

SUDAN: FLOODS

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2000

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situation report no. 4 (final)
period covered: December, 1998*

The Sudanese Red Crescent Society (SRCS), with Federation support, provided timely assistance, monitoring and follow-up of the operation in the areas which suffered the greatest degree of damage and where no other international NGO was operational. Generous assistance from governments, national societies, and other donors ensured that the appeal was fully covered and that the victims received the assistance required. The Regional Delegation was also instrumental in providing support in the areas of needs assessments, logistics, DPP training, and information. Lastly, support for staff training and bilateral visits from PNSs strengthened the operational capacity and provided effective technical input.

The context

Between August 29 and September 2, 1998, high water levels of the Atbara, Blue Nile, White Nile and Nile rivers coupled with unusually heavy rains caused severe flooding in Sudan. The River Nile, Northern state, White Nile, Kassala, Gadarif, and Sennar states were most severely affected by the floods, resulting in many deaths, destroyed homes, schools, health facilities, roads and bridges. 338,000 flood victims were declared by the Government of Sudan, the majority of whom were already living in hardship.

To respond to the situation, the International Federation launched an appeal on behalf of the Sudanese Red Crescent Society (SRCS) on September 6, 1998.

The amount sought in cash, kind and services was 3,855,000 CHF. The items required included blankets, tarpaulins, cooking sets, water pumps, sprayers, hand tools, chemicals, medical equipment and medical kits. The whole appeal was covered with the exception of the cooking sets. Services and contributions in kind were given by the Spanish, German, United Arab Emirates, and Iranian National Societies. DPP stock was also provided by some national societies.

The bulk of the cash element of the appeal was covered by the Department for International Development (DFID)/British Red Cross and ECHO.

The German, Italian and Japanese Red Cross Societies provided considerable support, and cash contributions were received as well from the Arab Secretariat, USAID and the Canadian, Danish,

Finnish, Icelandic, Monaco, Netherlands, Norwegian, Singapore, Sweden, Swiss and American Red Cross Societies.

The target number of beneficiaries was 95,500 individuals who urgently needed both health and relief assistance for a duration of 2 months. The beneficiary figure was later increased to 158,000, and the health operation extended for a further one month after additional health risks were identified.

The targeted beneficiaries were those who lived in the areas which experienced the greatest degree of damage by the floods and where there was no international NGO presence.

Red Cross/Red Crescent action

Operation ●

The operation was planned for a duration of three months, from October 1 to December 31, 1998.

The objective of the SRCS and Federation were to:

- provide emergency relief to 158,000 persons in the form of shelter, cooking sets, food, charcoal, medicines and sanitary services;
- assist in medical treatment and in prevention of disease and malaria;
- mobilise volunteers to provide health education to prevent in the spread of infectious diseases;
- ensure equitable distribution of relief assistance;
- enhance and build the response capacity of local SRCS branches; and finally
- advocate Red Cross and Red Crescent principles and the Code of Conduct.

The Federation and SRCS drew up plans of action for each of the relief and health interventions. Both plans outlined operational requirements, identification of intervention items and distribution priorities by state.

Relief Plan

The relief plan was drawn up in collaboration with the SRCS directors in each of the six affected states. Two initial phases and a transitional phase were identified, the first of which entailed preventative health care measures where priority was given to evacuating stagnant water, activating SRCS volunteers to train affected populations on control measures, and training SRCS volunteers on the prevention and treatment of cholera. The first phase also included distribution methods and priorities for the emergency scenario. The transitional phase outlined needs for improvements on environmental sanitation and on going evaluation especially on the health situation so as to prepare the branches for future emergencies (leading to the Wadi Halfa Rehabilitation plan). The second phase involved the provision of technical expertise, and preparations for sustainable agricultural methods (as was proposed for the Northern state), promoting a "food for work" policy, and carrying out training on malaria control and disaster preparedness.

The relief plan was initially intended to assist 95,500 individuals with food and non-food assistance. The food component was eventually revised as the government of Sudan made a decision to distribute food through its own channels. The non-food assistance included 20,000 blankets, 20,000 cooking sets, 19,100 tarpaulins, 35 water pumps, 35 sprayers, and 2,000 hand tools. All non-food assistance requirements were covered with the exception of the cooking sets which were eventually dropped from the appeal budget as the need ceased to exist (traditional coping mechanisms were re-established by the time the response to the appeal was determined). In-kind items were donated by the Spanish Red Cross, ECHO, and the German, Swedish, Iranian and United Arab Emirates national societies. Two Disaster Preparedness and Planning (DPP) workshops were carried out to train key personnel from strategic branches.

Health Plan

The health plan was conceived to repair the damage to the health care systems which occurred as a result of the floods. The objectives of the plan were to prevent an increase of morbidity and mortality of major water borne diseases, and to design an SRCS programme accordingly, targeting the most vulnerable in the community. This was planned to be achieved by equipping the branches with medical equipment, medication, vector control chemicals, and providing health education sessions on the prevention of infectious diseases. The plan established general strategies for the implementation of the health intervention and strategies for specific technical intervention in the fields of water and sanitation, diarrhoea, eye infections, malaria, anaemia, acute respiratory tract infections, measles immunisation and health education. Steps were also designed for the co-ordination of the implementation of the operation, the medication and the medical equipment required, the method by which goods would be distributed, the operations and operational structures, the reporting requirements and the methods of evaluations. The budget of the whole plan was also drawn up.

The health plan was intended to assist 158,000 flood victims in the affected states, of whom 23,700 were children under five years of age. 26 New Emergency Health Kits (NEHK), 4 cholera kits and 24 Basic Health kits, in addition to complementary drugs and medical material, were allocated in accordance with the Health Plan of Action. 6,000 litres of malathion, 3,920 litres of abate, and 200 sprayers were procured for the targeted areas for the purposes of vector control. Training and health education was carried out at the headquarters and state levels, covering 50 locations in total. Health education material was produced and provided to health facilities and schools in all the targeted states.

Delegation

The role of the Federation's delegation in Sudan is to provide technical support and to assist with monitoring and reporting on financial and operational aspects, and the SRCS is the implementing agency. The Federation also provided assistance in formulating each of the health and relief plans of action, as well as logistics and reporting support. A Disaster Preparedness (DPP) delegate from the regional delegation also facilitated in the DPP workshop in Khartoum held for the state branches. Regional delegation support was also provided in the areas of information and logistics.

Participation of the Operating National Society

A co-ordinator for the floods operation was appointed by the SRCS to manage mechanisms set by governmental authorities and to monitor the operation. The SRCS mobilised volunteers to evacuate people whose homes had been destroyed, to distribute relief items and to participate in the control of the spread of disease. The SRCS also provided experienced relief monitors, logisticians, community based first aiders, and health educators. The National Society also ensured the equity and non-discrimination in the distribution of health and relief assistance.

Co-operation with the Authorities and with other agencies

Working relations with the national authorities have been smooth and without complications. The main bodies involved were the Ministry of Health at both federal and state levels, the Ministry of Finance at the federal level, and the Customs department. Apart from governmental authorities, the Federation and SRCS had no counterparts.

Analysis of the Operation ●***Needs Assessment***

Four needs assessment missions were carried out by the SRCS and Federation in the initial stages of the emergency to the states affected by the floods. Each mission formed recommendations which provided the basis of the appeal. Following the launch of the appeal, the health component was increased, resulting in a new total of 158,000 beneficiaries in the targeted states accompanied by a revised budget. Subsequent follow-up missions were undertaken to monitor the progress of the operation.

Objectives/Plan of Action

The following objectives were established:

- To provide emergency relief to 95,500 individuals, and to 158,000 individuals in the field of health.
- To assist in medical treatment and in the prevention of the spread of disease.
- To mobilise volunteers to provide health education on the prevention of infectious disease.
- To ensure equity in the distribution of the relief and medical assistance with a view to specifically addressing the needs of women and children.
- To enhance and build the response capacities of the local branches.
- To advocate Red Cross and Red Crescent principles and Code of Conduct through active participation in the co-ordination mechanisms set up by the governmental authorities.

Other than the increase in the number of beneficiaries for health assistance and the removal of the cooking sets from the revised appeal, both the Health and the Relief Plans of action were executed in accordance with the objectives initially set out. The plans of action were also carried out as originally conceived with no changes with regards to the quantities distributed per state. The main criteria used for the selection of beneficiary areas was the degree of damage caused by the floods and the absence of international NGOs in the six selected states.

Contributions

See Annex 1 for details.

Peter Rees-Gildea
Director
Operations Funding and
Reporting Department

Bekele Geleta
Director
Africa Department