

Plan 2010-2011



SUDAN

Executive Summary

Hundreds of thousands of people in Sudan continue to live in utter deprivation without access to safe drinking water, food, health care, education and decent shelter. One of the top priorities identified by the National Society is reducing vulnerability of the targeted communities to climatic shocks and related epidemics. As an indigenous organization working in communities, from which it springs, the SRCS believes it can achieve tangible results through fostering local capacities to prepare for, cope with and respond to disasters. Inefficiency and ineffectiveness of early warning systems that can trigger community action is seen as one crucial gap. Gaps are identified in the SRCS organizational preparedness as well. Evaluation of the recent disaster response operations recommended investing more into improved communication, logistical and technical capacities of the National Society. The lack of contingency plans and emergency stocks has emerged as another serious loophole, which will be addressed through the disaster management programme.



Map of Sudan¹

The **National Community Health Volunteer Programme (NCHVP)**, which was first piloted in 2006, has become the backbone of the SRCS health and care work. Discussions are ongoing to forge operational alliances between the SRCS and its sister National Societies (who work bilaterally in Sudan) to harmonize approaches based on the NCHVP framework.

The **organizational development (OD)** programme will support the ongoing reform process in the SRCS. The areas prioritized for the Federation support include: SRCS branch development – establishment of new branches in the areas where the SRCS has no formal presence yet (in south Sudan) and improving governance and management functions in the 10 selected existing branches; strengthening programme planning, monitoring, evaluation and reporting functions; modernizing financial accounting and; strengthening human resource management and reinforcing the role of youth in SRCS as well as basic values and attitudes towards volunteering.

Through all its programmes, the SRCS will attempt to influence the behaviour of the people it works with to reduce any form of discrimination on the basis of nationality, race, gender, religious beliefs, class or political opinions. Sessions on the Movement's Fundamental Principles, as well as messages on diversity and non-discrimination will be incorporated in all training initiatives for staff, volunteers, community members and their leaders. SRCS is also planning to organise at least one campaign a year to promote peaceful co-existence

The total 2010-2011 budget is CHF 4,888,422 (USD 4,611,718 or EUR 3,258,948)

[<Click here to go directly to the attached summary budgets of the plan>](#)

¹ http://upload.wikimedia.org/wikipedia/commons/6/6e/Darfur_map.png

Country Context

Hundreds of thousands of people in Sudan continue to live in utter deprivation without access to safe drinking water, food, health care, education and a decent shelter. Most of the country's 35 million people survive on less than one US dollar a day.² Life expectancy at birth is 61 years for women and 59 for men (WHO, 2006). More than half of the women in Sudan are illiterate, as are three out of ten men. Despite efforts that have increased the number of children receiving basic education, many remain out of school. One in twelve mothers is at risk of dying of maternal causes. Infant mortality rate is 150 per 1,000 live born babies and one out of four children never reaches the age of five years of age. In some areas the immunisation coverage is close to only 10 percent.

High levels of poverty, combined with insecurity, population displacement, and disruption of social services have increased the population's vulnerability to the risk of diseases. It is estimated around 600,000 people are living with HIV and AIDS in Sudan (i.e., 2.6 per cent of the population). Various assessments show that the knowledge about transmission and preventive measures is very poor. More than 95% of infections are through heterosexual transmission. Less than one per cent of the population uses condoms. A total of 34,000 people died of AIDS in 2007. Cultural beliefs and fear of rejection discourage people from seeking volunteer counselling and testing, and HIV and AIDS is growing into a silent epidemic.

Meanwhile, the leading cause of morbidity and mortality in Sudan is malaria. Annually some 7.5 million people are affected, of which 35,000 die. Symptomatic malaria accounts for 20–40 percent of outpatient clinic visits and approximately 30 percent of hospital admissions (www.who.org). The entire population of Sudan is at risk of the disease, although to different degrees. In the northern, eastern and western states malaria is mainly low to moderate with predominantly seasonal transmission and epidemic outbreaks. In southern Sudan, malaria is moderate to high or highly intense, generally with perennial transmission. In 2001, the government developed a national 10-year strategic plan; in 2002, the Malaria Free Initiative was launched; in 2003, a plan was developed for scaling up the use of insecticide treated nets (ITN) including using communication for behavioural impact; but the lack of resources constrained the efforts. Estimates of ITN coverage from the most recent national survey are 20 percent of the population (www.who.org). The government of Sudan relies heavily on the partnerships with non-governmental organisations (NGO).

Preventable diseases kill unacceptably high number of people in Sudan. In 2007, severe outbreaks of acute watery diarrhoea (AWD) and the Rift Valley Fever (RVF) killed nearly 200 people. Another, 1,000 people were killed and over 12,000 people were affected by meningitis, another highly contagious yet preventable disease. The governmental health policy advocates pro-poor and free of charge health services and promotes equity and community ownership. Yet there are few peripheral clinics in villages and most of them are not functional or are closed most of the time due to the acute shortage of human as well as financial and material resources.

Near to 40 percent of the population in Sudan does not have sustainable access to safe drinking water while only 24 percent have access to improved sanitation. In urban areas the statistics are

Population (millions)	36.9
Persons living with HIV, adults (%)	1.6
Malaria cases (per 100,000)	13934
Population with access to improved sanitation (%)	34
TB cases (per 100,000)	400
Under-five mortality rate (per 1,000 live births)	20
Life expectancy at birth (years)	57.4
Adult literacy rate (% ages 15 and older)	60.9
Combined primary, secondary and tertiary gross enrolment ratio (%)	37.3
GDP per capita (PPP US\$)	2,083
Human Poverty Index (HPI-1)	34.4
People without access to an improved water source (%)	30
Children underweight for age(% ages 0-5)	41

National Human development index: Sudan

² Source: [WFP annual needs and livelihoods assessment report 2007](#)

equally disturbing: 22 percent and 50 percent, respectively. This causes an unacceptably high number of people to suffer and die. Risks are higher for women and children as they often walk long distances to fetch water for their families. 35 percent of deaths among infants are caused by WatSan related diseases. A growing concern is the impact of the HIV and AIDS pandemic, which is creating greater and in many cases more specific demands for access to safe water and sanitation particularly to those living with and caring for people with HIV and AIDS.

Hunger and malnutrition are another greatest problem affecting many in Sudan. About 17 percent of children under the age of five are underweight. The situation is the result of a combination of inter-related problems that range from poverty, population growth, and chronic lack of access to safe water, to poor policy decisions and adverse weather patterns that affect the poorest most painfully. The past two years have brought the highest number of weather related disasters over the decade. Between 1990 and 2001, Sudan experienced six major floods, which affected over 1.5 million people. Flooding in August 2003 affected 200,000 people. In 2006-2007, torrential rains caused massive flooding across Horn of Africa. The consequences were tragic for many. In Sudan, 120 people were killed and nearly 500,000 were adversely affected.

Natural hazards, sadly, are often compounded by man-made disasters. Sudan has probably the most complex setting on the continent. For most of its fifty years of independence, the country suffered internal conflicts. The Comprehensive Peace Agreement (CPA) between the Government of Sudan and the Sudan People's Liberation Movement (SPLM), holds but just. Recent clashes in Abyei, on Sudan's north-south fault line, threaten to undermine the fragile peace. Some 50,000 civilians fled town for the safety of Agok and surrounding areas following the outbreak of violence in May 2008 between the Sudan People's Liberation Army (SPLA) and Sudan Alliance Forces (SAF); a stark reminder that some two million were killed and four million displaced during the long conflict that ended in 2005. Many of those who fled had only recently returned to Abyei in the hope of resuming normal lives after years of conflict. Future is uncertain. There are growing fears that the entire peace accord that has kept an edgy calm between north and south for the past three years could dissolve in a bloodbath especially as the country prepares for the election in 2010 and referendum on 2011.

Reports from Sudan's western region of Darfur are equally disturbing. The situation remains volatile and humanitarian needs daunting. According to the UN's Children's Fund (UNICEF), in North Darfur, a comparatively peaceful part of the region, malnutrition, mortality rates and access to clean water have all worsened again after improving somewhat since the height of fighting in 2004.

While the tensions and conflicts in Darfur are currently in the headlines, the UN Environment Programme (UNEP) warns that other parts of the Sudan could see resummptions of historical clashes driven in part by declines in environmental services (www.unep.org). The most serious concerns, according to the UNEP, are land degradation, desertification and the spread of deserts southwards by an average of 100 km over the past four decades. These are linked with factors including overgrazing of fragile soils by a livestock population that has exploded from close to 27 million animals to around 135 million now. Many sensitive areas are also experiencing a deforestation crisis.

Meanwhile, there is mounting evidence of long-term regional climate change in several parts of the country. This is witnessed by a very irregular but marked decline in rainfall, for which the clearest indications are found in Kordofan and Darfur states. Climate models for Northern Kordofan indicate that temperatures are set to rise by 0.5 degrees C to 1.5 degrees C by 2030 and 2060 with an average rainfall decline of five per cent. The impacts are likely to be disastrous.

National Society priorities and current work with partners

Health care

The National Community Health Volunteer Programme (NCHVP), which was first piloted in 2006, has become the backbone of the SRCS health and care work. The programme attempts to build the local capacities to deal with most common health risks and supports:

- Basic and introductory training on community-based first aid (CBFA).
- Training on prevention and control of prevailing infectious and endemic diseases with a focus on malaria, water borne and water related diseases.
- Training of community-based action teams to respond to the needs of those affected by disaster.
- Community-based action to reduce the risk of HIV/AIDS transmission (peer education, improved care and support for people infected and affected by the disease).
- Community-based action to increase access to safe water and sanitation via water drilling, well and latrine construction, and community education.
- Recruitment of voluntary non-remunerated blood donors via community mobilization.

In 2006-2008, community mobilization started in ten of Sudan's 25 states. In 2010-2011, SRCS plans to consolidate and expand the programme but not only in terms of geographic coverage. Essentially, attention will be directed towards improving the quality of volunteer training and community-based work. Developing a coherent approach to volunteer management will be crucial, as well as cementing local community ownership of the programme.

Beyond the immediate impact the programme is having on reducing the vulnerability via knowledge transfer and support of locally-driven action, the programme is an effort to move away from disjointed ad hoc project-based interventions to a common framework for the SRCS and its partners to achieve greater results to alleviate human suffering in the country with daunting humanitarian needs. The SRCS believes it is important all Partner National Societies (PNS) supported projects (eight PNS support currently health projects in various parts of Sudan) are aligned with the NCHVP. Discussions are ongoing to forge operational alliances with sister National Societies to harmonize approaches based on the common framework. The Federation Secretariat support is sought for programme implementation in the branches, where no other international partners are engaged.

Disaster Management

(a) Community-based disaster preparedness and response

Sudan is extremely vulnerable to various hazards that affect hundreds of thousands of people every year. Yet local coping mechanisms are weak, undermined by poverty, chronic lack of basic services – health care, adequate sanitation, and safe water supply, recurring climatic shocks and related epidemics, as well as political instability within the country and its surrounding region, which has direct repercussions on lives in Sudan.

There are a number international organisations operating in Sudan, yet very few have a grassroots presence to engage with the local communities and foster local capacities to prepare for, cope with and respond to disasters. Reducing vulnerability of the targeted communities to climatic shocks and related epidemics is one of the top priorities for the SRCS. As an indigenous organisation working in communities, from which it springs, the SRCS believes it can make a difference and achieve tangible results. It, therefore, plans to improve and scale up community based risk reduction work. Inefficiency and ineffectiveness of early warning systems that can trigger community action is seen as one crucial gap, which the SRCS will attempt to address.

SRCS is uniquely placed to act at policy level as well: as an auxiliary to the Government of Sudan, it can advocate to government authorities to take measures to mitigate impact of disasters. The SRCS is committed to pursuing this role vigorously in the coming years.

(b) Strengthening SRCS organisational disaster management capacities

Gaps are identified in the SRCS organisational preparedness for disasters as well. Evaluation of the recent disaster response operations recommended investing into improved communication, logistical and technical capacities of the National Society. The lack of contingency plans and emergency stocks has emerged as another serious loophole. SRCS plans for 2010-2011 therefore include:

- Updating of DM policies and strategy.
- Development of contingency plans.
- Strengthening of SRCS logistics management capacities at national and branch levels.
- Improving of SRCS communication capacities (installation of radio and IT equipment and training).
- Refresher training for SRCS assessment and disaster response teams.
- Introduction of a more structured approach to psychosocial support to victims of disasters, the absence of which has emerged as one lesson learned from the 2007 flood response operation.
- Strengthening of emergency water and sanitation response capacities of SRCS via training of professional emergency WatSan teams, which will be ready to deploy within 48 hours to a disaster area within the country.

(c) Food Security

Sudan's current food emergency is the result of a combination of inter-related problems that range from poverty, adverse weather patterns, population growth, environmental degradation, chronic lack of access to safe water and disease prevalence, to civil conflict and poor policy decisions. The widespread HIV pandemic is deepening the crises. All dimensions of food security – availability, access and use of food – are affected. Female morbidity and mortality has a particularly dramatic impact on the family. A multi-sector approach is, therefore, required to address the underlying causes of the crises. Strengthening resilience to recurring climatic shocks will be essential to mitigate the impact of cyclical food insecurity. Equally essential is to build the capacity at community level to identify the problem, analyze the information and design solutions in order to prevent famine. Such capacity either does not exist or is not adequately utilized.

At the 5th Pan African conference of African Red Cross and Red Crescent Societies held in Ouagadougou in 2000, the SRCS declared food security as its strategic priority for the first decade of the new millennium. At the 6th Pan African conference in Algiers 2004, it reaffirmed this strategy to scale up longer term food security support to the vulnerable. The SRCS is now developing a plan, which will outline its vision and priorities for the coming five years. The plan will be implemented in bilateral and/or multi-lateral partnerships. The Federation Secretariat support is sought by the SRCS to fill the essential gaps in the areas, where no other international actors are engaged. The programmes will adopt a multi-sector approach to link livelihoods development (agriculture/livestock) with health, education, water and sanitation strategies.

Organizational Development

In recent years, the SRCS, supported by the Secretariat of the International Federation of Red Cross and Red Crescent Societies, and partner National Societies, has embarked on an internal restructuring process, the ultimate goal of which is to provide those in need with better services. Changes are being introduced in the way the National Society is organised and works, both at national and branch levels. SRCS strives to be relevant, efficient and responsive to local needs. A number of policies and internal guidelines have been adopted in the last couple of years including the finance policy; regulations on staff recruitment, branch management and elections, and audit procedures. To focus the National Society's programmes, SRCS strategic plan was developed and adopted by the central committee. The task now is to translate these policies into action. The plan for 2010-2011 is to improve:

- Branch operational capacities.
- Financial management.
- Human resource management.
- Programme planning, monitoring, evaluation and reporting at all levels of the SRCS.

(a) Branch development

Priorities for 2010 and 2011 include expanding the operational presence to all 25 states. The focus will be on the south, in the areas where the SRCS does not yet have formal structures. The process will be guided by the South Sudan Development Plan, which is being developed in consultation with all key stakeholders to achieve a shared vision and understanding of the approaches. Sister National Societies working bilaterally and/or multilaterally in Sudan will be invited to join the Operational Alliance to support the SRCS in implementing the plan. The operational alliance is a cooperation framework, which underlines the lead role of the SRCS in defining its own priorities and aims at securing efficiency and effectiveness in implementation of a common framework via division of roles and responsibilities between the various actors.

SRCS also says it is vitally important to scale up capacities of the long-existing branches as well, capacities of which vary. Some are very strong with well established structures, systems, procedures, qualified staff and well motivated volunteers. Other branches are less dynamic with limited activities in their communities. They need a tailored support in the areas of governance (briefing of governance on SRCS policies, statutes, Red Cross Red Crescent Fundamental Principles); human resource management (including training for staff and volunteers), and programme planning, monitoring, evaluation and reporting. These branches have limited experience of cooperation with international partners and face institutional and programmatic constraints that impair the capability of the National Society to function effectively and to deliver expanded programmes. In an effort to boost the capacities of the less developed branches, the SRCS encourages branch twinning with neighbouring sister National Societies. Quarterly meetings of SRCS branch directors, introduced recently by the SRCS, will also contribute to improved management and facilitate exchange of experiences both vertically and horizontally within the SRCS.

(b) Financial management development

The SRCS receives bilateral and multi-lateral funding from a number of sources. Yet the Society does its accounting manually, which delays the implementation and reporting to donors undermining the tremendous achievements of the SRCS on the ground, damaging the reputation of the organisation and often resulting in the loss of funds, which could have benefited more vulnerable in Sudan. The SRCS is committed to shifting from manual to computer-based accounting system. The move, the SRCS believes, will provide it a clearer overview of the SRCS financial situation, which will eventually contribute to better planning and management of the operations for the benefit of the vulnerable. It will also help improve the timeliness and streamline the chain of financial reports to SRCS various donors, who operate currently in a stand-alone system. In 2008, the Federation Secretariat procured an accounting software and equipment for the SRCS HQ and seven branches, where the project was first piloted. SRCS staff and volunteers were trained as well. Plans for 2010-2011 include expanding the project to ten other branches. Branches will be selected with consideration of their capacity, workload and commitment. The ultimate objective is to cover all SRCS branches but the implementation will proceed in phases.

(c) Human Resource (HR) development

Areas prioritized by the SRCS include:

- Strengthening of SRCS HR management capacities.
- Reduction of administrative and other overhead costs.
- Reduction of dependency on foreign assistance.
- Dissemination of HR policies and development of a basic national training package for SRCS staff and volunteers. The basic training is to strengthen the core competencies (project planning and reporting skills) of SRCS personnel.
- Training of staff and volunteers to improve their core competencies.
- Development of a structural approach to the management of youth and volunteers in the SRCS. The SRCS plans to establish a youth and volunteer unit at the SRCS headquarters to provide guidance and support to SRCS technical departments and branches in the management and development of SRCS youth and volunteers at all levels.

(d) Developing planning, monitoring, evaluation and reporting (PMER) capacities

Investing into PMER capacity development is seen as one of the top priorities by the SRCS. The planned PMER department at the SRCS headquarters is expected to take the lead to enhance these functions at all levels of the SRCS.

Humanitarian values and principles

With increasing tension and recourse to violence, the SRCS is uniquely placed to champion the individual and community values which encourage respect for other human beings and a willingness to work together to find solutions to community problems. Through all its programmes, the SRCS will attempt to influence the behaviour of the people it works with to reduce any form of discrimination on the basis of nationality, race, gender, religious beliefs, class or political opinions.

SRCS partners

SRCS acts as an auxiliary to the Sudanese authorities and coordinates its work with various ministerial agencies at Federal and state levels. In conjunction with the Ministry of Health (MoH), SRCS follow up on disease incidence and surveillance, mobilize communities, and implement vaccination and awareness campaigns. In 2007, the SRCS deployed 16 field clinics to the flood affected areas and provided support to WHO in the curtailment of water borne diseases which were prevalent in a number of states. The SRCS is regarded in high esteem by the authorities for its achievements. The MoH is requesting the SRCS to be available for similar interventions in future emergencies as well. Discussions are also ongoing with the MoH to find and cement links with the SRCS NCHVP.

SRCS is actively involved in all coordination forum at national and state levels. It maintains a regular contact with Humanitarian Aid Commission (HAC) of the Ministry of Humanitarian Affairs, the agency that leads humanitarian efforts on behalf of the Government of Sudan, and Ministry of Internal Affairs that takes lead during disasters. It takes part in UN-led interagency task force meetings as well. Planning and implementation of SRCS operations is coordinated at sector level. SRCS works with a number of UN agencies. It has developed an excellent partnership with UN Joint Logistics Centre (UNJL) and UNICEF. In 2007, nearly 40 percent of UNJLC relief items were distributed by the SRCS in flood affected areas. In partnership with UN World Food Programme, the SRCS distributes food in Darfur and Kassala states. With UNICEF, partnerships are developed in the areas of water and sanitation. A joint technical water and sanitation workshop was recently held in South Kordofan, and similar workshops are planned for the future as well. UNICEF is often supporting SRCS disaster response as well as development efforts, e.g. in the south, UNICEF sponsored well and latrine construction project of SRCS.

Within the Red Cross and Red Crescent family in Sudan, coordination is managed through monthly cooperation, ad hoc and regular task force meetings. A number of working groups are convened in parallel at technical level: health, water and sanitation and food security. The need for a working group on disaster management has been discussed and will be activated shortly. International Committee of the Red Cross support SRCS work in the areas of conflict preparedness, communication, tracing and dissemination. International cooperation policy, approved by the SRCS central committee in December 2007, guides the SRCS relations with its partners within and outside the Movement.

As part of the global initiative, the new framework for partnerships – operational alliances – is piloted in Sudan. The framework is building on the Development Cooperation policy and underlines the lead role of the SRCS in defining its own priorities. It aims to transform the fragmented engagement of partners into a stronger and broader (programme-level) alliance. Operational alliance agreements on the implementation of the NCHVP are signed with the Austrian and Netherlands Red Cross societies. With others, discussion is ongoing. PNS will be also invited to forge the alliance on the implementation of the emerging SRCS branch development, WatSan and food security strategies.

SRCS seeks an increased engagement of the PNS in capacity building of the National Society. Currently, bilateral partnerships focus essentially on projects in various parts of the country. These projects are vital as they contribute to alleviating human suffering in the country where humanitarian challenges are daunting. It is equally vital, however, to invest resources - technical, material or

financial – into strengthening capacities of the SRCS, an indigenous organisation, which springs from the communities it works with. SRCS has a young and dynamic leadership committed to transforming the Society into a credible, efficient and effective organisation. The leadership has embarked on an important reform process and it needs resources and support which has not been forthcoming in the past.

Secretariat supported programmes in 2010-2011

Disaster Management

The disaster management programme budget is CHF 272,018 (USD 256,621 or EUR 178,959).

a) The purpose and components of the programme

Programme purpose³
Reduce the number of deaths, injuries, and impact from disasters.
Programme component 1: Community preparedness/risk reduction
Component outcome 1: 100,000 people in 10 hazard-prone states have improved their ability to predict and plan for disasters.
Component outcome 2: 100,000 people in 10 hazard-prone states have strengthened their response capacities to a variety of sudden and slow onset disasters specific to their locality.
Component outcome 3: The SRCS has improved and scaled up longer-term food security support to communities vulnerable to disasters and/or affected by HIV/AIDS to ensure they have improved physical and economic access to sufficient, safe and nutritious food for a healthy and active life.
Programme component 2: Disaster management planning
Component outcome 1: The ability of SRCS to predict and plan for disaster has improved.
Programme component 3: SRCS institutional disaster preparedness and response
Component outcome 1: SRCS has improved its human resources, and financial and material capacity for effective disaster management, including the management of emergency water and sanitation services.

b) Potential risks and challenges

Preparedness can save lives, reduce risks and mitigate suffering caused by disasters. Yet mobilizing resources for preparedness has been a challenge. The Federation's 2007 flood emergency appeal for Sudan was 85 percent covered. There was little interest, however, from donors for disaster preparedness. Yet experience shows that the latter can make a vital difference. The SRCS as a leading indigenous community-based organization in Sudan has an important role to play to help mitigate the impact and alleviate suffering of those who might be affected or re-affected by variety of disasters, which are affecting increasingly more people every year. The Federation is encouraging partners to scale up to invest more into the SRCS to help it be better prepared and deliver quality and timely services to the most vulnerable. It is important to study, support and enhance indigenous coping strategies, and replicate them elsewhere because such strategies can save lives.

For the success of the programme, it will be crucial to ensure key local stakeholders, including decision makers, are engaged in the process. Continued dialogue with the local communities, community leaders and representatives of ministerial agencies at grassroots level will be maintained to show benefits of increased local ownership and more active participation.

³ In this plan, 'purpose' is defined as 'the publicly stated objectives of the development programme or project'. Source: OECD-DAC glossary.

Availability of local resources to implement disaster preparedness interventions in the target communities will be equally crucial. Experience elsewhere shows, in general, people are willing to contribute if they see the benefit and feel the ownership of the project. Careful facilitation of the process will be important to gain trust and to prompt action by the communities themselves.

Finally, there is a risk the political situation in the country and the surrounding region destabilizes and disrupts programme implementation. Continued monitoring of the developments will be necessary. It will be important to review security guidelines and rules periodically and to ensure all staff are informed about the procedures.

Health and Care

The health and care programme budget is CHF 2,001,934 (USD 1,888,617 or EUR 1,334,623).

a) The purpose and components of the programme

Programme purpose
Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
Programme component 1. National Community Health Volunteer Programme
Component outcome 1: Local communities in ten targeted states have strengthened their capacity to address the main causes of morbidity and mortality.
Component outcome 2: SRCS has strengthened its capacity to support community-driven action to address health risks.

b) Potential risks and challenges

Poor donor response has constrained the SRCS efforts in the past. By July 2008, the NCHVP had received only 26% of the required funding. PNS are encouraged to join the operational alliance on the programme, which sets the SRCS long-term vision on where the National Society sees its role in addressing health related problems in Sudan. An increased donor engagement and shared approach is required to make a sustainable and tangible impact.

Organizational Development

The organizational development/capacity building programme budget is CHF 1,000,920 (USD 944,264 or EUR 667,280).

a) The purpose and components of the programme

Programme purpose
Strengthen capacity of the SRCS to address the most urgent situations of vulnerability.
Programme component 1. SRCS grassroots units and service development
Component outcome 1: SRCS has expanded its national presence through a country-wide network of branches.
Component outcome 2: Ten selected branches have strengthened their governance and management functions to support more effectively services aimed at alleviating suffering of the vulnerable.
Programme component 2. SRCS programme development and management capacity
Component outcome 1: Effectiveness and efficiency of SRCS programmes improved through improved planning, monitoring, evaluation and reporting.

Programme component 3. SRCS systems, procedures and staff sustainability

Component outcome 1: SRCS financial management capacities have improved by shifting from manual to computer-based accounting system.

Component outcome 2: SRCS human management capacities have improved through a more structured approach to SRCS staff and volunteer development, essential to the effectiveness and efficiency of service delivery to the vulnerable.

b) Potential risks and challenges

Lack of funding has compromised the National Society's ability to implement the programme in the past. 2010/2011 plans assume an increased engagement of sister National Societies to achieve some tangible results. It is also assumed the SRCS leadership remains committed to pursue the reform process they have embarked on.

Principles and Values

a) The purpose and components of the programme**Programme purpose**

Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

Programme component. Promotion of Fundamental Principles and Humanitarian Values

Component outcome 1: SRCS volunteers and staff act on the basis of the Fundamental Principles in their work with vulnerable people in times of peace or disaster.

Component outcome 2: Discrimination on the basis of nationality, race, gender, religious beliefs, class or political opinions decreased at all levels of the SRCS and in the population served by the National Society.

b) Potential risks and challenges

In the face of life-threatening needs, there is a risk the promotion of the Fundamental Principles will not receive adequate donor attention. Sessions on the Movement's Fundamental Principles, as well as messages on diversity and non-discrimination will, therefore, be incorporated in all training initiatives under DM, OD and health and care programmes.

Role of the secretariat

The budget for the Secretariat's support role is CHF 1,613,550 (USD 1,522,217 or EUR 1,061,546).

The programmes presented in this plan will be implemented by the SRCS through its country-wide network of branches and volunteers. The role of the Federation Secretariat is to help mobilize financial and technical resources required to enable the SRCS to achieve the set objectives.

a) Technical programme support

Technical programme support will be provided through a team of competent delegates supported by qualified national staff. The Federation's East Africa zone will extend assistance as necessary via its zone technical departments. The country office initially employed seven international and 35 national staff members with expertise in programme management/coordination, finance, administration, organizational development, disaster management, health, water and sanitation. The Federation structure was slimmed in 2009 to reduce administrative related costs (staff support and vehicle maintenance). The measure was necessary to increase efficiency of the Secretariat's engagement.

b) Partnership development and coordination

The secretariat will assist the SRCS in forging strategic partnerships and improving coordination within as well as outside of the Red Cross Red Crescent Movement. In 2007, 50% of the funding for the SRCS-led disaster response operations came from sister Red Cross and Red Crescent societies. The SRCS is exploring non-traditional cooperation opportunities (e.g., private donors, businesses) to diversify its funding source. The Federation Secretariat will support the SRCS in identifying and proactively pursuing such opportunities.

The Secretariat is requested by the SRCS to help coordinate with the Red Cross Red Crescent Movement members as well. There are 13 partner National Societies working bilaterally with the Sudanese Red Crescent Society. The ICRC has its largest operations in Sudan. Coordination of efforts and learning from each other's experiences is vital. The Federation Secretariat offers to facilitate the exchange of ideas, to capture various perceptions, to identify and promote best practices, to encourage an open and inclusive dialogue with stakeholders on achievements, constraints and needs, on SRCS role and capacities to address these needs, and priorities for the coming years. These discussions will help SRCS to reflect on approaches and choose the right path for the future.

To deliver, however, the Secretariat needs sufficient resources and qualified people. Federation is a membership organization and depends on contributions from its member organizations, governments and private donations. The efficiency and effectiveness of the Secretariat hinges on the level of support it receives from its partners.

c) Representation and Advocacy

The SRCS is the largest volunteer network in Sudan, which makes it very well placed to have access to, and work in partnership with, the most vulnerable communities, whilst also having access to policy makers. The Secretariat will encourage and support the SRCS in advocating on humanitarian needs of the most vulnerable through public statements, quiet diplomacy, and face-to-face discussions with decision makers.

d) Other areas

The Secretariat is offering service agreements to PNS working in Sudan. Services offered include administrative, technical and/or logistical support to projects implemented bilaterally with the SRCS.

Promoting gender equity and diversity

The SRCS encourages participation of both men and women in all its programmes to ensure that the social and biological differences between men and women are taken into account and dealt with in all core programmes. This is reflected in all SRCS strategy and policy documents.

In some states, 65 percent of SRCS volunteers are female. In other states, however, there are very few women working with the National Society. SRCS is striving to diversify its human resources and engage more women in all aspects of its work.

Quality, accountability and learning

To ensure its programmes are relevant, the SRCS encourages the full participation of the targeted population in both planning and implementation. Regular meetings with the target population will continue to evaluate appropriateness of the work undertaken.

The responsibility for day-to-day monitoring of the operation will be with the SRCS branches and units but supervised closely by their national headquarters to ensure appropriate accountability, transparency and financial management of the operations. The targeted states will be regularly visited by joint Federation and SRCS monitoring teams. This will help identify and, where possible and necessary, resolve any problems. The situation in the field will be reported on through regular reports. Reports will provide necessary information in relation to: the progress of the operation; and any changes in the situation during the reporting period and any particular problem, constraint or unmet needs. The Federation Secretariat will assist the National Society in meeting its narrative and financial

reporting obligations to donors. Efforts will be made to disseminate programme achievements and lessons learned through various inter-agency coordination forum and media. Experience will be consistently documented using set criteria.

Budget Summary

Programmes	2010 budget (CHF)	2011 budget (CHF)	Total budget (CHF)
Disaster Management	136,009	136,009	272,018
Health and Care	1,000,967	1,000,967	2,001,934
Capacity Development	500,460	500,460	1,000,920
Coordination	806,775	806,775	1,613,550
Total	2,444,211	2,444,211	4,888,422

How we work

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

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 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.

Contact information

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