

# ***SUDAN: RELIEF HEALTH FOR REFUGEES AND VULNERABLE GROUPS, DISASTER PREPAREDNESS AND RESPONSE***

*5 August 1999*

*appeal no. 01.15/99*

*situation report no. 1*

*period covered: January - April, 1999*

---

*Sudan continues to confront many serious humanitarian challenges, with the impact disproportionately affecting the most vulnerable groups. The Sudanese Red Crescent Society (SRCS) and the Federation are attempting to respond to the needs with an ambitious programme focusing on water, health, and strengthening the disaster preparedness capacity of the National Society. Funding has been a significant constraint, and the implementation of planned activities will depend on increased support.*

---

## ***The context***

Sudan, the largest country in Africa, is unfortunately too well-known for the suffering caused by both man-made and natural disasters. Endemic diseases such as malaria and meningitis present continuous threats. The country's disaster response capacity remains poor and is highly dependent on international assistance and relief. The civil war has been going on since 1983, affecting the country and its population to an unacceptable degree. In the beginning of this year, the country faced a severe meningitis epidemic outbreak, to which the Sudanese Red Crescent Society (SRCS) managed respond to in a timely and swift manner.

To respond to the needs, the Federation established the following objectives for 1999:

- To supply and distribute safe drinking water on a daily basis to 200,000 internally displaced;

- To provide standard health services to 105,000 refugees and local vulnerable people;

- To promote malaria prevention, treatment, control, health awareness, and education benefitting over 930,000 IDP's, refugees, and local vulnerable populations;
- To provide 250,000 women with basic reproductive health services, health education, and monitoring;
- To reduce the vulnerabilities of children and the elderly through home-based child care and social services; and
- To enhance the disaster preparedness and response capacities of the National Society in six strategic locations of the country.

## ***Red Cross/Red Crescent action***

### ***Strategic Planning in the SRCS***

The Sudanese Red Crescent Society is continuing to provide support to the vulnerable in the country although the majority of the Society's programmes have not received adequate funding since the start of 1999 and are operating on minimal budgets. SRCS is placing more emphasis on developmental programmes and is keen on generating donor support for such initiatives, although sanctions against Sudan make fund-raising for developmental purposes difficult.

SRCS organised a Strategic Planning Workshop in April 1999. The aim of the workshop was to outline the Society's direction for the coming five years. All the State Branches were represented and a Task Force was set up to prepare the final working document, The Strategic Workplan. The Task Force is formed of members from the Headquarters, the State Branches, the Central and Executive Committees and the International Federation of the Red Cross and Red Crescent Societies.

On May 11, SRCS/IFRC conducted a Programme and Project Review to analyse the achievements of Emergency Appeal projects during the first four months of 1999. The following reports were the outcome of that exercise and information gathering since.

### **Health Education and Self-Reliance Initiatives for Displaced Women ●**

This programme is designed to provide education and technical assistance for income-generating activities for displaced women in semi-urban and rural areas. The targeted women group are those who are poor and those affected by war and natural disasters. Special consideration is given to women who are heads of households.

The programme is active in three displaced camps near Khartoum and in El Fasher (North Darfur), El Damazine (Blue Nile), Nyala (South Darfur) and El Obeid (North Kordofan).

Some 4,000 women benefited from the programme last year, but during the first four months of 1999 activities were reduced due to lack of funds. However, health education has been provided in 11 states and funds made available in April were used to carry out Adult education in Sennar and El Damazine and Goat restocking project in El Fasher and Nyala (N and S Darfur).

### ***Achievement of Objectives***

Twelve states are currently engaged in Women Development activities, all with one Programme Co-ordinator employed at the State Branch HQ. The states are Northern State, River Nile, Red Sea, Kassala, Khartoum, White Nile, Gezira, Sennar, Blue Nile, North Kordofan, and North and South Darfur.

From experience gained in previous years, the programme is now focusing on four areas in support of income-generating activities, namely:

- w Food preservation;
- w Fish processing;
- w Farming activities ("Elgbariek");
- w Goat breeding.

In addition, adult education (daily for up to six months) and Health education (often weekly) are important components of the programme. Eleven out of the twelve target states (with the River Nile missing) have run a total of 2 adult education classes with 495 participants. Nine out of the twelve states (excluding River Nile, Gezira and Sennar) have been carrying out all 73 health education lectures.

#### ***Needs monitoring/New developments***

The programme is addressing one of the most vulnerable groups in Sudan. Monitoring and follow-up on various initiatives have identified which activities will most suitably contribute to the objectives and will be possible to fund. Thus poultry husbandry, weaving and wool production have not been encouraged, mainly due to unaffordable investment costs. At the same time, the project co-ordinators can concentrate on a limited number of efficient activities.

#### ***Integration of key RC/RC priorities***

*Capacity building:* To this point a weak area of the project, but as it gains speed with the funds now coming in, it is anticipated that the training of volunteers will add to the organisation's capacity. The training includes health education messages, mobilisation techniques, and history and principles of the Movement.

*Dissemination opportunities:* Literacy and health education classes contain an introduction to the RC/RC movement featuring the history of the organisation and the principles guiding it.

*Volunteers' role in the project:* Presently some 25 volunteers are attached to the projects nation-wide. Some of them are "permanent" (the supervisors based in the SRCS centres).

#### ***Constraints, Problem Areas***

There is a lack of training and networking above all for Headquarters staff. Access to transportation is limited, which hampers the project's contacts in Khartoum as well as the possibilities to monitor activities in other states. The underlying problem is that of lack of funds or late response to the appeal.

#### ***Co-ordination and co-operation***

On the national level, the Ministry of Social Planning is responsible for co-ordination of women's projects. SRCS also stays in contact with other NGOs (Sudanese and international) who are engaged in women and development.

#### ***Strategy for 1999 Quarter 2***

Adult and health education will be carried out in all State Branches, and most Branches will also be in a position to increase the number of classes/beneficiaries.

Food preservation is being planned in Northern state, River Nile and Kassala. Fish processing will take place in Red Sea, White Nile and Sennar, goat breeding in N. and S. Darfur, farming in Gezira, Blue Nile and N Kordofan.

#### ***Looking ahead: the project in year 2000 and beyond***

The gender issue is still not adequately addressed in the Sudan. Too few programmes are targeting women, and of existing ones too few are focusing on self-reliance initiatives. SRCS would like to continue and expand this programme with an emphasis on Training of Trainers (ToT) and at the same time initiate an evaluation in order to determine the best possible approaches.

### **Health for Children •**

Child health indicators in Sudan are not satisfactory. Diarrheal diseases, ARI, malaria and malnutrition are among the leading causes of death. To strengthen the home based child care, one of the IMCI components, which was identified as a weak point in child survival strategies, MOH called for collaboration with other NGOs to provide health education and community mobilization through their volunteers. Two states were identified to be covered by SRCS to train the public and mothers in particular about home based child care. In Kassala state, following the initial training of two SRCS branch members a proposal was developed, but due to lack of funds no further implementation took place. In Gezira state training of 18 SRCS volunteers was accomplished, but some 42 more volunteers are needed.

### ***Strategy for 1999 Quarter 2***

Since some funds now have been allocated, the project is planning to initiate training of trainers, collect baseline information, print IEC materials and conduct community training.

### ***Looking ahead: the project in year 2000 and beyond***

In the year 2000 the project should be expanded to cover all the health areas within the three selected states. Beyond 2000, three additional states will be covered each year if possible.

### **Social and Health Services for the Elderly ●**

The programme aims at improving the quality of life for displaced elderly people and to highlight the role of older people in community development. The programme started in 1996 with a needs assessment, and now has four components:

- w Basic health care ;
- w Nutrition;
- w Income generation activities;
- w Social events.

The nutrition component targets the sick, those receiving treatment from the health centre and those who are in need of special diets. The income generating activities include training in feasibility studies, business management, credit systems, book keeping and marketing. Literary classes have been opened for the elderly. The highlight of the programme is the coffee ceremony, a social gathering whereby the older generation transfers experience and culture to the young generation. The Old Peoples Committee (OPC) co-ordinates, supervises and monitors all activities.

So far, the programme is being implemented only in Carton Barona, Khartoum, but with the great success it has shown among the elderly, it should be picked up also by other State Branches. The determining factor is again a matter of raising adequate funds: the Carton Barona part is funded by Help Age International only.

### ***Achievement of Objectives***

The long-term objective is to improve the quality of life for old, displaced people and to highlight the role of older people in community development.

Since the start of the year the programme has provided 70 elderly people with 2 meals per day in the health centre, and general feeding for the elderly who have limited financial support and are living alone.

Some 54 old people had been trained on feasibility studies, business management, credit systems, book keeping and marketing, of which 45 have not only started their businesses but are also repaying the project in instalments.

With regard to the elderly education activities, 18 literary classes have been opened. Educational materials are provided to the elderly and the teachers are provided with incentives.

No activities have been carried out in Blue Nile, Darfour, Kassala or Kordofan states as sufficient funding was not available.

#### ***Needs monitoring/New developments***

The project is developmental in nature and has a specific target group; Carton Barona, the only area where the project is active, is a displaced camp with dismal living conditions and the project is keeping the older people occupied and helping them to become self-reliant. In other areas, no significant new developments have been noted.

#### ***Integration of key RC/RC priorities***

*Capacity building:* Unlike most of the Sudanese Red Crescent programmes, the elderly project is a long-term development project mainly aimed to empower the elderly community, and to allow the elderly to continue the project once the SRCS phases out.

*Dissemination opportunities:* SRCS is very much visible in the area, with all businesses displaying the Red Crescent emblem. The area also has an SRCS clinic which serves the whole community.

*Volunteers' role:* Most of the volunteers in the project are the elderly. These volunteers prepare for the project activities and actively participate in the OPC whose members are also volunteers.

#### ***Constraints, Problem Areas***

The Appeal received very little response and is therefore relying on the sole funding of Help Age International.

#### ***Co-ordination and co-operation***

Help Age International is the natural partner in this project. They are assisting in the development of the project activities and sharing experiences from programmes elsewhere.

#### ***Strategy for 1999 Quarter 2***

If funds are secured for expansion, they will be injected into Participatory Rapid Appraisals in states where no activities have as of yet been initiated.

For the period until May 2000 the programme plans to continue its ongoing activities in Khartoum, designing a health curriculum for the elderly, carry out training in home caring and train 50 elderly people on credit systems so as to enable them to start their business activities.

The programme also plans to empower the OPC through the provision of training in negotiation, communication, project design, fund-raising and financial systems. A social fund project will be started to help support the finances of the programme and the OPC will be registered in the Ministry of Social Welfare to give their activities a legal framework.

***Looking ahead: the project in year 2000 and beyond***

This programme is reaching some of the most vulnerable in Sudan today and the only programme of SRCS devoted solely to the elderly. Its main component will still be in basic health, but the income-generating part of it is necessary to sustain the endeavours made.

The extension of programme activities will be proposed in phases, where each state will constitute one phase with its own budget and Plan of Action. Project activities can thus start full scale as soon as budget requirements for one phase/state have been met

**Reproductive Health for Displaced Women •**

Reproductive health indicators in Sudan are not satisfactory. Causes of maternal deaths are haemorrhage, hypertensive diseases of pregnancy, puerperal sepsis and complications of obstructed labour. SRCS is providing PHC services to displaced and most vulnerable population in rural and urban slums through many of its branches. The reproductive health component was integrated and strengthened in the PHC services. 2 nurse midwives were recruited by Khartoum and Gezira branches to coordinate and supervise the reproductive health activities. The programme aims to reduce the number of displaced women suffering and improve their reproductive health opportunities through promotion, preventative, curative and rehabilitative services, through the following activities:

Training SRCS volunteers and community leaders as trainers on health education and community participation to support reproductive health in IDP camps.

Providing preventative and curative health services for the beneficiaries.

The programme is currently being implemented in ten clinics in Khartoum state with minimal financial backing. No major implementation could take place in any other state as there has not been any funding available.

The plan of action for the period was to increase the numbers of mothers receiving antenatal/postnatal care and attended deliveries. The number of women receiving tetanus immunisation should also be increased.

***Achievement of Objectives***

The most important part of the long-term objective is the promotion of reproductive health services available on the primary health level. A key factor in the initial stage of the implementation was the recruitment of a qualified nurse midwife as the Project Co-ordinator for each state. With funds available, co-ordinators for Khartoum and Northern State were found, but unfortunately the latter left with no qualified replacement available. However, in Wad Medani a Nurse Midwife was employed.

Planning entailed five phases of implementation of the programme. By the end of April, Khartoum State had finished the data collection process, adopted a Plan of Action, carried out ToT for 12 village midwives, and community training and mobilisation of 20 community leaders and 30 volunteers. Gezira is a bit behind but is preparing a Plan of Action, trained 6

village midwives, 15 community leaders and 25 volunteers. The project was not started in White Nile (2 camps in Kosti Province). Service provision in the three camps for displaced persons in Khartoum state were as follows:

Activities	Target/ month	Performance				Percentage
		January	February	March	April	
Antenatal Care	412	266	325	380	405	83.5
Family Planning	1,125	223	242	299	302	23.69
Post Natal Care	375	143	180	174	178	45
Deliveries	-	108	150	200	193	-
Home visits	2,800	3,000	3,005	4,000	3,800	123.26
Group discussions	12	16	18	12	16	129.17
Sessions	12	12	12	12	12	100
Child Health Care	9	0	0	0	0	0

Services provided in Gezira state are ante natal care, family planning, post natal care and deliveries.

Health education includes a campaign against harmful traditional practices affecting women and children.

#### ***Needs monitoring/New developments***

The projects target group is pregnant and lactating women, and with the limited funds available the project has managed reasonably well to reach this vulnerable group.

#### ***Integration of key RC/RC priorities***

*Capacity building:* External training opportunities for staff and volunteers are a major contribution in this area. Exchange visits outside each state present opportunities as well.

*Dissemination opportunities:* Health education is an important part of the project.

*Volunteers' role:* Some volunteers are trained as trainers in health education, all of them participate in home visits and public sessions.

#### ***Constraints, Problem Areas***

Instability of funding, unavailability of professional staff at the branch level in some branches, culture and beliefs against reproductive health.

#### ***Co-ordination and co-operation***

In providing reproductive health services to the most vulnerable SRCS is cooperating with State MOH, Care International and national reproductive health programme. Collaboration with UNFPA is also to be included in the future plans.

#### ***Strategy for 1999 Quarter 2***

The following training activities are planned: training of volunteers and midwives planned for May and September, training of community leaders in June and September, training of Community Health Co-ordinators monthly. Continuation of service, health education, home visits and analysis of base line survey. An evaluation survey will take place towards the end of 1999.

***Looking ahead: the project in year 2000 and beyond***

The programme will be expanded to include more clinics and to start obstetric emergency service at the primary level and to establish delivery rooms in displaced areas within the health centres. SRCS Headquarters is approaching UNFPA for possible future co-operation and co-funding.

**Building Disaster Response Capacities ●**

The State Branches selected are all so-called transitional states, having or expected to receive an increased number of beneficiaries due to their location next to the troubled southern region. As this is a new project and so far with no confirmed pledges for funding, the first four months have elapsed without any activities. With a possibility to get limited funding for 2-3 out of the six selected State Branches, the Action Plans are being looked into and a revised budget of CHF 100,000 - 130,000 per branch is being considered.

***Strategy for 1999 Quarter 2***

If funds are available, three State Branches will be selected for this year for investment in improved infrastructure, communications and training. The training (in Disaster Management) should however include staff from all six State Branches included in the project plus relevant Headquarters staff.

The three priority branches are West Darfur (Genina), West Kordofan (En Nahud) and South Kordofan (Kadugli). All branches need above all construction of a small office (standard type) and a relief store. Land licences has already been donated by the local governments.

Intensified dissemination and recruitment of volunteers will be important elements of the project.

The assistance to the three selected State Branches will serve as pilot projects: by recruiting and training staff, secure their mobility to project areas, establishing a suitable office and efficient communication lines, the basic infrastructure for a well functioning State Branch should be there.

***Looking ahead: the project in year 2000 and beyond***

Institutional development will be a key programme area for SRCS during the next few years. This was a clear message from the Strategic Workshop in Khartoum in April, and is now a main issue in the Task Force formulating a Strategic Plan for the next five years.

**Project Co-ordination and management ●**

The Sudan Delegation is relatively small, with two permanent delegates (HoD, FAD) and 4 professional staff. From the end of 1998, between 1-3 Health Delegates have been attached to the Delegation to assist in ongoing emergencies (floods and meningitis). Premises are being rented from SRCS and the co-operation between the National Society and the Delegation is excellent.

The Delegation is not operational, so the main task is to support the SRCS in narrative and financial reporting and to liaison with sister Societies and the Secretariat.

***Strategy for 1999 Quarter 2***

In April SRCS carried out its "Strategic Planning Workshop". At the workshop, a Task Force was appointed to draft a plan that would help SRCS to focus on core programme areas and

develop the capacities of the NS State Branches. The commitment to this exercise is strong in the Society, and will result in opportunities to move ahead on a number of important issues: focusing the programmes, strengthening the State Branches, increasing (and systemizing) the training of management, programme co-ordinators, and volunteers and modernizing the headquarters, above all its narrative and finance reporting skills. A Strategic Workplan is expected to be finalized prior to the Donors Meeting in September. This very important development of the SRCS will be the top priority for the Delegation's assistance during the next four months.

### **Khartoum Safe Drinking Water Programme ●**

The water project started in 1991 to provide clean potable water to displaced persons residing in the two camps of Wad Albashir and Elsalam. The overall objective of the project is to maintain and improve accessibility to domestic water supplies of the displaced population in the two camps and to provide safe drinking water.

Following the extension of the piping system and new bore holes, the camps are now fulfilling the WHO standard of 15-20 litres per person per day in both camps. The number of tankers has been reduced to one.

Major constraints are the lack of cost sharing among the beneficiaries, damage to the pipe system, and new arrivals increasing the pressure on the available water network.

Funding of the project was secured in May by donations from the International Federation (German Red Cross) and (in kind) Care International/USAID. Staff has been reduced by a third in order to sustain the project until such time that a system of community cost sharing has been introduced and implemented.

#### ***Achievement of Objectives***

The volume of clean drinking water available to the *El Salam* camp population increased from 1,400,000 litres to 1,600,000 litres per day in February 1999 and by a further 100,000 litres in April 1999. This increase is attributed to the operation of the new ICRC bore hole in the camp. The camp has fulfilled the WHO standard of providing 17 litres per person per day, reflected in an increased standard of living of the camp population.

The increase was achieved also through the rehabilitation of the water yards and the installation of a new submersible pump and the replacement of bore hole no.5. The additional bore hole was installed and become fully operational in March 1999.

An additional 13,000m of pipes made it possible to pump water to an additional 35 public stand pipes and 27 schools and health centres. The amount of water distributed through the piping system increased from 60% in November 1998 to 96% in April 1999.

The additional bore hole in *Wad Elbashir* camp increased the quantities from 300,000 litres per day to 494,162 litres per day, increasing the per capita water availability from 12 litres to 20 litres per day.

The existing piping system covers 80% of the camp needs, but with the construction of the third bore hole which is due to be completed in the coming months the need for a tanker will no longer be there.

The table below reflects water delivery and other objectives:

<b>IDP CAMP</b>	<b>Adequate quantity of safe drinking water</b>	<b>Promotion of Community Health</b>	<b>Training volunteers and Community leaders</b>	<b>Census of camp population</b>
El Salam (approx. population 100,000)	Jan 1,441,474 lt. delivered; April 1,782,349 lt. (118.8% of target or 17 lt./pers/day). Before 60% now 96% via piping system.	62,710 home visits and 250 public sessions on hygiene and proper water utilisation carried out by SRCS volunteers.	Field officers (2) and supervisors (3) trained in Oxfam Delagua for water testing. No training of volunteers and community leaders due to lack of funds.	Government willing to initiate census, but required NGO funding is failing. However, estimated populations figures agreed between all parties concerned.
Wad El Bashir (approx. population 26,000)	Jan 332,445 lt. delivered; April 494,162 lt. (123.5% of target or 20 lt./pers/day). Before 43% now 80% via piping system.	31,350 home visits and 110 public sessions on hygiene and proper water utilisation carried out by SRCS volunteers.	See above.	See above.

#### ***Needs monitoring/New developments***

The fact that SRCS is the only organisation providing water to the two camps is of vital interest to the vulnerable people in the communities. With the planned repair and upgrading of water yards, the completion of another bore hole (CARE) and extension of the pipe system to some of the new arrivals, the water distribution system should be almost complete and suitable for handing over to the communities.

#### ***Integration of key RC/RC priorities***

*Capacity building:* Over the years, SRCS staff have obtained remarkable skills in the running of water systems in camps, significant of future project implementation. Key staff have participated in regional WatSan training courses and local co-ordination meetings. However, the infrastructure of the Khartoum Branch has not gained from the project budgets.

*Dissemination opportunities:* Every public session on health and hygiene in the camps is opened with a brief information on the RC/RC movement. SRCS is well known and much appreciated in the camps, since water supply is regarded as a top priority.

*Volunteers' role in the project:* 40 volunteers are engaged in project activities on a daily basis. The main task is home visits and public sessions, but some of them also assist in the monitoring and maintenance of the water yards.

***Constraints, Problem Areas***

Lack of funds during the early part of the year has forced the project to delay many activities, above all in the field of training.

Of great concern to the project is the fact that beneficiaries seem unable to share the cost of the project. Unfortunately, continuous damage is done to the pipe system and the stands, often for obtaining water for brickmaking. It should not be ruled out that this happens due to lack of responsibility for the water system as well as proper information on the handling of the equipment.

Finally, new arrival of IDPs increases the pressure on the available water network.

***Co-ordination and co-operation***

SRCS maintains good and frequent contact with the Humanitarian Aid Department (HAD), and the Ministry of Social Planning regarding all activities in the camps. CARE International being one of the major donors to SRCS provides valuable advice to the project staff. ICRC could withdraw their tankers following the construction of a new bore hole, but intends to stay in contact with the project.

SRCS is also active in weekly NGO meetings, Watsan weekly meetings and in the monthly NGO Co-ordination meeting.

***Strategy for 1999 Quarter 2***

In late April, funding of the project was finalised by the Federation Delegation, concluding an agreement with German Red Cross. The second quarter training of volunteers and community leaders will take place in co-operation with the State MOH. Key staff will participate in regional workshops on ERU and participatory approaches to hygiene promotion. The Field Officers and Supervisors will be replaced by qualified individuals from among the camp population.

Projecting further, the third and final quarter will see a continuation of ongoing activities, i.e. the running of the water distribution system and an untiring input of home visits and public sessions.

***Looking ahead: the project in year 2000 and beyond***

The displaced persons are likely to remain in the camps and it seems inevitable that SRCS will continue this very vital project during the next two years or more. However, a purposeful move towards increasing participation from the communities will be planned. Bearing in mind that a change in the direction of a cost recovery scheme will need the understanding and support of the GOS, talks on this important subject should be initiated in close contact with other NGOs.

**Malaria Control, Prevention, Treatment ●**

The aim of the project is to reduce the rates of morbidity and mortality attributed to malaria in the Northern state, Hay Al Ingaz in Kosti, White Nile, Al Hosh in Gezira state and the three IDP camps in Khartoum. This is to be achieved through the malaria awareness campaigns, vector control, chemo-prophylactics among defined risk groups and the treatment of cases in SRCS clinics.

This project could be replicated in other branches where malaria is hyper-endemic. However limited funding allowed for the continuation of the projects in Khartoum and (partly) White Nile states only.

During the reporting period efforts were made to reorganise the volunteers and community leaders within the Khartoum camps, the roles and responsibilities and the weekly schedules for activities were well defined. Emphasis has been placed on health education and the use of larvicide to prevent mosquito breeding.

#### *Achievement of Objectives*

Considering the five immediate objectives established in the Project Document, little can be reported at this time. Producing baseline information is ongoing in Khartoum state, and some curative and prophylactics services have been carried out in Khartoum and White Nile.

The objectives set out should be met by a number of practical inputs, health education on malaria transmission, recognition and prevention being one of them. A plan was adopted for how many home visits and lectures/public classes to be managed per month. Figures for January-April show the following.

Camp	Home visits			Lectures			Beneficiaries
	<i>Planned</i>	<i>Performed</i>	%	<i>Planned</i>	<i>Performed</i>	%	
El Salam	2,460	1,279	51.99	580	577	99.48	22,530
Jebel Awlia	1,990	1,750	87.94	425	385	90.59	32,021
Wad Elbashir	1,430	1,330	93.01	352	256	72.73	21,329
<b>Total</b>	<b>5,880</b>	<b>4,359</b>	<b>74.13</b>	<b>1,357</b>	<b>1,218</b>	<b>89.76</b>	<b>75,880</b>

In White Nile, 97 out of 117 planned home visits took place (83%), with 9 out of 12 planned lectures (75%).

On diagnosis and treatment, the project laboratories in Khartoum examined 1,284 suspected cases of which 961 were positive. Approximately 33% of the total number of patients reporting to SRCS clinics were malaria patients of which 29% were children under 5 and 17% were pregnant women.

In White Nile, out of 2,523 cases, 721 were found positive (29%). 270 children under 5 were given treatment.

Prophylactics treatment was provided to 1,660 pregnant women in December 1998. In White Nile, 34 pregnant women were given malaria prophylactics.

Regarding vector control, Abate larvicide was used to spray the stagnant pools of water around the water distribution points to assist in reducing breeding. 269 water points and 17,480 houses were sprayed, while in White Nile 453 houses were sprayed.

#### *Needs monitoring/New developments*

The programme is well received and considered to be of great importance to the community. No amendments are needed. Impregnated mosquito nets (locally produced) have been introduced.

***Integration of key RC/RC priorities***

*Capacity building:* There is an essential training component built in to the programme. An extensive description will be included in the next report, since most training is scheduled for June.

*Dissemination opportunities:* Mainly carried out through IEC sessions in mosques, churches and courts etc.

*Volunteers' role in the project:* Volunteers play a main role in Health Education (home visits/public sessions). Volunteers contribute in control activities, spraying and digging drenches.

***Constraints, Problem Areas***

Lack of funds has delayed the extension of the programme to other states. Another problem encountered in the Khartoum camps are lack of storage facilities and transport/mobility difficulties.

***Co-ordination and co-operation***

The project co-ordinates regularly with the Ministry of Health and NGOs present in the camps.

***Strategy for 1999 Quarter 2***

Some of the activities within the project should be carried out in the appropriate time of the year to be most effective. This is of special importance on vector control activities. Both Khartoum and White Nile states have timetables for interventions (opening drains and spraying in June-September).

Provided funds are available, some procurement for Gezira and Northern state will take place, while the project start in these states will be postponed until next year.

***Looking ahead: the project in year 2000 and beyond***

Expected to be one of the priority areas in the ARCHI plan, SRCS will continue to expand the combat of the malaria disease in the years to come.

As from the year 2000, the programme aims to adopt the following strategies:

- w Health education and awareness creation;
- w Production of impregnated mosquito nets at low cost;
- w Distribution of hand tools to the community leaders community;
- w Training of teachers, volunteers and community leaders;
- w Use of larvicide to control mosquito breeding.

**Relief Health Services for Refugees and Local Populations ●**

SRCS provides integrated preventive and curative health and nutrition services including selective feeding programmes, MCH, immunisation, and home visits. Most of these activities are open for refugees and non-camp Sudanese residents. With UNHCR, the main funding agency, an agreement covering SRCS' implementing role has been signed. Following a reassessment of the needs, a revised budget was adopted in April, limiting IFRC funding to CHF 72,000 (or approximately 12% of the total budget).

By now, SRCS has been engaged in the programme for some seven years. In Kassala, about 178 staff are employed, with some 82 in Gedaref. Salaries are covered by UNHCR as are drugs supply, maintenance and repair of vehicles.

Poor funding for the UNHCR Sudan programmes has placed SRCS in a difficult situation. This has been brought to the attention of UNHCR by the Federation Delegation.

### ***Achievement of Objectives***

The long-term objective of the programme is to maintain high standards of health care for the refugee population, in line with the internationally accepted standards. In order for morbidity and mortality to be decreased, health education will be intensified, as well as the training of staff as a recurrent activity.

During the four month period, the general camp situation has improved (Kassala).

### ***Needs monitoring/New developments***

It has been possible for the programme to meet the needs of Sudanese living in the vicinity of the camp, but unfortunately, UNHCR/COR have not recognised the need for medicines required for the larger population.

In February, contingency plans for a possible huge influx of refugees from Eritrea/Ethiopia were updated by the Federation in co-operation with SRCS and UNHCR. So far, only a few families (women and children) have arrived, but several thousand new IDPs are adding to the workload of WFP and other organisations engaged in these camps.

### ***Integration of key RC/RC priorities***

*Capacity building:* Over the years, the two State Branches of Kassala and Gedaref have gained considerable experience by working with UNHCR and COR for the refugees. There are above all special reporting requirements to meet and it is necessary to have good knowledge of internationally recognised approaches to working with refugee populations. The assignment requires a reliable infrastructure including means of communication (radios, faxes, computers) for which staff training has been done, adding to the development of the Branches.

*Dissemination opportunities:* The many home visits and public sessions give continuous opportunities to inform about the SRCS and what it stands for -- an important activity since the camps are operated under UNHCR's mandate.

*Volunteers' role in the project:* At present about 150 volunteers are engaged in the projects, out of which about 100 in Kassala. Most of these are refugees themselves, with only a few Sudanese. The volunteers are recruited from among those participating in First Aid training, where the staff can identify suitable persons to recruit.

### ***Constraints, Problem Areas***

Funding problems on the part of UNHCR is perhaps the predominant reason for some setbacks in the projects. Repair and replacement of vehicles are delayed or not available, some medicines are missing (chloroquin in particular), sanitation problems are being neglected and some staff concerns are not addressed. An ambulance to serve 24 hours for referrals from Wad Sherifai to Kassala is very much needed; now an old pickup is the only vehicle available for the job. All these issues have been raised by other implementing partners (national NGOs as well) and UNHCR headquarters in Khartoum has been notified.

The Federation is facing similar difficulties in raising funds, which to some extent is the reason for the budget revision which took place in April.

### ***Co-ordination and co-operation***

The role as an implementing partner requires a close co-operation with UNHCR and COR. In addition, the two Branches meet regularly with national NGOs participating in refugee assistance.

***Strategy for 1999 Quarter 2***

With the Project Agreement recently signed, operations should proceed for the rest of the year. Training sessions in preventive health care for SRCS volunteers and community participants is being planned. A special emphasis will be put on ways to solve current constraints.

***Looking ahead: the project in year 2000 and beyond***

Closure of the refugee camps is long overdue and repatriation or assimilation should have taken place. But these are political issues where SRCS' role is very limited. Knowing that the welfare of almost 100,000 people to a large extent is dependant on the much appreciated work of SRCS, there is little alternative but to remain. However, since the emergency character of the projects are no longer apparent, a slightly different perspective should be considered to support improved strategic planning for the refugees and the Sudanese (IDPs and others) living in villages surrounding the refugee settlements.

**Meningitis outbreak ●**

Sudan is one of the countries in the sub-Saharan meningitis belt and has experienced cyclical outbreaks of meningitis over the past few decades. The last major occurrence was in 1989 and the current epidemic has followed the 10 year cycle. The outbreak was first observed in North Darfur state in December 1998 but spread rapidly over a two month period to 12 other states, travelling along the main road and rail transport routes. It has since moved into new areas and now affects 17 states in Sudan, including the Upper Nile region in the south of the country, and some states in the north (River Nile, Northern) which are not considered, typically, to be in the meningitis belt. The epidemic reached its peak between the end of April and the beginning of May.

The Federation has responded to the government appeal, first with 150,000 doses of vaccines and a health education campaign, later by launching an appeal with SRCS taking the implementation role in six (and later seven), states. The appeal had four main elements: the improvement of reporting and analysis of epidemiological data; raising public awareness of symptoms, strategies for reducing risk of infection and the availability of treatment; a vaccination programme for the target groups identified by the International Co-ordination Group or ICG (WHO, UNICEF, IFRC, MSF) ICG; and improved case management and treatment protocols.

The appeal was fully funded. In early May, an extension to the appeal was launched, since the outbreak continued to spread. The activities were increased: the target groups were broadened, with two more states added to the programme (Northern and River Nile), and the health and hygiene elements of the programme were strengthened.

For further information, please see separate Appeals and Sitreps.

***Strategy for 1999 Quarter 2***

The vaccination campaign is expected to be concluded in early June. The most important work to be done in May-June is therefore the planning of a preparedness programme, creating a Meningitis Task Force and implementing a plan to allow better monitoring and faster and more effective response once an outbreak is reported.

---

## ***Outstanding needs***

The programme has been effectively started based on the initially available funding, but further support is need for all the activities to proceed as planned.

## ***External relations - Government/UN/NGOs/Media***

See above sections on Coordination and Co-operation.

## ***Contributions***

See Annex 1 for details.

Peter Rees-Gildea  
Director  
Operations Funding and  
Reporting Department

Bekele Geleta  
Director  
Africa Department