

Appeal 2001-2002



International Federation
of Red Cross and Red Crescent Societies

Sudan (Appeal 01.17/2001)

Click on programme title or figures to go to the text or budget

	<i>In CHF</i>
1. Disaster Response	2,646,067
2. Disaster Preparedness	691,011
3. Health and Care	1,261,798
4. Humanitarian Values	407,865
5. Institutional Development	1,000,000
6. Co-ordination & Management	564,045
Total	6,570,787



Introduction

The International Federation in Sudan is not operational. It plays, through its country and regional delegations, an advisory and consultative role vis-à-vis the National Society, Sudanese Red Crescent Society (SRCS). The first priority of the Federation is, therefore, to support and encourage the capacity building of the National Society, both at Headquarters level and in the State Branches.

SRCS is the most decentralised and widespread humanitarian organisation in Sudan. With its 21 Branches in 20 states and numerous Units covering provinces and localities, the National Society is present in all corners of the country with the exception of areas presently not under Government control.

In times of emergencies, the SRCS network is a major asset to the Government and humanitarian organisations. With some 250,000 registered and at least 20,000 active volunteers, SRCS is able to mobilise, within hours, a sufficient number of trained aid workers in any part of the country. The State Branches, although with only a few employees and limited means of communication, provide early assessment as to size and nature of the disaster and play an important role in the immediate assistance to the victims, e.g. distribution of food and non-food items.

SRCS, being auxiliary to the Government, is a member of the High Council of Civil Defence and at the state level in the appropriate state organs, e.g. Humanitarian Aid Department (HAD) in Khartoum State and the Advisory Council for Voluntary Work in Red Sea State. It also cooperates closely with COR and relevant ministries. In its cooperation with the government, SRCS, as a member of the International Federation, maintains its autonomy to be able at all times to act in accordance with the Principles of the Movement.

ARCHI 2010 and the Consolidated Appeal Process (CAP) thematic approach

In 2001, SRCS will concentrate on public health education following the newly launched ARCHI 2010 concept. Health and health-related priorities of ARCHI 2010 are HIV/AIDS, pregnancy-related issues, vaccine-preventable diseases, Acute Respiratory Infections (ARI), substance abuse, diarrhoea, malaria, accidents and injuries,

malnutrition and poverty. To implement the strategy of ARCHI 2010, the well-developed volunteer network will be used. The Community Based First Aid will be strengthened and concentrate on active participation of volunteers with upgraded abilities to identify priorities, formulate projects, select process and outcome indicators and to do impact evaluation. In the CAP thematic approach developed for 2010, the International Federation and SRCS will seek to effectively complement UN interventions in emergencies through the ARCHI concept, which rely heavily on mobilising trained and well organized volunteers.

Emergency Preparedness and Emergency Response

During year 2000, International Federation in conjunction with participating national societies and the ICRC has supported the SRCS in strengthening State Branches in the transitional zone, i.e. Western and Southern Darfur, Western and Southern Kordofan, White Nile and Blue Nile. Following the meningitis epidemics in 1999, a system for better preparedness in responding to epidemics has been initiated. For year 2001, this project will be expanded to cover early warning on drought and famine, later on covering floods as well. Simultaneously, a floods and drought mitigation project including a moderate stockpiling of non-food items is being proposed. The implementation of the disaster preparedness program will be carried out in consultation with UN agencies and INGOs to achieve optimal effect and coverage.

In SRCS Strategic Workplan 2000-2004, the need for better assistance to communities to initiate and maintain coping strategies during disasters is illuminated. An important part of the policy is focusing on improving the quality of the assistance in the fields of identifying the most vulnerable of the community, participating and initiating co-ordination units at local level, as well as in reporting and tracing activities. It is also part of the policy to encourage communities to develop solidarity in disaster situations. This community preparation programs will be developed using participatory approach, covering the three phases in the VCA-process: identifying threats, identifying vulnerabilities and assessing peoples capacities.

Internally Displaced People

SRCS with the support of International Federation is assisting IDPs in three camps outside Khartoum, in Kassala and White Nile mainly in the field of health care, safe water and shelter. In Khartoum, SRCS clinics form the base for health projects such as Malaria Control and Reproductive Health. Project activities also reach vulnerable people in nearby resettlement areas, which is the case in Kassala as well: IDPs, refugees and host community facing similar problems, especially in achieving sustainable livelihood. In White Nile, SRCS is participating in a coordinated program with WFP and WES above all aiming at improving health, water and sanitation in the camps. In Southern Darfur, SRCS with Spanish Red Cross is planning to support a resettlement program for IDPs. Voluntary return of IDPs is a major issue, linked to the ongoing conflict in the country. However, International Federation will support such initiatives, which might include advocacy for long term policy development on IDP issues.

Peace-building

The mere nature of the Red Cross Red Crescent Movement is ideal for encouraging tolerance to diversity. Based on its principles of humanity, impartiality and neutrality and teams of volunteers embracing all segments of the community, the Movement advocates peaceful solutions in its daily work. Nevertheless, awareness raising is made part of many programs and separate peace-building initiatives have been launched locally, especially in the transitional zone and in the south.

With SRCS and the ICRC, International Federation has initiated a process aiming at strengthening the Movement's contribution in this area. This initiative also includes "peace preparedness" (i.e. support to the National Society post-conflict planning).

International Federation partnership strategy

In its Strategy 2010, International Federation is promoting the development of closer multilateral partnerships with United Nations, World Bank and others. In its own Strategic Workplan, SRCS is committing itself to improve relations and cooperation with governmental and humanitarian organisations. For Sudan, regardless of which scenario that will materialize in 2001, the needs are going to be much greater than what can be met. Better coordination and intensified cooperation will therefore remain a top priority.

[return to top](#)

1. Disaster Response

Assisting Refugees & IDPS

Background and progress to date

Disaster response in the Sudan is unfortunately not limited to short-term interventions. Too many emergencies go on for years, usually as a result of conflicts, wars and security problems. Large populations of refugees and displaced people are gathered in camps around Khartoum, in the east and in the transitional zone bordering southern Sudan. This programme covers SRCS plans to support the refugee and IDP camp populations, in co-operation with UNHCR, participating National Societies and various donor agencies.

Sudan is probably one of the most disaster-prone countries in the world. During the last few years Sudan has experienced natural disasters like drought, floods, crop infestations, epidemics, environmental degradation and fires. During the last few years, SRCS and the Federation have launched a number of emergency appeals, all of which have been well supported.

In spite of the frequent natural disasters, the man-made ones are causing the people of Sudan much more suffering. Internal conflicts have forced large numbers of people to other areas, both within its boundaries and outside. Sudan is also host to refugees from Ethiopia, Eritrea, DRC, Chad and Uganda. The problem of land mines causes deaths and injuries as well as disruption of the economy and environmental impacts. Approaching drought in the Red Sea, Kordofan and Darfur States is being closely monitored and SRCS State Branches along the Nile and its tributaries are on alert for any early warning signs of flooding.

This programme deals with ongoing disaster response activities via several separate projects particularly focussing on assistance to refugees and internally displaced people.

Refugees in Sudan

It is estimated that Sudan is hosting some 400,000 refugees, of whom some 160,000 are camp-based. Many of them arrived long time ago, some as far back as the mid sixties. Most of the refugees in the camps are Eritreans. Although the Sudanese government and the people of Sudan have been generous in hosting the refugees, there is a substantial need for assistance by the international community, above all UNHCR.

More than four million IDPs

Sudan reportedly has the largest number of internally displaced people in the world. Since the mid-1990's estimates have commonly put the total at four million people. UN estimates for government-controlled areas suggest that there are some 1.8 million IDPs in Khartoum State alone, 500,000 in the east and the transition zone, and 300,000 in the southern states. Accurate data for IDPs in opposition-held southern areas is not available. The latest figures date back to a survey in 1994, organised by USAID, which confirmed the presence of 1.5 million IDPs in the southern sectors. The SRCS with the support of the Federation is assisting IDPs in the camps outside Khartoum, Kassala and Kosti (White Nile) mainly in the field of health care, safe water and shelter.

SRCS and Disaster Response

According to its mandate, the SRCS has extensive tasks and responsibilities in assisting victims of war as well as disasters as an auxiliary to the government. It should work in "all fields of activity specified by the Geneva Conventions in favour of all civilian and military victims of war" and it shall "provide urgent assistance as needed to the victims of disasters".

SRCS is the most decentralised and widespread humanitarian organisation in the Sudan. With its 21 Branches in 20 states, and numerous units covering provinces and localities, the National Society is present in all corners of the country with the exception of areas presently outside government control.

In times of emergencies, the SRCS network is a major asset to the government and humanitarian organisations. The State Branches, although with only a few employees and limited means of communication, provide early assessment as to size and nature of the disaster and play an important role in the immediate assistance to the victims, e.g. distribution of food and non-food items. The State Branches presently involved in Federation supported assistance of refugees and IDPs are Kassala, Gedaref, Khartoum and White Nile. Assistance to displaced women includes additional State Branches in the north and west of Sudan.

SRCS State Branches will be implementing the following projects:

Project	Implementing Branches	Major Branch activities
Refugee Health, Kassala	Kassala	Provision of health services, management of food distribution, income-generating activities for women
Refugee Health, Gedaref	Gedaref	Provision of health services, management of food distribution, income-generating activities for women
Assisting internally Displaced Women	8 states	Literacy and health education, income-generating activities
Khartoum Water and Sanitation	Khartoum	Provision of safe water, health education and hygiene promotion
Assisting IDPs in Kosti	White Nile	Health education, hygiene promotion
Kassala Preventive Health Initiative	Kassala	Provision of Primary Health Care

In the SRCS Strategic Workplan 2000-2004 the need for better assistance to communities to initiate and maintain coping strategies during disasters is illuminated. An important part of the policy is focusing on improving the quality of the assistance in the fields of identifying the most vulnerable in a community, participating and initiating co-ordination units at local level, as well as in reporting and tracing activities. It is also part of the policy to encourage communities to develop solidarity in disaster situations.

Goal To improve the living conditions in refugee and IDP camps, protecting humanitarian values and supporting endeavours towards durable solutions amongst the vulnerable people themselves.

Objectives and Activities planned

Objective 1 To decrease morbidity and mortality rates in the camps.

Activities to achieve this objective are:

- Implement Home Visiting programmes in the camps.
- Carry out First Aid Trainings, health education sessions and campaigns.
- Provide Primary Health Care by maintaining health centres and clinics in refugee and IDP camps.
- Provide, when necessary, curative services in accordance with the standards and guidelines of the MOH and UNHCR.

Objective 2 To reduce malnutrition rates amongst the camps' populations.

Activities to achieve this objective are:

- Carry out nutrition services in the camps (growth monitoring, encouragement of breast feeding, supplementary feeding etc.).
- Distribute food and non-food items as required.

Objective 3 To enhance self-reliance among women headed families.

Activities to achieve this objective are:

- Opening adult education classes and conducting weekly lectures on health education.
- Running activities to improve women's skills in handicraft, traditional hand-loom work and sewing.
- Implementing income generation projects such as goat restocking, traditional food preservation, basic agriculture and fish processing.

Objective 4 To increase and secure access to potable water, provide hygiene promotion and improve community engagement in the care and maintenance of the water supply system for displaced persons in El Salam and Wad El Bashir camps, Khartoum with the minimum aim of achieving the Sphere standards.

Activities to achieve this objective:

- Increase the volume of water available from the bore holes inside Wad El Bashir and El Salam camps and maintain and improve the water distribution systems in both camps in order to increase accessibility of potable water.
- Conduct the PHAST participatory hygiene and sanitation transformation process in the community, provide the project staff and volunteers with new models and methods of hygiene behaviour, take water samples from the bore holes, distribution points and houses in the two camps for water testing purposes and initiate or participate in regular meetings with other organisations to streamline the health education messages.
- Conduct discussions with camp residents on how to strengthen the water system management at the community level and maintain a system that will increase the responsibility of the users for the upkeep of the water distribution system.
- Develop a cost sharing mechanism in close collaboration with the local community and the relevant government authorities, to be introduced as a pilot project in Wad El Bashir camp. Costs of community management, operation and maintenance of the water sources in the camp and the financial, organisational and managerial capacity of the communities to be studied as well as willingness of the community to assume responsibility of sustainable water source management.
- Establish a close monitoring and documentation of the project to facilitate an ongoing evaluation of the progress of the proposed system.

Expected results

The expected results of objective 1 are:

- Reduced morbidity and mortality rates.
- Reduced water-related health problems.
- Reduced faecal-borne diseases.
- Increased number of safe deliveries.
- Increased child immunisation coverage.
- Increased public awareness on essential health issues.

The expected results of objective 2 are:

- Decreased levels of malnutrition in children under five.

The expected results of objective 3 are:

- An increase in women's awareness in the field of health issues which will assist to minimise the negative impacts of recurrent health problems; 7,000 women will participate in regular health education activities.
- Improvement of women's standard of living through sustainable development of local resources and income generating activities; 3,000 women will be trained.
- Improvement of women's sense of self-reliance by developing their skills in acquiring knowledge of production and marketing.

The expected results of objective 4 are:

- Increased water accessibility to Sphere standard, i.e. 20 litres per persons and day.
- Improve the rate of water delivery to represent more than 100% of proposed target for the period under review.
- Improve the awareness on the environmental sanitation and hygiene behaviour in the community.
- Enhance community participation in the maintenance of the water system, which in time assists to achieve the project sustain ability.
- Community acceptance of a cost sharing system through a successful implementation of a pilot project in Wad El Bashir.

Indicators

- Morbidity and Mortality rates.
- Improved death to birth ration.
- Immunisation coverage rates.
- Improved malnutrition indicators.
- Number of women trained.
- Number of women's income generation projects started.
- Amount of water pumped each day.
- Reduction in water borne diseases.
- Amount of money raised by cost sharing.

Critical assumptions

- Strong support from SRCS Management in providing the organisational environment at HQ needed to extend necessary technical assistance and communication to the State Branches.
- Access to the victims at any time and without delay.
- Continued funding support from UNHCR and other traditional partners.
- Sufficient additional funding is available for the programme.

Monitoring and Evaluation arrangements

Monitoring:

The monitoring of the programme will be undertaken by SRCS Headquarters, DP Department and by the Federation Country and Regional Delegations. State Branches will report to SRCS Headquarters DP Department, which will be responsible for compiling the reports into a quarterly Sitrep. Monthly reports will be published on the SRCS web site.

Evaluation:

An evaluation of the programme is planned for the late part of the second year of implementation.

[return to top](#)

2. Disaster Preparedness

Background and progress to date

Natural disasters are recurrent in the Sudan. This programme, consisting of three projects, aims to improve the National Society's capacity to respond to emergencies in a timely and efficient manner, to get a better knowledge of the vulnerabilities and capacities of the communities and to educate and encourage their participation in dealing with them.

Recurrent disasters during the last few years - drought, floods, population displacements and epidemics - will be analysed and "templates" over what needs there are in each type of emergency will be formulated. The network of branches and units and their staff and volunteers will play a greater role in the early warning systems of the country and a pilot project on a systematic use of Vulnerability and Capacity Assessments will be introduced.

Sudan covers an enormous area and encompasses a great diversity of environmental situations. Almost half of the country's area is desert or semi-desert though the Nile and its tributaries traverse large areas of the country. Agriculture, animal pastoralism, fisheries and forestry provides the means of livelihood for 75% of the population and contribute about 40% of the national income.

Following a series of disasters in the mid 1980s, disaster preparedness and management was given increased attention. The Sudanese government's Relief and Rehabilitation Commission was established in 1985 to work as a focal point in controlling and organising the agencies' activities. More measures were executed at State levels. This in turn led to the emergence of many organisations which operate within the framework of disaster management. The Sudanese Red Crescent Society (SRCS) is one of the most active local organisations working in this field. According to its mandate, the SRCS has extensive tasks and responsibilities in assisting victims of war as well as disasters as an auxiliary to the government. To fulfil such a comprehensive assignment, the Society must engage in a purposeful preparedness programme.

The SRCS State Branches, covering 20 states all over Sudan, are actively involved in disaster preparedness, response and mitigation. At the community level the branches' most important role is to collect information about the disaster at its onset and to mobilise human and material resources.

Each of the 21 State Branches is capable of mobilising several hundreds of volunteers within hours. More than 20,000 volunteers are actively participating in SRCS activities. This is a great asset in the Society's humanitarian work, and it remains a ready and reliable work force. Continuous training opportunities are offered and social activities are part of the branches' programmes.

In the Strategic Workplan 2000-2004, adopted by SRCS in August 1999, one of the six goals deals with disaster preparedness. It puts an emphasis on recurrent disasters such as drought, floods and epidemics and the capacity building elements that are of particular significance to achieve a fast and effective response whenever needed.

During 2000, the Federation in conjunction with participating national Societies and the ICRC, has supported the SRCS in strengthening State Branches in the transitional zone, i.e. Western and Southern Darfur, Western and Southern Kordofan, White Nile and Blue Nile. Following the meningitis epidemics in 1999, a system for better preparedness in responding to epidemics has been initiated. For 2001, this project will be expanded to cover early warning on drought and famine, and later will cover floods as well. Simultaneously, a floods and drought mitigation project including a moderate stockpiling of non-food items is being proposed.

Looking ahead, it is important to develop reliable methods for identifying the most vulnerable, to look into why they are vulnerable, to identify the major factors that trigger their suffering and what their potential capacities are to help themselves. Starting as a pilot project in 2001, the Federation would like to assist SRCS in carrying out a VCA in two states. The study should cover the three phases in the VCA process: identifying threats, identifying vulnerabilities and assessing peoples' capacities.

Project	Implementing Branches	Major Branch activities
Early Warning System	Year 2001: N Darfur, W Darfur, N Kordofan, Red Sea. Year 2002: Kassala, River Nile, Northern State, Khartoum	Training of staff and volunteers. Organise a data collection network on grass root level.
VCA	Pilot project: Gedaref, River Nile; Year 2002: N Darfur, W Darfur, N Kordofan, Red Sea.	Training in VCA techniques, Carry out Vulnerability and Capacity Assessments.
Drought and Floods Mitigation	N Darfur, W Darfur, N Kordofan, Red Sea (drought); Kassala, River Nile, Northern State, Khartoum (floods)	Prepare Contingency plans for areas prone to drought and floods.

Goal To improve the capacity of the Sudanese Red Crescent Society, its State Branches and units, in practical disaster preparedness and management.

Objectives and Activities planned

Objective 1 To strengthen the SRCS capacity in preparing for and responding to emergency situations and disasters in a timely and effective manner.

Activities to achieve this objective are:

- Develop contingency plans for drought and flood emergencies in states most at risk.
- Obtain warehousing facilities in Kosti and El Fasher.
- Stockpile and preposition essential non-food items in accordance with contingency plans and/or make arrangement with reliable suppliers to have minimum stocks available at any time at agreed conditions and prices, to be repeatedly renegotiated and stock levels checked.
- Carry out staff and volunteer training to strengthen the State Branches' response capacities.
- Develop rules and regulations for utilising DP stock.

Objective 2 To provide SRCS with relevant and reliable information regarding the magnitude of suffering and destitution that vulnerable groups might encounter during and after the disaster.

Activities to achieve this objective are:

- Introduce Vulnerability and Capacity Assessment (VCA) through a pilot project in at least two State Branches during year 2001.
- Plan and execute a training program in VCA techniques for the State Branches.
- Conduct VCA analysis in two State Branches annually as from year 2002.

Objective 3 To establish an information network within SRCS, in order to facilitate the flow of information which can be used to mitigate the effects of disasters (natural or man-made) and respond at an early stage.

Activities to achieve this objective are:

- Train SRCS staff and volunteers in data collection, analysis and communication (i.e. reporting skills).
- Engage volunteer committees in each state to collect data on food and animal prices in addition to socio-economic and environmental data at village levels in states categorised as high-risk drought areas.
- Establish a feedback system at HQ State Branch Co-ordination to offer a quick response to information delivery.
- Provide necessary equipment for the volunteer committees for their identification and communication.
- Create a permanent intelligence processing unit within the SRCS Health Department to manage the analysing of the data flow from the grass root level.
- Forward analysed and processed information to relevant authorities, humanitarian organisations and donors through a monthly Epidemics Warning Bulletin .
- Enhance the co-ordination and co-operation with others (Government bodies, UN agencies and NGOs) in order to obtain an optimal nation-wide early warning system.

Objective 4 To enhance the SRCS' capacity to intervene in epidemic diseases with increased speed and efficiency.

Activities to achieve this objective are:

- Carry out training workshops for the State Branches on epidemic diseases.
- Distribute the epidemic diseases' resource pack and manuals for staff and volunteers involved in the programme.
- Maintain a pool of trained volunteers (RC Emergency Teams) at provincial and local levels capable of responding to early warning of epidemics by refresher courses, regular newsletters and provision of manuals and IEC materials.

Expected results

The expected results of objective 1 are:

- Reduced impact on those affected by a disaster through swift mobilisation and deployment of relief resources.
- Enhanced and improved SRCS capacity to respond to disasters.
- Policy and system for DP stock record keeping in place.

The expected results of objective 2 are:

- A VCA pilot project successfully carried out in two states.
- 40 volunteers trained in VCA techniques.
- Two State Branches having VCA reports ready annually.

The expected results of objective 3 are:

- SRCS staff and volunteers of the targeted branches of this project will be trained in Early Warning System techniques.
- The outcome of the data collection helps SRCS to identify precisely the ongoing and potential disaster prone areas and the effects on its population.
- SRCS staff and volunteers with better capacity to collect, compile and report data from selected sources at locality, province and state levels.
- Enhanced sharing and flow of information.

The expected results of objective 4 are:

- The epidemics preparedness plan well established in the all 26 states branches.
- The outcome of the data collection and analysis makes it possible for the SRCS to identify ongoing and approaching epidemic emergencies and their potential effects on the population throughout the country.

Indicators

- Two training workshops for all eight state branches carried out.
- Reports of good quality submitted from the field on a regular basis.
- Newsletter (Early Warning Bulletin) issued regularly.
- Number of staff and volunteers trained.
- Number of resource packs and manuals distributed.

Critical assumptions

- Strong support from SRCS Management in providing the organisational environment at HQ and communicating with the State Branches.
- Participating National Societies and their donors accepting the establishment of a DP stock within the SRCS.
- Sufficient funding is available for the programme.
- Relief operations as a result of disasters do not impede the implementation of the programme.

Monitoring and Evaluation arrangements

Monitoring:

The monitoring of the project will be undertaken by SRCS Headquarters, DP Department and by the Federation Country and Regional Delegations. Monthly reports will be published on the SRCS web site/DP News.

Evaluation:

An evaluation of the programme is planned for the late part of the second year of implementation.

[return to top](#)

3. Health and Care

Background and progress to date

Following a successful ARCHI pilot project in year 2000, SRCS is ready to integrate the ARCHI concept in all on going health projects and to develop health interventions in the three pilot localities into provinces and states. Focus will be on malaria control, reproductive health and community based child health care. Although these three areas constitute separate projects, they will be well integrated in three states, where the pilot project at locality level has led the way: Northern State, Khartoum and Bahr El Jebel. The Health and Care program will be central to SRCS for many years ahead, involving the developing of the volunteer network and the over all strengthening of the capacity of the National Society.

With so many war-related civilian deaths and internally displaced people in recent years, Sudan is without doubt in a severe humanitarian situation. In its 43 years since independence, Sudan has been at war for 32 of those, the longest ongoing civil war in the world. The effects are manifold including an extreme level of vulnerability to famine and disease.

Health indicators confirm this. Life expectancy at birth in Sudan is 52 years. The infant mortality rate according to 1993 census is 110 deaths per 1000 live birth. The main causes of infant mortality are diarrhoea, fever, vomiting, coughing and difficult breathing and convulsions. Maternal mortality ratio is 556 deaths per 100,000 live birth. Ante-natal care was received by about 54% (1994) and about 78 % of deliveries being attended by trained personnel either at home or in health facilities. Contraceptive prevalence rate is 9% and a total fertility rate is 6.6. Also part of the health environment is access to safe water: 66% for urban and 20% for rural populations. Access to adequate sanitation is 74% for urban and 51% for rural populations. Malaria, pneumonia, malnutrition, diarrhoea and maternal health complications are among the leading causes for hospital consultations and death.

Vaccination coverage goes from 90% where infrastructure is relatively good to below 50% in states like the Kordofans and the Darfurs, with no record for the 10 southern states. About 74 % of the urban population and 61% of the rural population are below the poverty line for the minimum recommended food intake when their incomes are considered. Literacy rates are higher in the cities (66%) than in rural areas (41%), higher with men, younger age-groups and north Sudan states, lower with women, older people and states like Kordofan, central and eastern regions.

Health programmes implemented by SRCS

The SRCS Mandate entrusts the National Society with extensive responsibilities in providing health services in wartime as well as peacetime. It is explicitly stated that it is the responsibility of the SRCS “to organise first aid in the Republic of Sudan” and to “provide first aid at the scene of disasters”. It also gives the SRCS the task of “promoting the nursing profession by recruiting and training nurses and other volunteers to work in hospitals and deal with emergencies.” It further states that “this shall be done in particular by organising training courses.”

The Strategic Workplan 2000-2004:

Health care is a major part of the SRCS’s Strategic Workplan. It views the health needs of the most vulnerable, covering community based First Aid and Health Care, reproductive health and control of endemic and epidemic diseases (malaria, diarrhoeal diseases, HIV/AIDS, STDs etc.). Provision of safe drinking water and sanitation is also part of the SRCS health care strategy.

Bilateral projects:

A community based primary health care programme is ongoing at locations in Khartoum, Kassala, River Nile and Northern Kordofan states. It aims at improving the overall health status in these areas by a series of interventions in which community health volunteers play a significant role, coached and supervised by SRCS Headquarters and its Health Department. This programme has been supported for many years by the Netherlands RC.

The SRCS has a long-standing co-operation with the German Red Cross. The recent construction of health centres in IDP camps and squatter areas outside Khartoum is part of this co-operation. In 2000, the German Red Cross has

been working with the SRCS Raja branch. Co-operation with the Spanish Red Cross in the field of health is concentrating on water supply and sanitation. In year 2001 a project has been identified to support IDPs in Southern Darfur. The Danish and Norwegian Red Cross have been involved in community development projects in Red Sea state for a number of years. The projects include provision of safe drinking water and the improvement of health and sanitation facilities.

ARCHI 2010

The ten year public health initiative to improve the general health status in Africa was officially launched by 53 Red Cross and Red Crescent Societies at the fifth Pan African Conference in September 2000. ARCHI 2010 priority interventions have been selected and approaches for implementation agreed upon. Health and health-related priorities identified were:

- HIV/AIDS.
- Pregnancy-related issues.
- Vaccine-preventable diseases.
- Acute Respiratory Infections (ARI).
- Substance abuse.
- Diarrhoea.
- Malaria.
- Accidents and injuries.
- Malnutrition.
- Poverty.

Pilot projects have been initiated in four African National Societies, Sudan being one of them. A team reviewed SRCS' ongoing health work in reference to the ARCHI 2010 criteria, to identify coaches at intermediary level and to set up a plan and system for supporting them. The pilot project was started in three branches: one strong branch with a well-developed health department and running health projects: Khartoum (Umbada locality); one strong branch without health projects: Juba (Moniky locality); and one newly started branch with no health projects: Dongola (Elghaba locality).

Analysis of SRCS health programmes at national, state and locality levels revealed that volunteer based health programmes (CBFA, PHC and Home Based Child Health care) meet the ARCHI 2010 criteria. To implement ARCHI 2010, the well-developed volunteer network should be used with coaching recognition and available tool kits. The CBFA needs to be strengthened and concentrate on active participation of volunteers. This can be done through upgrading of their abilities to identify priorities, formulate projects, select process and outcome indicators and to do impact evaluation.

The pilot project and its findings have therefore played an important role in designing and refining the SRCS health programme. New and ongoing projects are concentrating on the following three areas of interventions in eight states:

- Malaria Control.
- Reproductive health.
- Community-Based Child Health Care.

Malaria control has been supported since 1997. The SRCS engages in both preventive and curative activities in which the health services are provided to the needy community. Due to financial constraints, only two state branches are currently involved: Khartoum and White Nile. The project has adopted strategies based on health education, promotion and provision of bednets, vector control, prompt diagnosis and treatment, and community participation. As part of the MOH policy, more emphasis has been placed on the protection of children and pregnant women.

The importance of the Reproductive Health project is based on the fact that high numbers of women die during pregnancy, delivery, or during the first six weeks afterwards. The well-established SRCS branches at state level, with their professional staff with long experience in health care, are strong bases for project success. The SRCS trained volunteers are playing a crucial role in community development through well-organised campaigns in health education and community participation. Moreover, the project's good relations and links with MoH and national and international NGOs will facilitate the development of project activities.

The Home Based Child Health is an ongoing project implemented in Khartoum, River Nile, Sinnar and Gezira states in partnership with WHO, UNICEF and the federal MoH, and will be extended into Juba and Dongola as part of the ARCHI implementation phase.

Goal To reduce human suffering among vulnerable groups by reducing pregnancy related health problems, reducing the prevalence of malaria, and reducing the rates of morbidity and mortality among infants.

Objectives and Activities planned

Objective 1 To facilitate human development and poverty reduction by reducing the prevalence of malaria.

Activities to achieve this objective are:

- Produce baseline data for monitoring and evaluation purposes in the target areas through regular assessment and surveys.
- Training of health workers (total of 24 workers will be trained).
- Draining and filling of water pools.
- Suffocation of the aquatic phase in large breeding sites with oil and larvicides (large water pools will be targeted).
- Selective spraying of houses with the insecticide Fenitrothion.
- Training SRCS volunteers and local community leader for five days on data collection and reporting.
- Provision of proper methods for diagnosis of malaria.
- Provision of appropriate anti-malaria drugs.
- Production of educational materials (adapted and translated tool kits will be used: 3,000 posters and 5,000 pamphlets to be produced).
- Conduction of IEC sessions (a total of 19,200 sessions will be conducted).
- Home visits (a total of 38,400 visits will be conducted).

Objective 2 To reduce the suffering among displaced women from pregnancy related health problems.

Activities to achieve this objective are:

- Improve the health facilities in the project areas with the basic equipment needed to strengthen the midwifery services.
- Train midwifery services providers on quality RH services.
- Train the project personnel and the volunteers on health management and supervision.
- Strengthen the referral system of the obstetric emergencies.
- Train networks of volunteers and the community leaders to clarify the importance of and increase the awareness of the community on reproductive health.
- Train the volunteers and the community leaders on RH issues.
- Train the traditional birth attendants and village midwives on IEC and health education messages.
- Conduct community based IEC sessions.
- Hold meetings with the community groups, women, youth and village committees.
- Provide educational materials to strengthen the IEC messages on RH.
- Activate/establish IEC units within the state branches.
- Provide all health centres with statistical clerks for regular registration of information.

Objective 3 To reduce human suffering, in terms of morbidity and mortality, among infants and children under five by raising mothers' awareness of their children's health situation as well as their options and capacities to care for them.

Activities to achieve this objective are:

Conducting a base line survey (for the four targeted areas) to determine the needs and possible interventions. The programme will start by conducting needs assessments in the new areas of implementation

- Training of trainers (TOT).
- Training of volunteers on health education to deliver the 12 key family messages.
- Training of the community leaders.
- Develop and design flip charts, posters and pamphlets containing the 12 key messages to improve the family practices.
- Carry out home visits in target areas reaching all women with children <5 years.

- Establish “Mothers’ Clubs” where appropriate.

Expected results

The expected results of objective 1 are:

- Malaria morbidity and mortality rate will be reduced to 15% in the target areas.
- SRCS branches in the target areas will have an increased capacity in malaria control activities.
- Local community members will have enough awareness in terms of personal protection (measured by the use of the personal protection methods) and vector control.
- Health personnel, volunteers and community leaders who will secure the project’s sustain ability will acquire experience.

The expected results of objective 2 are:

- Reduction of maternal and child mortality.
- Increased immunisation coverage against tetanus.
- Increase in the number of mothers attending ante- and postnatal care and family planning clinics.
- Increase the number safe deliveries attended by trained personnel.
- Increased awareness among women towards Sexually Transmitted Diseases.

The expected results of objective 3 are:

- Increased immunisation coverage in children <1 year.
- Increase in women’s awareness in the field of home based child care.
- Mothers will benefit from the project activities. This can be seen in the positive development of the health of their children.
- Involving the local community in the project cycle, especially the planning and evaluation process, will enhance the link between the project and the community and create, at the same time, a solid base for the programme’s sustainability.
- The training programmes should assist the volunteers, local community and health workers, by the end of the project, to be able to deal effectively with malaria and other diseases.

Indicators

- Number of women having two tetanus injections by delivery.
- Number of pregnant women attending ante natal sessions at least twice prior to delivery.
- Number of mothers attending at least one post natal session.
- Reduction in referral of complications Statistical data collected at clinic level.
- Number of health education sessions and group discussions on STD.
- Statistical data on morbidity and referrals.
- Statistical data collected at clinic level.
- Successfully conducted trainings of health workers.
- Successfully conducted KAP surveys.
- Number of trainings conducted.
- Statistical data collected at clinic level on morbidity in children <5 .
- Referrals to clinics decreased.
- Commitment shown by community leaders.

Critical assumptions

- Strong support from SRCS Management in providing the organisational environment at HQ and regular communication with the State Branches.
- High levels of community commitment and participation.
- The commitment from a group of trained volunteers.
- Sufficient funding is available for the programme.
- Relief operations as a result of disasters do not impede the implementation of the programme.
- Absence of war activities in the project areas is a precondition to the project success .

Monitoring and Evaluation arrangements

Monitoring:

The monitoring of the project will be undertaken by SRCS Headquarters Health Department staff and by the Federation Country and Regional Delegations. There will be weekly meetings in the project sites attended by the field officers, volunteers, community leaders, and medical assistants. The volunteers will produce a weekly report

to the field officer in each site, who will produce a monthly report submitted to the SRCS branch. A copy of the monthly report will be shared with the national headquarters. A regular quarterly report will be submitted to the Federation.

Regular field visits will be paid to the Project sites by the project co-ordinators. Courtesy field visits will be paid to the project sites by the national co-ordinator, and branch executive director. Field trips are expected from Federation to the project sites as well.

Evaluation:

An evaluation of the programme is planned for the late part of the second year of implementation. The SRCS Secretary General, in co-ordination with Federation Head of Delegation, will form an evaluation team with a specific terms of reference. The team will compose of: SRCS Health Department, a Federation representative, MoH (National Administration for Malaria control) representative, one consultant of relevant background, and the project co-ordinator. The team will have access to all project documents, volunteers, community leaders and the key informant persons. The evaluation report will be shared with the all concerned parties.

[return to top](#)

4. Humanitarian Values

Background and progress to date

Promotion of the Movement's Fundamental Principles and humanitarian values is one of four core areas in Strategy 2010. This programme includes two initiatives with quite different objectives. The traditional one is concentrating on dissemination and the recruitment of members and volunteers. The second focusses on what is becoming a growing concern in many African countries: the well-being of an increasing number of elderly in Africa.

Team Red Crescent Campaign

It is imperative that the processes and activities of SRCS are in agreement with the fundamental principles of humanitarian values and social justice. All programmes must be designed with these values at their core. Humanitarian values and assistance are the primary concepts around which the Red Cross/Red Crescent Movement revolves. The purpose, as stated on page 15 of *Strategy 2010*, "is not simply to ensure that people - staff and volunteers, public or private authorities, or the community in general - know of these principles and values, but to influence their behaviour."

The Strategic Workplan adopted by SRCS in 1999 put "further promotion of humanitarian values and concerns" as one of the six strategic goals. The tasks assigned to the National Society concern dissemination of the principles of the Movement, the IHL and the Code of Conduct and advocacy. Even if these assignments are supposed to penetrate all projects and programmes, it is sometimes necessary to give them special attention. Projects like "Team Red Crescent Society" and "Social Services for the Elderly" should be seen in that perspective. In a country like Sudan where whole generations have not known peace, promotion of the Movement's Fundamental Principles and Humanitarian Values is of specific importance, knowing its impact in "changing behaviour" in the community and the contribution it makes to build civil society and a culture of peace.

The mandate of the Sudanese Red Crescent Society clearly states the importance of dissemination, prescribing SRCS "to disseminate knowledge of the fundamental principles of the Movement and of international humanitarian law in order to develop among the population and in particular among young people the ideals of solidarity and peace." The Mission of the Society underlines that its assignment should be carried out "in accordance with Red Cross/Red Crescent fundamental principles and the Geneva conventions" and the Vision of SRCS is to see "a strong National Society with autonomous branches and motivated volunteers who are capable of assisting the communities to address the needs of the most vulnerable".

The wordings of the Mission and the Vision is combined in the project proposal called "Team Red Crescent Society". It is about dissemination but also about recruiting new volunteers and retain those already trained. Although SRCS has some 250,000 volunteers registered, only about 5% are active. This is the challenge: to attract and retain a volunteer, SRCS must offer not only an opportunity to assist vulnerable people in need of help but also a conviction that Red Cross/Red Crescent movement has a unique role to play.

A team spirit is required, to ensure that our movement is not just another humanitarian organisation. We should create a "Team RC"! Knowing year 2001 is the International Year of Volunteer, this project is indeed timely.

The role of the elderly

Advocacy of humanitarian values and practices and encouraging people to realise their human potential and contribute to the development of local communities are important assignments of the SRCS's Strategic Workplan 2000-2004. "Social Services for the Elderly" is a project that highlights the role of the elderly in the community. Activities of this project may include health education, nutrition and income-generating activities but the overall aim is participate in social services and to "advocate on behalf of the most vulnerable to maintain dignity and safeguard human rights".

Goal To disseminate the Movement's fundamental principles and humanitarian values in a target-oriented and structured way that attracts new members and volunteers to the National Society and to advocate humanitarian issues and concerns on behalf of the most vulnerable

Objectives and Activities planned

Objective 1 To encourage more people to join SRCS as members, governance and volunteers by deepening the knowledge of RC principles and the IHL and improving the image of SRCS in the community.

Activities to achieve this objective:

- Launch a "Team Red Crescent Campaign" including production and distribution of publications, lectures in schools, clubs, villages, government units etc. and participation in radio, TV and printed media.

Objective 2 To define and raise the standards of the membership in SRCS.

Activities to achieve this objective are:

- Develop a clear definition of SRCS membership.
- Carry out workshops for new members interested in working as a member of Board of Directors or special governance bodies.
- Print membership cards and volunteer booklets to be used nation wide

Objective 3 To assist the State Branches in developing a permanent recruiting and retaining programme.

Activities to achieve this objective are:

- Develop in collaboration with the State Branches an action plan for their regular recruiting and dissemination.
- Produce a set of printed material suitable for State Branch and Unit activities

Objective 4 To bring about improvements in the quality of life of vulnerable elderly in poor and displaced communities.

Activities to achieve this objective are:

- Improve health care facilities and services for elderly.
- Provide a nutritional support for those without family support, who are malnourished.
- Establish a health education course and training of volunteers in community health for older people.
- Provide a social needs programme to enhance the awareness of the skills and needs of the elderly.
- Provide opportunities for income generation, to enable the elderly to pay for food, fuel and medical treatment.

Expected results

The expected results of objective 1 are:

- 20,000 new volunteers in one year.
- Decrease by 30% in the number of volunteers leaving the Society.
- Better linkages with NGOs, UN agencies, government authorities, RC/RC components etc.

The expected results of objective 2 are:

- 20,000 registered members before end of year 2002.
- One workshop per year in each State Branch for elected and potential members of Board of Directors

The expected results of objective 3 are:

- Action plans and policies prepared and approved by all State Branches.
- Improved contacts with the community organisation (quantity, quality).

The expected results of objective 4 are:

- The targeted elderly will manage their activities by themselves.
- The health situation of elderly will be improved.
- 150 SRCS volunteers will be trained in home caring.
- 600 targeted elderly will learn how to read and write.

Indicators

- New and active volunteers registered.
- Workshops for governance held.
- Members registered.
- Morbidity rates for elderly in target group, nutritional status for elderly in target group.
- Volunteers trained in community health for older people, home visits carried out by trained volunteers.
- Elderly people successfully raising income from new income-generating activities.

Critical assumptions

- Strong support from SRCS Management in providing the organisational environment at HQ needed to extend necessary technical assistance and communication to the State Branches.
- Positive response from the different media (radio, TV and newspapers/magazines).
- Access to suitable and attractive material.
- Access to the project areas.
- Sufficient funding is available for the programme.

Monitoring and Evaluation arrangements**Monitoring:**

The monitoring of the programme will be undertaken at the SRCS Headquarters. There will be monthly reports from the State Branches on all activities and regular visits by the HQ to concerned State Branches and Units including direct contacts or meetings with volunteers and members.

Evaluation:

The evaluation of the Team RC project will be carried out at the end of the second year of implementation by an external evaluator. Lessons learnt will be communicated internally through a series of meetings/workshops and information material. The Elderly project pilot (phase 1) will be evaluated before expanding to a second state/locality.

5. Institutional & Resource Development

Background and progress to date

The Sudanese Red Crescent Society is currently in an ambitious and target-oriented phase of capacity building and expansion. The decision to go for decentralisation requires strong and self-reliant State Branches and a conversion of the traditional centralised Headquarters towards a technical core. During year 2000, an assessment of the capacities of the 21 State Branches has been carried out and plans for reorganising the Headquarters as well as strengthening its capacity have been developed and adopted. The purpose of this programme is to support the SRCS in implementing the strategic directions outlined in Strategy 2010 and the follow-up of the six goals of the Society's own Strategic Work plan 2000-2004. It is a four year plan but the financial requirements are heavier during the first two years, since a salary scale reform is a fundamental condition for the successful implementation of the activities.

The General Assembly represents the highest authority of the National Society. It is held every two years with national elections every four years. The Central Committee meets every six months to follow up on the implementation of resolutions and recommendations of the General Assembly. The Executive Committee meets on a monthly basis to follow up and monitor the performance of the SRCS management. There are branch executive committees and youth and women committees which meet regularly at the regional state, province and village (locality) levels. The Sudanese Red Crescent Society has more than 250,000 volunteers with about 10,000 of them being active. Volunteers participate actively in the society's various health and social activities and are the SRCS' main asset in its endeavour to assist vulnerable people.

The volunteers are attached to State Branches or Units at province and locality level. Out of 26 federal states in the Sudan, SRCS so far has established 21 branches in 20 states with three more being planned. Each State Branch is headed by a Director and the number of staff varies from 2-3 to 20-25. Each State Branch is responsible for covering its own core costs. The Headquarters in Khartoum has a staff of 70 out of which 25 are professional staff. Again, the core costs are supposed to be covered by the Society's own resources, mainly revenue from rents, resource development projects and donations. The Society also attaches importance to the collection of membership fees and soliciting funds from institutions both at home and abroad. The Government of Sudan has been approached for financial support and there is a decision that financial support will come. At present the Society is raising approximately half its core costs from its own resources. It is, however, becoming increasingly difficult to attract and retain qualified staff due to the Society's limitations in paying competitive salaries.

Already in 1992, the General Assembly of the SRCS recommended that the Society should be more sensitive to the needs of the regions and that the volunteers should have more say on the decisions affecting their own future. Decentralisation models were suggested, considering local circumstances. In 1994 the Central Committee was mandated to establish a committee to come up with a study on decentralisation and in 1996 the General Assembly decided on the implementation, taking into consideration the existing distribution of the geographic regions in Sudan: 26 federal states. Three main objectives of the decentralisation were identified:

- To ensure full participation of SRCS volunteers in the decision making process.
- To have strong branches with the capacity to carry out the Mission of the SRCS.
- Community mobilisation aiming at promoting volunteerism, self help and self reliance.

In 1998 a study was conducted to review the decentralisation process which included a strategic assessment intended to critically examine the role, profile, beneficiaries, programme orientation and objectives, environmental linkages, resource allocation and organisational and professional capabilities, as well as overall performance. The results and findings of the report were subjected to further discussions and deliberations. A workshop on the Design and Formulation of the Five Year Strategic Plan was organised in April 1999. Participants in the workshop have reflected on the findings of the report and areas of future concerns to SRCS were identified. A Task Force was appointed to draft a plan that would help the Society to focus on core programme areas and develop the capacities of the State Branches. In August 1999, the Central Committee approved the plan.

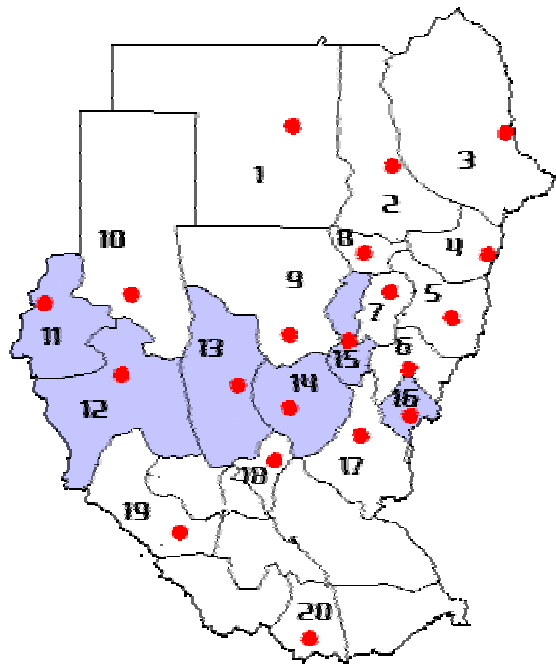
The State Branches are::

1. Northern State/Dongola
2. River Nile/Atbara
3. Red Sea/Port Sudan
4. Kassala/Kassala
5. Gedaref/Gedaref
6. Sinnar/Singa
7. Gezira/Wad Medhani
8. Khartoum/Khartoum
9. Northern Kordofan/El Obeid
10. Northern Darfur/El Fasher
11. Western Darfur/Geneina
12. Southern Darfur/Nyala
13. Western Kordofan/Al Fula
14. Southern Kordofan/Kadugli
15. White Nile/Kosti
16. Blue Nile/Damazine
17. Upper Nile/Malakal
18. Unity/Bentiu
19. Western Bahr El Ghazar/Wau
20. Bahar El Ghabar/Juba

In a decentralised organisation, SRCS today has branches established in 20 states. It is the vision of the society to develop and strengthen the branches to become autonomous and self-reliant. This network of branches and hundreds of units in the various provinces offers an unique resource for all humanitarian efforts in the Sudan.

A Reform Programme for SRCS Headquarters

The Movement relies heavily on National Society branches for direct intervention, mobilization of volunteers, training, dissemination, information gathering and communication, amongst many other functions. It also recognizes the need for a well-functioning and funded HQ to coordinate and support these interventions. SRCS, being responsible for the implementation of all programmes supported by the Federation, is facing problems in executing its operational role, mainly due to lack of resources for developing the Headquarters and its management system. It has thus not been possible to introduce mid- or long-term financial and activity planning, communication lines with the State Branches should be enhanced and it is very hard to retain staff on key positions at the Headquarters due to low salaries and a general lack of resources. The solutions to most of these constraints will have to come from within the SRCS itself, above all via recruiting of qualified staff, reforming of the Headquarters organisation and mode of operation.



One major problem facing SRCS with its many levels (HQ, branches, volunteers), operating as it does in a very cost-conscious environment, is how to cover the core costs of its organization. The network of volunteers mobilized through its branches is regularly held up as one of the key strengths of the Movement, but it is less often recognized that an efficient network cannot be managed and maintained without ongoing support from a strong management structure for the society as a whole.

Obtaining regular and sufficient funding and resources for SRCS HQ is a key component in providing effective services to the branches and response to the needs of the most vulnerable. SRCS and the delegation have proposed a model for establishing and maintaining a sustainable funding structure through a “portfolio” of income sources,

and for managing the funds generated from that structure. This model suggests that SRCS will be able to cover its core costs within four years.

This project contains a comprehensive proposal for the strengthening of the SRCS Headquarters. Already a new organizational plan, job descriptions and a revised salary scale have been adopted and a system for covering staff and vehicle costs has been developed. The project was approved by the General Assembly in June 2000. Currently the needed reform of the financial system is being prepared by external consultants, and the composition and detailed instructions for the staff selection committee is being contemplated. The Reform Programme covers a period of four years.

Decentralisation and SRCS State Branch Development

The ongoing project called Decentralisation and SRCS State Branch Development is addressing needs both in the State Branches and the Headquarters. When moving into its second and third year of implementation, it will concentrate on the needs of the State Branches. During year 2000, a capacity assessment of all State Branches has been carried out within the frame of this project. The assessment indicates a number of interventions needed. This sub project will address most of them, giving priority in 2001 to four selected branches. When objectives and activities imply need for change and improvement of the services of the HQ, such requirement will then be addressed within the SRCS Reform Project.

Goal To develop the capacity of SRCS Headquarters and State Branches in order to create the necessary environment for the successful implementation of Strategy 2010 in a decentralised National Society, better equipped to assist vulnerable people in the country.

Objectives and Activities planned

Objective 1 Establish and maintain an adaptive organisational structure for the SRCS.

Activities to achieve this objective are:

- Adopt the new SRCS organisational structure in order to create resources for efficient disaster response, extensive program development, adequate logistics support, successful information and dissemination activities and a sound financial control and reporting system.
- Ensure that the central organisational structure is adequate to meet the requirements of SRCS Headquarters as a technical core to State Branches and as an efficient partner to supporting sister Societies, public authorities and international humanitarian organisations.
- Establish and introduce an internal audit unit within the HQ.
- Develop and carry out a plan of releasing all staff, appointing a selection committee for the employment of staff in accordance with the demands and guidelines of new organisational structure of the HQ.
- Establish new criteria of recruiting personnel to SRCS.

Objective 2 Develop the Society's financial resources to attain self-reliance.

Activities to achieve this objective are:

- Design and adopt a SRCS Financial Resource Development policy and plan.
- Set up an Action Plan aiming at giving the Headquarters and the State Branches enough revenues to cover core costs within the next four years.
- Prepare a four year budget frame for HQ, indicating the financial gaps between salary reform costs and calculated revenue resulting from income generating activities.
- Design and install a computerised Management Information System and Accounting system at HQ, supported by adequate equipment, logistics and training.

Objective 3 Develop and promote the Society's human resources.

Activities to achieve this objective are:

- Develop and adopt a Human Resource Development policy and plan.
- Implement a job description system that clarifies roles, structures and processes in the SRCS.
- Confirm and launch a revised salary scale for HQ and State Branch directors.
- Adopt and use the agreed performance appraisal system within the National Society.
- Make operational the newly developed master training plan for governance, staff and volunteers.
- Prioritise, plan and carry out a training programme on Executive Management and Programme Co-ordination and Management for senior HQ staff.

- Design and introduce a two years' training programme cycle for volunteers.
- Design and establish a staff and volunteer exchange programme.

Objective 4 Strengthen State Branches' infrastructure requirements.

Activities to achieve this objective are:

- Prepare and realise to the utmost possible extent a long-term renewal plan for the State Branches' vehicle fleet.
- Plan and introduce when technically possible computer links connecting all SRCS State Branches with the HQ local network.
- Develop a standardised list of office equipment and provide the State Branches with what is missing in accordance with priorities established.
- Construct stores or warehouses for State Branches in need of additional storage capacity.

Expected results

The expected results of objective 1 are:

- The new HQ organisational structure implemented and employment/re-employment successfully carried out.
- Concrete plans for the further development of each State Branch containing methods for project and programme planning, staff and volunteer recruitment plans, needed infrastructure improvement, fund-raising schemes.
- An MIS network at HQ, accessible by all professional staff from their offices, to ensure good information flow, regular project reviews and an efficient working environment that fosters initiatives and team work.

The expected results of objective 2 are:

- Income generating activities which provide the Headquarters and the State Branches with enough resources to cover core costs within a four years' period are identified and implemented.
- A computerised MIS and Accounting system installed to strengthen SRCS financial management, information sharing and reporting capacity.
- A periodic audit of the financial management is guaranteed.

The expected results of objective 3 are:

- The necessary foundation policies, plans and proposals positively affecting the development of the Society's human resources is established.
- Job descriptions are made available to all SRCS employed staff.
- The performance appraisal system in use and annual appraisals are written about all professional staff.
- Long-term training program modules for governance, staff and volunteers adopted.
- 75% of all senior staff have completed the management training programme.

The expected results of objective 4 are:

- All State Branches having suitable and satisfactorily equipped office premises, necessary storage capacity, access to regular and target-oriented staff training and communication facilities.

Indicators

- Professional staff having employment contracts, job descriptions and being included in the appraisal system.
- HQ staff having received computer training and being able to access MIS from their offices.
- Self-reliant State Branches (core costs covered by their own means).
- State Branches having achieved "SRCS minimum standards", i.e. suitable premises, communication facilities and trained staff.

Critical assumptions

- Strong support from SRCS Management in providing the organisational environment at HQ needed to extend necessary technical assistance and communication to the State Branches.
- Active participation in the change process from the SRCS leadership - governance and senior management - and from staff and volunteers.
- The understanding among all involved that the change process is aiming at changing attitudes, mindset and working habits.
- Active technical and financial support from PNSs and the ICRC and their willingness to participate in the Project Committee.
- Stable political development in the country and improved international relations.

Monitoring and Evaluation arrangements

Monitoring:

The overall responsibility of the programme lies with SRCS Headquarters. A Project Committee composed of SRCS management, SRCS staff representatives, International Federation Country and Regional Delegations and PNS representatives will be established. The committee will advise on and monitor the implementation of activities. For the MIS and a computerised accounting system at SRCS Headquarters, a needs assessment study will be required prior to selection of software, installation and training.

Evaluation:

An evaluation of the project will require external assistance. Terms of reference for the evaluation should be a priority issue for the Project Committee. Branch development will be carried out in phases with the pilot phase (year 2001) evaluated and lessons learnt drafted prior to moving into a second phase.

[return to top](#)

6. Co-ordination & Management

Background and progress to date

The country delegation in Sudan is not operational. However, the SRCS is requesting the delegation to remain in the country to assist in capacity building activities, developing of new programme and project models and strengthening the disaster preparedness and response capacities of the National Society. The delegation is also actively promoting improved relations and co-operation between the three components of the Movement and is available for co-ordination of bilateral and Federation supported programmes.

At the moment the delegation consists of three delegates and eight professional staff. It is located in the premises of the National Society. This underlines the advisory and consultative role and close relationship with the National Society.

The first priority of the Federation is to support and encourage the capacity building of the Society, both at Headquarters level and in the State Branches. One of the main results expected from this support is an improved capacity to draft proposals to donors and report on programme activities as well as strengthened financial management. Support will be requested from the Regional Delegation and the Secretariat as required.

The second priority is technical assistance for the development of new programmes and project models. In the field of Primary Health Services, the ARCHI process has already set new standards in the design of health interventions, with the SRCS being one of the pilot National Societies during year 2000. The implementation of the strategic directions outlined in Strategy 2010 and the follow-up of the six goals of the SRCS's Strategic Work Plan 2000-2004 will guide the contribution of the delegation.

Thirdly, the cooperation between the three components of the Movement should be further developed. For the last year, regular meetings between ICRC, SRCS and the Federation have taken place. Special meetings on the Seville Agreement have been arranged. The ICRC has assisted SRCS and the Federation in responding to emergencies in northern Sudan and the Federation is including the five southern State Branches in its ID/RD programme. It is obvious that through intensified co-ordination, the Movement is achieving a more efficient and timely input to the most vulnerable, as well as to the National Society.

Fourth, Federation support also includes creating and strengthening disaster preparedness capacities and, in times of emergencies, initiates the necessary co-ordination for an optimal disaster response.

Finally, with a fairly large number of partners, the SRCS needs to streamline its framework agreements and reporting duties in order to cope with an increasing number of projects in the context of a decentralised organisation. The Federation is the natural co-ordinating body for assistance to the SRCS from within the Movement. Bilateral projects and bilateral delegates can benefit from the service and leadership of the delegation, and to some extent this is already the case. For bilateral delegates and visitors, the delegation's staff, contacts and office facilities are available and information material from UN and other humanitarian organisations in the country can be found. For all partners, the Federation's advice to SRCS helps to promote smooth relations and the development of long term co-operation.

Over the last year, the issue of future models of co-operation between the Federation and National Societies in Africa have been studied. Newly initiated pilot projects will advise on how to design the most efficient and effective ways of working together for a non-operational delegation and an experienced National Society. In the meantime, focus will continue to be on purposeful, uninterrupted investment in capacity building. The successful implementation of this programme will lay a solid foundation for a strong and capable SRCS.

Goal To extend technical and financial support to the SRCS that will be conducive to its development towards a well-functioning Society.

Objectives and Activities planned

Objective 1 To assist the SRCS in implementing its decision on decentralisation.

Activities to achieve this objective are:

- The delegation will work to ensure, in the headquarters and through visits to the field, project activities increase capacity, responsibility and authority in the branches as outlined in the Strategic Workplan.
- The delegation will support advise and assist in the implementation of the of the decentralisation process of the SRCS

Objective 2 To support SRCS endeavours in implementing the ARCHI process in its health programme, and other advocacy issues as appropriate

Activities to achieve this objective are:

- The Federation's health delegate to will actively support the SRCS Health Department in integrating the ARCHI 2010 priorities into all SRCS health programs.
- Training of staff and volunteers will be held on at least a quarterly basis aimed at reinforcing the ARCHI way of working in the field of health care. Both the country based health delegate and the Regional Health delegate will assist in this training

Objective 3 To contribute to the development of the co-operation between the ICRC, SRCS and the Federation.

Activities to achieve this objective are:

- The bimonthly meetings between the management of three components of the Movement will continue and expand to regular meetings between delegates and staff responsible for specific topics like health, water and sanitation, logistics.
- Explore way to extend Federation capacity building expertise to include southern states.
- A tripartite agreement on ways and means of working together may be designed to further strengthen the co-operation between the ICRC, SRCS and the Federation.

Objective 4 To enhance SRCS's capacity to respond to disasters.

Activities to achieve this objective are:

- With its unique geographical coverage and many trained volunteers in almost all states, provinces and localities, SRCS is well suited to contribute to a national early warning system. The Federation will support the establishment of such a system by making use of its experience of similar projects in other countries.
- Some disasters in Sudan are unfortunately recurrent. By analysing recent relief operations, categorising them and formulating templates summarising needs for each type of disaster, response can be faster. It will also indicate needs for DP stock at each level.
- The Federation will support additional training in needs assessment and reporting as well as logistics/medical logistics, crucial to appropriate disaster response.

Objective 5 To be an important co-ordinating body for strategic assistance to the SRCS from within the Movement.

Activities to achieve this objective are:

- The Federation will encourage the SRCS and all partners to work in alignment with the directions set out in Strategy 2010.
- The delegation considers support to bilateral delegates and visitors as natural and obvious. Such support includes a visitors' service, access to information available at the delegation, as well as interlocutors and contacts in the international humanitarian community.

Expected results

- State Branches capable of drafting project proposals and reports in accordance with established standards and requirements.
- Headquarters informing State Branches well in advance about timetable for project planning.
- SRCS Reform Program successfully introduced, funded and implemented, eventually in phases and during the second year expanded to fully cover State Branches.
- In 2002, ARCHI strategy fully integrated in all health and care projects.
- IFRC health delegates (country and regional) participating in SRCS health staff and volunteers training as requested.
- Management meeting carried out every second month, meetings for health and logistics staff introduced.

- The five most southern branches fully integrated into CAS planning. Staff and volunteers of southern branches included in information and training activities.
- An agreement between the components of the movement signed.
- The EWS project well integrated into existing system of early warning in the country, benefiting from information made available by the delegation and the regional DP delegate and others.
- Floods and drought “templates” finished, meningitis preparedness plan further developed and reinforced.
- Trained staff available in all state branches. Annual training/refresher courses carried out within projects and in addition to those when deemed necessary.
- All bilateral delegates and visitors declaring delegation service and leadership being adequate.
- Bilateral delegates participating in delegation staff meetings and briefings relevant to them.

Indicators

- Headquarters planning guidelines.
- Project proposals from State Branches.
- Project documents reflecting ARCHI strategy.
- Number of trainings supported by IFRC delegation.
- Number of meetings carried out.
- Number of trainings with southern branches included.
- Signed tripartite agreement.
- Number of trainings executed.
- Number of state branches having adequately trained staff members.
- Evaluation of support provided by bilateral delegates and visitors.

Critical assumptions

- The SRCS appreciates the co-ordinating role of the delegation vis-a-vis participating National Societies, including those working bilaterally.
- The non-operational role of the delegation is defined, understood and accepted.
- Qualified staff available within existing budget limitations.
- A timely and efficient activity plan outlines how the Federation will assist the SRCS in terms of internal technical assistance, consultancies, trainings etc. in year 2001.
- Participating National Societies recognising the need for a country delegation in Sudan and is willing to support it financially.
- Bilateral programme recognise and accept SRCS’ Strategic Workplan and its priorities in planning for 2001.

Monitoring and Evaluation arrangements

- Monitoring of the delegation activities is carried out by the head of delegation monthly reports and by visitors from National Societies, the Regional Delegation and the Regional Department in Geneva. Feedback from SRCS and PNSs will be solicited as a means of monitoring Federation added value in management and co-operation. The more formal monitoring is limited to financial and administrative issues through the internal audit department.
- Evaluation of the delegation and its achievements is not being planned. If the outcome of ongoing pilot projects (see above) is suggesting that a country delegation should remain in Sudan, the issue of an evaluation will be subject to further debate.

[return to top](#)

DELEGATION: SUDAN							
PROGRAMME	Disaster response	DP	Health & services	Human. values	IDRD	Coord. & mgt	TOTAL
Shelter & construction	168,140	176,600	44,340	40,000	20,000	0	449,080
Clothing & textiles	5,660	57,000	32,000	0	0	0	94,660
Food & seeds	26,820	0	0	25,000	0	0	51,820
Water	72,000	5,000	0	0	0	0	77,000
Medical & first aid	87,725	11,400	156,475	16,500	0	0	272,100
Teaching materials	27,064	0	33,000	0	0	0	60,064
Utensils & tools	43,510	17,500	49,200	0	0	0	110,210
Other relief supplies	26,525	12,700	47,200	0	0	0	86,425
Sub total supplies	457,444	280,200	362,215	81,500	20,000	0	1,201,359
Land & Buildings	0	0	0	0	0	0	0
Vehicles	42,000	0	11,600	0	84,000	27,000	164,600
Computers & telecom	17,302	12,200	9,000	0	13,500	5,000	57,002
Medical equipment	0	0	0	0	0	0	0
Other capital expenses	82,000	9,200	32,520	7,500	0	26,000	157,220
Sub total capital	141,302	21,400	53,120	7,500	97,500	58,000	378,822
Programme management	178,424	46,595	85,083	27,502	67,430	38,034	443,068
Technical services	53,411	13,948	25,469	8,233	20,185	11,385	132,631
Professional services	59,232	15,468	28,245	9,130	22,385	12,626	147,087
Sub total programme support	291,067	76,011	138,798	44,865	110,000	62,045	722,787
Transport & storage	383,639	19,700	16,500	9,900	9,900	39,780	479,419
Personnel (delegates & expatriates)	57,130	11,800	15,300	3,000	1,080	244,655	332,965
Personnel (local staff)	895,738	133,917	474,944	110,026	471,568	48,071	2,134,264
Sub total personnel	952,868	145,717	490,244	113,026	472,648	292,726	2,467,229
Travel & related expenses	80,320	32,280	50,060	12,000	20,000	16,334	210,994
Information expenses	14,555	48,500	18,125	45,900	15,124	1,200	143,404
Expert fees	106,188	5,000	22,894	18,450	178,000	748	331,280
Admin. - general expenses	218,684	62,203	109,842	74,724	76,828	93,212	635,493
Training workshops / seminars	0	0	0	0	0	0	0
Sub total travel, training, general exp.	419,747	147,983	200,921	151,074	289,952	111,494	1,321,171
Total budget	2,646,067	691,011	1,261,798	407,865	1,000,000	564,045	6,570,787