The operation so far has been running smoothly as the majority of needs have been covered with generous donations from ECHO and various Red Cross and Red Crescent national societies. Efficient co-ordination between the government and various relief organisations working in Kassala State of Sudan has made it possible to fulfil the initial objectives.

The context

Intensified fighting in the month of May 2000 forced Eritreans to leave their country for Sudan for the first time since the hostilities between Eritrea and Ethiopia started two years ago. An initial wave of more than 12,000 Eritrean refugees began arriving in the state of Kassala on 18-19 May. The first arriving refugees originated mainly from the town of Tessaney, only a few kilometres from the border. Later in May and then in June, refugees came from many other areas, both urban and rural. By the end of June, some 95,000 refugees were registered and three major camps were established: Gulsa, Laffah and Shagareeb.

It was expected that the hostilities would cease after a short time and refugees would go back home in time for planting and rains. However, the war continued even during the negotiations in Algeria and shelling and bombardment destroyed many homes and public facilities. It became obvious that the refugees would be staying in Sudan at least until the end of September. In mid June, a peace agreement was signed between the warring parties. The agreement included a rapid deployment of some 2,500 UN observers who would be monitoring the implementation of the peace process.

In response to the humanitarian needs and with support of the Federation, the Sudanese Red Crescent (SRC) has been extremely active from the very beginning, providing refugees with the initial supplies of relief items from the available stocks. An international appeal was launched on 22 May 2000 to enable the delivery of additional assistance to refugees.
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Latest events

During the last week of July, the repatriation of refugees began. To date, approximately 20,000 refugees have left the camps as part of the repatriation programme. People are packing their belongings onto the trucks (some 400 are available), including small livestock and chickens, as well as cooking utensils, blankets and tents or plastic sheets that they received in the camps in Sudan. Each returnee also receives a two-month food ration. An estimated 50% intend to return to their homes, others would go to reception centres and IDP camps in Eritrea. Some 20,000 more have registered for repatriation and should be able to go back before the end of August. Transportation is available and so far no heavy rains have hindered the operation. Spontaneous returns of at least 5,000 additional refugees should soon reduce the caseload to less than half of the peak figure, although it is at this point very difficult to predict.

The reluctance to return to their homeland among the remaining refugees is attributed to their fear of political insecurity, lack of housing and means of support, poor information about the actual conditions and presence of landmines in the border areas. The reluctance is particularly evident among single mothers and those people coming from those parts of southern Eritrea still occupied by Ethiopian troops.

While aid has been arriving for the refugees in a timely manner thus preventing the outbreak of epidemics, the main problem is still the lack of shelter, mosquito nets and fuel for cooking. Although the health situation is under control, it may deteriorate with a heavy rainfall.

The operation is expected to continue until the end of September, depending on the rains and further development of the repatriation process.

Red Cross/Red Crescent action

A positive response to the appeal has been received from a large number of National Societies and from ECHO. This has made it possible for the Sudanese Red Crescent to provide substantial assistance to refugees, in addition to what was initially made available by the SRC, ICRC and the Federation. The relief assistance during this period consisted of the following:

Shelter: Tarpaulins, 6,000 pcs
Family tents, 450 pcs

Health: Drugs
Medical equipment
Dispensary tents, 6 units

Cooking: Kitchen sets, 1,000 units
Charcoal, 450 sacks

Food: High protein biscuits, 12 Mt.
Sorghum, 63 Mt.

The Federation support to the SRC includes continued financial support towards health staff salaries, volunteer incentives, transportation, communication equipment and training costs. A relief delegate was seconded to the SRC during the initial stage of the operation and is expected to return for another month in mid-August.

The most important contribution made by the SRC, however, is the untiring assistance by around 400 volunteers in almost all activities. The SRC staff and volunteers also extended their services to other
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organisations in need of the National Society’s capacity and experience.

Health •
There have been no major health problems in spite of the chaotic situation during the first few weeks and permanent shortage of accommodation and sanitation. In May, respiratory infections dominated, while malaria cases were most frequent in June and July. Some 300 morbidity cases were transferred to Kassala and Girba hospitals. Mortality during the first month was about 30.

The SRC has remained responsible for the clinics in Gulsa and Shagareeb. The dispensary tents were divided equally between Gulsa and Laffa. In each camp, one tent is used as a clinic and two are used as wards. These dispensary tents have been installed at a critical time as it is expected that the health situation will deteriorate once the rains start.

The 400 SRC volunteers assist also in WFP food distribution, the health programme in out-patient clinics and in running the feeding centres.

Training •
The SRC is currently undertaking training programmes for volunteers. The refugees have also been trained as volunteers in order to enable them to participate in the home visits programme which is usually better carried out by people from within the refugee community. Training sessions for the programme team and health staff have been carried out. Health education sessions for refugees are continuously taking place.

Outstanding needs
This appeal is almost fully covered. The most recent income will be used to purchase additional shelter in advance of the rains, as well as mosquito nets and additional medicines, particularly for the treatment of insect and snake bites. Shortage of fuel for household stoves and poor sanitation are areas currently being looked into by the Kassala branch of the SRC.

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On the 25 of July, the European Community Head of Delegation, Mr. Xavier Marshal, visited Kassala state to review all projects funded by ECHO. The delegate was impressed with the SRC activities and expressed willingness to provide further support to the emergency, should this be required.

At state level, co-operation and co-ordination with the government authorities, UNHCR and international NGOs is very effective.

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See Annex 1 for details.
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