

# Operations update



International Federation  
of Red Cross and Red Crescent Societies

## SUDAN:FLOODS

Emergency Appeal no. MDRSD004  
*GLIDE no. FL-2007-00093-SDN*  
25 October 2007

### Operations Update no. 4

**Period covered:** 11 September to 20 October, 2007.

**Appeal target:** CHF 7,498,940 (USD 6,233,533 or EUR 4,561,399);

**Appeal coverage:** [<click here to go directly to the donor response report>](#)

**Beneficiaries:** 200,000 flood affected people

### Appeal history:

[Preliminary Emergency Appeal](#) launched on 18 July, 2007 for CHF 2,077,530 (USD 1,646,690 or EUR 1,194,969) for five months to assist 40,000 people.

[Revised Emergency Appeal](#) issued on 8 August 2007 for CHF 5.46 million (USD 4.5 million or EUR 3.3 million) to assist 140,000 people for six months.

[Operations Update no. 3](#) revised the appeal objectives and increased the budget to CHF 7,498,940 (USD 6,233,533 or EUR 4,561,399) to assist 60,000 more people. Total target beneficiary caseload now stands at 200,000 people (with capacity to serve an additional 25,000 people).

Disaster Relief Emergency Funds (DREF) allocated: CHF 549,000.



Red Cross/Red Crescent provides safe drinking water to some of the worst floods affected communities in Sudan: ERRU in Kosti, White Nile state.

### Summary

Rains are subsiding and flood waters are receding. The critical period is drawing to its end. People have started to return to their normal lives. The consequences of this year's disaster, however, will be felt for a long time ahead. The destruction of farmland and the death of farm animals left those already living on tight margins with little or no resource to restart their livelihoods. Food shortages could become widespread and assessments are underway to determine the magnitude of the needs. The risk of water and vector borne diseases remains high on the agenda as well.

In southern Sudan, some parts are still cut off and access has been a major constraint to assessment and response efforts. In contrast to the north, river waters in the south are still remarkably high. The probability as well as the scale of more flooding is difficult to predict – it depends on the level of precipitation both within Sudan and its neighboring countries, especially in Uganda and Ethiopia. Preparedness measures, however, must be put in place to mitigate the impact on the most vulnerable communities.

SRCS has been a valuable partner to the Sudanese people since the onset of the rain season. It is a leading indigenous humanitarian agency working in all flood affected areas. In many states, it is the only organisation that has a presence on the ground. Sudanese people have shown an admirable sense of solidarity. Volunteers have been traveling from all over the country to give a helping hand to their colleagues and countrymen. An extraordinary effort has been exerted to reach some of the remote and hardest hit communities.

Current focus of the Sudanese Red Crescent Society (SRCS):

- Water chlorination and community training in Gedaref and Kassala states, where the outbreak of acute watery diarrhoea (AWD) has reached critical levels. 1,420 volunteers are currently working in shifts - a significant increase from the number of volunteers deployed at the beginning of the epidemic. The increase, however, has been indispensable as all other ways have proved to be insufficient and ineffective. Some 1.3 million people drink safe water as a result of SRCS-led intervention in these two states alone.
- Household distribution of insecticide treated mosquito nets, water maker sachets and hygiene items.
- Provision of safe treated water through an emergency response unit (ERU) and two water kits in North Kordofan and White Nile States. 8,000 to 10,000 people reached through the ERU in Kosti town; another 20,000 people served through two water kits in the village of Al Hedieb (White Nile State) and Sodari town (North Kordofan state).
- Basic health care through field clinics: As flood waters dry up and roads re-open, the SRCS is decreasing the number of its field clinics and concentrates on the areas where the situation remains fragile. Sixteen clinics are currently deployed in the north.
- Identifying livelihood recovery needs in the flood affected areas; the SRCS is recruiting a local consultant to carry out the assessment. The assessment is to recommend sustainable interventions as well as SRCS role in livelihood recovery process.
- Relief/shelter: Since the response began in early July, SRCS distributed emergency shelter supplies to 42,649 households (over 200,000 people) i.e., the Society alone has covered the shelter needs of 38 percent of the total affected population in 15 out of 22 flood affected states. Non-food items (NFIs) came from SRCS stocks, bilateral donations from in-country and international partners, and contributions received through the Federation appeal. SRCS is now reassessing needs both in the north and in the south to identify the remaining gaps. In the south, the logistics teams are making necessary arrangements to airlift NFI stocks for immediate distribution to the communities that have only recently become accessible.
- Contingency planning: building contingency stocks of emergency items closer to the areas that might be still vulnerable to more flooding this year (if rains continue within Sudan and/or its neighbouring countries) and beyond.



Although rains are subsiding, for many life continues to be a daily struggle: A village in Jonglei state visited by joint SRCS and Federation assessment team on 4-12 October 2007/Sudanese Red Crescent Society.

### The situation

The rains that have pounded the country for almost four months have now eased but have left behind a trail of destruction. Hundreds of thousands of Sudanese face enormous challenges to recover their lives.

According to information provided by the Sudanese Red Crescent Society (SRCS) and other agencies working in Sudan, 113,668 households (over 500,000 people) have been affected in 22 of Sudan's 26 states since the beginning of this year's rain season since the beginning of this year's rain season.



SRCS field clinics continue providing basic health care to communities isolated by flooding: SRCS doctor examines a patient in White Nile State.

In the south, the flooding is estimated to have affected anywhere between 50,000 and 200,000 people. The statistics that are available are incomplete and inaccurate, as parts of Sudan remain cut off and inundated by floods to this date. But figures at hand confirm the scale of the disaster.

The flooding has only compounded the already grim humanitarian conditions in the country, where poverty is widespread and chronic problems persist. Very few have access to basic services such as safe water and health facilities. Among Sudan's 36 million people, life expectancy at birth is 58 years for women and 55 for men. More than half of women are illiterate, as are three out of ten men. About 17 percent of children under the age of five are underweight. Health care spending is the lowest in sub-Saharan Africa at US\$14 per capita, per annum (Source: Human Development Report).

In the South, the biggest challenge has been the lack of access to many of the flood affected communities. Flooding paralyzed main roads and the security situation has been volatile (intertribal clashes). Some areas cannot be reached even by air (no air strip). A recent assessment by SRCS and Federation joint team found large territories of agricultural land inundated. Fear is mounting that many communities will be experiencing severe food shortages and local coping mechanisms will not be sufficient to prevent famine. The Food Early Warning Systems Network (FEWS Net) warned Nile-Sobat and eastern flood plains are the most vulnerable. The World Food Programme (WFP) said it was airlifting food for those affected in remote areas, but the needs are believed to be much greater. People in the flooded areas lost not only their agricultural lands, but most if not all their supplies of food and crops. The ongoing annual livelihoods, crop and food supply assessments led by WFP and FAO will help establish the magnitude of the situation. Local authorities identify returnees and IDPs as the most vulnerable group. Those who returned in June 2007 have not managed to secure any means of survival e.g., they did not have time to cultivate their lands and the little that was cultivated, was washed away by the flooding. The government fears, many will opt to go back to the North. Flooding is jeopardizing the next round of repatriation as well, scheduled for December 2007.



Access to some flooded areas in the south remains the major constraint to this date. SRCS/Federation assessment team on the road from Bor to Baidit in Jonglei State.

It is difficult to establish a definite number of livestock killed during the flooding. It is apparent, however, the loss has been significant. Some managed to move their cattle to higher grounds, but the fodder is in short supply and many more animals may yet die, warns SRCS. There are also fears of animal disease outbreak, particularly during the dry season. Adequate livelihood recovery strategies need to be developed to help people regain control over their lives.

The risk of health epidemics is high. The situation has reached critical levels in Gedaref, a state in eastern Sudan near the Eritrean border, and Kassala. Since 2 October 2007, 81 new cases of Acute Watery Diarrhoea (AWD) have been recorded with six deaths in Kassala town alone, where the situation was thought to have been brought under control. In Gedaref, 70 percent of water samples had tested positive for cholera. All localities in Gedaref state are now affected. The total number of confirmed cases of AWD throughout the country currently stands at 1,597 since April 2007 with 77 deaths (as of 5 October 2007).

The number is lower than in previous years (the 2006 outbreak, which lasted from April to November, led to more than 9,000 cases throughout northern Sudan). But the rapid spread of the disease is a warning that the crisis is not over yet and preventive measures must be scaled up to contain the epidemic.

Since the outbreak of AWD, the SRCS, in cooperation with the Ministry of Health of Sudan has been conducting household distribution of aqua tablets and soap combined with community training. The efforts, however, have had little impact. Even after sensitization, people do not use water treatment products consistently and disease has been spreading to new areas. The SRCS is scaling up and adjusting the response strategy: it increases the number of its volunteers involved in the operation and begins chlorinating water at sources in parallel to household distributions.

900 SRCS volunteers are currently engaged in five localities of the Gedaref State alone, chlorinating 750 water sources every day. The SRCS is the only indigenous organisation working in the area and is the main partner of the Ministry of Health. The Ministry of Health is running 11 cholera treatment centres in the state and has provided one vehicle and a driver to support the SRCS work. The Ministry also pledged to avail to SRCS funding sufficient for 14 days.

A combined approach is applied in Kassala state as well, where the SRCS has mobilized another 520 volunteers. In total, 1,420 SRCS volunteers are currently engaged in water chlorination and education activities in the two states. This is a significant increase from the number of volunteers deployed by the Society at the beginning of the epidemic. The increase, however, was necessary as all other ways have proved to be insufficient and ineffective. Cholera will spread further if drastic measures are not taken. SRCS volunteer engagement will be required for eight weeks (i.e., 56 days), at the end of which, it is hoped the worst will be over. The Federation is mobilizing additional resources through its emergency appeal to ensure the continued engagement of SRCS volunteers in this life-saving operation until the critical period is over.

On 17 October 2007, the Federal Ministry of Health (Epidemiology Department) reported 25 cases of hemorrhagic fever (suspected yellow fever not confirmed) in White Nile and Sennar states. 20 patients (80 percent) have died. The cases have occurred in nomadic populations of under 40 years of age. The Federal Ministry is sending teams to both states to assess the situation.

There have been at least six hemorrhagic fever epidemics this year in Africa:

- Rift Valley Fever spread from Kenya (Tana River) to Tanzania.
- Another RVF epidemic in Nakuru, Kenya during the Uganda floods.
- Marburg in northern-Uganda.
- Ebola in DRC (at the border with Angola).
- The July 2007 outbreak of yellow fever in Sudan<sup>1</sup>; and most recently an outbreak of yellow fever in Cameroon.

As part of a multi-disciplinary assessment carried out in White Nile state and in close consultation with Government officials, engineers and local Red Crescent branch officials, the decision was taken to offer a stand-alone and complete Water & Sanitation (WatSan) Emergency Response Unit (ERU) to the relevant authorities in Kosti town, on behalf of the SRCS. This was based on the fact that extensive damage had been done to the existing water supply and distribution system especially in the peri-urban and informal settlements on the periphery of the town. The estimated population affected - having limited or no access to safe water is between 30-60,000 people.

The populations were increasingly relying on untreated and polluted floodwaters, with a serious risk of water borne diseases. The WatSan ERU (Module 40) consists of equipment (flown in from Europe) which can extract and treat water from any source regardless of quality, and produce safe water to WHO/SPHERE standards to a volume that can supply up to 40,000 people per day up to 15 litres safe water per head. Apart from treatment, it also has capacity to store water safely at

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<sup>1</sup> There had been four confirmed cases with two deaths of yellow fever in North and South Kordofan states in early July this year. The unvaccinated population (approximately 300) was immunized and vector control and surveillance were intensified. No new cases have been reported in these states since then. Another outbreak was recorded in 2005 in Kordofan again (near White Nile and Sennar states), 600 cases with 163 deaths. 1.5 million people were then vaccinated.

several points, and distribute by reticulation/trucking to a wider area, and is especially for use in urban/peri-urban scenarios. Similar ERU's have been deployed effectively in previous flooding in Sudan (e. g., Kassala in 2003). The ERU also consists of an experienced deployment team, team leader and technicians, and are also supported by SRCS branch staff and volunteers. The system can operate for up to four months or more.

Two other water kits are providing treated water to the population of Al Hedieb village (15 km from Kosti town in White Nile state) and Sodari town in North Kordofan state. The entire village of Al Hedieb was washed away by the flash flooding in September 2007. SRCS volunteers reported 100% damage to residential houses and latrines. Some 7,500 people in this one location alone were left homeless and with no access to safe drinking water. Sanitary conditions were appalling with all latrines washed into the river, which is the main source of drinking water in the area. An outbreak of health epidemics was imminent, should there not be an immediate response.

The scale of the disaster was equally deplorable in Sodari town of Northern Kordofan state. The town's entire population (180,000 people) were left with no access to safe potable water. As an immediate measure, SRCS repositioned another water kit from the south. The kit was airlifted to Khartoum and then transported by truck to Sodari. SRCS technical personnel from Khartoum and Juba set up the kit, which is now providing safe treated water to some 10,000 people. The town's processing plant is dysfunctional to this date. No other alternative water sources are available. The SRCS kit in Juba has been re-supplied.

In the south, no disease outbreak has been recorded so far. The risk of epidemic, however, persists and is growing. People in many of the flood affected areas use river water for drinking and in some payams (smaller administrative units within counties) there are no boreholes. Risk of water contamination is high and sanitation conditions are appallingly poor. UN is pre-positioning cholera treatment kits and medication in all states. Distribution of medical supplies to counties and beyond, however, will be a challenge. SRCS has prioritized health and hygiene education (PHASTER methodology) through community-based volunteers; distribution of water maker sachets; and construction of emergency communal latrines in the areas where access permits and are not targeted by other agencies.

Malaria has been on the rise throughout the country and cases are expected to increase further. Distribution of insecticide treated mosquito nets, therefore, remains another top priority both in the north and south. SRCS has already distributed 50,679 nets to 25,340 households (two nets per household).<sup>2</sup> The Federation has mobilised another 30,900 mosquito nets and more are expected to arrive soon.

Distributions of shelter and household items (blankets, kitchen sets and sleeping mats) have been ongoing since the onset of the disaster and according to the SRCS, relief/shelter needs in the areas where access was possible, have now been largely met. Gaps, however, remain and SRCS branches are now re-assessing the remaining needs both in the north and south, in coordination with the government, UN and other in-country based organisations.

In the south, SRCS has identified two geographic areas for its immediate interventions: Jonglei and Central Equatoria. These states have received the least assistance as they have only recently become accessible. Organising logistics of the relief operation will still be complicated as terrain is extremely rugged and some areas will have to be reached by boat. NFI distributions will be combined with community health and hygiene education and training of volunteers on efficient early warning techniques. The primary objective of these interventions will be to provide emergency shelter to those affected by the current flooding and to prevent an outbreak of epidemics. The secondary objective is to help the SRCS southern secretariat use this emergency operation as an entry point to expand its local presence and strengthen its community ties in the areas, where it does not have yet formal structures, but where it has sufficient capacities to mobilize community-based volunteers and mount a relief operation.

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<sup>2</sup> Mostly from SRCS own stocks and bilateral donations from ICRC, UNJLC and other in-country based and international doors. 9,000 nets had been mobilized through the Federation appeal.

Although river waters in the north are decreasing, in the south, they remain remarkably high and some more heavy downpours cannot be excluded yet. The probability as well as the scale of more flooding is difficult to predict but measures must be put in place to ensure a level of preparedness for any further need for SRCS intervention. The Society identifies areas north of Juba along the White Nile river up to Malakal as the most vulnerable. The areas along the Sobat river in the east (Upper Nile state) are at risk as well. The Federation and SRCS logistics teams are making necessary arrangements to pre-position emergency NFI stocks.

## Red Cross and Red Crescent action

### Objectives, progress, impact and challenges

**Goal: To mitigate the effects of flooding and increase resilience of 200,000 flood-affected people in Sudan.**

#### Emergency relief

**Objective 1: To provide 75,000 people (15,000 households) with emergency relief and shelter support.**

Expected result	Planned activities	Progress, impact and challenges
Vulnerability of 75,000 people to climatic shocks reduced.	<ul style="list-style-type: none"> <li>Provide 60,000 empty sand bags to communities in high risk areas.</li> <li>Arrange for the procurement and distribution of tarpaulin for 60,000 people (12,000 households).</li> <li>Provide 15,000 of the most vulnerable flood-affected people (3,000 people) with local building materials, tools and technical support to construct improved emergency shelter.</li> <li>Provide all 75,000 targeted people with essential household items (such as sleeping mats, blankets and kitchen sets).</li> </ul>	<ul style="list-style-type: none"> <li>Since the beginning of the emergency, SRCS has distributed 42,533 tarpaulins, 23,323 kitchen sets, 85,298 blankets and 41,780 sleeping mats; the table below shows a summary of SRCS-led distributions in the flood affected areas per state.</li> <li>Access to UN common pipeline suspended.</li> <li>Emergency relief/shelter needs largely covered, according to SRCS.</li> <li>The National Society is currently re-assessing the situation to identify gaps. Distributions to resume where gaps are found.</li> <li>In the south, two states identified for an immediate intervention: Central Equatoria and Jonglei .</li> <li>NFI pre-positioned for 3,500 households. Each household to receive 1 tarpaulin, 2 blankets, 2 sleeping mats, 2 mosquito nets, 2 jerry cans, 2 (20 Lt capacity) buckets and 600 gramme of laundry soap (200 gr per person per month for three months).</li> <li>The local shelter construction project reprioritized for implementation in El Hedieb village in White Nile state; shelter needs in Northern Kordofan state, targeted originally for the pilot project, have been covered according to SRCS. Funding secured for 500 households. Implementation foreseen to commence during the week 43.</li> </ul>
Soil erosion and desertification in communities minimised.	<ul style="list-style-type: none"> <li>Plant 75,000 tree saplings to offset the use of wood for emergency shelter construction.</li> </ul>	<ul style="list-style-type: none"> <li>Contact made with forestry department and initial discussions planned to map out project details.</li> </ul>

## Health and WatSan

**Objective 2: To provide safe drinking water to Sphere standards to some 177,400 flood affected people in the hardest hit areas.**

Expected results	Planned activities	Progress, impact and challenges
<ul style="list-style-type: none"> <li>• 177,400 floods affected people have access to safe drinking water according to Sphere standards for three months.</li> <li>• Reduced risk of water borne diseases in the target areas.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide five million water purification tablets to 55,000 persons in the hardest hit areas, for household level water treatment; 1 tablet per person per day during three months.</li> <li>• Distribute 20ltr water containers to those targeted for water purification tablet distributions.</li> </ul>	<ul style="list-style-type: none"> <li>• 4.9 million water purification tablets and 46,800 jerry cans distributed to 162,600 people in the hardest hit areas (see table below).</li> <li>• Current focus is on Kassala and Gedaref to contain the spread of AWD/Cholera epidemics. In these two states alone 1,420 volunteers are working in shifts distributing water treatment products at household and water source levels. Volunteer engagement will be necessary for eight weeks (i.e., 56 days), at the end of which, it is hoped the worst will be over.</li> <li>• The Federation is mobilizing additional resources through its emergency appeal to ensure the continued engagement of SRCS volunteers in this life-saving operation until the critical period is over.</li> <li>• Water and sanitation reprioritized in Southern states as well.</li> <li>• Preparations underway to distribute water maker sachets (5 sachets per family per day for three months) to 3,500 targeted households in Jonglei and Central Equatoria states.</li> <li>• Construction of emergency communal latrines also planned in Bor, Jonglei state; SRCS and Federation WatSan teams are conducting a technical assessment to identify the location and number of latrines needed.</li> </ul>
	<p><b>Kosti town</b>, White Nile state:</p> <ul style="list-style-type: none"> <li>• Deploy one complete ERU (module 40) to provide treated water for three months to 40,000 people in Kosti town.</li> <li>• Support Kosti town's water authorities with the procurement of fittings to repair the damaged pipes.</li> <li>• Supply the town's water treatment</li> </ul>	<ul style="list-style-type: none"> <li>• One complete ERU deployed.</li> <li>• The international team arrived on 18 September and on 21 September the installation of the mass water unit began with assistance of 15 SRCS volunteers.</li> <li>• Long distance to the river Nile (5 to 6 km) and lack of trucking capacity has prompted the team to adjust the original plan and the water treatment unit was connected to the town's main water line, which had been damaged by the flooding undermining the safety of water distributed through pipes.</li> <li>• Subsequent analysis confirmed the water in the town's main distribution line is contaminated with high e-coli numbers and NTU between 100 and 200.</li> <li>• On 25 September, water production began. The kit produces 30 m<sup>3</sup> of safe water every day. Water is pumped three times a day</li> </ul>

	<p>plant with chemicals sufficient for one month to provide treated water the population of 60,000 people.</p> <ul style="list-style-type: none"> <li>• Distribute water treatment tablets (1 tablet per person per day for one month) and 20 Lt jerry cans (two cans per family) to 35,000 people (7,000 households) of the total 60,000 people connected to the network.</li> </ul>	<p>and then treated with chemicals.</p> <ul style="list-style-type: none"> <li>• Treated water is distributed through a tap stand installed near the water plant and donkey-carts; donkeys are the most common medium of transportation in the area and are used to take water to the areas not connected to the town's piped network, some 5,000 to 7,000 people, estimated by the ERU team.</li> <li>• Once the plant was set up, efforts have since been concentrated on finding ways to provide safe water to the village of Hassania, 1 km from the Kosti town.</li> <li>• Given the difficult terrain, a trucking option was excluded and construction of a 2-inch pipe line was identified as the most feasible solution.</li> <li>• Construction of the distribution line to Hassania village completed by 6 October. One T11 and three tap-stands installed in Al Hasania village itself.</li> <li>• Village population is now supplied with 20,000 lt of safe water a day.</li> <li>• In total, the ERU in White Nile state is reaching 8,000 to 10,000 people.</li> <li>• Quality of distributed water is analysed every day by the ERU team.</li> <li>• The number of SRCS volunteers has now been reduced to seven. Others members of SRCS team redeployed to El Hedieb (see below).</li> <li>• International staff: currently one delegate; two new delegates expected to arrive during the week 43.</li> <li>• In parallel to water distribution, the ERU is training SRCS volunteers on plant operation, chemical testing and water distribution.</li> <li>• The ERU will continue providing treated water until early December, by which time the situation is expected to return to normal.</li> <li>• An exit strategy to be re-discussed with local water authorities.</li> <li>• In the areas, where secondary pipes of the town's main water supply are damaged, SRCS has been distributing water treatment products and jerry cans (see table below for details) to prevent the outbreak of water-borne diseases until repair works commence.</li> <li>• SRCS has committed to assist the town's water authorities in replacing the damaged fittings; implementation, however, is pending donor funding.</li> <li>• The provision of chemicals and fittings will</li> </ul>
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		be crucial to SRCS exit strategy.
	<p><b>Al Hedieb village, White Nile state:</b></p> <ul style="list-style-type: none"> <li>• Provide emergency water supply through a water treatment kit (with a 10,000 people capacity).</li> <li>• Construct 200 communal emergency latrines.</li> </ul>	<ul style="list-style-type: none"> <li>• A water kit repositioned from Juba and set up in Al Hedieb.</li> <li>• Safe treated water provided to the village's entire population since 29 September 2007.</li> <li>• The kit is run by SRCS volunteers with technical support of ERU team in Kosti.</li> <li>• The kit produces an average of 60 m<sup>3</sup> of safe water per day.</li> <li>• Two 70m<sup>3</sup> distribution tanks and three tap-stands installed in the village; the tanks and a pump provided by the ERU in Kosti.</li> <li>• One tap stand established in a village primary school, which has about 400 school children. Tap stands are used by the displaced people living in make-shift shelters near the school.</li> <li>• The unit will be deployed for three months as originally planned. By then the situation is expected to return to normal and responsibility for water provision will be handed over to the local authorities, as agreed from the outset.</li> </ul>
	<p><b>Sodari, North Kordofan state:</b></p> <ul style="list-style-type: none"> <li>• Provide emergency water supply through a water treatment kit (with a 10,000 people capacity) in Sodari.</li> <li>• Rehabilitate up to 80 hand pumps in Jabrat El Sheikh, North Kordofan state, to increase the availability of safe drinking water for the affected population of 2,400 people.</li> </ul>	<ul style="list-style-type: none"> <li>• An emergency water kit repositioned from Juba to Khartoum and deployed to Sodari in Northern Kordofan to respond to water needs of some 10,000 people.</li> <li>• The kit was set up by SRCS technical personnel and has been treating and distributing drinking water since early September 2007.</li> <li>• Two water engineers seconded by the local water authorities, four members of water rural committee and six community volunteers are running the kit.</li> <li>• The kit pumps river water, which is then treated with chemicals and distributed through water tap stands.</li> <li>• 70m<sup>3</sup> of safe water produced every day.</li> <li>• Water is tested to ensure it is safe i.e., has low turbidity and is bacteria free.</li> <li>• The water kit in Juba has been re-supplied.</li> <li>• Rehabilitation of hand pumps in Jabrat El Sheikh is pending donor funding.</li> </ul>

**Objective 3: To strengthen resilience of some 110,000 flood-affected people to water and vector borne diseases.**

<b>Expected result</b>	<b>Planned activities</b>	<b>Progress, impact and challenges</b>
<ul style="list-style-type: none"> <li>• Increased awareness of household water treatment methods among the affected population.</li> </ul>	<ul style="list-style-type: none"> <li>• Retrain 360 SRCS volunteers on water and vector borne disease prevention and</li> </ul>	<ul style="list-style-type: none"> <li>• Thousands of SRCS volunteers engaged with their communities promoting safer hygiene and facilitating training on vector control.</li> <li>• Focus is on Kassala and Gedaref currently to contain the spread of AWD/Cholera</li> </ul>

<ul style="list-style-type: none"> <li>• Improved hygiene practices amongst the target population.</li> <li>• Increased awareness of water and vector borne disease prevention and control.</li> <li>• Reduced risk of water and vector born diseases in the target areas.</li> <li>• Reduced morbidity and mortality from preventable diseases.</li> </ul>	<p>control.</p> <ul style="list-style-type: none"> <li>• Conduct community training on vector control and prevention of water borne diseases.</li> <li>• Print and distribute information, education and communication (IEC) materials.</li> <li>• Distribute 45,000 long lasting insecticide treated bed nets; 3 nets per family for 15,000 families.</li> <li>• Conduct sensitization and training on proper use of water purification chemicals and mosquito nets.</li> <li>• Distribute 0.25kg of soap per person per month to 110,000 people for three months according to the Sphere indicator (local procurement).</li> <li>• Distribute 200,000 ORS sachets to people suffering from diarrhoea.</li> <li>• Establish ORS preparation and demonstration centres.</li> <li>• Mobilise volunteers for environmental sanitation (insecticide spraying and waste disposal management).</li> <li>• Procure cholera</li> </ul>	<p>epidemics. In these two states alone 1,420 volunteers are working in shifts training communities on household water treatment methods. The efforts, combined with water chlorination at source, are reaping results. Since 5 October 2007, no new cases have been registered.</p> <ul style="list-style-type: none"> <li>• Volunteer engagement will continue for 56 days. The number of human resources deployed will be scaled down gradually as situation stabilizes.</li> <li>• 50,679 long lasting insecticide mosquito nets distributed by SRCS so far. More nets being pre-positioned. In light of increased risk of Malaria, distribution to be scaled up.</li> <li>• Hygiene education to be scaled up as well across the country. As an immediate priority, in Jongei state (in the south) 20-25 volunteers to be trained as trainers on PHASTER methodology to engage with their communities.</li> <li>• Some 4,000 kg of soap distributed by SRCS since the start of the emergency. Distributions continue.</li> <li>• Several clean-up campaigns organised in almost all flood affected states.</li> <li>• Procurement of cholera and Malaria test kits underway.</li> </ul>
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	and Malaria test kits (paracheck).	
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**Objective 4: To provide basic curative care to 75,000 flood-affected people in isolated areas.**

Expected result	Planned activities	Progress, impact and challenges
75,000 flood affected people have received basic health care services. The impact of flooding on human health and avoidable deaths reduced.	<ul style="list-style-type: none"> <li>Deploy 25 mobile health units in the hardest hit areas to provide basic health care services to some 75,000 people for three months.</li> <li>Supply mobile units with medicines and medical supplies.</li> </ul>	<ul style="list-style-type: none"> <li>As flood water dries up and roads re-open, the SRCS is decreasing the number of its field clinics and concentrates efforts on the areas where the situation remains fragile.</li> <li>SRCS is targeting smaller communities, which are deemed to be more vulnerable.</li> <li>Each unit has a capacity to provide basic health care services to 15,000 people (3,000 households) for three months.</li> <li>16 clinics are currently deployed three in Kassala and River Nile states, two in both White Nile and Khartoum states, one in both Gezira and North Kordofan, and four clinics in Gedaref.</li> <li>The number of patients seen by the clinics vary depending on the size of the community; on average 10 to 20 patients a day.</li> <li>Most common diseases seen include: upper respiratory diseases, malaria and diarrhoea.</li> </ul>

**Strengthening SRCS disaster response capacity**

**Objective 5: To strengthen the SRCS capacity to respond to this and future disasters.**

Expected result	Planned activities	Progress, impact and challenges
Increased capacity of the SRCS staff and volunteers to organise disaster response.	<ul style="list-style-type: none"> <li>Train and orient volunteers in key hazard areas, disaster preparedness and response skills through national disaster response team (NDRT) training.</li> <li>Train 50 Red Crescent volunteers and staff members on public health in emergencies and conduct 12 sessions on community-based first aid (CBFA).</li> <li>Provide uniforms and equipment,</li> </ul>	<ul style="list-style-type: none"> <li>Training dates to be determined.</li> <li>Lack of information from the South has been a major constraint to assessment and response efforts. The recent SRCS and Federation joint assessment in South Sudan recommended training of two volunteers from each of the 10 states in the South (in total 20 volunteers) on disaster assessment, data collection and disaster reporting. IT needs to be assessed by Federation specialists from Nairobi.</li> </ul>

	including vehicles, communication and life saving equipment.	
Availability of in-country stocks of emergency NFI, medicines and medical supplies for 25,000 people to enable timely response if need for such response arises.	<ul style="list-style-type: none"> <li>• Pre-positioning disaster preparedness stocks (tarpaulins, blankets and jerry cans) for 5,000 families.</li> <li>• Replenish 2,000 tents distributed from SRCS DP stock.</li> <li>• Pre-positioning one interagency emergency health kits, 5,000 long lasting insecticide-treated nets and IEC materials for future emergencies.</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-positioning of disaster preparedness stocks ongoing (see the NFI mobilisation update at the end of the document).</li> <li>• Contingency stocks for at least 1,500 households to be established in the south. The items will be available for distribution by SRCS across Southern Sudan in flood-affected areas to cover both the current gaps and emerging needs, as access to previously isolated areas becomes available.</li> </ul>

### Livelihoods recovery

#### Objective 6: To establish livelihoods recovery needs in the flood affected areas.

Expected results	Planned activities	Progress, impact and challenges
<ul style="list-style-type: none"> <li>• Livelihood rehabilitation strategy developed and shared with partners and donors.</li> <li>• SRCS role in livelihood rehabilitation process defined.</li> </ul>	<ul style="list-style-type: none"> <li>• Design livelihoods assessment methodology.</li> <li>• Carry out the assessment in target areas/communities and livelihoods groups.</li> <li>• Coordinate assessment with key local, national and international stakeholders.</li> <li>• Recommend sustainable interventions and SRCS role in livelihood recovery process.</li> </ul>	<ul style="list-style-type: none"> <li>• T. O.R or for a consultant is being developed; recruitment to be undertaken by the SRCS locally and assessment foreseen to commence during week 44-45.</li> </ul>

## Coordination and partnerships

SRCS as the leading indigenous emergency response agency throughout Sudan is actively involved in all coordination fora at national and state levels. It maintains a regular contact with Humanitarian Aid Commission (HAC) of the Ministry of Humanitarian Affairs and takes part in UN-led interagency task force weekly meetings. Planning and implementation is coordinated at sectoral level.

Within the Movement, in Khartoum, the SRCS continues to lead weekly Task Force meetings attended by the SRCS, the Federation, the International Committee of the Red Cross (ICRC) and representatives of sister National Societies working in Sudan. Several partner National Societies have contributed to SRCS-led flood response efforts ([click here to see the list of contributions](#)).

## Communications – Advocacy and Public Information

Several briefings have been held with local media representatives to update on the needs of the flood-affected population and progress made by the SRCS as well as to share concerns about the challenges encountered. In many states, the SRCS continues to be the only organisation that has a presence on the ground and first hand information on the situation.

Promotional materials such as t-shirts, vests and coats for Red Crescent volunteers are being produced to increase the visibility of the National Society.

At the end of the operation, a booklet documenting lessons learned will be prepared and published in both Arabic and English languages.

Since the launch of the emergency appeal, the Federation issued three press-releases and published three stories on its public web page at [www.ifrc.org](http://www.ifrc.org).

### Annex 1. Summary of SRCS-led distributions

### Annex 2. NFI mobilization update

How we work	
<p><i>All International Federation assistance seeks to adhere to the <a href="#">Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief</a> and is committed to the <a href="#">Humanitarian Charter and Minimum Standards in Disaster Response (Sphere)</a> in delivering assistance to the most vulnerable.</i></p>	
<p>The International Federation's activities are carried out under its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".</p>	<p><b>Global Agenda Goals:</b></p> <ul style="list-style-type: none"> <li>• Reduce the numbers of deaths, injuries and impact from disasters.</li> <li>• Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.</li> <li>• Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.</li> <li>• Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.</li> </ul>
Contact information	
<p><b>For further information specifically related to this operation please contact:</b></p>	

***For further information specifically related to this operation please contact:***

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**[<Annexes below; click here to return to the title page>](#)**

### Annex 1. Summary of SRCS-led distributions

State	plastic sheets/tarps	Tents	Sleeping mats	Blankets	Kitchen Sets	Jerry Cans	Mosquito nets	Soap (kg)	Aqua tablet
Blue Nile	1,068	200	1,536	3,036	768	1,536	3,768		350,000
Gedaref	1,000	100	-	1,200	600	-	-	4,105	700,000
Gezira	2,090	-	1,730	4,380	1,930	2,450	600	519	350,000
Kassala	4,092	400	2,784	7,284	1,142	4,284	1,142	2,380	994,000
Khartoum	1,100	611	-	2,040	-	300	-		560,000
North Kordofan	10,458	300	15,236	22,636	7,218	16,236	12,672		384,000
Northern	228	-	-	500	-	-	3,000		350,000
Red Sea	1,973	476	2,546	4,346	1,273	2,546	4,273		-
River Nile	1,440	300	-	1,700	400	800	1,200		350,000
Sennar	5,924	110	11,248	9,488	3,524	9,148	3,524	1,986	350,000
South Darfur	1,000	500	-	3,000	-	-	-	918	-
South Kordofan	1,310	-	-	3,968	1,268	800	400		-
Unity	3,000	-	-	5,000	1,500	3,000	4,500	2,400	-
Upper Nile	1,300	-	600	3,100	1,000	2,000	16,500	1,200	-
White Nile	6,550	650	6,100	13,620	2,700	5,700	2,100	918	490,000
<b>Total</b>	<b>42,533</b>	<b>3,647</b>	<b>41,780</b>	<b>85,298</b>	<b>23,323</b>	<b>48,800</b>	<b>53,679</b>	<b>14,426</b>	<b>4,878,000</b>
<b>Households served</b>	<b>21,267</b>	<b>3,647</b>	<b>20,890</b>	<b>42,649</b>	<b>23,323</b>	<b>24,400</b>	<b>26,840</b>	<b>3,847</b>	<b>32,520</b>

## Annex 2. NFI mobilization update

Item	Total quantity required			Mobilized								
	For distribution	Contingency	Total	ECHO	AmCross	Swiss RC	Belgium RC	NorCross	Finnish RC*	Appeal**	Total mobilized	Outstanding
Tent	-	2,000	<b>2,000</b>		-	-	-	-	-	-	-	2,000
Tarpaulin	30,000	10,000	<b>40,000</b>	16,000	-	-	5,000	-	-	-	<b>21,000</b>	19,000
Sleeping mat	30,000	10,000	<b>40,000</b>	16,000	-	-	-	-	-	2,000	<b>18,000</b>	22,000
Blanket	30,000	10,000	<b>40,000</b>	24,000	-	-	6,500	5,000	-	-	<b>35,500</b>	4,500
Kitchen set	15,000	-	<b>15,000</b>	8,000	-	2,340	-	-	-	-	<b>10,340</b>	4,660
Empty sand sacks	60,000	-	<b>60,000</b>	50,000	-	-	-	-	-	-	<b>50,000</b>	10,000
Aqua tab	6,050,000	-	<b>6,050,000</b>	-	-	-	-	-	-	4,998,000	<b>4,998,000</b>	1,052,000
Jerry can	36,000	10,000	<b>46,000</b>	-	-	-	-	-	-	-	-	46,000
Mosquito net	45,000	5,000	<b>50,000</b>	16,000	10,000	-	10,000	4,900	17,000	-	<b>57,900</b>	-7900.00
Soap (kg)	485,295	-	<b>485,295</b>	176,470	-	-	-	-	-	-	<b>176,470</b>	308,825
ORS sachets	200,000	-	<b>200,000</b>	200,000	-	-	-	-	-	-	<b>200,000</b>	0

\* A soft pledge

\*\*Procured with appeal un-earmarked funding.