

Assisting and protecting
civilians during armed conflict

Dilemmas from Darfur

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The armed conflict in Darfur is one of the world's worst humanitarian crises.

Since 2003, more than 2 million people have been driven from their homes, and an estimated 300,000 people have been killed.

Armed rebels from several African tribes are fighting the Sudanese national army, because they consider the government to be discriminating and neglecting the people and region of Darfur.

On its side, the government has recruited militias from nomad Arab tribes, known as 'Janjaweed', to support the army against the rebels.



The armed conflict in Darfur is characterized by widespread and targeted violence against unarmed civilians.



Villagers who manage to escape attacks and violence seek protection and humanitarian assistance in camps.

Civilians forced to flee from their homes due to conflict or natural catastrophes are known as internally displaced persons (IDPs).

Refugees are people who have fled from their countries.

Internally displaced persons (IDPs) have fled from their homes, but remain within their own country.



IDPs in a country undergoing armed conflict are considered civilians – provided they do not take part in the hostilities.

IDPs are entitled to protection and humanitarian assistance.

During armed conflict, national authorities have the primary duty and responsibility to provide protection and humanitarian assistance to IDPs within their jurisdiction.

If national authorities are unable to protect or provide humanitarian assistance to IDPs on their territory, they have a duty to allow and facilitate humanitarian organisations to do so.

Imagine that you are a nurse working at a primary health care clinic in an IDP camp somewhere in Darfur.



The camp and its surroundings are not safe. There is fighting nearby between rebels and Arab militia.

Newly displaced people – survivors of recent attacks – arrive in the camp every week.

The majority – though not all – of the IDPs are of African tribes, and sympathise with the rebels.

The army and officials in the police and civil service (health, justice, education etc.) see the IDPs in the camps not as civilians and citizens, but as their enemy.



In the camp, the IDPs have access to food, water and health services.

To find fire wood needed to cook food, they have to walk up to 4-5 hours on foot.

Fetching wood is the womens' work.



International troops are in Darfur with a mandate to monitor a cease fire between the government and the rebels (the militia are not party to the agreement), and to protect civilians and humanitarian operations.

These troops also patrol in and around the IDP camps.

The international troops used to accompany the IDP women on fire wood patrol several times a week.

Recently, these patrols have ceased. There are not enough troops and vehicles to carry out all the patrols that are requested and needed.

One day, a woman walks in to your clinic saying she has stomach pains. You examine her, and notice marks of beatings on her chest. She explains that she was trapped and raped by a group of armed men while collecting fire wood the previous day.

Your colleagues at the clinic tell you that they have treated two cases of rape during the last two months.

The next day, five women come to you with deep cuts in their thighs. When you ask, they say they have been attacked and raped while collecting fire wood.

Over the seven days, even more women come to the clinic seeking treatment for sexual attacks they have suffered when they ventured far from the camp in search of fire wood.

Some say they were attacked by armed militia, others decline to say anything about the circumstances.

“Internally displaced persons, whether or not their liberty has been restricted, shall be protected in particular against: Rape, mutilation, torture, cruel, inhuman or degrading treatment or punishment, and other outrages upon personal dignity.”

UN Guiding Principles on Internal Displacement (1998)

You know that many rape survivors do not seek help due to shame, fear of reprisal, and lack of knowledge about available health services in the camp.

More women can be affected.

The United Nations is in Darfur with a mandate to monitor the conflict and its consequences, and to regularly report concerns and recommendations to the Sudanese authorities and to the UN Secretary General and the Security Council.

What will you do?

The Head of your organisation asks you and your colleagues and come of with a three-point Plan of Action for what to do to respond to the influx of rape survivors to your clinic.

What would you do immediately, and what would you plan to do over the next two weeks?

Guiding questions

- What exactly is the problem?
- Who can influence or change the situation?
- Do you have information or influence that can help protect the women?
- Who needs what information (patients, clinic staff, male and female IDPs, authorities, NGOs in the camp, international troops, UN?)
- What activities can you initiate from the clinic to contribute to stop and prevent the women from being abused (medical, epidemiological, legal approach)

To consider

- What is your primary responsibility to your patients?
- Information about your patients medical condition could be useful in a possible investigation (medical information as legal evidence). How would you treat this information, and what would you do with it?
- Would you question patients about circumstances of the attacks? What hopes and fears could this raise in the patients?
- If you chose to document violations against IDPs, would you and they be safe? What would you do with the information? Whose safety and whose interest may you affect?