and transport and accommodation costs prohibitive. Since 2007, more focus has been placed on psychosocial support and economic reintegration of mine survivors through international



funding but overall services of both types were severely lacking and there was no national support mechanism or policy in place for either. Services were mainly carried out by NGOs. Local, community-based organizations became more active and gained capacity. Owing to the availability of increased funding, several new organizations became involved. However, local NGO activities usually remained small-scale and very dependent on international funding. Broader programs were often not accessible for survivors or other persons with disabilities or did not meet their needs. New disability legislation and policies have been developed and approved in late 2008, making it too early to measure their impact. Previous measures were not adequately implemented or monitored; general awareness about disability was also lacking, resulting in discrimination against persons with disabilities. The lack of accurate information about mine/ERW casualties and the needs of survivors were considered to be an obstacle throughout 2005-2009.[11]

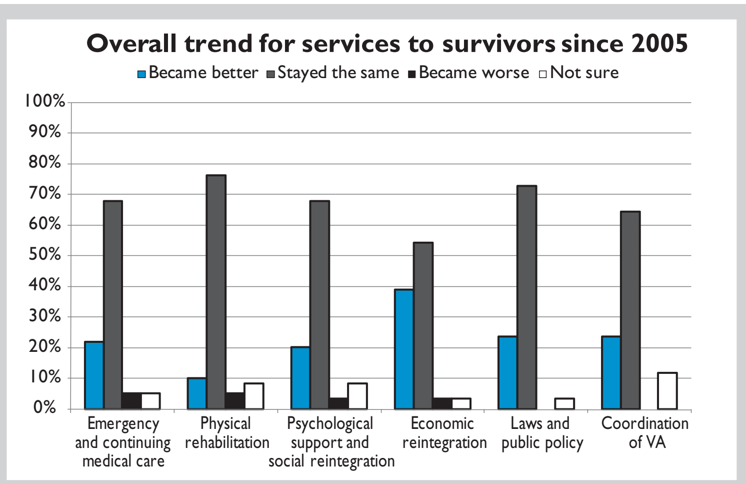
VA progress on the ground

Respondent profile[12]

By July 2009, 59 survivors between 25 and 67 years old responded to a questionnaire on progress in VA since 2005 in Sudan: 56 men and three women. Some 86% were heads of their household and 46% owned property. More than half (53%) lived in villages with limited services; 19% lived in the capital, Khartoum; and 17% lived in remote areas without services. Respondents came from all over the country, but slightly more came from the northern parts. One-fifth of respondents had received secondary school education or higher and the same number had not received any form of formal education. No one was unemployed prior to the incident, but many were injured while they were members of the armed forces (government or opposition), just three people were unemployed after their incident, but most had been able to establish a small business. This is most likely because those interviewed were beneficiaries of the organizations participating in the survey. Almost all respondents had changed jobs after the incident, and they said this was because of their disability or because they were discharged from the army. Some 61% of survivors said that their income was insufficient. The profile of respondents corresponds with some of the limited information available about casualties in Sudan. The vast majority of casualties are men, who were injured either while traveling or engaging in military activity. As among questionnaire respondents, most casualties had to change employment due to their incident, but on average the loss of livelihoods is around 42%, which is much higher than among the sample of respondents.[13]

General findings

Overall, the majority of survivors thought that their situation had changed little in the last five years. Least progress was seen in physical rehabilitation, whereas the impact of more recent projects focusing on economic reintegration resulted in a more positive response. Nevertheless, a large percentage of survivors said that the needed assistance was never received, reflecting the fact that much of the population of Sudan as a whole does not have access to even the most basic services. Practitioners were much more positive, but this is related to the fact that they contributed to projects directly targeting survivors. Some of these projects were small-scale and would have only reached a small group of survivors, others were too recent, while for some of the more quality- and training-oriented projects, it would have taken longer for effects to become noticeable to survivors. Just 17% of



survivors thought that they received more services in 2009 than in 2005 and 19% thought that the services were better. Few people (15%) also thought there were fewer gaps in services.

Just over 42% of respondents had never been surveyed by NGOs or the government in the past five years and 10% had been surveyed three or more times. For 14% of respondents, this survey activity resulted in receiving more information about services; 8% felt they had also received more services; and 7% said they had fewer bureaucratic difficulties as a result. Just 12% said they had had a chance to explain their needs to government representatives in the last five years. These responses confirm the fact that data collection in Sudan is limited and incomplete, due to the vastness of the country, the lack of capacity and resources, as well as conflict. A comprehensive needs assessment or comprehensive data collection has not been achieved, despite being identified as key to effective service provision throughout 2005-2009 and prior to that. However, a Landmine Impact Survey has been ongoing since 2007 and several small-scale VA/disability needs assessments were conducted in 2007 as well.

Most of the male respondents were not able to respond to the question on whether services for women were equal, better, or worse than those available for men. Of those who did answer (10 men), 60% thought that services for women were "better" and 30% thought they were "absent". None of the women thought that females had better access to services.[14] Nearly half of respondents (47%) said that services for children were "never" adapted to their age.

Emergency and continuing medical care

Most survivors (68%) thought that, overall, medical care had remained the same since 2005 and 22% thought it had become better. Almost all of those seeing improvement lived in Khartoum or another large city. The largest group of respondents (37%) said that survivors "never" received the healthcare they needed and just 7% said that survivors "mostly" received the needed services. One-fifth of respondents found that the government had increased its support for healthcare. Few respondents saw progress in any specific area. Most advances were felt in improved quality of medical care (27%), improved infrastructure (25%) and better trained staff (also 25%). Areas of least progress were: the availability of first aid and of medical teams with more complete skills (14% each) and the ability to carry out complex medical procedures (12%). Just 7% thought that there was more emergency transport. The majority of practitioners (57%) thought that healthcare had improved since 2005. They identified the same areas of most progress: better infrastructure and more qualified staff. These were also the two areas where practitioners felt the government had increased its efforts the most.

Sudan's health infrastructure was severely damaged by years of conflict. Throughout 2005-2009, it has been reported that healthcare in Sudan is limited and unequally distributed – particularly in southern Sudan, mainly for political reasons. Within the framework of large international projects more rural health facilities have been built, efforts have been made to train more staff and information about emergency care has been distributed to community health workers.[15] However, the sector still depends heavily on NGOs implementing services and international support to fund government centers. The war-injured from Sudan could also receive medical assistance at the ICRC hospital in Kenya, until the ICRC ceased this support in mid-2006, but this does not appear to have influenced responses.

Since 2005, basic medical care is free of charge for registered survivors under the national health insurance scheme, even though other people need to pay contributions to benefit from insurance. But most centers were ill-equipped and under-staffed and there were very few surgeons or specialized medical staff. Follow-up care is only available in a few large cities and coordination between health centers was lacking. Emergency transport was not available in many parts of the country and distances to health centers were long.[16]

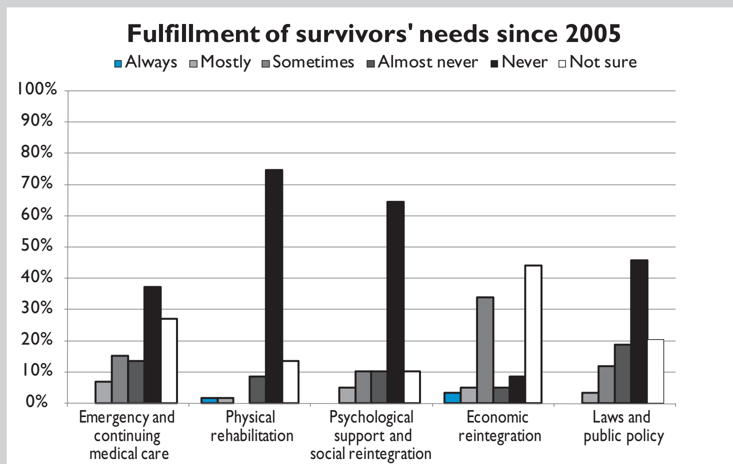
Physical rehabilitation

More than three-quarters of survivors (76%) thought that, overall, rehabilitation services had remained the same since 2005 and 10% saw improvement. However, 75% of respondents also thought that survivors "never" received the assistance they needed. Responses were no more positive in major cities. Some 12% of survivors thought that the government provided more support to the physical rehabilitation sector. Responses were overwhelmingly negative, as fewer than 20% of respondents found advances on any of the progress indicators. Areas of most progress were better trained staff and better quality of physical therapy (19% saw improvement). Areas of least progress were: the availability of mobile workshops to carry out small repairs (2%), the inclusion of transport and accommodation in services (5%) and the availability of services closer to home (7%). Practitioners, again, were much more positive, with 71% seeing improvement, particularly in the increased number of centers and better trained staff. Practitioners thought that least progress was made on the inclusion of services and transport to services.

Government bodies were the main service providers but they needed extensive assistance from international organizations (mainly the ICRC). Although many VA/disability activities in Sudan traditionally focused on physical rehabilitation, the responses of the survivors clearly reflect the challenge of the centralization of services in Khartoum (north) and Juba (south). Some satellite centers also existed in state capitals. Throughout 2005-2009, it was reported regularly that these were functioning below capacity due to staff and material shortages and a lack of technical support. The ICRC resumed its support to three satellite centers in 2008. Mobile workshops were virtually non-existent. Even though their deployment had been announced by the National Authority for Prosthetics and Orthotics since 2005, mobile workshops were only established in 2008.[17] Services provided by NGOs were smaller scale and of variable quality. While physical rehabilitation was made free of charge in 2003, accommodation and transportation was not (apart from in Juba and Nyala) and, considering the long distances, this was a major obstacle for survivors. Waiting periods remained long throughout 2005-2009 (up to four months). However, with significant international support, substantial progress was made in training staff in prosthetic-orthotic techniques starting in 2005 and in physiotherapy, which might be the reason for the slightly more positive survivor response on quality issues. Although the first students only graduated in 2008, this and the inauguration of the new rehabilitation center in Juba in December of the same year definitely influenced the more positive results of practitioners.[18] The center in Juba was to replace referral of southern Sudanese survivors to Kenya which ended in mid-2006.

Psychological support and social reintegration

More than two-thirds of survivors (68%) believed that psychological support and social reintegration services had, overall, remained the same since 2005. According to 64%, survivors "never" received the psychosocial support they needed and just 5% thought that survivors "mostly" received the psychosocial assistance needed. The areas with most positive responses were an increased awareness about the importance of psychosocial services and less stigma around seeking counseling (24% agreed with each point). However, this did not result in respondents feeling more empowered (20% thought they were) or more involved in community activities (19% was). Just 10% believed that survivors were seen as "charity cases" less often in 2009 than in 2005 and 5% thought that peer support groups had been created. Again, the majority of practitioners saw improvement in psychosocial support.



Indeed, providing psychosocial support was a component integrated in VA activities implemented under a Human Security Trust Fund (HSTF) grant in 2007-2008 – although the main focus of the projects was economic reintegration. While covering all parts of Sudan, the projects remained small-scale and limited to "pilot projects" dependent on external funding for further project implementation. Three survivor groups were also established in northern Sudan in 2007-2008[19] and, in southern Sudan, some networks of former combatants existed. But none of these were well-structured or active. Despite these efforts, it was reported throughout 2005-2009 that psychosocial support was insufficient. Some NGOs provided psychological assistance to the war traumatized in general, but often survivors did not access these. Government health staff was not well-trained or well-aware of psychosocial support or discrimination issues.[20] In 2009, Sudan acknowledged that more technical and financial support was needed to strengthen psychosocial support.[21]

Economic reintegration

Some 39% of survivors found that, overall, economic reintegration opportunities had improved since 2005 and 54% felt the situation had remained unchanged. Just 8% of respondents thought that survivors "never" received the economic reintegration they needed, which is significantly less than for other types of services; 34% said services were "sometimes" received. However, few survivors saw improvement on any of the specific progress indicators. Most progress was seen on increased access to vocational training (20%). Some 19% saw improvement in: decreased discrimination in educational and employment opportunities and increased availability of economic opportunities (micro-credits, small loans, etc.) specifically targeting survivors. Least progress was seen in job placement (10%), enforcement of employment quota (8%), and access to bank loans (5%). Of those answering the question (49), 96% thought that unemployment was so high that survivors were the last to be chosen for a job. Again, more than half of practitioners (57%) saw improvement in economic reintegration, particularly in the increased availability of vocational training and economic opportunities specifically for survivors. Like the survivor respondents, they saw least improvement in the enforcement of employment quota and job placement.

The more positive response of the survivors is likely because they have been beneficiaries of vocational training and income-generating projects implemented by the organizations assisting in gathering responses for this report. Progress has also been made through the HSTF grant in 2007-2008 and another significant grant for 2008-2011 under which several local organizations conduct economic reintegration projects. These projects aimed to reach some 3,000 survivors by 2011. As of 2008, some 650 people had been reached.[22] However, all of these projects were completely dependent on international funding. Additionally, more systematic economic reintegration projects for persons with disabilities were severely lacking and often persons with disabilities were discriminated against in broader economic reintegration activities. Vocational training centers for the general public were located only in large cities, and several organizations providing vocational training for survivors or persons with disabilities lacked capacity. Job placement and employment services were inefficient and employment quotas were not enforced. A lack of awareness among employers, a lack of knowledge about services among survivors, and high general unemployment were further obstacles.[23]

Laws and public policy

Almost three-quarters of survivors (73%) believed that the protection of their rights had remained the same since 2005 and 24% saw improvement. Nearly half (46%) thought that the rights of survivors were "never" respected and another 19% said this was "almost never" the case. Most progress – albeit only 22% – was seen in the less frequent use of negative terms about persons with disabilities. Some 20% also thought that discrimination had decreased and 19% said that there was more awareness about the rights of persons with disabilities. Just 12% thought that laws and policies relevant to survivors were better enforced in 2009 than in 2005. All practitioners said that laws and public policies for survivors and persons with disabilities had improved in the last five years.

Both survivors and practitioners show a different side to the same situation. Indeed, Sudan ratified the UNCRPD and has stated repeatedly that it will base further disability legislation on this convention.[24] New legislation, which identifies mine/ERW survivors as a specific target group, was approved by the Council of Ministers in the second half of 2008 in northern Sudan.[25] This legislation also took into account the work that had already been done under the VA framework. In the south, disability policies had also been developed but not approved as of end July 2009.[26] These developments clearly influenced the responses of practitioners. However, these positive developments would have been too recent to have an impact on the lives of survivors. Throughout 2005-2009, it has been reported consistently that previous legislation had not been implemented or monitored effectively and that there was a general lack of rights' awareness.

When asked to respond to preliminary results, one government representative agreed "100%" that there were still many gaps and that more support was needed. One UN representative also confirmed that much remained to be done because of the chronic poverty and a general lack of opportunities and development in Sudan. However, this person added that in certain rural areas and states, positive changes have been made for physical rehabilitation and social reintegration. More importantly, the number of actors and VA/disability activities on the ground had increased and had provided concrete support to a significant number of persons (several hundred).

VA process achievements

Year	Form J with VA	ISC VA statement	MSP VA statement	VA expert	Survivor on delegation
2005	NO	YES	YES	YES	NO
2006	YES	YES	YES	YES	NO
2007	YES	YES	YES	YES	NO
2008	YES	YES	YES	YES	NO
2009	YES	YES	N/A	YES	NO

Note: Sudan was one of the co-chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration in 2006-2007.

In 2004, Sudan stated that its aim was to develop a sustainable national capacity to provide VA. Its priorities were gathering adequate data on survivors' needs, providing psychosocial support capacity at an early stage, decentralizing trauma care and physical rehabilitation, and cost-effective economic reintegration linked to peace-building and poverty reduction initiatives.[27] One of the key factors to achieving these goals was improved coordination.

Between 2005 and 2009, Sudan has, with continuous UN support, made progress in establishing coordination mechanisms in a very complex political context. But Sudan's dire development situation and ongoing conflict have limited progress in actual service provision. Targeted VA projects have benefited a number of survivors and these projects have also engaged more local actors. Even though VA activities have in theory been integrated into the work of relevant ministries, more long-term sustainable changes to, for example, the healthcare and economic support networks, were beyond the scope of the VA program. Nevertheless, it was scheduled that VA/disability issues would be under complete national management by 2011.

As one of the 26 countries declaring responsibility for the greatest numbers of survivors but also with the greatest needs and expectations for assistance, Sudan expected to receive technical support to build national government and NGO capacity. One government representative added that this technical support had been received but that, in addition, Sudan also benefited from increased international funding and more focused attention from the UN mine action program. This, in turn resulted in more awareness in the government and realistic national VA planning. One UN representative added that there was more awareness in and outside of the country and that Sudan had received more funding as a result of the VA process between 2005 and 2009.

This international funding dedicated to VA has stimulated the implementation of projects since 2007 and the acquirement of multi-year funding to 2011 should assure the implementation of core planned activities.

A national VA officer had been recruited at the UN Mine Action Office (UNMAO) in 2003 to develop a plan of action.[28] Throughout 2003-2009, this person liaised closely with government and NGO stakeholders, identified projects, supported fundraising, and mostly raised awareness of VA/disabilities. However, progress in strategy development, the creation of more systematic coordination platforms and the integration of VA in the work of the relevant authorities only gained momentum in early 2007.[29] This was in part due to the improved political situation since the signing of the Comprehensive Peace Agreement (2005) but more so due to the recruitment of an external specialist since early 2007 to provide the necessary technical support.

As part of its commitment to the implementation of the 2005-2009 Nairobi Action Plan, Sudan developed some general objectives in 2005. Through a process of stakeholder meetings, which included some survivors, these objectives were revised considerably in 2007 and the Victim Assistance Strategic Framework 2007-2011 was developed for strategic guidance. For practical implementation, the Victim Assistance Work Plan September 2007-August 2009 followed. Components dealing specifically with survivor inclusion, advocacy and fundraising were added.[30] A work plan for the next period is under development, as is a review of the 2007-2009 period.

In 2007, Sudan stated that "All objectives and targets have been designed to be achievable, measurable, time-bound and to be incorporated into the work and financial plans of the relevant ministries and commissions."[31] The most significant progress made since the kick-start of VA activities was the establishment of focal points in both the north (National Mine Action Center) and the south (Ministry of Gender, Social Welfare and Religious Affairs), as well as regular coordination platforms. Until early 2007, this coordination was lacking and irregular, while VA efforts were mostly focused on northern Sudan.

Throughout 2007-2008, the first priority was to build national capacity, which as of August 2009 was increasingly successful in northern Sudan, where both authorities and NGOs have been involved for much longer in the issue. In southern Sudan, constant UNMAO support remained needed as of August 2009. Due to more regular coordination and assessment the number of implementing actors also increased, particularly on the NGO side. Despite, in theory, being integrated in ministries' budgets and work plans, coordination with other relevant ministries was still limited and financial commitments of the government to VA were still an issue. Survivor responses indicated the same challenge as just 12% of survivors thought that the government had allocated more funds to VA/disability.

Even though survivors were included in the strategic planning workshops, they are generally not organized in associations, making effective lobbying for their rights and needs, as well as their systematic inclusion into planning, implementation and monitoring, challenging. This was evidenced by survivor responses to coordination questions. Some 15% knew who was in charge of VA/disability coordination and also 15% thought that the needs of

survivors had been taken into account when setting VA priorities. Just 3% thought that survivors were included in VA coordination; 8% thought they were involved in planning; and 20% thought that they were involved in implementation of VA/disability activities.

Overall, progress is being made on implementation of the project thanks to the international funding. While effectively targeting survivors, this approach might be less sustainable in the long term, as it is project-oriented, usually limited to "pilot projects" at first, and implementing organizations selected under one grant might not be under the next. A UN representative also noted that partners did not use the 2007-2009 work plan "as much as planned." The plan was mostly used for resource mobilization purposes.

Additionally, several of the objectives in the VA strategy and work plan had been identified as key issues prior to 2004 and have been elaborated from earlier plans, and some remained unfulfilled as of August 2009 (for example, nationwide data collection). Additionally, some of the progress made under the plans still needed time for survivors to feel its impact. This and the poor general development context in Sudan probably led 83% of survivors to say that the government lacked the political will to make VA/disability progress. However, one representative added, "No matter the support provided there will always be a margin of (justified) discontent."

Conclusions

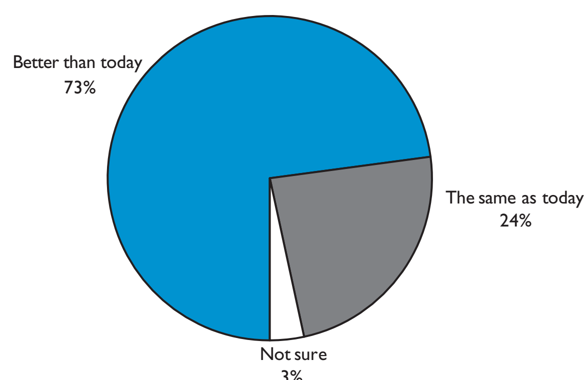
- Service provision remained limited and often out of reach of survivors, particularly in areas broader than can be addressed by the VA/disability sector, such as healthcare and economic opportunities in general.
- Psychosocial support and peer support groups were absent, and the few survivor group initiatives did not have capacity nor did they appear to link to disabled people's organizations (DPO).
- The experience of having benefited directly from economic reintegration opportunities likely influenced survivors' responses but they were also aware of the much less favorable general employment and economic conditions.
- Although physical rehabilitation received the most significant international support for years, survivors perceived it as inadequate.
- International funding and better coordination had a direct positive result on activity implementation, even though projects remained relatively small-scale.
- While several "pilot projects" directly targeting survivors were successful, systematic links with the disability, health and development sector remained insufficient to guarantee long-term sustainability.
- Due to increased attention and coordination, an achievable work plan was developed, under implementation and regular assessment.
- Implementation of the work plan progressed but many actions were taken too recently for survivors to see an immediate effect.

Suggestions for the way forward

When asked about how they saw their situation in five years, 73% of survivors thought it would get better and 24% thought it would remain the same (the remainder did not respond). To assist in building a better future, the following suggestions may be taken into account:

- Continue the regular coordination platforms and also increase coordination between the two platforms.
- Use the review of the achievements of the first work plan to make adjustments as appropriate to the second work plan (2009-2011) and the strategic framework.
- Find mechanisms to establish nationwide data collection for the use of casualty information and data from several needs assessments in planning.
- Despite increased government involvement, improve inter-ministerial coordination and involvement, to raise their financial contributions and the inclusion of survivors in broader economic, social and health policies.
- Use the VA process experience to strengthen activities and increase attention to the disability sector as a whole.
- Establish survivor organizations, link them to active DPOs, and provide capacity building so that survivors and their representatives can take more systematic and substantial part in planning, implementation and coordination.
- Ensure that the community-based NGOs can make their work more sustainable in the long term by increasing national support and by providing project proposal writing and fundraising training as needed.
- Investigate the option of organizing the community-based NGOs into a more formal community-based rehabilitation network that can also provide more systematic psychosocial support.
- Find ways to decentralize physical rehabilitation activities, and to include some basic activities in a more complete package of community-based actions.
- Strengthen first aid and emergency response mechanisms, by establishing more formal links with medical NGOs and organizations to ensure inclusion of mine/ERW survivors and to reduce preventable disability until the national network has more capacity.

What do you think your situation will be like in five years?



Salih (middle) at the vocational training center
© Friends of Peace and Development Organization

In their own words…

The main priority for VA for the next five years is:

- The priorities should cover all the different sectors (from emergency medical care to public and political participation). That is because you are dealing with communities, not individuals.
- Financial support and social reintegration (several).
- Social care and monthly allowances.
- Supply prosthetics.
- Subsidised housing (several).
- Job creation schemes, such as micro loans.
- Provide employment (several).
- Support the education of survivors' children (several).
- Survivors are productive so help them find jobs.
- More rehabilitation and reintegration services.

In their own words…

If countries really cared about survivors they would:

- Ratify the UNCRPD treaty and implement its obligations.
- Take care of the affairs of survivors and their families.
- Assign a government official to take care of survivors' problems and to resolve them.
- Help reintegrate survivors and ensure that ministries would appoint officials to take care of survivors, and create jobs.
- Financial support and employment opportunities (several).
- Provide survivors with their basic needs (numerous).
- Open up more centers to supply prosthetics at affordable prices.
- Provide healthcare.
- Subsidised housing.
- Provide survivors and their families with moral and material support.

In their own words…

Respondents described themselves as: integrated, powerless, aspire to a better future, patient, accepting of my situation, disabled person...

In his own words: the life experience of Salih

Salih (35) from Laffa in Kassala State (eastern Sudan) had his incident when his truck drove over an antivehicle mine near the border with Eritrea in 1999. Salih did not know the road had been mined nor were there any warning signs. He was in a coma for 25 days and when he woke up, he noticed that his lower left leg had been amputated, his right one had been broken.

Salih still does not remember very well what happened that day and he is also not able to venture into noisy or crowded places. His wife left him because he was not able to work anymore. However, then he came into contact with a local NGO (Friends of Peace and Development Organization) who selected him for one of their socio-economic empowerment projects. Salih took an intensive course to become a mechanic at the Kassala Vocational Training Center. This enabled him to find a job again. "I am employed as a normal, equal human being and earning a salary, which makes me feel productive and independent again," he says.