

Appeal 2006-2007



International Federation
of Red Cross and Red Crescent Societies

SUDAN: TRANSITIONAL PROGRAMME

Appeal no. MAASD001

This Transitional Appeal seeks CHF 33,553,558¹ to assist the Sudanese Red Crescent Society (SRCS) in meeting the immediate and longer-term needs of an estimated 3,000,000 vulnerable people in Sudan in 2006-2007. The programmes outlined in this Appeal are based on the broader four-year vision of the SRCS which aims at providing high-quality programmes in health and care, disaster management, organizational development and Humanitarian Values.

These programmes are aligned with the International Federation's Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda goals:

- *Reduce the numbers of deaths, injuries and impact from disasters.*
- *Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.*
- *Increase local community, civil society and Red Cross and Red Crescent capacity to address the most urgent situations of vulnerability.*
- *Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.*

The International Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 185 countries. Our aim is to build safer communities, able to prevent and respond to human suffering in times of crises and distress, and where people work together to promote hope, dignity and equity. We work to support vulnerable communities through neutral, impartial, independent humanitarian action, in accordance with our Fundamental Principles to the [Code of Conduct](#) for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) (Sphere).

[<Click here to visit the Federation's website for Sudan, with links to the national society's profile and directory>](#)

[<Click here to go directly to the attached budget>](#)

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Programmes	Budget in CHF
Health and Care	14,356,759
Disaster Management	10,252,027
Humanitarian Values	1,782,973
Organizational Development	5,874,761
Implementation and Management	1,287,037
Total	33,553,558

¹ USD 27,320,000 or EUR 21,296,410

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Overview

After twenty years of intense and often widespread conflict between north and south Sudan, the Comprehensive Peace Agreement (CPA) was signed in January 2005 between the north – now the Government of National Unity (GoNU) – and the Government of South Sudan (GoSS). The cumulative impact of the conflict has been disastrous for the health and welfare of the general population, making the country one of the poorest in the world, with a disproportionate impact on the most vulnerable. As a result of the adverse humanitarian conditions, an estimated 2 million Sudanese died, and 4 million were internally displaced in addition to approximately another 500,000 refugees being created during this period.

Working within what is widely acknowledged to be one of the most challenging humanitarian situations in the world, the Sudanese Red Crescent Society (SRCS), supported by the International Federation, the International Committee of the Red Cross (ICRC) and partner national societies (PNS's), has continued to work to overcome challenges in building or reinforcing its organizational capacity in order to respond to the humanitarian conditions, and to become an effective partner in national efforts to deliver assistance to those in need.

With the peace agreement in place, there is renewed national hope, and the SRCS anticipates making progress to contribute to a significant change in the socio-political fabric of Sudan. The national society is prepared to take a lead role through the mobilization of its volunteers to advocate on behalf of peace, and will work closely with the Federation to ensure that its priorities and programmes reflect the needs of all the state branches, including those that have been operating in conflict areas. The national society is ready to take up this challenge through its large network of volunteers. It is anticipated that this will be an important building block for the country, complemented by the national society's priority to promote Humanitarian Values through the dissemination of the Red Cross and Red Crescent Principles.

This transitional appeal seeks international support for the SRCS to respond to the fluid and complex humanitarian situation in the country, and outlines a strategy intended to support the ongoing work of the national society in delivering assistance while strengthening their capacity. It also elaborates a framework for the actions of partner national societies (PNS's) working in Sudan. The central focus of the planned programme is ensuring the sustainable impact of Red Cross and Red Crescent support for the people of Sudan who are faced with a daily struggle to live a safe, healthy, and dignified life. This appeal is developed to support that strategic effort.

The International Federation is focusing efforts on Sudan to scale-up and improve impact through coordinated efforts to strengthen the collective impact of all Federation actors by developing an Operational Alliance in Sudan. This will be done through a step-by-step approach building on learning from other operations and contexts. An Operational Alliance aims to scale-up programme impact through improved coordination and joint planning. The SRCS is leading the Operational Alliance in Sudan, supported by the Federation and PNSs. An important aspect of an Operational Alliance is to strengthen and streamline planning, implementation and monitoring processes, including establishing well-defined indicators to demonstrate results as well as to base programme decisions on. An Operational Alliance is based on the strategic direction of the host NS and development of programme plans is done jointly by all partners in the alliance. Through joint planning, alignment of objectives can be gradually achieved and common indicators established. Joint planning should also lead to coordination and alignment of implementing structures, resources and services so duplications can be avoided and transaction costs can be decreased.

In Sudan, several steps have been taken to prepare for and to start an Operational Alliance. These include the jointly-agreed reform process, joint assessments in programme areas as well as through an earlier mission and report on establishing an Operational Alliance pilot in Sudan. Some steps to continue this process are presented in this appeal and a more structured approach will be developed in close coordination with SRCS and partners. This might include appointing an alliance focal point within the SRCS as well as holding meetings with all partners supporting programme areas so as to gradually align objectives, indicators and rationalize resources.

The Federation's commitment to Sudan, particularly in the latter part of 2005 and early 2006, is reflected in a number of initiatives and operations:

- The April 2005 SRCS partnership meeting that produced a plan of action (PoA) articulating how the SRCS and the Federation would deliver with support from Movements partners;
- The SRCS's National Disaster Management Assessment and Plan;

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- The Federation's Health Assessment "Towards Capacity Building and Complementarity in Health Programming";
- The South Sudan returnees' assessment and Field Assessment and Coordination Team (FACT) deployment, resulting in the [South Sudan: Returnees and Affected Communities, Emergency Appeal \(no. 05EA025](#), launched on 7 November 2005);
- [South Sudan: Cholera; Emergency Appeal no. MDRSD001](#), launched on 2 March 2006;
- [Yellow Fever, DREF Operation](#), launched on 28 December 2005, resulting further in a South Kordofan Health Programme, piloting an expanded health and care role for volunteers in Sudan;
- Additional CHF 225,000 support from the Federation's Disaster Relief Emergency Fund (DREF) to support the ongoing floods emergency operation. A [Preliminary Floods Emergency Appeal no. MDRSD002](#) was launched on 19 August 2006. [Operations Update no. 2](#) revised the PoA and the budget;
- Limited support and assistance has also been provided to the return of internally displaced persons, including thousands of Dinka Bor who moved almost a million head of cattle back to their ancestral homeland near Bor in south-central Sudan from their IDP camps close to the Uganda border.

This appeal, therefore, provides a transitional mechanism, incorporating longer-term programmes and the emergency operations currently underway, and serves to integrate the respective project activities and budgets accordingly. Because of the evolving situation in the country and related constraints, the SRCS (in agreement with the International Federation) decided not to issue a 2006-2007 Appeal, while efforts focused instead on discussions with the national society representatives in the north and the Government of South Sudan (GOSS) to agree to a formal Memorandum of Understanding (MoU) intended to provide a basis for future collaboration, and a more effective delivery of assistance to the intended vulnerable people.

Following a meeting with the Government of Southern Sudan, the SRCS's resolution number 8 (signed on 12 September 2006) stated that:

- A joint committee would be formed to review the MoU for programmes/activities;
- Due to the SRCS's auxiliary role to the entire Sudan's government, an agreement between the national society and the GoSS was not needed;
- The implementation of a regional office in Juba is underway and that the executive committee of the SRCS would appoint a regional director (for the South) to work in consultation with GoSS.

These resolutions are a step towards strengthening a common direction, which includes the regional secretariat in the South, with common goals and a framework for action.

The Federation Secretariat support to the SRCS is also in a transitional phase moving towards supporting the NS and its partners to improve coordination through the creation of an operational alliance as described above.

The Humanitarian Context

Sudan is the largest country in Africa, and in the Arab world. Livestock is one of the country's major resources, along with timber (in the south) and proven oil reserves in southern and western Sudan. The oil itself potentially provides a tremendous opportunity to build economic and social infrastructure across the country, but the vast and varied natural resource base is generally considered under-utilized and mismanaged, and also has the potential to generate internal conflict.

The total population exceeds 31 million, of which just under half are children aged 18 and below. The population growth rate is one of the highest worldwide – at 2.6% – yet Sudan has one of the lowest population densities in the world. The population is heterogeneous: there are as many as 600 ethnic groups within Sudan who have a wide variety of cultural and political systems of which the majority are Muslim. In such a heterogeneous country, and given the location of natural resources, conflicts are a potential source of instability. The consequences of 20 years of conflict between the north and south have been disastrous, and successive governments have continually failed to find a formula that can practically acknowledge and appreciate the rights of different groups, and to share resources equally.

The major causes of poverty in Sudan include conflict, socio-economic factors, political exclusion, poorly formulated policies, mismanagement of natural resources and weak infrastructure complicating the provision of services to outlying areas. Basic social services in isolated regions are minimal, as key services were decentralized

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and delegated to states and local communities, which neither had the revenues nor the administrative capabilities to sustaining them.

The following briefly illustrates the lack of basic social and health services:

- **Malnutrition:** the national rate is a devastating 19 percent; in conflict zones and in isolated areas it is close to 40 percent;
- **Maternal and child health:** one in twelve mothers is at risk of dying from maternal causes. There are few health services in rural south Sudan;
- **Education:** only 24 percent of students enrolled are girls, and the average enrolment rate is about 58 percent - 20 to 30 percent in conflict zones and isolated areas.

Scaling-up -- Red Cross and Red Crescent Societies contribution to the Millennium Development Goals (MDG's)

Recognizing the serious challenges in Sudan, the organizing framework of the Federation and its members' assistance to the SRCS is derived from the MDG's, and from guiding Red Cross and Red Crescent principles and policies². Partners will collectively focus on making a contribution in the following areas:

- **Establishing and building the capacity of national institutions:** a well-functioning national society is the Red Cross and Red Crescent Movements' contribution to building Sudanese national institutions. The society aims to be trusted as an independent national institution and an implementing partner of choice for national and international organizations, with local volunteers and branches that cover the entire country.
- **Primary health care:** community health and care through trained health volunteers at community level who contribute to improving health to reduce morbidity and mortality in vulnerable populations.
- **Water and sanitation (WatSan):** contribute to increased access to clean water and sanitation facilities at the community level.
- **Humanitarian assistance:** scaling-up existing capability to be prepared and respond to small and large-scale emergencies in the country (further implementation of the Sudanese Red Crescent Society: National Disaster Management Plan). Improving capability to address livelihood and food security needs of vulnerable people. Continuing the emergency operation in South Sudan and other humanitarian crisis areas.
- **Peace building and prevention of future conflicts:** reaching out with Red Cross and Red Crescent values and principles so that they become a conduit for building of harmonious and peaceful communities. Implementing activities that can create the conditions for peace to exist and contribute to a more tolerant and less violent society.
- **Improved policy analysis and formulation:** lessons learned from communities are used to dialogue at the state and national levels to guide public policy and programme interventions of multilateral organizations towards the MDG's.

Organizing the Federation members' humanitarian assistance within the framework of the MDG's has the added advantage of complementing the efforts of the multilateral and bilateral assistance agencies in areas where the Federation network and SRCS hold a comparative advantage.

The Federation will reactivate the reform process started in 2005 to increase the coherence and impact of all Red Cross and Red Crescent efforts. Strengthening the capacity of all Movement members in Sudan to jointly use an outcomes-oriented performance management framework will be the key to operationalizing the SRCS and Federation member's strategies.

What success will look like: the following serves as a reference point for what could be achieved if all Movement actors in Sudan commit themselves to implementing the SRCS's Strategy 2005–2010 and its accompanying Framework for Action (FFA):

- **Responsive to local vulnerability:** The SRCS has identified the main vulnerable groups and has scaled up its services and activities.
- **Health and care in the community:** The SRCS is recognized as an effective provider and promoter of health and care to vulnerable individuals and communities.

² IFRC, 1999; [Strategy 2010](#): to improve the lives of vulnerable people by mobilizing the power of humanity, Geneva. IFRC, 2004; [Algiers Plan of Action](#), Geneva. SRCS, 2005, Strategy 2005-2010: A Learning Society, Khartoum.

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- **Disaster management:** The SRCS is recognized as the national leader in integrated disaster preparedness, particularly at the community level; it makes timely contribution towards ensuring that basic needs of people affected by disasters are met and a reasonable standard of life is restored as quickly as possible.
- **Promotion of the Movement's Fundamental Principles and Humanitarian Values:** The SRCS is distinguished from other national organizations to donors and public, for the way it lives its values and principles and is known for standing on the side of vulnerable people.
- **A Well-Functioning Sudanese Red Crescent Society:** The SRCS meets the above mentioned five areas and has growing resources, and credible, transparent and accountable governance and management. The SRCS and its branches are regarded as the partners of choice by governments, other civil society actors and international organizations, and by the communities its serves.

Red Cross and Red Crescent action in Sudan

The SRCS and other Movement actors

The national society is the largest and oldest humanitarian grassroots-based organization in Sudan. It was founded in 1956, and has a volunteer base of 400,000, of whom 10% are estimated to be active. It has 20 branches in 26 states, and is capable of mounting emergency responses in most of parts of the country. The SRCS headquarters has 71 staff, and its branches vary in size and capacity. As an example of the potential for the national society to respond on a timely basis, the government of Sudan requested the SRCS to lead the flood response in 2005, and the Society recruited over 800 volunteers to inoculate over a million people in South Kordofan to fight a yellow fever outbreak at the end of 2005.

It currently manages a number of bilateral relationships with the following partner national societies: Saudi Red Crescent (Primary Health Care and Water in North and South Darfur) Iranian Red Crescent Health care in West Darfur), Spanish Red Cross (emergency intervention projects in water and sanitation, and capacity building in North, South and West Darfur, Blue Nile); Danish Red Cross (WatSan and health in Bahr el Ghazal); German Red Cross (emergency health activities for IDPs in Khartoum State and WatSan and health activities in Sennar, White Nile, Bahr el Ghazal states); Netherlands Red Cross (primary health care in Khartoum, North Kordofan, Kassala and Central Equatoria states as well as HIV and AIDS projects in Khartoum and Kassala); Norwegian Red Cross (WatSan, agriculture and capacity building in Red Sea state; a consortium of Swiss, Norwegian and Swedish Red Cross in Yirol. In addition the SRCS works closely with other agencies including Government Ministries, WFP and UNICEF.

Existing PNS project locations (by States)

PNS	Austrian	Danish	German	Finnish	Iranian	Netherlands	Norwegian	Saudi	Spanish	Swedish	Swiss
West Darfur	✓	✓	✓		✓	✓		✓	✓		✓
South Darfur		✓	✓	✓		✓		✓	✓		
North Darfur			✓					✓	✓		
South Kordofan	✓		✓								
Khartoum State						✓					
Kassala			✓			✓					
Bahr el Ghazal		✓	✓								
Red Sea		✓					✓				
Yirol							✓			✓	✓
Blue Nile									✓		
White Nile			✓								
Port Sudan		✓									
Northern			✓								
Sennar			✓								
Juba						✓					

Note: the PNS community is present in 15 of the 25 states of Sudan.

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The ICRC

The ICRC also has a large presence in Sudan. Following the signing of the CPA, it is currently phasing out of its operations in South Sudan, and transferring assets and programmes to other Movement actors or to the Government of South Sudan, as appropriate. The ICRC has a large programme in the three Darfur states, working in collaboration with the SRCS, as well as with several partner national societies. . It continues to provide strategic guidance and technical support to the Movement partners in situations of armed conflict. It maintains regular coordination meetings on Darfur and ensures regular exchange of information between the SRCS and Movement partners in Sudan. The ICRC supports the SRCS tracing, dissemination and assistance programmes at headquarters and branch level and continues to provide structural support to branches in the Darfur and South Sudan.

The Federation

The Federation is committed to assisting in the process of improving Movement coordination in Sudan, and the capacity of the national society. The Secretary General of the Federation has identified Sudan among a select number of countries where it considers that Movement coordination can significantly increase the impact and quality of Red Cross and Red Crescent work. Through support for reform, and development of an operational alliance, the Federation aims to increase the effectiveness of the Red Cross and Red Crescent in Sudan. To this end, Federation capacity in Khartoum is being strengthened to assist the SRCS and other Movement actors to increase their capacity and impact.

In the south of the country, up to 4,000,000 people who have been displaced may choose to return to their homes from neighboring countries, and internally displaced persons from other parts of Sudan. They will need assistance to return home and to re-establish their lives and livelihoods. They will require respite facilities on their long travel home, and medical attention for the frail, the children, and those who fall ill on the voyage. They need temporary shelter, seeds and tools once they arrive. Training for Red Cross and Red Crescent volunteers can help with mediation when there are disputes with those incomers who may have occupied emptied farms and used the hard assets returnees were forced to leave behind. There is very little infrastructure outside a few garrison towns in the South: no clinics or midwives, no schools or teachers, no clean water source, not even year-round roads or markets. Land mines are an additional hazard for returning families.

Meanwhile, the conflict situation in Darfur has created a further 2,000,000 refugees. Peace in Darfur remains elusive, and donor support for people who cannot return to their homes is not guaranteed for the coming year. Government and other institutions in Sudan have been challenged to cope with the expectations created by the influx of attention and humanitarian support – including the Red Cross Red Crescent Movement.

The SRCS and Movement partners have committed to the following as part of the reform process, and in response to the enormous humanitarian demands and the changing context:

- Following the CPA, the Society has proposed restructuring to permit greater autonomy for branches in the South;
- Five branches in the South have been active during the war years but need capacity building support, and another 6 states will need to have branches established and support to establish capacity to meet the humanitarian needs of returning IDPs, and to help to rebuild their lives. The SRCS and PNS's propose playing a significant role in building primary health care and providing water and sanitation in support of the people and the Government of South Sudan;
- All Movement partners resolved, at the Federation Partnership meetings in April 2005, to share detailed information about their commitments and expenditures, in order to ensure there is no duplication, and in order to support the development of consistent and fair financial policies to apply to funding between the national society and the partner national societies;
- The national society is working in close cooperation with the ICRC and PNS's to address needs of victims of the conflict in Darfur, and in the camps of displaced people in eastern Sudan, where conflict is close to the surface. This has required significant scaling-up of the SRCS's capacity. The SRCS branch in North Darfur, for example, grew from 12 staff to over 500 in order to take on the delivery of food provided by the World Food Programme (WFP) to over 500,000 refugees in 2005;
- The national society and its partners feel that this is an appropriate moment to mount a campaign promoting peace and Humanitarian Values. Local efforts to explain the Red Crescent role and Humanitarian Values have created safer conditions – for example, for food delivery in Darfur – and need to be expanded.

The successful implementation of this programme and appeal is based on the following key assumptions:

- The CPA will remain on track, and further conflicts will be peacefully resolved.

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- Inter-social group cooperation will be promoted, along with good governance, with the active participation of a vibrant civil society.
- The MDG's will serve as the common frame for measuring progress.
- Insecurity and conflict may continue in certain regions.
- The need for critical and large-scale humanitarian support to vulnerable people will remain for a considerable time.
- The ability to deliver assistance and to have access to areas may be limited or restricted, but will improve progressively over time, particularly in South Sudan.
- Large numbers of internally displaced people may move spontaneously.
- A focus on the provision of basic social services will remain a priority (particularly preventive and primary health care).



A march for peace and development: Sudanese Red Crescent volunteers gave extra colour to a workshop in Kassala, East Sudan. Traditional and tribal leaders gathered to discuss how to create conditions for economic and social development. The workshop was organized by the national society with support from the International Federation and the Swedish Red Cross.

Health and Care

Goal: Preventive, curative and emergency health care services at the community level are improved through effective SRCS interventions.

Objective: To provide health and care services appropriate to the changing needs of the most vulnerable.

Expected results:

Based on the existing SRCS Plan of Action in health, the proposed SRCS national health package will:

- Implement facility-based or community-based primary health care health services in South Sudan;
- Building up the SRCS's profile in community health and public health in emergencies through community-based first aid (CBFA) volunteers and community outreach teams, complementary to a slowly expanding national health system in the north and in the south;

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- Consolidation of existing knowledge and management, health policy, volunteer policy and scaling-up capacity and the number of health volunteers;
- Link the health package with branch development (learning from successful SRCS branches).

Health needs are among the most important priorities in the Sudan, and health interventions continue to be one of the core functions of the SRCS. To this end, a health assessment was conducted in September – October 2005, with the objective of understanding the health needs of the vulnerable in the country and how the SRCS and Federation members can provide better support. Specifically, this multi-sector health and water sanitation (WatSan) assessment mission mapped/identified:

- Health and WatSan priorities.
- SRCS capacity in health and WatSan.
- Capacity building opportunities for the SRCS, including public health in emergencies.

“My unit contributes to local happiness by providing special treats and clothing to street kids and to prisoners. I measure our success by the smiles we generate. One of the released prisoners has even become a Red Crescent volunteer.”

Quote from a volunteer in Khartoum

The assessment mission mapped, identified, and analyzed the national health situation, and re-confirmed that there is wide appreciation for the SRCS and its volunteers by all organizations and health authorities. The mission reaffirmed that SRCS volunteers have the trust of communities they work in and of their elders. It concluded that there is great potential for the SRCS and its health activities to become a driving force behind post conflict reconciliation and healing in communities as well as to become the foundation upon which other programme elements can be constructed.

The assessment mission found that the return of IDPs and refugees and their immediate reintegration into home regions in Sudan is one of the highest priorities. In the south, international actors are concerned about the limited capacity to absorb large-scale return movements, and that rapid returns could aggravate local tensions, in terms of access to already limited services and resources. It noted that in Darfur the security situation is continuing to worsen (the team did not visit Darfur branches). The assessment noted the efforts in place to build a new Sudan, and to rebuild the health system. The health needs in Sudan are vast and the tasks daunting. The public health sector is the main health care provider, but in many rural areas, the voluntary sector is the main health services provider. Health needs are greater as one moves away from state capitals.

The health situation in Sudan is highlighted by the number of cases of malaria nation wide. Annually, 7.5 million cases of malaria and 35000 deaths from the disease are recorded in all of Sudan. The South is more affected than North Sudan, and prevention- and control measures are implemented there to a much lesser degree than in the North. The recent National Malaria Survey shows, that 57 % of all households in Sudan have at least 1 mosquito net, but that only 20 % of the available nets are being used. Therefore, behaviour change on household level has become a major operational issue, together with the intensified distribution of bed nets and other control measures.

Regionally, there are large differences in annual incidence rates, due to climatic reasons, but also due to intensified disease prevention efforts in certain regions, such as Darfur, where incidence rates have dropped considerably since 2004.

Malaria remains a killing disease in Sudan, affecting mainly high risk populations, such as children aged under five and the elderly in the South and Darfur, as well as refugees and IDPs. The National Malaria Control Programme in the Federal Ministry of Health is currently redefining the targets of the programme until 2010, but control strategies will remain the same.

The current strategy priorities are:

- Primary treatment of cases on community level through community health workers (CHW) such as RC volunteers,
- Mosquito control measures through large scale distribution of insecticide treated bed nets (ITNs);
- Intensification of a large-scale effort of behaviour change in ITN utilization.

SRCS, together with the Federation, will contribute to the national control efforts through:

- Mobilizing and educating the population through volunteers and public IEC campaigns in the correct use of bed nets

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- Mobilizing RC volunteers as primary treatment providers on village level in priority areas
- Distributing ITNs to high-risk populations in areas with an active RC volunteer programme
- Implementing a combined malaria control programme (ITN distribution and educational programmes) in those areas of South Sudan not covered by the State's MOH together with the non-governmental organization PSI (US), and currently funded through the Multi-Donor Trust Fund (MDTF)

The general assessment recommendation was to shift focus from facility-based primary health to community-based primary care in communities through volunteers and to utilize the already existing CBFA approach for volunteers as a starting point. Emergency services can be addressed in the form of joint community outreach teams (mobile clinics) partnered with MoH staff. Successful examples and experiences, like the recent Kordofan yellow fever inoculation, are available to help with this change in focus.

Working within what is widely acknowledged to be one of the most challenging health emergency situations in the world, the Sudanese Red Crescent Society (SRCS), supported by the International Federation, continues working to overcome current challenges in building or reinforcing its organizational capacity in order to respond to humanitarian needs and to become an effective partner in national efforts to deliver assistance.

The national society (NS) anticipates making solid gains in contributing to a significant change in the socio-political fabric of Sudan including the improvement of health of the most vulnerable. The NS is prepared to take a lead role through the mobilization of its volunteers and to monitor the health situation closely with the Federation's health department to ensure that priorities and programmes reflect the needs of the state branches that have been operating throughout Sudan. The NS is ready to take up this challenge through its large network of volunteers; this activity will be an important building block in health development for the country and will complement the NS's priority to promote Humanitarian Values through the dissemination of the Red Cross and Red Crescent Principles.

Sudan is a large country (which is approximately 35 million), with uneven distribution of its population (population figures suggest 60% live within 300km of Khartoum, the country's capital) and relatively poor infrastructure. Health facilities are scarce, sparse, and do not have the capacity to handle epidemic health situations. Villages are scattered, with no easily accessible health facilities, allowing for poor control and monitoring of any endemic and epidemic disease phenomenon. Rural areas depend most exclusively on regional governmental health systems and on limited support by nongovernmental and international organizations.

The Federation's role, in full cooperation with the SRCS, is to improve outcomes and reduce the burden of endemic and epidemic infectious diseases, and also improve local community access to basic health services. It is understood that reforming and developing local health services require different approaches in different endemic/epidemic contexts. For this purpose, the operational mode of the SRCS is primarily dependant on the efficiency of its volunteers on the ground in managing the outbreaks. Outreach and community-based health interventions are part of the basic package of services in areas experiencing epidemic events.

Currently, the first project in reformulation of the RC volunteers' role in community health is underway in South Kordofan. It is estimated that by end 2006 more than 40 % of all settlements in the State will have access to RC volunteer/health worker services, leading to a substantial improvement in the health care situation and the control of epidemic outbreaks.

The Kordofan experience will be multiplied nation-wide through the national society with a volunteer reform and training programme. It is estimated that by end 2008 the whole of Sudan will be covered. The Red Cross and Red Crescent experience in delivering community-based primary health care in different parts of the country, and learning from that experience is one task of the operational alliance initiative, expected to link with MoH and donor policy and delivery. In addition, the volunteer recruitment, management and training system will be strengthened if the operational alliance invests in and builds capacity to strengthen primary health delivery using a results-based framework. This will be the primary focus of coordination, investment, and learning in the coming year.

The most vulnerable will benefit by reductions in specific diseases: malaria, diarrhoea, eye and skin infections, HIV infection rates, pneumonia and measles. These community-based health activities will be undertaken in collaboration with other organizations, in accordance with Government of Sudan health policy.

The emergency health service in South Sudan will be strengthened through, among other inputs, the continuation of the Yirol programme and integrating it within the Federation management structure. The Yirol programme

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(formerly implemented by the ICRC) is a much needed humanitarian programme implemented by a consortium comprised of the Swedish, Swiss, and Norwegian Red Cross societies in order to further provide much needed services to an estimated population of 400,000, and to prepare the ground for both strengthening health services in this region and assisting with the development of a branch (when the time is right). The project conducted a baseline health survey in 2005. It was followed by a health workshop attended by health authorities and selected community leaders. These two exercises supported the development of a community based Plan of Action which includes water and sanitation activities.

The integration of the Yirol project into the Federation structure is a response by the three PNS's to the effort of establishing operational alliances as well as maximizing the use of resources during the transition period in Sudan. This also forms a key step towards simplifying the administrative procedures, using efficiently the Federation logistics network, securing the provision of adequate equipment and medicine according to international established standards, and reducing the overall operational costs for Red Cross and Red Crescent activities in Sudan. There are currently five delegates in the field and the project works together with 79 staff of the ministries of health, agriculture, and irrigation. Twenty additional support staff is managed directly by the consortium.

Project: social and health care for street children in Khartoum State

Reports indicate that the numbers of street children in Khartoum started to increase rapidly since the early 1980s, when many families moved to Khartoum to escape the war in southern Sudan and the drought afflicting the west. While it is difficult to accurately estimate numbers of street children due to the mobility of this population and the lack of a central registration point, available data suggests that they are in excess of 70,000, with approximately 73% of these living in Khartoum and Gezira state. Boys make up around 86% of those on the streets.

This project will initially target 1,000 street children between the ages of 5 and 18 in seven localities in Khartoum State (Khartoum, Omdurman, Karary, Bahry, Ombada, Jabal Awlia and Sharge Anneel), and aims to provide children at risk with skills and opportunities to improve their situation through participating in SRCS community-based social support, advocacy, health promotion, and counselling programmes. The project will be implemented by volunteers from the SRCS Khartoum State branch through their units in different localities. SRC-Khartoum State branch was established in 1994, and has a network of 21,000 volunteers carrying out health education, training activities as well as participating in national health campaigns. The branches experience includes small scale projects supported by the Global Fund to fight AIDS, Tuberculosis AND Malaria (GFATM), focusing on HIV and AIDS awareness.

Objectives:

- To advocate for street children rights.
- To raise the community awareness towards street children problems.
- To develop orientation and social skills among the street children.
- To promote the awareness of street children towards HIV, AIDS and primary health care.

Summary project table for Health and Care: [<Click here for the detailed logframe>](#)

Project	Project Objective(s)	Expected Results
Project 1. Health and care in the community (targeting an estimated 500,000 vulnerable people).		
CBFA	To provide quality community-based first aid (CBFA) and health-related training.	SRCS has trained 30,000 people in health, including CBFA.
Malaria	To participate actively in the efforts to control malaria.	<ul style="list-style-type: none">• 30% of all pregnant women and children aged under 5 years in targeted areas are sleeping under ITNs.• Community is mobilized in the effort to combat malaria.• The number of trained SRCS Volunteers contributing to malaria prevention activities has increased
HIV and AIDS	To contribute with other partners to reduction of the spread of HIV.	An increase of knowledge of safe sex practices among specific groups in target areas in achieved over two years.
Primary Health Care (PHC) Centres	Ensure ongoing operation of selected essential primary health care facilities	Selected essential PHC projects are supported by the Federation.

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	presently run by Movement partners.	
Responding to waterborne diseases	To contribute to efforts to reduce mortality and morbidity caused by water-borne diseases.	<ul style="list-style-type: none"> • SRCS capacity to plan, implement and monitor water and sanitation programmes is increased. • Increased skill of WatSan activities of target groups. • Support WatSan units with material and equipment.
Project 2: Health and care in emergency response (targeting an estimated 500,000 beneficiaries).		
Emergency health response.	To provide a timely response to health emergencies and mitigate their impact.	Effective mechanisms are in place to prevent health emergencies where possible and to provide a timely response when required.
Project 3: Street children		
Social and health care in Khartoum State.	Support at-risk children through participating in SRCS community-based social support, advocacy, health promotion, and counselling activities.	

Disaster Management

Goal: Assist the SRCS to respond to the emergency needs of intended vulnerable people, and reduce the vulnerability of communities to the threat and impact of natural disasters.

Objective: To strengthen disaster prevention, preparedness, and response capacity through integrated strategies, structures, systems, and activities, as well as the provision of disaster preparedness and response materials.

Sudan will need support for those affected in Darfur – led by ICRC – and also for returnees to South Sudan. But aside from these known needs, Sudan continues to be vulnerable to unpredictable natural disasters such as floods and droughts, as well as health emergencies such as yellow fever, meningitis and cholera outbreaks. The SRCS has prepared a national disaster management plan which includes pre-positioning non-food items (NFI's) for 8,000 families as well as training of targeted volunteers in community preparedness, early warning, and response. The training of volunteers has been directed to communities at high risk of flooding as well as the most food insecure. The SRCS planning will complement the national government's disaster management capacity.

This programme of preparedness and response needs to be continued and strengthened, particularly to increase community ownership and partnership with other humanitarian organizations. The SRCS needs to set up the national, state and local level disaster management structures to implement these areas.

South Sudan: Emergency returnees operation and project

South Sudan continues to reflect some of the worst poverty and socio-economic conditions in Africa. The needs are enormous in the areas of basic infrastructure development, food security, health and water service development, education/construction of schools, livelihood support and recovery. The basic causes of the current situation include neglect and minimal investment during colonial times and after independence, and massive displacements caused by conflicts which have led to loss of lives, property, infrastructure, services and assets.

As a result of the CPA, one of the largest population movements is beginning to take place to an area where the problems are enormous, and the humanitarian needs are massive. Four inter-related phases form the structure of the returnee operation: location of displacement; assistance en route; assistance upon arrival and re-integration support. Each phase involves a variety of overlapping risks and challenges and requires support mechanisms to ensure security of the returnees, health and welfare en route, to facilitate their re-integration into their communities and the re-building of sustainable livelihoods. The programme framework recognizes these different phases and interventions are designed accordingly with a focus on:

- Information collection, management and promotion;
- Assistance to vulnerable returnees en route to their final destination;
- Targeted and integrated community interventions with particular emphasis on water and health and distribution of productive assets and NFI's;
- Extension of SRCS's branch network and activities to all southern states;
- Support to minor emergencies such as the cholera outbreak.

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Since 7 November 2005, the Federation has been implementing an Emergency Operation to assist returnees in the south. The activities envisioned in the [Emergency Appeal No. 05EA025](#) will be incorporated into this larger Sudan appeal (an operations update reflecting activities implemented, progress made, impact achieved, and the interim financial status of the appeal will be issued separately, shortly).

The returnee operation, targeting an estimated 900,000 beneficiaries, is based on the following goal/objectives:

Goal: Through assistance to the SRCS, contribute towards improvement of the health status and food security of the returnees and affected communities.

Operational objectives:

- Provide timely and accurate information which will help people make informed decisions on when and how to return or settle in the area of their choice in close collaboration with partners and to inform operational planning of SRCS and other organizations.
- Provide essential NFI's to particularly vulnerable groups passing through 8 way stations.
- Improve the health status of the returnees and host communities through provision of basic health care services, primary health education, WatSan and health posts at 8 way stations and 4 mobile clinics.
- Provide essential WatSan services at eight way stations.
- Improve the health education and status of returnees and host communities through provision of CBFA and health education.
- Improve the livelihood/food security situation of returnees and host communities through sustainable recovery interventions.
- Improve the health situation and practices in water management and hygiene for returnees and host communities through provision of clean water, sanitation facilities and hygiene education.
- Ensure that logistical facilities are in place and comply with Federation guidelines as well as distribute kits of NFI's to returnee families.
- Improve food security situation of returnees and host communities in high risk locations through the distribution of food items and implement food-for-work projects, in cooperation with WFP.
- Strengthen the capacity of SRCS branches in Juba, Wau, Malakal, Bantiu, Raja, Ed Damazin and Kaduguli and to establish new branches in Bor, Pibor, Torit, Aweil and Rumbek.
- Assist SRCS and the Sudan Federation delegation in the management of the PoA through the monitoring and reporting with partners and stakeholders.

A consultative PoA was drawn by working groups from the Returnee Assessment Team, including branch directors from the South, the southern branches coordinator and senior national headquarters staff (it is accessible on <https://www-secure.ifrc.org/dmis/response/operations/ops.asp#sudan>). This PoA focuses on four strategic areas: information management; assistance en route; assistance at final destination and organizational development. The strategy will be to first focus on branches having the highest number of anticipated returns and assisting the national society to develop new branches in key areas. The locations for the programme will focus on Western Bahr-El-Ghazal, Central Equatoria, Upper Nile, White Nile, Unity, Blue Nile, South Kordofan as well as East and West Equatoria states. Its implementation will be determined by strengthened management arrangements for the Sudanese Red Crescent Society. Active involvement of the branch directors through the facilitation of the national society's headquarters and the southern branches coordinator is critical. The Federation structure to support the implementation is based on the roles of movement coordination, technical support, branch development and logistics support. Therefore it was envisioned that the Federation required a sub-delegation in Juba, field offices/logistics bases in Malakal and Wau and possibly elsewhere. PNS support for this PoA, whether multilateral or bilateral, is vital. New operational alliances need to be agreed in order to make best use of PNS experience, presence and resources.

While the SRCS has a wide network at the community level, including 5 branches and a number of satellite offices in the south, the main challenge is to prioritize the delivery of assistance and support to returnees and the host communities so that they have access to basic needs, and can reduce their vulnerability to potential risks. This will require increased capacity at branch level and training of officers and volunteers. At the moment, most experience and capacity is vested in the national society's headquarters and there will be a need for additional technical capacity at branch level.

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Food security

Food security programmes are to be linked, although not exclusively, to the already existing bilateral projects that are benefiting from SRCS staff and volunteers in Red Sea, Kassala and Darfur states as well as in Southern Sudan.

Summary project table for Disaster Management: [<Click here for the detailed logframe>](#)

Project	Project Objective(s)	Expected Results
Project 1. DM Capacity Building		
Disaster management programmes.	Strengthen the capacity of the SRCS to carry out disaster management programmes.	<ul style="list-style-type: none"> SRCS has developed disaster preparedness plans, conducted vulnerability and capacity assessments in high-risk locations and improved response mechanisms. Disaster management IT and telecommunications systems have been developed which improve rapid passage of DM information. Community-based risk reduction (CBRR) projects for recurrent disasters are increasing community-level understanding of and commitment to risk reduction.
Project 2: Disaster Response (targeting an estimated 300,000 vulnerable people).		
	Respond to the needs of identified vulnerable communities, including IDPs and returnees.	<ul style="list-style-type: none"> IDPs in Sudan, including Darfur, are assisted to voluntarily return and resettle in their places of origin. Improved readiness for population movements at national and branch level. SRCS has sufficient logistics management capacity and DP stocks to provide efficient and effective response to disasters.
Project 3: Medium–longer term livelihood/food security (targeting an estimated 300,000 vulnerable people).		
	Improving the resilience of IDPs, returnees and host communities	<ul style="list-style-type: none"> IDPs/returnees who have returned to their settlement areas are supported with sustainable livelihood (proposals to be submitted in due course after an assessment).

Humanitarian Values

Goal: Red Cross and Red Crescent Fundamental Principles and Humanitarian Values are known and respected throughout Sudan, leading to a reduction in discrimination against vulnerable groups.

Objective: To support the SRCS by increasing its capacity to promote Red Cross and Red Crescent Fundamental Principles and Humanitarian Values.

The SRCS has viewed Humanitarian Values as a cross-cutting theme in recent years, but now the time is ripe to deepen and expand this programme in two ways. Recent efforts to reach out to IDPs in North Darfur to explain the mandate and values of the Movement as an impartial, neutral and independent humanitarian actor have resulted in decreased violence and obstruction in the delivery of relief to people in IDP camps. This educational work should be funded to be expanded throughout Darfur.

People across the Sudan are telling SRCS staff and volunteers that they are tired of violence by all parties. They want the promise of the North-South peace agreement to be fulfilled throughout the country. This offers an opportunity for the SRCS to mount a campaign to promote those who are acting for peace. Whether it is a Dinka Bor Chief who refuses to retaliate for stolen cattle, saying they were ‘just lost’ during the trek home, or a boy who mediates dispute among his playmates, the SRCS can promote and honour peace-builders in communities throughout the country using contests, awards, and a public media campaign. The SRCS, with Federation support, has held a conference in Red Sea State and Kasala, inviting prominent leaders from different communities to come together to consider strategies for embedding peace throughout the nation. A preliminary slogan for such a campaign developed by SRCS staff is: “Talk, don’t fight”.

Darfur: Capacity building and humanitarian support

Darfur remains one of the world’s most acute political and humanitarian crises, and recurrent violations of the

“Our vehicles were coming under attack and our staff were threatened when we made food deliveries. So we stopped delivering, and said we would only come back after a workshop on the principles and values of the Red Crescent. At first, communities said they only wanted the food, but I held firm, and after the workshop, the attacks and intimidation stopped. Some of the refugees even came up to us and said they wanted to become Red Crescent volunteers.”

Quote from North Darfur Branch Manager Barakat.

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Ceasefire Agreement do not provide a conducive atmosphere for the peace negotiations, nor the delivery of assistance and protection to the internally displaced. Violence and fighting continue to force people to flee their homes and seek shelter in the mountains or close to the border with Chad. The sheer volume of needs in the Darfur provinces, coupled with the fluidity of the security situation and the logistical difficulties, has been a constant challenge for international humanitarian agencies – sometimes struggling to invent new approaches to gain access and deliver assistance to those affected by the conflict. In this situation, the Red Cross/Red Crescent provides a comparative advantage in provided a solid base for focused and adequate humanitarian assistance.

The situation in Darfur largely determines the activities carried out by the SRCS branches in El Fashir, Nyala and El-Geneina. Cooperation with the ICRC and partner societies, WFP and others is closely linked to facilitation of the ongoing emergency and short-term humanitarian needs. The SRCS has invited the Federation to support an assessment and to deliver recommendations for a PoA with the purpose to build capacity and well-functioning branches in Darfur. The ICRC welcomes this initiative, and the also as an important contribution to more effective and enhanced cooperation with the SRCS.

The Federation’s plan to support the Darfur branches will reflect the features of the Pan-Sudan approach and the Operational Alliance concept to the extent possible in the current conflict situation. The national role of the volunteers in community health, disaster management and Humanitarian Values are at the heart of the efforts.

Summary project table for Humanitarian Values: [<Click here for the detailed logframe>](#)

Project	Project Objective(s)	Expected Results
Project 1. Dissemination (targeting an estimated 500,000 vulnerable people).		
Movement Humanitarian Values and Fundamental Principles.	Increase awareness and respect for the Movement’s Humanitarian Values and Fundamental Principles in support of peace-building processes throughout Sudan.	<ul style="list-style-type: none"> • SRCS members, governance, volunteers, media, government and the general population in all states with branches have a better understanding of RC/RC Principles and values, IHL and transition to peace. • Dissemination activities have been extended into previous conflict areas. • Higher profile for SRCS is achieved.
Project 2: Public relations and promotion of SRCS services		
Increase awareness of SRCS.	Increase awareness of the SRCS activities and services, and thereby build support for fundraising.	<ul style="list-style-type: none"> • The capacity of the department of information and public relation is strengthened. • Wider public awareness and increasing number of clients for the tracing service. • Fundraising concept is better understood, accepted and responded to by SRCS management, governance, volunteers and community.

Organizational Development

Goal: The SRCS is consistently achieving its mission and vision, and its capacity to deliver effective programmes addressing local vulnerabilities in the intended sectors is strengthened, contributing to improving the lives of the most vulnerable.

Objective: The SRCS has strengthened its management capacity to deliver effective programmes that address local vulnerabilities.

The SRCS will continue to place a priority on strengthening its capacity to deliver quality programmes and to build a sound, trusted and well-run national society. The challenges for the coming years will be to:

- Develop a performance management framework to translate the SRCS strategic directions into an operational plan;
- Build on the momentum of the meeting with all Branch leaders to ensure improved coordination and support to all branches;
- Approve and implement a new structure reflecting the new division of government responsibilities between North and South Sudan;
- Complete outstanding audits and improve the finance department’s ability to administer and manage;
- Ensure that senior SRCS managers work together as a team and organization-wide priorities are delivered;

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- Strengthen the human resources management within the NS as well as put in place and implement transparent human resource (HR) policies and procedures;
- Build-up local sources of revenue and position the SRCS for larger partnerships.

These challenges sound routine, but the real test is to shift from the current way of working which divides and drains the national society and its branches, and which results in well-intentioned but fragmented and often unsustainable efforts, to an enabling environment that provides an opportunity to make long-term investments. This shift will require resources to help all movement actors to collectively manage for results at a programme level, and to influence donor and government policies at the national level. The organizational development (OD) challenges will only be met with substantial financial, moral and human resources support through this Appeal.

The key to entering a new phase of effective performance for all partners in Movement will be the investment in organizational development for all actors through an operational alliance led through this Appeal, and the ongoing commitment of the Federation and its members.

"I became a volunteer leader because my mother required injections, and I learned how to administer them through the Red Crescent programme. I'm now heading up my local unit."

Quote from a volunteer from Khartoum Branch.

At present, over 90% of the Movement resources for Sudan are directed to particular smaller localities –

"We've taken on malaria control in our unit. Because of our education and cleanup campaigns, our unit has the lowest malaria rate in Khartoum State, according to the Ministry of Health."

Quote from volunteer from Khartoum State.

whether in Darfur, the South, or the east of Sudan. This means that the national capacity to recruit, train, manage, recognize and build on the good will and cultural tradition of volunteering cannot be built on to strengthen communities equally, or even to respond in emergencies. What works as a relatively self-managing volunteer system in Khartoum state, where educated volunteer leaders are more plentiful, will not be identical to systems for rural, impoverished areas. Maintaining, renewing and strengthening its volunteer systems are the foundation of Red Crescent

strength, viability, and ability to respond to emergencies. They are also the key to independence, visibility, public credibility, and therefore local resource development.

The SRCS has not been able to invest in its national volunteer systems for a number of years, and as a result, capacity has been built mainly in branches in urban areas and in areas where there are disasters/refugee camps. This has a potentially divisive effect among have and have-not branches, and also generates stress between the national society and its branches.

An important aspect of the OD investment will therefore be to rebuild the national volunteer management systems by addressing one volunteer-led dimension of health programming at a national level. This will require diagnosing the strengths and vulnerabilities of the present system, designing what is needed to build a robust and sustainable system, piloting and delivering nationwide volunteer programming – including the management system – to ensure ongoing quality. It will also require funding to complete outstanding audits and to computerize the financial management system. Computerization has been stalled for over a year because of lack of funding, which in turn slowed down the audit process. Purchasing computer hardware and software, as well as training and installation, is included in this Appeal.

Summary project table for Organizational Development: <[Click here for the detailed logframe](#)>

Project	Project Objective(s)	Expected Results
Project 1. Branch development.		
Expand scope of SRCS.	Expand the presence of the SRCS throughout the territory of Sudan and increase the capacity of its volunteers.	<ul style="list-style-type: none"> • SRCS has active branches in all States. • Volunteer management systems are improved and/or adopted in all branches.
Project 2: Programme management capacity building.		
	Increase the effectiveness and efficiency of the SRCS in all aspects of programme management to provide timely response to health emergencies	<ul style="list-style-type: none"> • Capacity of SRCS (at headquarters and branch levels) increases in the following areas: Proposal and proposal writing; resource development; strategic planning; management; project evaluation.

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	and mitigate their impacts	<ul style="list-style-type: none">• Effective mechanisms are in place to prevent health emergencies.
	Develop the concept of programme over project and outcome focused strategic development.	<ul style="list-style-type: none">• The focus of the SRCS moves from projects to integrated programmes.• Sharing of information, experience and knowledge between the SRCS and its partners increases.
Project 3: Financial sustainability		
	SRCS financial management and resource development are strengthened, promoting sustainability	<ul style="list-style-type: none">• SRCS is able to generate funds locally in support of its strategic programme.• SRCS financial management systems are strengthened at HQ and branches.
Project 4: Human resources		
	SRCS has increased its efficiency to guarantee a high quality staff and their retention.	<ul style="list-style-type: none">• SRCS strengthens its human resource (HR) management as well as puts in place and implements transparent HR policies and procedures.

Federation implementation and coordination

The Federation has made a considerable initial investment in coordination capacity for Sudan, foremost by resourcing the delegation in Khartoum and the new sub-delegation in Juba. The basic coordination approach and division of roles and responsibilities in Sudan rests on the Seville Agreement and its Supplementary Measures, with ICRC taking a lead in the coordination for Darfur. Roles and responsibilities of the different Movement components are outlined in an MoU that is being updated.

The Federation delegation has significantly enhanced its capacity in times of emergencies in addition to enabling it to take forward long-term development initiatives. However, the scaling up operations in Sudan – a very large country with difficult and different political and logistical challenges – requires a critical amount of support from the membership and its back donors, which has not yet materialized. The Operational Alliance concept aims at bringing the Movement and other stakeholders on board to safeguard the investments already done and to deliver quality support and scale up in all core areas.

Budget summary

See Annex for details.

Susan Johnson
Director
National Society and Field Support Division

Markku Niskala
Secretary General

For further information concerning Federation programmes or operations in this or other countries, or for national society profiles, please visit the Federation's website at <http://www.ifrc.org>

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[Appeal budget below; click here to return to the title page.](#)

PROGRAMME BUDGETS SUMMARY

Appeal no.(s) selected: MAASD001

Delegation code(s) selected: SD

PROGRAMME:	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total CHF
	CHF	CHF	CHF	CHF	CHF	CHF	
Shelter	625,000	1,291,680	0	1,500,000	0	0	3,416,680
Construction	0	0	0	952,000	0	0	952,000
Clothing & Textiles	682,500	897,500	0	0	0	0	1,580,000
Food	0	0	0	0	0	0	0
Seeds & Plants	0	0	0	0	0	0	0
Water & Sanitation	2,038,970	1,250,000	0	0	0	0	3,288,970
Medical & First Aid	3,144,000	50,000	0	0	0	0	3,194,000
Teaching Materials	2,000	0	0	0	0	0	2,000
Utensils & tools	1,650,000	1,150,000	0	0	0	0	2,800,000
Other Supplies & Services	54,800	16,400	0	0	0	0	71,200
SUPPLIES	8,197,270	4,655,580	0	2,452,000	0	0	15,304,850
Land & Buildings	0	0	0	0	0	0	0
Vehicles	200,000	1,380,000	52,000	295,000	0	0	1,927,000
Computers & Telecom	50,000	745,250	322,100	515,500	68,000	0	1,700,850
Medical equipment	5,000	0	0	0	0	0	5,000
Other Equipment	0	0	16,000	50,000	0	0	66,000
LAND, VEHICLES & EQUIPMEN	255,000	2,125,250	390,100	860,500	68,000	0	3,698,850
Storage	93,900	100,000	6,000	18,000	0	0	217,900
Distribution & Monitoring	200,000	120,000	0	0	0	0	320,000
Transport & Vehicles cost	47,000	342,815	0	0	68,580	0	458,395
TRANSPORT & STORAGE	340,900	562,815	6,000	18,000	68,580	0	996,295
International Staff	957,600	366,000	217,200	361,200	424,800	0	2,326,800
Regionally Deployed Staff	0	0	0	0	0	0	0
National staff	350,000	50,000	0	0	338,000	0	738,000
National Society Staff	99,000	320,000	87,200	941,802	0	0	1,448,002
Consultants	0	25,000	0	9,000	60,000	0	94,000
PERSONNEL	1,406,600	761,000	304,400	1,312,002	822,800	0	4,606,802
Workshops & Training	2,559,000	1,032,000	419,400	365,400	0	0	4,375,800
WORKSHOPS & TRAINING	2,559,000	1,032,000	419,400	365,400	0	0	4,375,800
Travel & related expenses	28,000	108,500	10,000	280,000	25,000	0	451,500
Information & Public Rela	210,000	0	370,180	50,000	0	0	630,180
Office Running Costs	233,600	216,000	64,000	70,000	174,000	0	757,600
Communication Costs	12,000	19,500	18,000	0	45,000	0	94,500
Professional Fees	0	0	0	0	0	0	0
Other General Expenses	181,200	105,000	85,000	85,000	0	0	456,200
GENERAL EXPENDITURE	664,800	449,000	547,180	485,000	244,000	0	2,389,980
Asset Depreciation	0	0	0	0	0	0	0
DEPRECIATION	0	0	0	0	0	0	0
Contributions & Transfers	0	0	0	0	0	0	0
CONTRIBUTIONS & TRANSFERS	0	0	0	0	0	0	0
Programme Support	933,189	666,382	115,893	381,859	83,657	0	2,180,981
PROGRAMME SUPPORT	933,189	666,382	115,893	381,859	83,657	0	2,180,981
TOTAL BUDGET:	14,356,759	10,252,027	1,782,973	5,874,761	1,287,037	0	33,553,558