

Programme Update 2007



International Federation
of Red Cross and Red Crescent Societies

Sudan

Programme Update No. 3

Focus on the National Community Health Volunteer Programme (NCHVP)

This report covers the period of 01 June to 11 December 2007.

In a world of global challenges, continued poverty, inequity, and increasing vulnerability to disasters and disease, the International Federation with its global network, works to accomplish its Global Agenda, partnering with local community and civil society to prevent and alleviate human suffering from disasters, diseases and public health emergencies.



Because SRCS volunteers live in the heart of communities, no matter how remote, they are uniquely placed to help in times of crisis. On this photo, a SRCS volunteer provides emergency health care to a woman injured by river flooding.

In brief

Programme Summary: The year 2007 saw an idea borne of a desire to improve effectiveness and efficiency of Red Cross Red Crescent work in Sudan, start materialising. Humanitarian challenges are daunting in Sudan and the National Community Health Volunteer Programme (NCHVP) was designed in an attempt to empower the most vulnerable people in this country to take care of their health problems. In the environment, where specialised hospitals, clinics and medication are not available to the majority, building the local knowledge to deal with most common health risks can be the most affective way to avert human deaths and to improve people's health. The Sudanese Red Crescent society (SRCS) is probably the only indigenous organisation in Sudan that has the ability to build such capacity through its country-wide network of branches and volunteers. Essentially, 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, which is so often featured in the international media with shocking stories of human suffering.

Poverty is widespread in Sudan. Very few have access to basic services such as safe water and health facilities. Among Sudan's 36 million people, life expectancy at birth is 58 years for women and 55 for men. More than half of the women are illiterate, as are three out of ten men. About 17 percent of children under the age of five are underweight. Health care spending is the lowest in sub Saharan Africa at USD 14 per capita, per annum (Source: Human Development Report). Infant and maternal mortality rates are staggeringly high. One in twelve mothers is at risk of dying during pregnancy. Infant mortality rate is 150 per 1,000 live born babies and one out of four children never reaches the age of five years. In some areas the immunisation coverage is close to only 10 per cent.

The prevalence of malaria has been escalating at an alarming rate causing an unacceptably high number

of deaths, many in areas previously free of the disease. Annually, Malaria affects some 7.5 million people and kills some 35,000 people in Sudan. HIV and AIDS has grown into a silent epidemic. Children are now dying of severe forms of the disease. It is estimated around 600,000 people are living with HIV and AIDS in Sudan (i.e., 2.6 per cent of the population). Various assessments show that the knowledge about transmission and preventive measures is very poor. Less than one per cent of the population use condoms. The fear of rejection prevents many from seeking professional help. Arguably the epidemic's cruellest legacy is the orphans it is leaving behind. The number of organisations, however, involved in work against HIV and AIDS is limited.

SRCS, as an auxiliary to the Government of Sudan and a leading grassroots voluntary organisation, has an important role to play to bridge the gap in health provision to the vulnerable communities. The NCHVP supports establishing core groups of trained volunteers in each of Sudan's 26 states to act as a catalyst for community driven health response, prevention and risk reduction activities.

Piloting a new approach, however, is never an easy task. It requires a change of a mindset above all and this takes time. It took nearly six months for the SRCS to kick-start the programme. Every aspect of the new programme had to be thought through meticulously in increase the chances of success. It was important to ensure all stakeholders were on board, i.e., there was a shared understanding of the concept, objectives and the strategy. A broad range of partners was involved in preparation of the programme documents – programme framework, budget and implementation plans. Organising the logistics of the operation was another challenge. The sheer size of the county and difficult terrain required tremendous effort from programme managers to organise forums for discussion, ensure high attendance, to arrange for the procurement and delivery of health items. Although security has improved, the situation was at times volatile, particularly in the south, where inter-tribal clashes occurred periodically restricting access to some of the programme sites. Devastating flooding in the second half of the year tested volunteer preparedness for emergencies but also diverted SRCS focus.

Despite challenges, a significant progress has been made. Teaching materials were revised and translated into Arabic to make health messages more relevant to the local context. Recruitment of the personnel for the implementation of the programme was completed. Volunteer training and community mobilisation has started in six pilot states: Gazeera, Red Sea, Sennar, North Kordofan, Gedaref and Upper Nile. In total, 177 volunteer leaders and 3,806 community volunteers have been trained. The target is to train 104,000 to 184,000 volunteers by the end of 2009. Each locality will have an average of 1,000 trained volunteers.

SRCS volunteers had a number of tasks to deal with in 2007 to respond to chronic problems as well as emergency health needs of their communities. The year, indeed, was tragic for many in Sudan. It saw usually extended and widespread rains triggered devastating flooding. Ravaging waters washed away people's homes and livelihoods. Hundreds were killed and nearly 500,000 people were adversely affected. An outbreak of various diseases – malaria, acute watery diarrhoea (AWD), rift valley fever (RVF) and meningitis only added to the concerns compounding the already dismal conditions. It is estimated some two million people have benefited from the services provided by the SRCS.

Needs: This Update adjusts the total budget for 2006-2007 to CHF 14,057,928 (USD 12.6 million or EUR 8.5 million), out of which 72% is covered. Outstanding needs are CHF 3,978,561 (USD 3.6 million or EUR 2.4 million). [Click here to go to the attached financial report](#) and [here to the revised budget](#).

Related Emergency Appeals:

- Sudan Floods Emergency Appeal (MDRSD004).
- Sudan Meningitis DREF operation (MDRSD003).

No. of people we help: The programme is designed to reach 600,000 and 650,000 people in each of Sudan's 26 states i.e., by the end of 2009, 15 to 17 million people will have been reached. In 2007, some 1.5 million people have benefited from the services provided by the SRCS.

Our Partners: Several partner National Societies contribute to the programme either bilaterally or through the Federation appeal, including Austrian, Danish, German, Netherlands, Norwegian, Spanish, Swedish, Swiss and Finnish Red Cross Societies. SRCS as the leading indigenous humanitarian organisation is actively involved in all coordination forums at national and state levels. It maintains a regular contact with various government ministries, notably Ministry of Health and Humanitarian Affairs (HAC) as well as UN agencies (WHO, UNICEF, UNDP, UNHCR and UNFPA).

Progress towards objectives

Goal: Preventive, curative and emergency health care services at community level are improved through effective Sudanese Red Crescent Society interventions.

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

Expected result 1. The capacity of SRCS to prevent and respond to changing health needs of vulnerable communities has been strengthened.

The programme commenced with a consultative workshop organised in April 2007 with the participation of SRCS health field officers from 19 branches. The workshop laid a solid ground to ensure there is a common understanding of the new concept and objectives. Key milestones and implementation plan was agreed.

The first priority was to revise training materials to make sure they are relevant to the local context. Through a range of discussions and involvement of key partners at all levels, the Community Based First Aid (CBFA) and primary health care manuals and curriculum were updated and translated into Arabic. The new curriculum includes sections on basic first aid techniques (e.g., how to dress wounds, handle breathing problems, broken bones and other emergencies) to mitigate suffering during injuries and accidents. But it also describes possible scenarios for community-based action to respond and prevent disease outbreaks such as diarrhoea, acute respiratory infections and Malaria.

Table 1: List of items procured within the programme

Items	Quantity
Desk top	8
Printers	9
Lap tops	4
Mosquito nets	40,000
Volunteer t-shirts	4,000
Volunteer aprons	5,000
Condoms	180,000
ORS	70,000
ARCHI tool kits	1,500
CBFA manual	1,000
Volunteer certificates	9,000
Multimedia projector	10
Vehicles	2
Motor bikes	9
Bicycles	630

The process aimed at establishing a programme structure began in parallel. A national programme coordinator was recruited in March 2007 to act as a focal point for programme activities assisted by the National Society's various departments. Three regional officers were appointed: one for the south, and another two for northern states (each based in Khartoum and Kassala), as well as branch health officers in each of the targeted states.

Once the key staff was identified, volunteer recruitment and training began. In total, in 2007, 177 volunteer leaders were trained through seven training sessions (see table 2 below for details). Volunteer leaders were selected from amongst the SRCS existing volunteers. Each leader coordinates work of 100 volunteers and serves as a link between the volunteers and the SRCS branches.

Table 2: Volunteer leaders trained in 2007

Month	State	Number of training sessions held	Number of volunteers trained
September	Gazeera	1	25
	Red Sea	1	25
	Sinnar	1	25
October	North Kordofan	1	25
November	Gadarif	1	25
	Upper Nile	1	27
December	Red Sea	1	25
Total		7	177

In total, in 2007, 3,806 community volunteers were trained (see table 3 below for details). The training used interactive methodology. Volunteer background had been carefully examined and sessions were tailored to specific needs of each participant volunteer taking into consideration his/her profile and experience.

Table 3: Community volunteers trained in 2007

Month	State	Number of training sessions held	Number of community volunteers trained
September	Sinnar	11	557
October	Gazeera	11	308
	Red Sea	8	200
	Sinnar	11	535
November	Gazeera	12	171
	Red Sea	13	325
	North Kordofan	7	370
December	Sinnar	4	250
	Gadarif	10	200
	Gazeera	4	100
	North Kordofan	7	370
	Sinnar	2	100
	Gadarif	16	320
	Total	116	3,806

Expected result 2. Awareness of causes of morbidity and mortality among members of vulnerable communities and on provision of basic first aid in targeted states has increased.

The trained volunteers have started to engage with their communities. During the reported period, the focus was largely on promoting safer hygiene and better management of water and sanitation facilities. Volunteers applied Participatory Hygiene and Sanitation Transformation (PHAST) methodology that builds on people's innate ability to address and resolve their own problems. ARCHI tool kit was used during community discussions. The tool kit consists of drawings made by local artists to reflect the local culture and conditions. The materials have been vital for helping group participants to develop the skills and confidence, to think problems through, to identify solutions and a plan for change. Several clean-up campaigns were organised in some states. Results have been remarkable. Subsequent monitoring has revealed that hygiene behaviours and sanitation in the targeted areas have indeed improved (residential areas are cleaner; garbage is collected regularly and disposed safely) and there is an increased awareness of water and vector-borne diseases (demonstrated in increased and consistent use of mosquito nets, hand washing and household treatment of water).

Table 4: SRCS engagement with communities - summary

Month	State	Garbage clean up campaigns	Home visits	RVF health education
September	Sinnar	4	557	-
October	Gazeera	3	2	-
	Sinnar	3	200	150
November	Gazeera	4	8	-
	Red Sea	-	265	-
	Sinnar	1	50	50
	Gadarif	-	-	30
December	Gazeera	4	-	-
Total		19	1,082	230

Expected result 3. Morbidity and mortality due to public health emergencies have reduced.

Progress: Massive health education campaigns were rolled out by SRCS trained volunteers across the county to avert major health epidemics. Volunteers worked round the clock and demonstrated an inspiring dedication.

The year 2007 saw chronic conditions compounded by a number of new troubles. Severe outbreaks of acute watery diarrhoea (AWD) were recorded in Kassala and Gedaref states. The epidemic started in April and already in October 2007, the number of confirmed cases increased to 1,597. The number was lower than in previous years (the 2006 outbreak, which lasted from April to November, led to more than 9,000 cases throughout northern Sudan). But the rapid spread of the disease required immediate action to contain the epidemics. Some 1.3 million people in Kassala and Gedaref were provided by the SRCS with safe water through mass water chlorination during the two most critical months. 1,500 volunteers were engaged in the operation during the peak of the epidemic. The AWD/Cholera outbreak was contained. No new cases have been registered since the end of November 2007. Mass water chlorination has now been discontinued.

During the cholera outbreak in the south earlier this year, SRCS volunteers visited 152,000 households in Bentiu, Terekeka and Juba to educate on preventive measures. The health promotion efforts were undertaken in Malakal and Wau (in Momoi village) as well and were combined with household distribution of water treatment products and hygiene items. Because Red Cross volunteers live in the heart of communities, no matter how remote, they are uniquely placed to help in times of crisis. Several clean-up campaigns were organized in residential zones. Volunteers cleaned close to 3,000 water points,

distributed 32,000 chlorine tablets, demonstrated the use of oral rehydration salts (ORS) and disseminated information about cholera through drama performances. Over 200 volunteers were engaged in house to house distribution. The measures were crucial to curb the spread of the disease.

Another concern was the spread of the Rift Valley Fever (RVF). The disease outbreak as recorded shortly after the flood waters started receding. The death toll climbed to 173 out of 548 people (case fatality rate of 31.76 per cent), by 5 December 2007. Human cases of RVF were reported in White Nile, Sennar, Jazeera and River Nile states in central and eastern Sudan. Government requested SRCS support with insecticides, mosquito nets and human resources (volunteers) to engage in vector control activities and community education in the affected areas. 3,000 mosquito nets were dispatched immediately by the SRCS from its warehouse in Khartoum. Additional 5,000 nets are being mobilized through the Federation's global programme. 1,500 nets to be distributed in Gezira, another 1,500 nets in White Nile state and additional 2,000 nets will be dispatched to Sennar state. Community will be mobilized in two affected states: Gezira and River Nile. In total, some 147 volunteers will be engaged in RVF prevention campaign (84 volunteers in Gezira and another 63 in River Nile state) Education materials (100,000 posters, 200,000 pamphlets and a film) on RVF prevention developed by the Ministry of Health and UNICEF, to be distributed/shown in the affected villages by mobile SRCS volunteer teams. Community training started on 31 November 2007. Some 100,000 houses are expected to be visited by SRCS trained volunteers. Volunteers also to organise house-to-house spraying of insecticides. Insecticides provided by the Ministry of Health. SRCS campaigners will organise garbage clean-up campaigns and cleaning of wells, drains and water containers as well.

To make matters worse, unconfirmed cases of Meningitis began to be reported towards the end of October 2007. Meningitis is an infection of the thin lining that surrounds the brain and spinal cord. Often transmitted by coughing or sneezing, it can cause complications including brain damage and deafness. About 5-10 percent of patients die from the illness, according to the WHO. The highest burden of the disease occurs in the 'African meningitis belt', stretching from Senegal in the west to Ethiopia in the east, with an estimated total population of 300 million people. The disease mainly occurs during the dry season, from December to June. The most serious recent outbreak occurred in 1996, when more than 250,000 cases and 25,000 deaths were registered across Africa. This year, Meningitis killed nearly 2,000 people in four African countries - Burkina Faso, Sudan, Uganda and the Democratic Republic of the Congo (DRC) since the start of the epidemic this year. Sudan was one of the most affected countries. Nearly 1,000 people were killed. The outbreak started in Southern Sudan and spread rapidly to other areas affecting in total 22 of Sudan's 26 states.

A DREF allocation was made in April 2007 to support SRCS action in response to the meningitis outbreak i.e., to procure 6,700 doses of drugs (antibiotics) sufficient for 6,700 patients and to mount a public education campaign. The high tide receded with the arrival of rains in July 2007, but with the onset of the dry season new cases are being registered. The SRCS, in coordination with the Ministry of Health and other partners, is developing a contingency plan to mitigate the impact.

It is estimated some two million people have benefited from health services provided by the SRCS in 2007.

Constraints

Piloting a new approach is never an easy task. It requires a change of a mindset above all and this takes time. It took nearly six months for the SRCS to kick-start the programme. Every aspect of the new programme had to be thought through meticulously in increase the chances of success. It was important to ensure all stakeholders were on board, i.e., there was a shared understanding of the concept, objectives and the strategy. A broad range of partners was involved in preparation of the programme documents – programme framework, budget and implementation plans. Organising the logistics of the operation was another challenge. The sheer size of the county and difficult terrain required tremendous effort from programme managers to organise forums for discussion, ensure high attendance, to arrange for the procurement and delivery of health items. Political instability, tensions between north and south,

recurring inter-tribal clashes have posed additional constraints. Access to some of the programme sites was not at times possible. Devastating flooding tested volunteer preparedness for emergencies but also diverted SRCS focus from ongoing programmes. Despite challenges, nevertheless, a significant progress has been made. The programme is well on track now. A strong foundation has been laid to build on during the coming two years.

Working in partnership

Several partner National Societies contribute to the programme either bilaterally or through the Federation appeal, including Austrian, Danish, German, the Netherlands, Norwegian, Spanish, Swedish, Swiss and Finnish Red Cross Societies. SRCS as the leading indigenous humanitarian organisation is actively involved in all coordination forums at national and state levels. It maintains a regular contact with various government ministries, notably Ministry of Health and Humanitarian Affairs (HAC) as well as UN agencies (WHO, UNICEF, UNDP, UNHCR and UNFPA).

As part of the global initiative, the new framework for partnerships – operational alliances – is piloted in Sudan. The framework is building on the Development Cooperation policy and underlines the lead role of the SRCS in defining its own priorities. An active involvement and support of partner National Societies in the development of the programme was, therefore, important to transform their fragmented engagement into a stronger and broader (programme-level) alliance. Operational alliance agreements are signed with the Austrian and Netherlands Red Cross Societies. With others, discussion is ongoing.

Table 5: SRCS partners supporting the NCHVP

PNS	Branches	Mode of cooperation
Swedish Red Cross	<ul style="list-style-type: none"> • Gazeera • Sennar • Gedarif • North Kordofan • Upper Nile • Unity 	Multilateral/through Federation appeal
Norwegian Red Cross	<ul style="list-style-type: none"> • Red Sea • Lake • Plans to expand 	Multilateral/through Federation appeal
Netherlands Red Cross	<ul style="list-style-type: none"> • Juba (Laniya locality) 	Bilateral partnership with SRCS.
Swiss Red Cross	<ul style="list-style-type: none"> • To be confirmed; branch assessment currently ongoing. 	

Contributing to longer-term impact

The NCHVP is attempting to support an instrumental role the SRCS has to play in responding to daunting humanitarian challenges that face hundreds of thousands of people in Sudan. It is targeting 600,000 and 650,000 people in each state i.e., some 15 to 17 million people are expected to be reached over the period of three years (i.e., by the end of 2009). These are the poorest of the poor, whose coping mechanisms have been undermined by years of conflict, displacement, poverty, climatic shocks and health epidemics. In 2007, it is estimated the SRCS has reached some two million people. Their health has as a result improved. Major health epidemics were averted and many lives have been saved.

The health education campaigns contributed to reducing child mortality and improving maternal health. Although deaths and new infections are still quite high, interventions that promote behavioural change are proving successful.

Via peer education, SRCS is hoping to reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity. Through CBFA and PHAST training, SRCS contribute to creating more self-sufficient communities.

Baseline survey has been developed and was piloted in Juba. In 2008, the survey will be expanded to other targeted branches to register health and demographic data. This will enable to measure both the immediate and longer-term impact of the programme as it picks up the pace in the coming year.

Looking Ahead

Given the pilot nature of the programme, a phased approach is being applied. The initial focus is on eight branches. Target areas were selected considering the level of vulnerability, exposure to natural disasters, the number of health facilities and health personnel, as well as SRCS branch capacity and commitment.

The programme will be expanded gradually to other branches over the coming two years. Achievements as well as challenges encountered will be reviewed periodically. A mid-term evaluation is planned at the end of 2008. Findings will be incorporated into future planning. Attention will be directed towards improving the quality of volunteer training. Developing a coherent approach to volunteer management will be equally important. Efforts will continue to engage more young people in the SRCS work and to broaden the human resource base of the National Society. SRCS is promoting appropriate participation of both men and women in its programmes for gender-sensitive delivery of services. The diversity of the volunteer base will be a unique asset for sustainable activities.

For further information please contact:

- **In Sudan:** Osman Gafer Abdalla, Secretary General, Sudanese Red Crescent Society, Khartoum; email: srcs_sg@yahoo.com; telephone +249.83.78.48.89.
- **In Sudan:** George Gigiberia, Federation Country Representative; email: george.gigiberia@ifrc.org; telephone +249.83.77.10.33.
- **In Kenya:** Asha Mohammed, Head of Zone, Eastern Africa, Nairobi; email: asha.mohamed@ifrc.org; telephone: +254.20.283.51.24.

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BUDGET 2006

PROGRAMME BUDGETS SUMMARY

Appeal no.: MAASD001

Name: SUDAN APPEAL

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter	0	106,847	0	0	0	0	106,847
Construction	0	0	0	0	0	0	0
Clothing & Textiles	0	5,159	0	0	0	0	5,159
Food	0	3,773	0	0	0	0	3,773
Seeds & Plants	0	0	0	0	0	0	0
Water & Sanitation	60	127,232	0	0	0	0	127,292
Medical & First Aid	34,106	582	0	0	0	0	34,688
Teaching Materials	0	0	0	0	0	0	0
Utensils & tools	430	43,566	0	0	0	0	43,996
Other Supplies & Services	0	217	0	0	0	0	217
SUPPLIES	34,596	287,376	0	0	0	0	321,972
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	123,863	0	0	0	0	123,862
Computers & Telecom	4,857	44,102	3,087	38,257	104,470	0	194,773
Medical equipment	0	0	0	0	0	0	0
Other Equipment	0	0	0	0	0	0	0
LAND, VEHICLES & EQUIPMEN	4,857	167,965	3,087	38,257	104,470	0	318,635
Storage	175	29,346	0	0	4,684	0	34,205
Distribution & Monitoring	0	16,783	0	3,210	154	0	20,147
Transport & Vehicles cost	4,648	247,400	0	17,218	57,854	0	327,120
TRANSPORT & STORAGE	4,823	293,529	0	20,428	62,692	0	381,472
International Staff	43,937	403,038	0	5,545	399,637	0	852,156
Regionally Deployed Staff	0	795	0	0	0	0	795
National staff	75,250	63,716	25,700	147,340	404,695	0	716,700
National Society Staff	0	38,300	0	0	0	0	38,300
Consultants	4,994	23,239	0	0	82,290	0	110,523
PERSONNEL	124,181	529,088	25,700	152,885	886,622	0	1,718,475
Workshops & Training	23,765	26,499	63,723	46,994	10,918	0	171,899
WORKSHOPS & TRAINING	23,765	26,499	63,723	46,994	10,918	0	171,899
Travel & related expenses	11,095	112,240	0	64,450	43,621	0	231,406
Information & Public Rela	301	4,300	325	5,417	14,452	0	24,795
Office Running Costs	2,919	59,145	90	8,422	152,352	0	222,928
Communication Costs	1,813	75,955	0	16,962	34,534	0	129,264
Professional Fees	0	0	0	8,051	18	0	8,069
Other General Expenses	78	35,708	15	12,188	16,703	0	64,692
GENERAL EXPENDITURE	16,206	287,348	430	115,490	261,680	0	681,154
Asset Depreciation	0	0	0	0	0	0	0
DEPRECIATION	0	0	0	0	0	0	0
Contributions & Transfers	0	0	0	0	0	0	0
CONTRIBUTIONS & TRANSFERS	0	0	0	0	0	0	0
Programme Support	14,490	110,660	6,461	26,004	92,208	0	249,823
PROGRAMME SUPPORT	14,490	110,660	6,461	26,004	92,208	0	249,823
TOTAL BUDGET:	222,918	1,702,465	99,401	400,058	1,418,590	0	3,843,431

BUDGET 2007

PROGRAMME BUDGETS SUMMARY

Appeal no.: MAASD001

Name: SUDAN Appeal 2007

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter	0	137,590	0	0	0	0	137,590
Construction	0	130,000	0	0	0	0	130,000
Clothing & Textiles	0	893,886	0	0	0	0	893,885
Food	0	0	0	0	0	0	0
Seeds & Plants	0	0	0	0	0	0	0
Water & Sanitation	1,184,850	127,461	0	0	0	0	1,312,311
Medical & First Aid	0	373,165	0	0	0	0	373,164
Teaching Materials	0	228,895	0	0	0	0	228,895
Utensils & tools	0	284,460	0	0	0	0	284,460
Other Supplies & Services	0	0	0	0	0	0	0
SUPPLIES	1,184,850	2,175,457	0	0	0	0	3,360,307
Land & Buildings	0	54,900	0	200,000	0	0	254,900
Vehicles	36,300	196,035	0	25,200	0	0	257,535
Computers & Telecom	23,750	149,457	0	91,965	4,000	0	269,172
Medical equipment	0	0	0	0	0	0	0
Other Equipment	0	0	0	0	0	0	0
LAND, VEHICLES & EQUIPMEN	60,050	400,392	0	317,165	4,000	0	781,607
Storage	0	3,273	0	0	0	0	3,273
Distribution & Monitoring	0	454,361	0	0	0	0	454,360
Transport & Vehicles cost	42,180	147,679	0	77,924	51,100	0	318,882
TRANSPORT & STORAGE	42,180	605,313	0	77,924	51,100	0	776,516
International Staff	292,800	721,342	0	72,000	360,000	0	1,446,141
Regionally Deployed Staff	0	0	0	0	0	0	0
National staff	180,622	154,300	0	112,877	180,000	0	627,799
National Society Staff	30,000	208,798	10,000	171,455	0	0	420,253
Consultants	0	6,800	0	14,262	0	0	21,062
PERSONNEL	503,422	1,091,240	10,000	370,594	540,000	0	2,515,256
Workshops & Training	308,390	579,609	35,000	279,771	0	0	1,202,769
WORKSHOPS & TRAINING	308,390	579,609	35,000	279,771	0	0	1,202,769
Travel & related expenses	50,356	65,902	6,500	44,000	7,000	0	173,757
Information & Public Rela	15,000	28,000	37,000	27,142	1,700	0	108,842
Office Running Costs	73,574	90,125	1,500	89,831	106,700	0	361,730
Communication Costs	21,600	105,076	0	25,447	22,200	0	174,323
Professional Fees	0	9,760	0	0	0	0	9,760
Other General Expenses	43,074	5,411	9,000	24,000	4,200	0	85,685
GENERAL EXPENDITURE	203,604	304,274	54,000	210,420	141,800	0	914,097
Asset Depreciation	0	0	0	0	0	0	0
DEPRECIATION	0	0	0	0	0	0	0
Contributions & Transfers	0	0	0	0	0	0	0
CONTRIBUTIONS & TRANSFERS	0	0	0	0	0	0	0
Programme Support	160,067	358,458	6,882	87,307	51,228	0	663,942
PROGRAMME SUPPORT	160,067	358,458	6,882	87,307	51,228	0	663,942
TOTAL BUDGET:	2,462,563	5,514,743	105,882	1,343,181	788,128	0	10,214,497

International Federation of Red Cross and Red Crescent Societies

MAASD001 - Sudan

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2006/1-2007/12
Budget Timeframe	2006/1-2007/12
Appeal	MAASD001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget	6,455,655	3,707,138	205,283	1,743,240	1,946,612	14,057,928
B. Opening Balance	160,268	326,223	4,423	95,057	78,919	664,891

Income

Cash contributions (received)

American Government		965,600				965,600
American Govt, PR&M		0				0
Australian Red Cross		4,863			4,823	9,685
British Red Cross	0	0	0	0		0
Danish Red Cross		1,142				1,142
DFID Partnership	12,473	33,926	4,989	18,959		70,347
Finnish Red Cross	324,000	1,035,523				1,359,523
Great Britain - Private Donors	-963					-963
Monaco Red Cross		31,089		31,600		62,689
New York Office		16,746				16,746
New Zealand Red Cross		48,164				48,164
Norwegian Red Cross	966,918			165,648	58,675	1,191,241
On Line donations		4,760				4,760
Other	100,000					100,000
PACT	5,904					5,904
South Africa Government					62,130	62,130
Spain - Private Donors		1,559				1,559
Swedish Red Cross	1,012,237	445,261		2,952,334	161,928	4,571,760
Taiwan Red Cross Organisation					0	0
UN Environment Programme		59,040				59,040
UNICEF (UN Agency)		39,360				39,360
United Arab Emirates Red Crescent				5,000		5,000
United States - Private Donors		21,525				21,525
C1. Cash contributions	2,420,569	2,708,557	4,989	3,173,541	287,556	8,595,212

Outstanding pledges (Revalued)

Finnish Red Cross					77,004	77,004
Monaco Red Cross		-31,130				-31,130
Norwegian Red Cross	0			107,749		107,749
Swedish Red Cross	300,000					300,000
UN Environment Programme		-61,950				-61,950
UNICEF (UN Agency)		12,823				12,823
C2. Outstanding pledges (Revalued)	300,000	-80,257		107,749	77,004	404,496

Reallocations (within appeal or from/to another appeal)

American Government	16,898	-516,898	100,000			-400,000
American Govt, PR&M					400,000	400,000
American Red Cross	0					0
British Red Cross		-51				-51
DFID Partnership	-12,473	-33,926	-4,989	-18,959		-70,347
DREF		-500,000				-500,000
Finnish Red Cross	0	51				51
Japanese Red Cross	14,082		-4,711	-9,371		0
Monaco Red Cross		-31,089			31,089	0
New Zealand Red Cross		-48,164			48,164	0
Norwegian Red Cross	50,584			-3,260	-50,505	-3,181
Other			-313	3,573		3,260
South Africa Government					0	0
Swedish Red Cross	1,223,273	196,727		-2,035,000	615,000	0
Unidentified donor	-79					-79
C3. Reallocations (within appeal or	1,292,285	-933,351	89,987	-2,063,017	1,043,748	-570,347

Inkind Goods & Transport (received)

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<i>Finnish Red Cross</i>		475,482				475,482
C4. Inkind Goods & Transport		475,482				475,482
Inkind Personnel						
<i>Australian Red Cross</i>		32,653			74,607	107,260
<i>Danish Red Cross</i>		29,760				29,760
<i>Finnish Red Cross</i>		162,826			6,200	169,026
<i>Norwegian Red Cross</i>				62,000		62,000
<i>Other</i>		15,840				15,840
<i>Swedish Red Cross</i>	87,213				38,533	125,746
C5. Inkind Personnel	87,213	241,079		62,000	119,340	509,632
C. Total Income = SUM(C1..C6)	4,100,067	2,411,511	94,976	1,280,273	1,527,648	9,414,475
D. Total Funding = B + C	4,260,335	2,737,734	99,399	1,375,330	1,606,568	10,079,367

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	160,268	326,223	4,423	95,057	78,919	664,891
C. Income	4,100,067	2,411,511	94,976	1,280,273	1,527,648	9,414,475
E. Expenditure	-3,255,784	-2,521,171	-99,399	-1,279,147	-1,606,289	-8,761,790
F. Closing Balance = (B + C + E)	1,004,552	216,563	-0	96,184	279	1,317,576

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A		B					A - B	
BUDGET (C)		6,455,655	3,707,138	205,283	1,743,240	1,946,612	14,057,928	
Supplies								
Shelter - Relief	244,437	779	40,889				41,668	202,770
Construction - Facilities/Infrastruc		64,541					64,541	-64,541
Construction Materials	130,000	9,672	135,691		401		145,764	-15,764
Clothing & textiles	899,045	127,421	307,994		110,846		546,261	352,783
Food	3,773	2,010					2,010	1,763
Seeds,Plants			3,773				3,773	-3,773
Water & Sanitation	1,439,603	172,757	192,726				365,483	1,074,120
Medical & First Aid	407,853	104,501	581				105,082	302,771
Teaching Materials	228,895							228,895
Utensils & Tools	328,456	2,962	43,566				46,529	281,928
Other Supplies & Services	217	4,073	217				4,289	-4,072
Total Supplies	3,682,279	488,716	725,437		111,247		1,325,400	2,356,879
Land, vehicles & equipment								
Land & Buildings	254,900							254,900
Vehicles	381,398	1,144	125,470				126,614	254,784
Computers & Telecom	333,749	100,809	49,032	3,087	19,470	28,169	200,567	133,183
Office/Household Furniture & Equipm.	130,196	14,377	10,822		13,931	35,386	74,517	55,679
Others Machinery & Equipment		3,599	-4,639		2,492	-2,892	-1,441	1,441
Total Land, vehicles & equipment	1,100,243	119,929	180,684	3,087	35,893	60,663	400,257	699,986
Transport & Storage								
Storage	37,478	29,581	47,359		182	5,725	82,848	-45,370
Distribution & Monitoring	240,268	17,421	194,715		-1,185	154	211,105	29,163
Transport & Vehicle Costs	593,299	250,761	170,561		104,649	58,979	584,951	8,348
Total Transport & Storage	871,045	297,764	412,635		103,646	64,858	878,903	-7,858
Personnel								
International Staff Payroll Benefits	2,178,060	495,543	490,828		132,274	567,895	1,686,540	491,520
Delegate Benefits	481,726							481,726
Regionally Deployed Staff	795	266	865		614		1,744	-949
National Staff	1,344,500	693,562	75,809	25,522	291,335	469,415	1,555,643	-211,144
National Society Staff	458,553	78,541	66,578	178	136,494	52	281,842	176,711
Consultants	131,585	97,965	23,155		28,082	77,820	227,022	-95,436
Total Personnel	4,595,219	1,365,877	657,234	25,700	588,799	1,115,182	3,752,791	842,427
Workshops & Training								
Workshops & Training	1,325,503	211,377	47,866	63,723	111,799	10,918	445,684	879,818
Total Workshops & Training	1,325,503	211,377	47,866	63,723	111,799	10,918	445,684	879,818
General Expenditure								
Travel	405,164	163,390	177,113		101,516	62,638	504,657	-99,493
Information & Public Relation	133,637	198,817	-55,993	325	45,763	1,208	190,120	-56,483
Office Costs	548,790	49,857	93,698	81	56,244	248,843	448,724	100,066
Communications	288,947	65,302	128,129		36,708	56,917	287,056	1,891
Professional Fees	17,829		2,402		8,050	2,936	13,388	4,441
Financial Charges	38,710	37,199	20,900	22	17,857	18,234	94,212	-55,502
Other General Expenses	111,667	88,605	23,580		47,609	-147,593	12,201	99,466
Total General Expenditure	1,544,744	603,170	389,829	429	313,747	243,183	1,550,358	-5,614
Depreciation								
Depreciation						4,381	4,381	-4,381
Total Depreciation						4,381	4,381	-4,381
Programme Support								
Program Support	938,895	205,502	165,986	6,461	93,532	107,105	578,585	360,311
Total Programme Support	938,895	205,502	165,986	6,461	93,532	107,105	578,585	360,311

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
BUDGET (C)		6,455,655	3,707,138	205,283	1,743,240	1,946,612	14,057,928	
Operational Provisions								
Operational Provisions		-36,551	-58,501		-79,517		-174,569	174,569
Total Operational Provisions		-36,551	-58,501		-79,517		-174,569	174,569
TOTAL EXPENDITURE (D)	14,057,928	3,255,784	2,521,171	99,399	1,279,147	1,606,289	8,761,790	5,296,138
VARIANCE (C - D)		3,199,871	1,185,967	105,884	464,093	340,323	5,296,138	

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IV. Project Details

Project	Name	Opening Balance	Income	Expenditure	Closing Balance	Budget	Variance
		A	B	C	A + B + C	D	D - C
Health & Care							
PSD002	Child Alive/Women in	0	0		0		0
PSD005	Health	9,315	2,164,268	-1,500,195	673,389	2,477,454	977,259
PSD006	Health Education	0	0		0		0
PSD015	Watsan 2007	0	336,601	-392,932	-56,331	2,137,482	1,744,550
PSD016	Health Emergency - 2007	0	0	0	0	0	0
PSD019	PHC Yirof 2007	0	1,294,870	-1,031,730	263,140	1,375,683	343,953
PSD021	Sudan-Watsan Juba 2007	0	324,000	-199,646	124,354	325,080	125,434
PSD401	CBFA	0	0		0		0
PSD410	HIV/AIDS	953	-2,244	1,291	0	7,273	8,564
PSD411	Health & Care -South	150,000	-17,428	-132,572	0	132,683	111
PSD502	Water Project	0	0		0		0
PSD512	Emergency Health pre	0	0		0		0
PSD520	Gedaref Ref Health P	0	0		0		0
PSD582	Kassala Prevent. Hea	0	0		0		0
Sub-Total Health & Care		160,268	4,100,067	-3,255,784	1,004,552	6,455,655	3,199,871
Disaster Management							
PSD003	Vulnerable Children	0	0		0		0
PSD004	Elderly People	0	0		0		0
PSD010	Children in Difficul	0	0		0		0
PSD017	DM Capacity Building 2007	0	0		0	0	0
PSD020	Sudan-Juba delegaation & DM 2007	0	22,562	-64,094	-41,532	260,107	196,013
PSD160	Disaster Preparednes	47,310	138,584	-56,035	129,859	1,054,742	998,706
PSD161	DPP Warehouse Constr	0	0		0		0
PSD162	Early Warning System	0	0		0		0
PSD163	Droughts & Floods Mi	0	0		0		0
PSD165	DFID DP Grant	0	0		0		0
PSD166	Darfur Disaster Mana	128,729	0		128,729		0
PSD506	Assit. to IDPS in Wh	0	0		0		0
PSD510	Displaced Persons	0	0		0		0
PSD511	Refugees Wad Sheriff	0	0		0		0
PSD522	Drought	0	0		0		0
PSD524	Floods 1998	0	0		0		0
PSD585	2005 South Returnees	150,184	2,250,365	-2,401,043	-493	2,392,290	-8,753
Sub-Total Disaster Management		326,223	2,411,511	-2,521,171	216,563	3,707,138	1,185,967
Humanitarian Values							
PSD012	Team Red Crescent Ca	0	0		0		0
PSD301	Humanitarian Values	3,630	-313	-3,317	-0	109,200	105,883
PSD302	Information (South)	793	95,289	-96,082	0	96,083	1
Sub-Total Humanitarian Values		4,423	94,976	-99,399	-0	205,283	105,884
Organisational Development							
PSD001	Assistance N/S	79,296	1,080,956	-1,175,617	-15,365	1,191,060	15,443
PSD009	Branch Development - 2007	0	197,449	-86,226	111,223	520,856	434,630
PSD011	Organisational devel	775	0	-675	100	14,695	14,020
PSD013	OD Transition Prog	-11,014	11,239		225		0
PSD014	Capacity bld.- South	26,000	-9,371	-16,629	0	16,629	-0

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IV. Project Details

Project	Name	Opening Balance	Income	Expenditure	Closing Balance	Budget	Variance
		A	B	C	A + B + C	D	D - C
PSD164	Vulnerability & Capa	0	0		0		0
Sub-Total Organisational Development		95,057	1,280,273	-1,279,147	96,184	1,743,240	464,093
Coordination & Implement							
PSD018	Sudan Delegation	0	220,100	-219,821	279	528,021	308,200
PSD100	Operations Managemen	206,992	1,307,549	-1,514,541	0	1,546,664	32,123
PSD501	Rehabilitation Progr	-128,073	0	128,073	0	-128,074	-1
PSD600	Coordination & Rep	0	0		0		0
Sub-Total Coordination & Implement		78,919	1,527,648	-1,606,289	279	1,946,612	340,323
Total	Sudan	664,891	9,414,475	-8,761,790	1,317,576	14,057,928	5,296,138