

Appeal 2002-2003



International Federation
of Red Cross and Red Crescent Societies

SUDAN

(Appeal 01.13/2002)

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

	2002	2003 ¹
	In CHF	In CHF
1. Disaster Response	1,011,000	1,038,000
2. Disaster Preparedness	785,300	524,000
3. Health and Care	507,000	507,000
4. Humanitarian Values	452,000	950,000
5. Organizational Development	855,000	360,000
6. Coordination & Management	565,000	405,000
Total	4,175,300	3,784,000



Introduction

The Sudanese Red Crescent Society (SRCS) has embarked upon an ambitious plan to produce a Cooperation Agreement Strategy (CAS) for 2002-2004. The SRCS has been selected to be part of the first round of societies developing the new generation of CAS and has invited its partners to contribute to the production of the document. The SRCS is also determined to start implementing the reform programme, aiming at strengthening the headquarters' role as a technical core in the decentralized environment of the Society.

The International Federation on its part is engaged in moving forward with many of the recommendations outlined in the Africa Review (1999) which include developments and decisions influencing the way it is working in partnership with National Societies.

To meet the needs of the Society in an efficient and cost-effective way, the Federation will continue its long-term institutional support, changing its current separate country delegation structure into a presence integrated within the SRCS. In fact, the Sudan delegation has been operating for the last 20+

¹ These are preliminary figures for 2003, and are subject to revision in the course of 2002.

years with the purpose of assisting the National Society's relief operations, but without redefining its objectives as intended. Meanwhile, the SRCS has increased its capacity considerably although it still requires some technical, managerial, and material support.

The proposed change would entail the SRCS assuming full responsibility for all activities in Sudan. Federation assistance will be provided, at SRCS's requests, as outlined below and in the CAS. The Federation will operate in an advisory capacity and report to the SRCS Secretary General.

A Task Force has prepared and agreed on a plan of action with detailed tasks, timelines and responsibilities for the change process. Functions within the Federation delegation will be transferred to SRCS in phases. Some steps have already been taken in 2001 and the change will be fully completed by end of 2002.

National Context

Of the 43 years since independence, Sudan has been at war for 32, the longest ongoing civil war in the world. The effects are manifold, including some 4 million internally displaced people and an extreme level of vulnerability to famine and disease. Sudan is without doubt in a severe humanitarian situation. Health indicators confirm this: malaria, pneumonia, malnutrition, diarrhoea and maternal health complications are among the leading causes for hospital consultations and death.

The hazards of Sudan are many and are faced every year by people throughout the country. There are areas with a chronic food deficit, there are floods and there are epidemics but it is above all the ongoing conflict, the lack of security and the widespread displacement of people that turn hazards into disasters. The civil war also leads to severe problems for the humanitarian agencies to reach people in need, so crop failure turns into food deficit and then into malnutrition, while the aid is halted due to restrictions on access.

The capacities of the people to cope with disasters should not be underestimated. The Sudanese tradition of sharing whatever means are available has saved many lives, but such a lifeline cannot be stretched without limit. Being a large country with a poor infrastructure, the security problems that follow the internal conflicts simply create too complex a situation. To develop further the capacities of the communities requires a well coordinated effort from aid organizations. SRCS commitment to decentralization and its consequent set of action plans on disaster preparedness are having the same aim: to build capacities in close contact with the local populations in need.

During 2001, the important peace process has faced many setbacks and the warring parties have not been successful at the negotiating table. Still, it has become more and more clear that people are looking ahead for an end to the war. If this turns out to be the case, a cease-fire for a substantial time might level the ground for displaced people to begin to go back home. Then, humanitarian assistance in the Sudan would enter into a new phase.

National society priorities

SRCS is undergoing a change process through decentralization of its activities following the resolution of its 4th General Assembly in January 1996. In 1998, the Society undertook an in depth study of the impact of the decentralization. Following the recommendations of the report, the SRCS conducted a strategic planning workshop in April 1999. This workshop brought together the leaders and key staff of the society to develop a framework for a five year Strategic Work plan for the years 2000–2004.

The decentralization process aims at autonomy and self-reliance for the State Branches and full participation of the volunteers in all Society affairs. Today, 21 SRCS State Branches cover most of the country with over 100 units at provincial and district levels.

Lessons learned from the relief operations are above all the need for a decentralized organization, with branches in all states equipped to take on the operational responsibility for the projects and for an emergency stockpile to speed up the disaster response.

For 2002-03 the Society is focusing on the following areas:

- *Organizational Development* as an integrated component in most programmes and as separate projects with the strategic goal to create a well-functioning society. This area being the top priority reflects the importance of organizational development as a precondition to the success of the change process. The SRCS Reform Programme is a cornerstone here.
- *Health and Care in the Community* constitutes another priority area including Reproductive Health, Home Based Child Care (IMCI), HIV/AIDS and Malaria Control. The SRCS is determined to ensure that all health interventions are carried out within the concept of ARCHI.
- A third strategic goal deals with the *strengthening the SRCS Disaster Preparedness* to be adequately prepared to respond quickly to recurrent disasters and thus reducing the vulnerability of the people in communities at risk. Being a truly disaster prone country, preparedness activities are central.
- In *disaster situations*, communities should be assisted in a coordinated way and the planning of the interventions should take into account the capacities of the affected people. The SRCS, with a vast experience in disaster response, realizes that a well planned and timely response can save lives.
- *Promotion of humanitarian values*, dissemination of the Fundamental Principles and the International Humanitarian Laws, reconciliation and local peace-building, will be a major focus via integrated components in all programmes.

To support the SRCS priority areas, the Society is approaching participating National Societies as well as the Federation for assistance in obtaining the required resources. Support through the Federation has over the years supported a number of health projects, disaster preparedness in strategic branches, assistance to refugees, water distribution to IDP camps and women's development activities. With ICRC, the Society has been engaged in the operations in the southern states including tracing and dissemination activities. Bilateral support has come from many donor Red Cross Societies for a range of project work.

In the field of food aid distribution, SRCS is the single largest organization working with WFP in the Sudan. Also with UNHCR, FAO and a number of large international NGOs the Society is an important partner.

Priority programmes for Federation assistance

The Sudanese Red Crescent Society has identified the following core areas where Federation assistance is sought for the period ahead:

- Capacity building.
- Disaster preparedness and response.
- Health and care in the community.

In capacity building, Federation assistance in mobilizing resources to implement the leading idea of the SRCS Reform Programme is given priority, with a special emphasis on implementing recommendations

of the recent Finance Management System consultancy study, and a Master Training Plan for governance, staff and volunteers. Other themes cover support in assessing the SRCS's fundraising potential and the development of a plan of action. The completion of ongoing assessments of branches' capacity is crucial and should include the setting up of a Volunteer Management System which is a key area for substantial support.

In Disaster Preparedness and Response, priority has been given to technical assistance in training staff and volunteers in needs assessment, reporting skills, communication and flow of information. Resource mobilization is a key area for support and should include facilitating relations with international partners in the Sudan (e.g. embassies, UN agencies and donor representatives). Improving logistics systems and communication skills, pre-positioning of DP stocks and increased storage capacity is also important.

In Health and Care, resource mobilization to support the full implementation of the ARCHI concept and its first HIV/AIDS Country Plan is heading the list of support areas. Sudan is involved in the polio eradication campaign, and the Ministry of Health (MoH) depends heavily on SRCS for a successful campaign over the next few years, which will require Federation support in finding the necessary financial support. Strengthening the Health Department through implementing the Reform Programme also includes support from a health delegate over the next two years.

In addition, within the core area of promoting Humanitarian Values, SRCS has developed programmes on the promotion of human rights, grass root conflict resolution and on improving quality of life for elderly people for which the Federation is asked to assist in resource mobilization.

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1. Disaster response

Background and achievements to date

During the last ten years, the SRCS with the Federation's support has responded to new emergencies almost every year, and often more than one concurrently: 2001, for example, saw drought and flood relief operations and assistance to new IDPs in Southern Darfur going on simultaneously.

Disaster response in the Sudan, however, 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 displaced people are gathered in camps around Khartoum, in the east and in the transitional zone bordering southern Sudan. The 32-year-old conflict in Sudan has gone through several phases, with the current phase beginning in 1983. The civil war has created a complex IDP situation with different causes of displacement in different regions of the country. People have become displaced both because of the armed conflict and natural disasters. Traditional nomadic migration patterns and large groups of the general population on the move in search of emergency assistance complicate assessments of the IDP situation.

Sudan reportedly has the largest number of internally displaced people in the world. Since the mid-1990s 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, 500,000 in the east and the transition zone, and 300,000 in the southern states. The humanitarian situation of the IDPs is not acceptable, with slow implementation of government programmes and the lack of a coordinated programme of humanitarian intervention. Conditions in IDP settlements remain poor, with regular outbreaks of disease, chronic food insecurity and limited access to safe drinking water.

The IDP situation has worsened since 1998, when fighting in and around the city of Wau in the Bahr Al Ghazal State caused major displacement, accompanied by a humanitarian crisis in the region. In June 2001, some 30,000 people left Raja area, triggering a major humanitarian action in Southern Darfur. In the oil rich Unity State, intensified military operations have caused population movements. In recent years the conflict has expanded to the eastern parts of Sudan, causing substantial displacement.

As elsewhere in the world during such troubled times, much added responsibility has fallen on women, and programmes need to specifically identify ways of assisting them with their added burdens.

It is obvious that with such a large IDP problem in the country, SRCS and Federation give priority to assisting the displaced, with a priority given to women headed households. New IDPs need help, but in some areas the problem has all characteristics of a forgotten disaster. For years 2002 and 2003, the SRCS will continue and intensify assisting IDPs in the camps outside Khartoum, Kassala and Kosti (White Nile), mainly in the field of health care, safe water and shelter.

Goal To improve living conditions of Internally Displaced People, especially among women-headed families, protecting humanitarian values and supporting endeavors towards durable future solutions among the vulnerable people themselves.

Objectives and activities

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

Activities to achieve objective 1 are:

- Implement Home Visiting Programmes in the camps
- Carry out First Aid Trainings, health education sessions and hygiene campaigns
- Provide Primary Health Care by maintaining health clinics in IDP camps

Objective 2 To rehabilitate malnourished and disabled people.

Activities to achieve objective 2 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 in conjunction with other official partners
- Assist in referral of patients.

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

Activities to achieve objective 3 are:

- Open adult education classes and conduct regular lectures on health education
- Run activities to improve women's skills in handicrafts, traditional handlooms and sewing
- Implement income generation projects such as goat restocking, traditional food preservation, small scale 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

Activities to achieve objective 4 are:

- Maintain and operate the water supply systems 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 behavior, take 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 organizations 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 up-keeping of the water distribution.
- Establish and legalize the water committees at Wad El Bashier camp and involve them in the management of the water supply systems;
- Define roles and responsibilities of the water committees and different stakeholders.
- Develop and implement a mechanism for cost sharing;
- Oversee the newly formed water committees and provide all needed technical and material support.
- Establish a close monitoring and documentation of the project to facilitate an ongoing evaluation of the progress of the system.
- Carry out discussions with the relevant government authorities about them assuming full responsibility for the continued running of the water distribution in the camps.

Expected results by end of 2003

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 minimize the negative impacts of recurrent health problems - 7,000 women will participate in regular health education
- 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 WHO standards.
- Improve the rate of water delivery.
- Improve the awareness on the environmental sanitation and hygiene behavior in the community.
- Enhance community participation in the maintenance of the water system, which in time assists. to achieve the project's sustainability.

Indicators

- Morbidity and mortality rates.
- Improved death to birth ration.
- Immunization coverage rates.
- Number of women trained.
- Women successfully implementing income generating activities.
- Women participating in regular health education.
- Litres/person/day made available.

Critical assumptions

- Strong support from the SRCS management in providing the organisational environment at headquarters needed to extend necessary technical assistance and communication to the State Branches
- Access to the victims at any time and without delay
- Sufficient funding is available for the programme
- Community acceptance of a cost sharing system (objective 4)
- Relevant government authorities prepared to take on full responsibility for the continued running of the project (objective 4).

Monitoring and evaluation arrangements

The monitoring of the programme will be undertaken by SRCS Headquarters, DP Department and by the International Federation. Monthly reports will be published on the SRCS web site. An evaluation of the programme is planned for the early part of 2003.

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2. Disaster preparedness

Background and achievements to date

Sudan is prone to virtually all possible disasters: hydrological, environmental, internal population displacements, and climatic. The government and other stakeholders in disaster preparedness have an immense challenge. Recurrent disasters during the last few years - drought, floods, population displacements and epidemics in particular - have shaped the direction of the SRCS. Furthermore, recent experience has shown that community-based disaster preparedness maybe the most effective approach in reducing the risk for vast numbers of people in vulnerable communities.

From mid-2001, the SRCS has been participating in a pilot project with Rwanda and Ethiopia and four national societies in Asia with the goal of “increasing the sustainable human and infrastructure capacities in order to improve appropriate, timely and effective disaster preparedness and response strategies.” The project includes establishing an information network in four selected State Branches, use of VCA techniques to draw up contingency plans for recurrent disasters and strengthening the capacity of the Society through a comprehensive training programme.

During 2002 and 2003, SRCS is planning to include all other branches in similar activities, with the lessons learnt from the pilot project. As a result, 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 in timely responses, thanks to stockpiling of essential relief items in different parts of the country.

The SRCS State Branches 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 mobilizing several hundred 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 workforce.

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

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 objective 1 are:

- Develop contingency plans for drought and flood emergencies in additional states 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.
- Evaluate adopted rules and regulations for utilising DP stock.

Objective 2 To provide the 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 objective 2 are:

- Extend training opportunities in Vulnerability and Capacity Assessment (VCA) to at least six State Branches during year 2002-03.
- Conduct VCA analysis in two State Branches annually as from year 2002.

Objective 3 To maintain and strengthen the information network (“SINET”) within SRCS, in order to facilitate the flow of information for mitigating the effects of disasters (natural or man-made) and respond at an early stage.

Activities to achieve objective 3 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 health/nutrition, food and animal prices in addition to socio-economic and environmental data at village level in states categorised as high-risk drought areas.
- Establish a feedback system at the headquarters state branch 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 newsletters
- 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 objective 4 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 (Red Crescent 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 by end of 2003

The expected results of objective 1 are:

- Reduced impact on those affected by a disaster through swift mobilization 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 21 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
- 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.

Indicators

- Number of training workshops carried out in State Branches.
- Quality of reports from the field.
- Number of Newsletters (Early Warning Bulletin).
- Number of staff and volunteers trained.

Critical assumptions

- Strong support from SRCS Management in providing the organisational environment at headquarters 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

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

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3. Health and care in the community

Background and achievements to date

With so many internally displaced people and many war-related civilian deaths in recent years, there is unquestionably a very large number of highly vulnerable people throughout Sudan. Health indicators confirm this. Life expectancy at birth in Sudan is 52 years, the infant mortality rate (1993 census) is 110 deaths per 1,000 live births, the total mortality and the crude birth rates were estimated at 16.2 and 32 per thousand population respectively. Under-Five Mortality Rate (U5MR) is found to be around 145 in northern states. Maternal mortality is estimated at 556/100,000, ante-natal care was received by 54% of mothers and 78% of deliveries were attended by a trained personnel.

The incidence of acute respiratory infection (ARI) and diarrhoea is high; pneumonia has a high fatality rate; malaria is endemic. In recent years, over 20,000 people died each year as the result of malaria, which has been an important contributing factor to anaemia among women, which leads to high morbidity and mortality. The lack of preventive and control measures, compounded by cyclical natural disasters, have significantly aggravated the situation.

Vaccination coverage according to the recent (MICS) survey conducted in year 2000 showed that the DPT3 was 41.1% for the children 12-23 months in the northern Sudan, this coverage was 43% in some selected areas in the southern Sudan.

The Strategic Workplan 2000-2004

Health care is a major part of the Strategic Workplan². 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.

Projects supported by International Federation

The International Federation is currently supporting three health projects implemented by SRCS, namely:

- Malaria control.
- Reproductive health.
- Home based child health care.

Malaria control has been included from the year 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 percentages of women die during pregnancy, delivery, or during the first six weeks after. The well-established SRCS branches at state level as well as its professional staff, which have long experience in health care, are strong bases for project success. The SRCS trained volunteers at grass root level are playing a crucial role in community development through the well-organized campaign in health education and

community participation. Moreover, the project's good relations and links with MOH, national and international NGOs will also facilitate and assist to develop the project activities. By this project it is also meant to help in women's development and empowerment.

The *Home Based Child Health Care* (as the community part of the third component on the IMCI approach) is an ongoing project implemented in Khartoum, River Nile, Sinnar and Gezira in partnership with WHO, UNICEF and FMOH and will be implemented in Juba and Dongola as part of the ARCHI implementation phase. Sudan implemented the IMCI approach since 1997 in Khartoum and Gezira as pilot states, this has been later on evaluated in December 1999 and the evaluation revealed that the first and second phases which address the issues of health personnel training and the infrastructure are well developed but that the third component which addresses the community is lacking behind.

The ten year public health initiative to improve the lives of Africans was officially launched by 51 RC/RC Societies at the 5th 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 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 / system for supporting them.

Within the SRCS, state branches implement health projects. So, the ARCHI pilot project was agreed to be started in three branches with the following criteria: one strong branch with a well-developed health department and running health projects, one strong branch without health projects and one newly started branch with no health projects. Using this criteria Khartoum, Juba and Dongola were selected.

The ARCHI 2010 process started by advocacy and adopted the top down strategy to ensure commitment and to avoid competition. This was done through national, state level and locally based workshops. Issues addressed are the RC Movement, volunteerism and ARCHI 2010 methodology. Beside SRCS staff and volunteers, MOH at federal and state levels and NGOs were also included.

Analysis of SRC health programmes at national, state and local levels revealed that volunteer based health programmes (CBFA, PHC and home based child health care) are meeting the ARCHI 2010 criteria. To implement ARCHI 2010, the well-developed volunteers' 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.

Coaches at the HQ and state level were identified for the three selected states and the potential for local coaches at locality and sub locality levels is also good. For further information, an extensive report on the SRCS pilot projects is available.³

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

- Malaria control.
- Reproductive health.
- Community based child health care.
- HIV/AIDS.

The Federation, via the Regional Delegation Nairobi, will provide sufficient technical advice and guidance upon request of the SRCS, particularly through the regional health and HIV/AIDS delegates.

Goal To reduce human suffering among vulnerable groups by reducing pregnancy related health problems, the malaria disease, morbidity and mortality among infants and to ensure high knowledge regarding the HIV/AIDS.

Objectives and activities

Objective 1 To reduce the suffering among displaced women from pregnancy related health problems.

Activities to achieve objective 1 are:

- Conduct KAP baseline survey to assess the behaviors of the population with regard to the RH.
- 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 the 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 TBAs and VMWs 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 centers with statistical clerks for regular registration of information.

Objective 2 To facilitate human development and poverty reduction by reducing the malaria disease burden. This is to be achieved through increased coverage of malaria treatment and prevention, especially at the community level.

Activities to achieve objective 2 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/state workers will be trained).
- Draining and filling of the water pools.

³ Report on the Sudanese Red Crescent Society Pilot Study, May-August 2000.

- Suffocation of the aquatic phase in large breeding sites with oil and larvicides (the large water pools will be targeted).
- Selective spraying of houses with insecticide Fenitrothion.
- Training SRCS volunteers and local community leader for five days on data collection and reporting.
- Training of the volunteers on health education.
- Activate/establish IEC units.
- Production of educational materials (3,000 posters and 2,000 pamphlets will be produced per each state).
- Conduction of IEC sessions (a total of 19,200 sessions will be conducted in each state).
- Home visits (a total of 38,400 visits will be conducted in each state).

Objective 3 To reduce human suffering, in terms of morbidity and mortality among infants and under five years of age, by raising women's awareness of their children's health situation as well as their capacities to care for them in terms of treatment and/or visits to a health clinic.

Activities to achieve objective 3 are:

- Conduct a base line survey in selected areas to determine the needs and possible interventions. The programme will start by conducting needs assessment 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.
- Home visits.
- Community based IEC sessions

Objective 4 To reduce the HIV/AIDS prevalence by disseminating information and health education regarding HIV/AIDS to all target groups with whom SRCS is working, but particularly women in vulnerable circumstances.

Activities to achieve objective 4 are:

- Conduct base line survey to determine levels of HIV/AIDS awareness and current sexual practices
- Conduct training of trainers training in the selected states.
- Develop and produce IEC materials.
- Training of the volunteers with basic prevention messages.
- Conduct IEC sessions in the selected communities.
- Undertake Home Visits.
- Training of the community leaders with basic prevention messages.
- Training of the schoolteachers with basic prevention messages.
- Training of the RH service providers.

Objective 5 Establish proper Volunteer Management System

Activities to achieve objective 5 are:

- Recruit one consultant for 2 months to develop the system.
- Define the SRCS volunteers policy.
- Formulate and establish proper volunteer management system.
- Training of the volunteers' coaches.

Expected results by end of 2003

The expected results of objective 1 are:

- Reduction of maternal and child mortality.
- Increased immunization coverage against tetanus.
- Increase in the number of mothers attending ante/post natal 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 2 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 sustainability will have acquired experience.

The expected results of objective 3 are:

- Increase in women's awareness in the field of home based childcare.
- 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, specially 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 might assist the volunteers, local community and health workers, by the end of the project, to deal with high capability to control malaria and other diseases.

The expected results of objective 4 are:

- Increase awareness regarding the HIV/AIDS.
- Increase the awareness of the personal protection.

The expected results of objective 5 are:

- SRCS volunteers policy will be designed and put on function.
- Proper VMS will be established.
- Reporting and analysis will be improved.
- The expected results of the above objectives (1-4) will be enhanced.

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
- Number of health education sessions and group discussions on STD
- Statistical data on morbidity and referrals
- Statistical data collected at clinic level
- Number of IEC sessions in selected communities
- Successfully conducted KAP surveys
- Number of volunteers identified and trained
- Number of trainings conducted
- Statistical data collected at clinic level on morbidity in children <5
- Commitment shown by community leaders

- State Branches with VMS in place

Critical assumptions

- Strong support from SRCS Management in providing the organisational environment at HQ in communicating with the State Branches.
- Since the project is community based, a low level of participation could result in poor achievements.
- The role of the volunteers is - as in most SRCS programmes - the key to positive results. In this project, the persistent contribution from a trained group of volunteers is a determining factor.
- 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

- The monitoring of the project will be undertaken by SRCS headquarters, health department, 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 collect them in 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 coordinators.
- 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 the Federation's head of delegation will form an evaluation team with a specific terms of reference. The team will be composed of: SRCS Health Department, 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.

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4. Humanitarian values

Background and achievements to date

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. In Strategy 2010, promotion of the Movement's Fundamental Principles and humanitarian values is one of the five core areas. The purpose "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."⁴

The Strategic Workplan adopted by SRCS in 1999 put "Further promotion of humanitarian values and concerns" as one of the six strategic goals.⁵ 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 Strategic Workplan 2000-2004. Other tasks concern dissemination of the principles of the Movement, the IHL and the Code of Conduct and advocacy.

In a country like Sudan where entire generations have not known peace, promotion of the Movement's Fundamental Principles and Humanitarian Values is of specific importance. Its impact in "changing behaviour" in the community is known as well as the contribution it makes to build the civil society and a culture of peace.

This programme consist of two major projects:

- Grass root peace building and dissemination activities by volunteers trained in "Learning Circles" methodology
- Improving the quality of life of vulnerable elderly and engaging them in peace-building activities in the community

Grass roots peace-building project

The greatest challenge to SRCS in promoting humanitarian values is to be found in the situation created by decades of internal strife and civil war, which has disrupted human life greatly, not only causing displacement and its related problems but also a split within the communities that makes every day life a part of the global conflict in the country. To achieve peace in the Sudan is a major political challenge, but conflict resolution, peace building and reconciliation between communities, tribes and families are also important ways forward.

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 programmes 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 aimed at strengthening the Movement's contribution in this area. "Peace preparedness" and post-conflict planning call for a well functioning decentralized organization to reach people in conflict stricken areas. SRCS, being auxiliary

⁴ Strategy 2010, p. 15

⁵ Strategic Workplan 2000-2004, p 16

to the Government of Sudan (GoS) is well placed to meet these requirements. The Society has Branches in 20 out of 26 states and Units in hundreds of towns and villages.

SRCS is constantly trying to increase its capacity in responding to the needs of vulnerable people in a timely and efficient manner. Therefore, there is a need to strengthen the voluntary base of the SRCS in promoting the attraction of the volunteer system by recruiting, training and retaining volunteers. By doing so, SRCS will improve its capacity to understand the vulnerabilities and capacities of the communities and to educate and encourage their participation in dealing with them.

Many volunteers are mobilized in emergency response operations, in first aid and health education through public sessions and home visits. Special training programmes are regularly executed to prepare the volunteers for such assignments. Time in between major relief projects, however, constitute an excellent opportunity for a training that is more general and with an aim to widen and deepen the participants' commitment. At the same time, such training programmes carried out as evening meetings over several weeks or even months, will serve as an important factor in keeping volunteers attached to the organization and on standby for future assignments.

During some six months from end of October 2000, a pilot project aiming at addressing these needs was carried out. It was built on the Learning Circle concept developed by the House of Learning Project. The approach is very much favored by the volunteers. It is practical, the methods are participatory and the style informal. Lessons learnt are above all about need for improved monitoring and increased attention towards the issue of sustainability.

To support a successful implementation of "peace preparedness" activities in the communities, the Learning Circle concept should be spread to all other State Branches and the topics widened to include local peace-building activities.

The elderly: a resourceful but neglected group

The elderly in the Sudan as well as in other countries in Africa is a growing group. Their needs, especially among internally displaced are not adequately addressed. Their role in the displaced community is not always identified and their potential to contribute not fully recognized.

However, experience from working among elderly in IDP areas outside Khartoum has told that there are ways to empower the elderly and make them participating in activities aimed at reinforcing cultural values and traditions in the community. Activities of the project known as "Carton Barona" 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"⁶. The Carton Barona project has had a special appeal to women. In fact, elderly women heading families as well as those living alone, are the main target group of the elderly project.

There is an interesting link between the social activities of the elderly and efforts to encourage conflict resolution and reconciliation. By providing a forum for them (weekly gatherings known as "coffee ceremonies"), they reach the younger generations and are listened too. They become messengers of important issues, e.g. on peaceful cooperation between communities and health education with HIV/AIDS information.

When "exporting" the concept to other parts of the country (five localities in five states have been surveyed) it is important to sum up lessons learnt from Carton Barona. The formation of Old People's Committee (OPC) turned out to the success of most activities. The OPCs were involved in all the

steps of the project, i.e.. planning, implementation , monitoring and evaluation. In health, medical services should have been designed from the start with a cost recovery scheme in order to sustain the health intervention more easily. Also in nutrition and IGA the evaluation carried out contains a number of important suggestions of improvement. In brief, it is important to enforce OPC ownership from the start of the project, develop a system of community guarantee, develop intensive service, training and counseling package and criteria for the choice of the beneficiaries through measuring capabilities and talent in small business management in addition to commitment.

Goal To disseminate and practice the Movement's fundamental principles and humanitarian values in target-oriented activities, contributing to conflict resolution and enhanced life quality among vulnerable people.

Objectives and activities

Objective 1 To introduce the Learning Circle concept with SRCS specific material in all State Branches, involving 3,000 volunteers in two years.

Activities to achieve objective 1 are:

- Basic "Better Facilitator" courses (3), each for 15 participants. Duration 16 days. The course includes a thorough introduction of the Development Studies Learning Circle material
- "Better Facilitator" refresher courses (extension I and II), including the presentation of SRCS specific Learning Circle material
- Develop of Learning Circle materials in the field of health and peace building. The ARCHI 2010 concept will guide the design of the materials.
- Prepare and carry out a minimum of 200 Learning Circles (equal to some five per branch and year) in the State branches, each with an average of 15 participants
- Carry out extensive reporting to document achievements and constraints
- Production of a "manual" to facilitate the implementation of Learning Circles in other countries

Objective 2 Building on the Learning Circle discussions, initiate activities in the communities that will promote peace and reconciliation.

Activities to achieve objective 2 are:

- Meet with community leaders in order to understand the origin and nature of conflicts existing between neighboring communities, tribes and families.
- Initiate suitable activities in the communities to bring about peaceful solutions to recurrent hostilities and conflicts.
- Carry out local peace building activities targeting the young (in schools), women and elderly (through theatre performances etc.)

Objective 3 To bring about improvements in the quality of life of vulnerable elderly in poor and displaced communities.

Activities to achieve objective 3 are:

- Provide health education and basic health care for the elderly.
- Provide a nutritional support for those without family support, who are malnourished.
- Carry out health education training of volunteers in community health for older people.
- Provide a social needs, peace-building and reconciliation programme to enhance the awareness of the skills and needs of the elderly.

- With priority to women-headed families, provide opportunities for income generation (small scale agriculture, handicraft, traditional hand loom and sewing, traditional food preservation and fish processing), to enable the elderly to pay for food, fuel and medical treatment.

Expected results by end of 2003

The expected results of objective 1 are:

- 45 facilitators trained.
- 200 Learning Circles carried out.
- 3,000 volunteers participated in Learning Circles.
- The Learning Circles' concept and the SRCS experience spread to sister National Societies.
- Increased self-confidence in people involved.
- Promoting an environment where respect for the individual and its human rights is essential.
- A deeper understanding of how the learning process among adults in Sudan can be enhanced.
- Raised awareness of what influences the individual health situation as well as the community health situation.

The expected results of objective 2 are:

- A deeper understanding of reasons behind hostilities and conflicts in the communities and how they are conceived by local leaders.
- Peace building promoted in schools and public places, involving young, women and elderly people.

The expected results of objective 3 are:

- The health and nutritional status of elderly will be improved.
- 150 volunteers will be trained in home caring.
- 120 elderly (including at least 80 women) enabled to raise basic income as a result of income generating activities.
- 600 elderly participating in community activities aiming at promoting peace and reconciliation, and improving awareness of major threats to a healthy life.

Indicators

- Number of facilitators trained.
- Number of Learning Circles carried out.
- Number of participants in Learning Circles.
- Local peace building initiatives started and documented.
- 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
- Access to suitable and attractive material
- Access to the project areas
- Sufficient funding is available for the programme

Monitoring and evaluation arrangements

- 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.
- Steering Committee established for the Elderly project, meeting bimonthly. This pilot project will be evaluated before expanding to a second state/locality
- Midterm review after 12 months
- An external evaluation to determine the strength of the initiative prior to launching the Learning Circle concept to other National Societies.

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5. Organizational development

Background and achievements to date

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 Headquarters 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. 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 organization 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 with the Federation 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 3-4 years.

The purpose of this programme is to support the SRCS in implementing the strategic directions outlined in Strategy 2010, the Ouagadougou declaration and to follow-up of the six goals of the Society’s own Strategic Work plan 2000-2004. The Organizational Development programme is a three year plan aiming at strengthening the National Society’s Headquarters as well as the State Branches. It requires a substantial financial support but also an important commitment by the SRCS to obtain self reliance within the plan period. Major components include restructuring of the financial management system, developing and modernising the human resources’ policy, reassessing State Branches’ capacity and enhancing the branches communication with the Headquarters and between the Branches themselves. A model project for state branches capacity building is included in the programme for 2002. It is targeting one State Branch and will be followed in 2003 by another 2-3 branches, capitalizing on the experience gained.

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 decentralized National Society, better equipped to assist vulnerable people in the country

Objectives and activities

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

Activities to achieve objective 1 are:

- Adopt the new SRCS organizational structure in order to create resources for efficient disaster response, extensive programme development, adequate logistics support, successful information and dissemination activities and a sound financial control and reporting system.

- Ensure that the central organizational 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 organizations.

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

Activities to achieve objective 2 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 3-4 years.

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

Activities to achieve objective 3 are:

- Develop and adopt a Human Resource Development policy and plan.
- Implement the newly developed master training plan for governance, staff and volunteers.
- With priority, plan and carry out a training programme on Executive Management and Programme co-ordination and management for senior headquarters staff.

Objective 4 Strengthen State Branches' infra structural requirements.

Activities to achieve objective 4 are:

- Assess State Branches' capacities with priority on volunteer management and communication facilities.
- 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 headquarters local network.
- Develop a standardised list of office equipment and provide the State Branches with what is missing in accordance with priorities established.

Objective 5 Set up a model for strengthening the capacity of the SRCS state branches.

Activities to achieve objective 5 are:

- Develop and launch a local "Team Red Crescent Campaign" in one State Branch including production and distribution of publications, lectures in schools, clubs, villages, government units etc. and participation in radio, TV and printed media.
- Encourage people to join the SRCS as members, governance and volunteers by deepening the knowledge of the Red Cross principles and the IHL and improving the image of the SRCS in the community.
- Carry out workshops for new members interested in working in Board of Directors or special governance bodies.
- With the State Branch develop action plans for regular recruiting and retaining of staff and volunteers.
- Investigate the need for incentives to improve the retaining of members and volunteers;
- Find ways to engage volunteers in project activities aimed at improving the quality of life of vulnerable in poor and displaced areas.

Expected results by end of 2003

The expected results of objective 1 are:

- The new headquarters 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.

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 computerized MIS and Accounting system installed to strengthen the 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.
- Long-term training programme 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.

The expected results of objective 5 are:

- Action plans and policies prepared and approved by the State Branch.
- Defined membership conditions including annual membership fees and cards.
- 500 registered members before end of the pilot phase.
- 500 new volunteers in one year.
- The number of volunteers leaving the Society not to exceed 50% of the newly recruited.
- New volunteers will find a meaningful activity within an ongoing project and/or organized branch/unit activity immediately upon their recruitment.
- One workshop carried out for elected and potential members of the State Board of Directors.
- Standards for incentives proposed for further deliberations at national level.
- Improved contacts with the community organization (quantity, quality).

Indicators

- Professional staff having employment contract, job description and being included in the appraisal system.
- Headquarters staff having received computer training and being able to access MIS from their offices.
- State Branches attained self reliance (core costs covered by own means).
- State Branches having achieved "SRCS minimum standard", i.e. suitable premises, communication facilities and trained staff.
- New and active members and volunteers registered.
- Workshop for governance held.
- New volunteers successfully integrated in project activities.

Critical assumptions

- Strong support from the SRCS management in providing the organisational environment at headquarters needed to extend necessary technical assistance and communication to the State Branches.
- The understanding among all involved that the change process is aiming at changing attitudes, mindset and working habits.
- Priorities necessary for the safe and proper implementation as well as deriving from lack of funds are understood and accepted by concerned parties.
- Active participation in the pilot project from all parties involved in order to overcome problems related to the location and present capacity of the State Branch

Monitoring and evaluation arrangements

- The overall responsibility of the programme lies with SRCS Headquarters. A Project Committee composed of SRCS management, staff representatives, Federation country and regional delegations and PNS representatives to be established. The committee will advise on and monitor the implementation of activities.
- The evaluation of the project will require external assistance.

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6. Coordination and management

Background and achievements to date

For 2001, the Federation adopted four priorities in its assistance to the National Society.

First, to *support and encourage the capacity building* of the Society, both at Headquarters level and in the State Branches. A Reform programme targeting the need for a strengthened Headquarters has been introduced but unfortunately not received the necessary support from partners. The SRCS, being aware of the difficulties in launching a substantial reform package in one go, is now, with Federation, seeking new ways to attract support.



The second priority looked at technical assistance for the *developing of new programmes and project models*. This priority has mainly focused the ARCHI process and its new standards in the designing of health interventions.

Thirdly, developing the *cooperation between the three components of the Movement* has taken important steps forward. Regular meetings continue bimonthly, steps have been taken to coordinate training of staff and volunteers and the CAS process has offered new opportunities to discuss assistance and cooperation.

Fourth, the Federation has supported the strengthening of the SRCS *disaster preparedness capacities*. In the light of a generally very modest donor response in 2001, the support of

the DP programme is an exception, above all through participation in a pilot programme with British Red Cross and DfId funding.

As mentioned above, Federation is in the process of changing its current separate country delegation structure into a presence integrated within the SRCS. Since mid-2001, the delegation has been engaged in planning the transition process as member of a Task Force. The outcome of the work of the Task Force is not yet known but for planning and budgeting for 2002-03, it is anticipated that the change is merely organizational: Federation presence in Khartoum and technical assistance will remain beyond the integration process. Critical to this ongoing assistance will be the involvement and support from the Regional Delegation Nairobi and its delegates, as well as other parts of the Movement.

Goal To extend and coordinate technical and financial support to the SRCS that will be conducive to its development towards a well-functioning Society and its capacity to serve vulnerable people in the Sudan.

Objectives and activities

Objective 1 To assist the SRCS in mobilizing resources to implement the leading concept of the SRCS Reform programme

Activities to achieve objective 1 are:

- Support the implementation of a comprehensive improvement of the Society's financial management.
- Facilitate the planned concentration on human resources' development.
- Promote the development of an extensive, realistic plan for self-reliance of the Headquarters and the State branches.

Objective 2 To support SRCS endeavor in implementing the ARCHI process in its health programme.

Activities to achieve objective 2 are:

- Assist the Society in developing a nationwide Volunteer Management System (VMS).
- Support the implementation of a HIV/AIDS Country Plan.
- Coordinate support from participating national societies, international NGOs and UN agencies into priority areas of the Health Programme.

Objective 3 To enhance SRCS capacity to respond to disasters.

Activities to achieve objective 3 are:

- Support SRCS participation in the British Red Cross/Dfid ongoing DR/DP pilot project.
- Coordinate contacts, planning and formal agreements with partner organizations (UN and international NGOs) aiming at improving SRCS' capacity to respond timely and efficient to emergencies.
- Advocate for donor support towards disaster preparedness projects including stockpiling and improved storage capacity.
- Facilitate training opportunities in DR and DP.

Objective 4 To be an important co-ordinating body for strategic assistance to the SRCS from within the Movement.

Activities to achieve objective 4 are:

- Define, evaluate and improve the role of the Federation in the planned integrated assistance to the Society.
- Be responsible for the development of the Cooperation Agreement Strategy (CAS) and the follow-up of the plan.
- Be instrumental in the coordination and further integration of ICRC, SRCS, and Federation planning activities.
- Provide assistance to participating National Societies engaged in bilateral programmes with SRCS.

Expected results by end of 2003

- Substantially improved capacity of the Headquarters' role as an efficient technical core in a decentralized organization, a clear trend towards achieving self-reliance within the next two years and well trained and highly motivated staff and volunteers.
- A health programme permeated with the ARCHI concept and supported by an efficient volunteer organization.
- Enhanced SRCS disaster response capacity with increasing donor support to DP proposals including those covering warehouse capacity and preparedness stockpiling.
- A high quality CAS process established. A smooth and efficient coordination of all Red Cross and Red Crescent activities in the Sudan.

Indicators

- Number of Headquarters staff training as well as staff appraisals carried out. Stakeholders' approval of SRCS financial reporting.
- Number of branches with Volunteer Management System fully developed.
- Number of State Branches with HIV/AIDS Country Plan under implementation.
- Percentage of bilateral health projects ARCHI friendly.
- DP training carried out/percentage of target group (staff and volunteers) reached.
- Increase of donor support to DP projects and programmes.
- Timely and high quality CAS process.
- Number of planning and coordinating meetings attended by all components of the movement.
- Number of agreements signed by National Societies and SRCS recognizing Federation coordination role.

Critical assumptions

- A major reform programme needs the full support of a qualified, focused and committed governance and management in providing the organizational environment at Headquarters and in communicating with the State Branches
- Participating national societies and their donors must accept the need for support of capacity building elements in a humanitarian aid package
- The SRCS appreciates the co-ordinating role of the delegation vis-a-vis participating National Societies including those working bilaterally.
- The integrated, non-operational role of the delegation is defined, understood and accepted.
- The understanding among all involved that the change process is aiming at changing attitudes, mindset and working habits.
- Stable political development in the country and improved international relations.

Monitoring and evaluation arrangements

Monitoring of this programme will be carried out in the following ways:

- Visits by Regional Delegation in each of the fields included in the programme.

- Internal audit and Monitoring expertise from the Secretariat, Geneva.

Evaluation of this programme will be carried out in the following way:

- Follow-up by the VMS consultant
- A second evaluation of the decentralization process to be prepared by the end of 2003.

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PROGRAMME BUDGETS - 2002								
SUDAN								
PROGRAMME	Disaster Prep	Disaster Resp	Health & Care	Human. Values	IDRD	Reg. Co-operation	Co-ord. & Mgmt	TOTAL
Shelter & Construction	11'732	96'600	0	0	0	0	0	108'332
Clothing & Textiles	0	57'000	0	0	0	0	0	57'000
Food & Seeds	112'064	0	0	25'000	0	0	0	137'064
Water	33'520	0	0	0	0	0	0	33'520
Medical & 1st Aid	50'000	11'400	0	14'000	0	0	0	75'400
Teaching Materials	6'139	4'800	0	42'966	2'000	0	0	55'905
Ustensils & Tools	20'735	0	0	0	0	0	0	20'735
Other Relief Supplies	50'544	12'700	0	0	0	0	0	63'244
Subtotal Supplies	284'734	182'500	0	81'966	2'000	0	0	551'200
Land & Buildings	0	160'000	0	0	0	0	0	160'000
Vehicles	0	0	0	0	0	0	0	0
Computer & Telecom	0	12'200	0	0	0	0	15'300	27'500
Medical Equipment	0	0	0	2'500	0	0	0	2'500
Other Capital Equipment	0	9'200	4'775	15'000	0	0	0	28'975
Subtotal Capital	0	181'400	4'775	17'500	0	0	15'300	218'975
Programme Management	68'172	52'953	34'187	30'478	57'653	0	38'098	281'540
Technical Services	20'407	15'851	10'234	9'124	17'258	0	11'405	84'278
Professional Services	22'631	17'579	11'349	10'118	19'139	0	12'648	93'464
Subtotal Programme Support	111'210	86'383	55'770	49'720	94'050	0	62'150	459'283
Warehousing/Inspection	3'000	7'500	0	0	0	0	0	10'500
Transport & Vehicles	85'672	50'829	18'103	12'600	11'100	0	30'970	209'274
Subtotal Transport & Storage	88'672	58'329	18'103	12'600	11'100	0	30'970	219'774
Delegates & Expatriates	39'999	7'000	3'500	0	0	0	229'714	280'213
National Societies and Local Staff	260'509	74'192	127'649	52'218	556'432	0	89'731	1'160'730
Subtotal Personnel	300'508	81'192	131'149	52'218	556'432	0	319'445	1'440'943
Travel & Related Expenses	32'026	12'341	0	0	20'000	0	21'634	86'001
Information	0	36'500	105'877	32'074	19'000	0	6'500	199'951
Consultants	6'000	5'000	22'117	25'272	58'000	0	26'490	142'879
General Expenses	87'640	80'930	40'102	68'219	63'418	0	78'011	418'320
Training Workshops & Seminars	100'211	60'725	129'108	112'431	31'000	0	0	433'475
Security	0	0	0	0	0	0	4'500	4'500
Subtotal Training, Information & General	225'876	195'496	297'203	237'996	191'418	0	137'135	1'285'125
TOTAL BUDGET	1'011'000	785'300	506'999	452'000	855'000	0	565'000	4'175'299