

Programme Update



International Federation
of Red Cross and Red Crescent Societies

SUDAN

Appeal No. MAASD001

29/08/2008

This report covers the period 01/01/2008 to 30/06/08.



SRCS volunteers spread essential messages in the communities they live and work with to reduce the number of deaths, injuries and impact from diseases and public health emergencies; Photo: SRCS

In brief

Programme purpose: Support Sudanese Red Crescent Society, a leading indigenous community-based humanitarian organisation in Sudan, to address the most urgent situations of vulnerability in their country.

Programme(s) summary: The period was marked by rising tensions in various parts of the country and for many in Sudan the future looks bleak. Fears of instability are growing and so are the humanitarian needs. Too many in Sudan do not have a safe place to call their home, or sufficient food or safe water to drink. Too many continue to die because of diseases that can be prevented and with the onset of the rain season, the risks are increasing. SRCS started preparation for flooding early this year building on its 2007 experience. Flood contingency plan was developed in consultation with branches, volunteers and partners; standard operation procedures were updated and staff and volunteers are on the alert. Both the Federation country office and the SRCS keep a close contact with various government ministerial agencies (Ministry of Defence, Ministry of Health and Ministry of Humanitarian Affairs) and participating in UN-led bi-weekly inter-agency flood task force meetings. SRCS branches have already reported heavy rains accompanied by thunder storm from North Kurdofan, Northern State, River Nile, and Blue Nile states. SRCS volunteers helped evacuate the families from the flooded areas and provided first aid. The worst, however, it is feared, is yet to come and there is a concern that the in-country stocks of emergency non-food items (NFI) and other resources are insufficient. An increased investment into disaster preparedness, therefore, will be vital.

The National Community Health Volunteer Programme (NCHVP), which started with a great enthusiasm in 2007, has been experiencing severe financial constraints. The resources that were mobilized by the Federation Secretariat have been sufficient to implement only few of the planned activities. Despite the shortage of funding, training of community volunteers has been ongoing, although on a limited scale. Remarkably, among those trained by the SRCS were nomadic tribes, the group, which is not easy to target for projects that encourage a behavioural change. The SRCS achievement is another testimony to that fact that the NCHVP has a great potential. It can make a vital difference in the lives of hundreds of thousands in Sudan but SRCS needs more support from its partners to achieve the set objectives. Support is sought by the SRCS either bilaterally or multi-laterally through the Federation appeal.

With limited contributions to the appeal, the Federation Secretariat focused on supporting the SRCS in developing contingency plans (floods 2008; possible influx of refugees), strategies and policy documents (SRCS health policy, HIV/AIDS strategy, food security strategy, water and sanitation strategy). The NCHVP is implemented in nine of Sudan's 25 states. A number of training and workshops were organized to help SRCS address the gaps in organizational preparedness for disasters (training in disaster management, logistics management, public health in emergencies, ongoing support through the NCHVP in community based first aid training as well as PHAST). The Federation secretariat also responded to the latest outbreak of Acute Watery Diarrhoea (AWD) in Eastern and Central Equatorial states in the south. CHF 249,344 was allocated from the Federation's Disaster Response and Emergency Fund (DREF) to mobilize SRCS volunteers for hygiene promotion and chlorination of water sources.

In response to the Abyey crises, the Federation provided water and sanitation equipment for the displaced population in coordination with the International Committee of the Red Cross (ICRC). A simulation exercise on emergency watsan deployment was organized in South Kordofan in collaboration with other humanitarian actors on the ground. IT/telecom equipment was procured for selected branches to strengthen the communication capacities of the SRCS. The watsan project in Eastern Equatoria state, sponsored by the Belgian (Flanders) Red Cross, is ongoing. 30 shallow wells will be constructed in Torit county to benefit some 20,000 people who do not have currently access to safe water. A framework for SRCS branch development in South Sudan was developed and discussions are currently ongoing about how to translate the master plan into a practical tool. In the meantime, branch building in the Lakes states has successfully commenced with financial support of the Norwegian and Swedish Red Cross Societies.

Following an armed attack in April 2008 on the Federation delegates' residence in Juba the international staff was relocated to Khartoum. For now, only two delegates have returned to their base - the head of sub-office and a watsan coordinator, who are temporarily accommodated in the ICRC compound (courtesy of ICRC), while arrangements are being made to improve security measures at the SRCS compound. A full complement of Federation delegates is expected to return to Juba by the end of August 2008 based on re-assessment of the security situation.

In the full swing is the financial management development project, also supported by the Federation Secretariat with funds generously provided by the Norwegian and Finnish Red Cross Societies. The project aims at assisting the SRCS in shifting from manual to computer-based accounting system. The first phase of the project, which targeted the SRCS headquarters, has been successfully completed. The pilot project is now being expanded to six pilot branches. Federation secretariat arranged for the procurement of a software, and supported the installation and training of SRCS staff and volunteers. The Secretariat is also supporting the SRCS in establishing professional emergency water and sanitation teams via training and technical support in developing standard operating procedures (SOP) as well as volunteer mobilization & retraining plans. At the same time, efforts are being made to improve cooperation and coordination with other members of the Red Cross/Red Crescent Movement working bilaterally in Sudan, as well as other humanitarian actors. Monthly cooperation and ad hoc task force meetings are convened.

NCHVP steering committee meets every month to review programme progress and challenges, as well as conceptual issues of the programme. Coordination meetings on south-related specific issues have been initiated as well.

Financial situation: The appeal budget increased from CHF 7,528,612 (USD 7,170,107 or EUR 4,604,656) to CHF 9,106,319 (USD 8,672,685 or EUR 5,569,614) to absorb the projects that had been carried forward from preceding years. The appeal budget also incorporates a primary health care project in Yirol, the Lakes State, which is managed bilaterally by the Consortium of the Norwegian and Swedish Red Cross Societies. The appeal coverage stands at 30 per cent, of which 72 per cent has been spent. Most of the contributions were received recently delaying the implementation and affecting, unavoidably, the expenditure levels.

[Click here to go directly to the financial report.](#)

See also:

- Acute Watery Diarrhoea DREF operation
at <http://www.ifrc.org/docs/appeals/annual08/MDRSD005.pdf>
- Sudan Floods Appeal (MDRSD004)
at <http://www.ifrc.org/docs/appeals/07/MDRSD00406.pdf>

No. of people we help: With a focus on capacity building, it is difficult to estimate the number of people the Federation-supported programmes and projects benefit directly or indirectly. The lack of funding has greatly inhibited efforts. Despite constraints, the SRCS estimates it was able to reach some 500,000 people of six million planned for 2008-2009 with messages aimed at reducing deaths, injuries and impact from disasters, diseases and public health in emergencies.

Our partners: Both the Federation country office and the SRCS are actively involved in all coordination fora at national and state levels. Both maintain a regular contact with various government ministries, notably Ministry of Health, Civil Defence and Humanitarian Affairs (HAC) as well as UN agencies. Discussions are currently ongoing with the Humanitarian Aid Office (ECHO) on possible cooperation with the Federation and the SRCS in the area of community-based disaster preparedness; a programme proposal has been submitted to Brussels and feedback is awaited. In the meantime, the Federation appeal coverage remains at very low levels. So far, contributions have been received from the Belgium RC Flanders, Norwegian, Swedish and Finnish Red Cross Societies.

Context

The period was marked by rising tensions in various parts of the country. Violence, inter-tribal clashes and ensuing population movements combined with rising food prices, have only compounded daunting humanitarian conditions that face thousands of people in Sudan. For many, the future is uncertain and fears of instability are growing.

Some 30,000 to 50,000 people fled Abyei, Sudan's north-south fault line, for the safety of Agok and surrounding areas following the outbreak of violence on 14 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 their homes in the hope of resuming normal lives after years of conflict. The Comprehensive Peace Agreement (CPA) between the Government of Sudan and the Sudan People's Liberation Movement (SPLM) holds but just. The recent events threaten to undermine the fragile peace. Days before the heavy fighting in Abyei, there were clashes between a rebel group and government forces in Omdurman, a western suburb of Khartoum. An unknown number of people were killed and injured. More recently, genocide allegations made by an international prosecutor against the nation's leader prompted pro-government rallies in Khartoum.

The United Nations is pulling back some non-essential staff 'as a precaution'. UN estimates, some 300,000 people have died as a result of the conflict in Darfur since 2003 while more than two million people have fled their homes.

The political debacles in the country, fuelled by regional dynamics, leave little hope of any end to the misery in sight for those whose daily life continues to be a struggle, with no safe place to call their home, or sufficient food or safe water to drink. Too many continue to die in Sudan because of diseases that can be prevented. Most of the country's 35 million people survive on less than one US dollar a day.¹ In rural areas, near to 40% of the population does not have sustainable access to safe drinking water sources while only 24% have access to improved sanitation. In urban areas the statistics are equally disturbing: 22% and 50%, respectively. Life expectancy at birth is 61 years for women and 59 for men (WHO, 2006). 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 immunization coverage is close to only 10 percent. Malaria continues to be the leading cause of morbidity and mortality. Annually some 7.5 million people are affected, of which 35,000 die. Estimates of insecticide-treated mosquito nets (ITN) coverage from the most recent national survey are 20% of the population (www.who.org).

With the onset of the rain season, health risks are increasing. Malaria is on the rise. Outbreaks of Acute Watery Diarrhoea (AWD) are reported from southern and eastern states. In Central and Eastern Equatoria states 45 people were killed and over 600 people were affected. With more rains forecast, the disease can spread rapidly through contaminated drinking water. Meteorologists predict protracted rains this year, which, it is feared, might affect even more people than in 2007. The Federal Ministry of Health anticipates 10% increase of loss (lives, infrastructures and livelihoods) without preparedness in place.² SRCS branches have already reported heavy rains accompanied by thunder storm from North Kurdofan, Northern State, River Nile and Blue Nile states. The rains killed four people and damaged 222 houses. SRCS volunteers say the houses are inhabitable. Some 62 latrines were destroyed as well; nine schools were partially affected and 40 animals killed. The worst, however, it is feared, is yet to come.

Some areas, meanwhile, are experiencing, a dry spell, which severely affect pasture/water availability and performance of the crop season aggravating already meagre food security conditions. A continued decline in rainfall will have the disastrous impacts for the regions which are struggling to collect harvests due to recurring severe weather patters.

Progress towards outcomes

Disaster management

Global Agenda Goal 1: Reduce the number of deaths, injuries and impact from disasters.

Expected outcomes

- Increased SRCS capacities to respond to floods, returnees and health epidemics at national and local levels.
- Vulnerable returnees are more resilient to environmental risks through provision of basic non-food items.
- The health situation of returnees and host communities has improved.

¹ Source: WFP annual needs and livelihoods assessment report 2007

² Source: Flood contingency briefing at WHO, 18 May 2008.

Achievements

SRCS, as a leading national humanitarian organization in Sudan, has an important role to play to alleviate suffering of those affected by disasters. Some 1.5 million people affected by devastating floods in 2007 were provided with emergency relief, shelter, water, health and care services by SRCS alone. In 2006, 160,000 flood affected people were reached. SRCS did commendable work. Yet, both emergencies hold important lessons for the SRCS as well as its partners. Recognising how important it is to reflect on these lessons for future planning, the Federation Secretariat encouraged and supported the SRCS to gather all its branches in a two-day workshop. The workshop, which was organised in January 2008, provided a forum for SRCS staff and volunteers from all over the country to voice their opinions and concerns about the organisation's performance and capacities, as well as gaps in preparedness. Internal discussions were followed by consultations with partner organizations, who were invited to a day lessons learned workshop in March 2008 to feedback their perceptions of the SRCS performance and future role.

A number of recommendations in relation to the strengthening of the SRCS capacities and approaches to disaster preparedness and response were made also by a team of consultants who evaluated the SRCS 2007 flood response operation. These are some of the recommendations made to the SRCS:

- To develop contingency plans.
- To get involved, at an early stage, in the emergency planning with Government, UN family, International NGOs and indigenous NGOs.
- To diversify SRCS assessment teams to include people with diverse expertise - relief/shelter, health, water, sanitation and livelihoods.
- To engage more female volunteers in assessments to ensure needs of both men and women are duly recognised when designing response strategies.
- To strengthen monitoring capacities at all levels: i.e., develop monitoring tools/guidelines; establish multi-sector monitoring and evaluation teams.
- To systematize information collection and documentation i.e., standardise disaster reporting formats and train staff on effective report writing.
- To upgrade SRCS communication system (IT equipment and training) at all levels.
- To establish a contingency stock of the emergency relief/shelter items at strategically selected hubs.
- To strengthen SRCS logistics management capacities.
- To retrain SRCS disaster management teams.
- To strengthen water and sanitation unit of the SRCS. Build on the 2007 experience to establish professional emergency water and sanitation teams; develop SOPs and volunteer mobilisation & retraining plans.
- To scale up community training on water borne diseases & environmental health.
- To strengthen SRCS branch capacity in disease surveillance pre, during and post-disaster.

A number of measures have already been undertaken by the SRCS management team to address the gaps e.g., the assessment forms are being adjusted and a number of workshops are planned to achieve a common understanding and a consistent performance. Standard operating procedures were updated as well. The Federation Secretariat supported the training for SRCS National Disaster Response Team (NDRT) in Elobaid, Northern Kordofan. 43 volunteers and staff members from 19 SRCS state branches attended the course, which covered a range of topics related to disaster management. A similar NDRT training had been conducted by the SRCS in 2003, when 32 members from 21 state branches were trained according to the Federation's standard training module.

Refresher training on logistics management was conducted for all branches through two sessions; one in Khartoum and another one in Juba for the southern branches, with the financial and technical support of the Federation. Each branch was provided with a soft and hard copy of

logistics management manual. To strengthen SRCS logistics management capacity, the Federation has also seconded its two experienced logistical officers to the National Society, who now work as members of the SRCS management team.

A number of PHAST and CBFA trainings have been conducted as well for SRCS volunteers in various parts of the country (see below NCHVP). 30 volunteers from Gezira, River Nile, Northern, White Nile and Blue Nile states were trained in epidemics preparedness and response. The training, which was held in Gezira state on 11 - 15 May 2008 and facilitated by health experts from the MoH and SRCS health staff from the SRCS headquarters, helped volunteers improve disease surveillance, data collection, analysis, communication and community mobilization skills. Focus was on control and prevention of Meningitis, Malaria, HIV and water related diseases, such as AWD and Cholera.

In South Kordofan, the Federation Secretariat supported a technical workshop on water and sanitation in emergencies conducted by the SRCS in collaboration with UNICEF; participants included SRCS volunteers, Federation watsan team, Ministry of Health, water services, and other NGO working in the area. IT/telecom equipment was procured for selected branches to strengthen the communication capacities of the SRCS.

The 2008 flood contingency plan was prepared in coordination with the Government of Sudan, notably the MoH and UN, and technical support of the Federation Secretariat. The plan identifies a number of states which are at risk of a disaster as a result of flash flooding, river flooding, and/or heavy rains and related epidemics, and sets two scenarios:

- Scenario 1. Some 50,000 households (i.e., 250,000 individuals) are affected throughout the country by flash and/or river flooding, and/or heavy rains and related epidemics (the most likely scenario).
- Scenario 2. Some 100,000 households (i.e., 500,000 individuals) throughout the country are affected by flash and/or river flooding, and/or heavy rains and related epidemics (the worst case scenario).

The SRCS braces itself for the worst case scenario. The central emergency monitoring committee (CEMC), which is comprised of technical experts of SRCS different departments, is activated and meet every second day to review updates on the situation and needs from the branches. The updates are collected by the SRCS emergency room in Khartoum, which works in shifts 24 hours. The CEMC reports to the SRCS national floods task force, which is the main decision making body of the SRCS during emergencies. At branch level, the situation is monitored by SRCS state emergency committees, which provide daily updates to Khartoum.

Meteorological services warn about heavy rains this year. If the forecast is correct, the consequences will be tragic for many, particularly for the poorest of the poor, whose coping mechanisms have been undermined by recurring climatic shocks (drought and annual floods), related health epidemics (Malaria, Cholera/AWD and Rift Valley Fever) and unabated political instability within the country and its surrounding region, which has direct repercussions on lives in Sudan. Yet the in-country stocks of NFI and resources are not sufficient. Partners are encouraged to invest into SRCS preparedness. It is vital to have in-country stocks pre-disaster pre-positioned closer to the areas prone to disaster to ensure timely response.

The Federation secretariat also supported the SRCS in developing a contingency plan for a possible influx of refugees from Eritrea and Ethiopia into eastern Sudan. Six years after the peace agreement was signed between Eritrea and Ethiopia (both border Sudan), political differences between the two countries remain unresolved. Both sides are reportedly building up military forces along the border. With tensions now simmering, a full blown war cannot yet be excluded.

The Federation secretariat also responded to the latest outbreak of AWD in Eastern and Central Equatorial states in the south. CHF 249,344 was allocated from the Federation's Disaster Response and Emergency Fund (DREF) to mobilize SRCS volunteers for hygiene promotion and chlorination of water sources. Community education has started. Cholera treatment centres were provided with basic watsan items. For more details see DREF information bulletin at www.ifrc.org.

In response to the Abyey crises, the Federation provided water and sanitation equipment for the displaced population in coordination with the International Committee of the Red Cross (ICRC). SRCS showed an inspiring dedication to humanitarian principles during both security incidents – in Abyei as well as in Omdurman, Khartoum in May 2008. SRCS mobilized 250 volunteers and supported by the ICRC evacuating the dead and the wounded, and provided first aid.

Constraints or Challenges

Preparedness can save lives, reduce risks and mitigate suffering caused by disasters. Yet mobilizing resources for it has been a challenge. The Federation's 2007 flood emergency appeal for Sudan was 85% covered. The generous contribution of the international community made a vital difference in the lives of over a million of people in Sudan. Yet, sadly, there was little interest in supporting preparedness for future disasters. The Federation is urging its partners and member Red Cross and Red Crescent Societies to invest more into the SRCS efforts to build capacity and contingency stocks now to mitigate the impact of every-recurring disasters. Indeed, there are very few organisations in Sudan with grassroots presence throughout the country and with the ability to engage with local communities to strengthen their resilience to climatic shocks and health risks.

Health and Care

National Community Health Volunteer Programme (NCHVP)

Global Agenda Goal 2: Reduce the number of deaths, injuries and impact from diseases and public health emergencies.

Expected outcomes

- Increased awareness about HIV/AIDS and prevention.
- Increased SRCS capacity to scale up HIV awareness and prevention activities.
- Vulnerability of communities to water related diseases is reduced.
- Disease morbidity due to malaria reduced in targeted communities,
- Increased routine immunization coverage for children under 5 years of age and pregnant women.
- Morbidity and mortality from public health emergencies reduced through timely and adequate response.

Achievements

Despite significant financial constraints, the SRCS supported by the Federation Secretariat has managed to conduct 165 sessions and trained 273 volunteer leaders and 8,447 community health volunteers in community-based first aid.

Table 1. Volunteers trained in 2007-2008 within NCHVP

State	Volunteer leaders trained		Community volunteers trained		Cumulative totals	
	2007	2008	2007	2008	Volunteer Leaders	Community Volunteers
Gazeera	25	50	580	1,744	75	2,324
Sinnar	25		885	1,963	25	2,848
Gedarif	26		520	250	26	770
Red Sea	25	25	1,000	697	50	1,697

North Kordofan	20	25		375	45	375
Upper Nile	27			331	27	331
Unity		25			25	-
Lakes				75	-	75
Central Equatoria				27	-	27
Total	148	125	2,985	5,462	273	8,447

The programme, which had started as a pilot initiative in 2006 in an attempt to build the local knowledge to deal with most common health risks, is now implemented in nine of Sudan's 25 states: El Gazera, Sennar, Red Sea, Gedaref, North Kordfan, Central Equatoria, Upper Nile, Unity and Lakes. It supports the training of volunteer teams at grassroots level to act as a catalyst for community driven action. SRCS target is to have some 1,000 volunteers in each locality. Volunteers are selected by local communities and through health committees, set up in every targeted area, communities voice their health concerns and task their volunteers to organize an action. Volunteers are teamed and have a leader, who are coached and supported by the SRCS.

Each volunteer works with 15-20 households (average family size is six) encouraging behavioural change to reduce the cases of vector, water and vaccine-preventable diseases. They spread basic yet essential messages that can reduce morbidity and mortality rates. The messages promote child immunization, malaria prevention, control of diarrhoeal diseases, personal hygiene, sanitation, safe water storage and use, HIV and AIDS prevention, breastfeeding and nutrition. Volunteers report their messages do get across and they observe a change in the behaviour of the families they are engaged with.

Volunteers distributed 39,000 long lasting insecticide impregnated nets (LLINs) to 19,500 households and conducted 80 environmental campaigns. These campaigns involved cleaning up of garbage in public places, homes and filling up of stagnant water around homes. Remarkably, among those trained by the SRCS are nomadic tribes as well, an achievement the SRCS regards as a breakthrough due to a peculiar nature of life led by these migratory groups. The National Society has succeeded in building trust with the elderly and leaders of the tribes and hopes to continue working with them in the future as well.

Table 2. Distribution of mosquito nets by SRCS

State	Number of mosquito nets distributed by volunteers
Gazeera	7,000
Sinnar	7,000
Gedarif	5,000
Red Sea	5,000
North Kordofan	5,000
Upper Nile	5,000
Unity	5,000
Total	39,000

One objective of the programme is to provide an improved access to safe water and sanitation. With the financial support of the Belgian (Flanders) Red Cross, the Federation Secretarial in collaboration with the SRCS is constructing 30 shallow wells in Torit county of the Eastern Equatoria state, and working with the local communities to improve their hygiene practices as well as local capacities to manage safely the water sources. PHAST methodology is being applied. The project will benefit some 20,000 people who do not currently have access to safe water.

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 in the country with daunting humanitarian needs. NCHVP has become the backbone of the SRCS health and care work in Sudan and the SRCS believes it is important all 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 a common framework.

Constraints or Challenges

The plan for 2008 was to expand the programme to four additional branches - Northern, River Nile, Lakes and Northern Bahr el Gazahl, but the shortage of funding inhibited the SRCS efforts and delayed the implementation. By July 2008, the NCHCP had received only 26% of the required funding. An increased donor engagement and shared approach is required to achieve a sustainable and tangible impact.

Beyond financial constraints, the concept of the NCHVP is novel for the SRCS and some conceptual issues are being ironed through the NCHVP steering committee meetings, attended by representatives of the SRCS, PNS and the Federation. An internal programme review is planned in 2008, the outcomes of which will chisel the programme as well as the programme implementation guidelines, which are being developed by SRCS in consultation with its partners.

Capacity development

Global Agenda Goal 3: Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

Expected outcomes

- Increased SRCS presence through a countrywide network of branches appropriately resourced (with personnel, volunteer, finance and office equipment).
- Increased service delivery by SRCS to the most vulnerable populations.
- Strengthened relationship between SRCS governance and management.
- SRCS management systems are strengthened at headquarters and branch levels.

Achievements

The programme supports a change process within the SRCS to deliver effective and efficient services. One ambitious yet vitally important objective is to help the SRCS expand its presence in the south of Sudan, to the areas where the National Society does not yet have formal structures. In January 2008, the Swedish Red Cross, at the request of the Federation Secretariat, supported an assessment to capture perceptions of various stakeholders and propose a common framework on the way forward. The initial consultations fed into the first draft of the SRCS South Sudan Development Plan of Action 2008-2010, which was presented to the Red Cross Red Crescent Movement members and partners at the Juba meeting in February 2008. The draft plan was very much welcomed by the partners but it was noted that it needed to be elaborated and concretised to be a practical tool. The Federation Secretariat is committed to supporting the SRCS in finalizing the framework. The lack of resources (both human and financial), however, has stalled the process.

With limited funds at hand, the Secretariat managed to negotiate a plot of land for the SRCS in Rumbek, the Lakes state and start the construction of a new branch premises. SRCS branch director and an area coordinator were appointed. The Federation also supported the training of 75 volunteers in CBFA (50 volunteers in Rumbek and another 25 in Yirol).

The Federation secretariat also supports the SRCS in shifting from manual to computer-based accounting system. The SRCS receives bilateral and multi-lateral funding from a number of sources. Yet the National Society is doing its accounting manually, which delays the implementation, and reporting to donors undermining the organisation's tremendous achievements on the ground, damaging its reputation and often resulting in the loss of funds, which could have benefited more vulnerable in Sudan. The Federation procured an accounting software and computers, which were installed at the SRCS headquarters. SRCS staff at the SRCS headquarters were trained as well. Now the focus is on extending the computer-based system to seven pilot branches. The branches, where the programme will be piloted, are selected with consideration of the branch capacity, workload and commitment. The objective is to cover all SRCS branches but the implementation will proceed in phases. The computer-based accounting will provide 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 finance reports to SRCS various donors, who operate currently in a stand-alone system.

The Federation Secretariat is supporting the SRCS in the development of a water and sanitation (watsan) strategy. SRCS is engaged in a number of water and sanitation projects either bilaterally or multilaterally. It has recognized, however, that a common framework, which would explain the National Society's long-term vision and a goal, is missing. A working group was initiated to make the process of the strategy development inclusive of all stakeholders, including sister National Societies who work bilaterally with the SRCS. A questionnaire was then developed and sent to the branches to capture branch perceptions on watsan needs and SRCS role, as well as capacity to address chronic as well as emergency watsan needs.

While the work on the strategy is ongoing, the Federation watsan delegate is also assisting the SRCS in improving storage and maintenance of the SRCS watsan equipment (water treatment kits and watsan ERUs) donated to the SRCS by sister Red Cross and Red Crescent Societies or procured by the Federation Secretariat to boost the SRCS emergency response capacity. Building on the 2007 floods response experience, the Federation Secretariat will assist the SRCS in establishing professional emergency water and sanitation teams via technical training and development of SOPs as well as volunteer mobilisation and retraining plans.

Supported by the Federation Secretariat, the SRCS is also finalizing the SRCS health policy, the HIV strategic plan 2008 – 2011 and a food security strategy. Sudan and four other countries in East Africa zone (Ethiopia, Kenya, Uganda and Rwanda) will be developing long term food security support programmes. The five countries were prioritized with consideration of the humanitarian needs on the ground as well as the capacity and experience of Red Cross Red Crescent Societies working in these countries. The SRCS is currently engaged in several food security projects implemented in partnership with sister National Societies in various geographic areas. The SRCS is also the largest implementing partner of the WFP in Sudan. The needs on the ground, however, are daunting and require an integrated approach to address both chronic and acute food insecurity, which is affecting an unacceptably high number of people in Sudan. The integrated approach is to be defined by a food security strategy, the absence of which, according to the SRCS, has dispersed the SRCS work. The strategy will outline the vision and priorities of the National Society for the coming five years and participation of all key stakeholders in the process will be crucial to capture different perceptions, and achieve a shared framework as well as a coordinated action. A consultative group was set up to support the SRCS in the development of the food security strategy. The group comprise representatives of the Federation country office and partner National Societies (PNS) working in Sudan, as well as the SRCS.

Constraints or Challenges

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 National Society. SRCS has a young and dynamic leadership committed to transforming the society into a credible, efficient and effective organization. The leadership has embarked on an important reform process and it needs resources and support which has not been forthcoming in the past.

The master-plan on SRCS branch development in the southern states is to provide a framework for further action. The plan, however, needs to be finalized and translated into practical tool to guide the SRCS and its partners through the branch building process. Without qualified people and sufficient funds, however, it will be difficult to make any tangible progress. The Federation is seeking increased engagement of its member Societies. The SRCS partners' consultative meeting in Juba set the process in motion and it is important to maintain the momentum to achieve the set objectives.

Principles and Values

Global Agenda Goal 4: Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

Expected outcomes

- Increased respect for Red Cross/Red Crescent emblem throughout Sudan.
- Red Crescent volunteers and staff knowledge of the Fundamental Principles and humanitarian values enhanced.
- Strengthened SRCS information and public relations/communications capacity.
- General public has better understanding of the SRCS role, mandate and activities.
- Reduced stigma and discrimination towards people living with HIV/AIDS.

Achievements

In the absence of funding, sessions on the fundamental principles and humanitarian values are incorporated in all trainings and workshops under the disaster management, organizational development or health programmes.

Constraints or Challenges

The programme has no income.

Working in partnership

SRCS is actively involved in all coordination fora at national and state levels. It maintains a regular contact with Humanitarian Aid Commission (HAC) of the Ministry of Humanitarian Affairs, the agency that leads humanitarian efforts, including disaster response, on behalf of the Government of Sudan, and takes part in UN-led interagency task force meetings. Planning and implementation of SRCS operations is coordinated at sectoral level. SRCS works with a number of UN agencies. It has developed an excellent partnership with UN Joint Logistics Centre (UNJLC) and UNICEF. In partnership with UN World Food Programme (WFP), 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 more similar workshops are planned. UNICEF is often supporting SRCS disaster response as well as development efforts as well. 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. NCHVP steering committee, convened by the Federation and the SRCS, meets every month to review programme progress and challenges as well as conceptual issues of the programme.

The SRCS in collaboration with the Federation convened two workshops on primary health care in Southern Sudan. The workshops offered a forum to Red Cross and Red Crescent partners engaged in primary health care in the South to share and learn from each others' experiences. Representatives of the Ministry of Health, WHO and UNICEF were invited as well to update the Movement members on their policy, strategy and guidelines. Another important objective of the workshops was to identify strategies linking PHC with the SRCS's NCHVP.

Movement partners will continue meeting regularly to achieve a shared understanding of the challenges faced and a shared responsibility for finding solutions in the very complex setting. Federation encourages increased cooperation and coordination. In addition to PHC workshops, monthly cooperation meetings have been introduced for south-based Movement partners to review planning and implementation of various programmes supported by various PNS. Sudan-based Movement members will meet every three months in Juba to discuss south-related cross-cutting issues.

Contributing to longer-term impact

The four cross-cutting programmes support an instrumental role of the SRCS in responding to daunting humanitarian challenges that face hundreds of thousands of people in Sudan. They target the poorest of the poor, whose coping mechanisms are undermined by years of conflict, displacement, poverty, climatic shocks and health epidemics. The change process led by the SRCS management team is to transform the SRCS into a dynamic, relevant, effective and efficient organization. Challenges are undeniably many but there is a commitment, to address them, which is crucial. Various policies and strategies that are being developed are to help the SRCS define their own priorities based on the SRCS mandate and capacities. They are to guide both the SRCS and its partners to achieve greater impact by focusing the work on the areas where the SRCS believes it can make a difference.

Looking ahead

Needs are great yet resources available to address them are insufficient. The SRCS is at the forefront of all major emergencies in the country. In many states, it is the only actor on the ground with intimate knowledge of the grassroots. Yet to be able to build strong community-based preparedness, the National Society requires resources to engage with the communities, to build effective and efficient early warning systems, to absorb traditional knowledge, and to develop relevant strategies to strengthen preparedness as well as response capacities of community networks (community members and leaders) to a variety of possible disasters.

Developing a coherent and sustainable approach to volunteer management will be crucial, as well as cementing local community ownership of programmes. Monitoring and reporting systems need to be improved as well to ensure the trained volunteers receive adequate support from the SRCS to organise their work, as well as to ensure the information on volunteer work in their communities is captured. In southern states, the language barrier has been a tangible constraint. Future plans, therefore, include translating the training toolkits into local languages and developing pictorial education materials, which are culturally acceptable and are simple to use. Links between the NCHVP and the government-run primary health care services will need to be defined as well.

The Federation Secretariat will continue supporting the reform process in the SRCS, led by the National Society's management team. The ultimate goal of this process is to improve the quality of services for the vulnerable, to make them relevant and timely available. But changing takes time and is never an easy process. It requires perseverance and long-term commitment, but is worthwhile in the long-term.

Various projects, described in the report, will continue, provided funding is available. There will be changes, however, in the structure of the Federation country office. The office currently employs seven international and 35 national staff members with expertise in programme management/coordination, finance, administration, disaster management, health, water and sanitation. Plans include slimming down to reduce administrative related costs (staff support and vehicle maintenance). The measure is necessary to increase efficiency of the Secretariat's engagement.

The future role and the priorities of the Federation Secretariat support to the SRCS, beyond 2008, are being discussed to achieve a shared understanding with all components of the Movement working bilaterally and/or multi-laterally in Sudan. In June 2008, the SRCS, PNS and ICRC were invited by the Federation to a partners' round table consultative meeting in Nairobi to start an open dialogue. With consideration of abysmally low appeal coverage and few PNS contributing to the Secretariat's work in Sudan, it is a top priority for the Federation to agree with its members the way forward, including the resource mobilization strategies.

How we work	
<p>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".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • 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.
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