

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

*15 December,  
1999*

*appeal no. 01.15/99  
situation report no. 02  
period covered: May - August, 1999*

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*Following Situation Report No. 1 issued in August 1999, in response to a tight funding situation and in order to maximise available resources, a decision was taken by the Delegation to limit the geographic scope of the programmes, primarily related to the Disaster Preparedness and malaria activities. However, the initial appeal budget was maintained in agreement with the Sudanese Red Crescent Society (SRCS) in view of the identified needs and the ongoing efforts to raise the remaining funds.*

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## ***The context***

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

- To supply and distribute safe drinking water on a daily basis to 200,000 internally displaced persons;
- To provide standard health services to 105,000 refugees and local vulnerable people;
- To promote malaria prevention, treatment, control, health awareness, and education benefiting 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 Workplan adopted by the Central Committee •**

On August 15, the Central Committee of the Sudanese Red Crescent Society (SRCS) adopted the first Strategic Workplan of its kind in the history of the Society. A Task Force with all the components of the Movement represented was responsible for the drafting of the plan, with a systematic and participatory process approach. Six strategic goals were formulated for the next five years. The Strategic Workplan will be a major tool to continue the important change process that was initiated by the General Assembly in 1992 (decentralising to promote strong branches with the capacity to carry out the SRCS's mission).

### **Health Education and Self-reliance Initiatives for Displaced Women •**

The programme is designed to provide education and technical assistance and income-generating activities for displaced women in semi-urban and rural areas. The targeted beneficiaries are poor women (with a particular focus on female heads of households) or those affected by war and natural disasters. The programme is active in three displaced camps near Khartoum and in El Fasher (N Darfur), Nyala and Elgazera (S Darfur), River Nile State, Northern State, Sinnar State, White Nile State, El Damazine (Blue Nile), and El Obeid (N Kordofan).

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

The programme continues to focus on four areas in support of income-generating activities, namely food preservation, fish processing, farming activities ("Elgariek"), and goat restocking. Fish processing had taken place in White Nile and Sinnar, goat breeding in N. S. Darfur, farming in El Gezira. In addition, adult education (daily for up to six months) and health education (often weekly) are important components of the programme. Six out of 8 target states have operated total of 6 adult education classes with 820 participants.

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

*Capacity building:* Two courses in computer and information management and vocational training in fish processing in Sinnar and Kosti were conducted.

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

Access to transportation remains limited, hampering the project's contacts in Khartoum as well as the possibilities to monitor activities in other states.

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

Because gender issues are still not adequately addressed in Sudan, the SRCS will continue to expand this programme and emphasise training of trainers.

### **Relief and Basic Health for Children •**

The programme focuses on five target areas (Northern, Kassala, Gezira, River Nile states and Khartoum State) to strengthen the home based child care to treat diarrhoea diseases, ARI, malaria and malnutrition, collaborating with other NGOs to provide health education and community mobilization through their volunteers.

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

In order to determine the scope of the programmes area of activities, a needs assessment was conducted in August in Khartoum state (Omdurman - El thaurah -Hara 39 and Hara 55). SRCS volunteers have played a key role in the data collection processes.

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

The project activities are reaching the most vulnerable children in blocks No. 39 and 55 in Omdurman (Khartoum state). Regular home visits will be conducted by the SRCS volunteers to disseminate the programme messages. The programme curriculum is being developed so as to involve all the programme activities which resulted from the programme expansion.

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

*Capacity building:* Dissemination is considered a main priority of the programme training curriculum. In addition to their voluntary role, volunteers play a crucial role in assessment, planning, implementation, follow up, supervision and monitoring and evaluation processes.

#### ***Strategy for the remainder of the year***

With funds now allocated, the project is planning to conduct a need assessment survey in the rest of the targeted states; initiate training of trainers at the state level; print IEC materials and conduct community training; distribute essential drug for the beneficiaries; and develop and produce educational materials.

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

The programme aims at improving the quality of life for displaced elderly people, and highlighting the role of the elderly in community development. The programme started in 1996 by a complete needs assessment, and now has four components: health care and nutrition (treatment and prevention), income generation activities, social activities.

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

The nutrition component targets the sick, those receiving treatment from the health center and those who are in need of special diets. To date 528 patients were treated by the health center, with 6 of them referred to the hospital and another 10 referred to Alban Gedeed hospital and Khartoum North hospital. The number of patients in the feeding program increased, leading to the appointment of five new volunteers to be responsible for home visits, food distribution, and nutritional assessments.

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 a social gathering whereby the older generation transfer experience and culture to the young generation. The Old Peoples Committee (OPC) coordinates, supervises and monitors all activities.

To upgrade the skills of the OPC and SRCS volunteers (20 participants) in the fields of management in IGA (monitoring and advising) a training course was conducted in June 1999. The course focused on management of the credit system, meeting management, planning, proposal writing, reporting, sources and types of funds, and sustainable development. Different teaching methods and educational means (video film, group work, drawing, overhead projector, and individual presentation) were used in the course to upgrade the level of understanding of the old people.

With regard to the home visits, 150 visits were conducted for disabled elderly persons by SRCS volunteers and nutritionist.

To develop the health education curriculum, consultancy meetings were held during the report period. These meetings recommended developing a well designed curriculum and training manual. This process will continue during the remainder of the year, including identifying ways to convey the message to the community.

Regarding the nutrition programme activities, a total of 5,106 people were provided with meals, with 65 to 70 meals provided on average inside the center and 16 to 20 outside.

#### **Reproductive Health for Displaced Women •**

Reproductive health indicators in Sudan remain unsatisfactory due to causes of high maternal and child mortality. The main causes of maternal deaths are haemorrhage, hypertension, and puerperal sepsis complication of obstructed labor.

The SRCS is providing Primary Health Care (PHC) services to displaced and the most vulnerable people in rural and urban slums through SRCS branches. The reproductive health component was integrated and strengthened in the PHC services. Two midwives were recruited by Khartoum and Gezira branches to coordinate and supervise the reproductive health activities. The programme aims to reduce

the risks of women and improve their reproductive health characteristics through promotion, preventive, curative and rehabilitation services. The project will conduct the following activities: training of SRCS volunteers and community leaders as trainers on health education and community participation to increase the awareness of the community about reproductive health.

The programme activities include: training of nurse midwives and medical staff and village midwives; providing all health centers with statistical clerks and regular registration of information to establish a proper health information system; providing preventive and curative health services for beneficiaries; and needs assessment surveys and evaluation processes in order to measure progress.

***Achievement of Objectives***

The most important long-term objective is the promotion of reproductive health services available on the primary health level. A key factor in the initial stage of implementation was the recruitment of qualified sister midwives as Project Coordinators for each state. Coordinators for Khartoum and Gezira were recruited, but unfortunately one subsequently left with no qualified replacement available.

With reference to the project document, five phases were identified for the implementation processes. During the reporting period, basic ToT training course were conducted for 20 village midwives, 40 volunteers, and 20 community leaders. Other STD-prevention refresher courses were conducted for 12 midwives as well as 30 persons from the community health committees.

In May the base line survey data was analysed, and 2 delivery rooms in Gebel Awlia and Wad Elbashir camps were established. A SRCS and MOH team conducted a mid-term assessment and evaluation in late August.

Following is a summary of the activities undertaken in this sector:

<i>Activities</i>	<i>Needs / month</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>August</i>	<i>Percentage</i>
Home visits	3,000	3,500	3,000	3,000	3,400	130%
Sessions	12	20	16	12	16	133%
Group discussions	14	14	14	10	20	101 %
Training of CHC	30	30	30	30	30	100%

Concerning the MCH Department, the table below shows the services provided:

<i>Activities</i>	<i>Target/ month</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>August</i>	<i>Percentage</i>
Ante natal care	40 8	179.00	320	270	335	69%
Family planing	1,312.00	250	230	24	263	76%
Deliveries	-	44	47	53	90	-
Post natal care	437	90	112	94	186	29 %

***Needs monitoring/ new developments***

In spite of the limited funds available, the project has managed to reach the vulnerable groups.

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

- *Capacity building:* External training for staff and volunteers as well as exchange visits were conducted.
- *Dissemination opportunities:* Health education - MCH services were carried out.
- *Volunteers role in the project:* The project relies on the support of volunteers, some of whom are trained as trainers (ToT). The volunteers share the project activities with the full time participation of others trained at the community level in health education and community mobilization.

***Constraints and problem areas***

The project is constrained by the lack or unavailability of professional staff in some branches. Cultural norms and beliefs still represent constraints against reproductive health in general. In addition to the lack of timely funding and transportation, these constraints have delayed the extension of the project to other states.

***Strategy for the remainder of the year***

The project strategy will include; training of 20 community leaders; training of community health committees; establishment of delivery centers in Elsalam camp; coordinating with obstetrician to look for referral cases twice per week; and data collection towards the end of 1999.

**Building Disaster Response Capacities •**

To support branches located in the transitional northern zone of the troubled southern region where IDP's may be expected to arrive, the SRCS established the strategic branches project as one of the priorities for 2000 - 2004. Due to the unavailability of funding, there were few activities during the reporting period. However, in July, funds were made available for the three state branches, south and west Kordofan as well as south Darfur. The SRCS and IFRC have undertaken field trips to these states in order to identify and prepare a working plan to define project objectives. West Kordofan has purchased construction materials. Practical steps have been taken to revitalize the volunteers by conducting CBFi and dissemination of RC /RC principles.

**Khartoum Safe Drinking Water Programme •**

The current total population of the two camps is estimated to be around 126,000 persons. The project objective was to make significant improvement in the accessibility to potable water for the displaced population in the two camps through pumping of adequate water within Elsalam and Wad-El-Bashir camps, and improving water distribution systems in the two camps. The total amount of water available to the inhabitants of Elsalam and Wad-El-Bashir camps each day had increased considerably in August 1999. In addition, accessibility to water points has also improved significantly. The individual water supply in both camps has reached the WHO-established standards as a result of the rehabilitation and improvement of the existing water yards and extension of the camp water distribution systems.

***Achievement of Objectives***

During the period under review the amount of water delivered to the population of Elsalam camp, has slightly decreased from more than 1,600,000 to an average of 1,268,354 liters per day, representing 89.3% of the proposed targeted amount. This is mainly due to the frequent break down of the 2, 4, and 6 water yards. However, the camp residents had access to approximately 12.7 liters of water per day for consumption and household use. The rate of water delivery subsequently increased to the previous level of more than 1,600,000 liters per day in Elsalam camp in mid-July as a result of the maintenance and repair of broken water yards. This sustainable provision of potable water to camps residents was achieved through measures taken to ensure the continuous functioning of the water systems. The project also continued to provide technical input and material required for the servicing and maintenance of the water pumps, engines and generators.

The improvement in Wad-El-Bashir camp was achieved by placing an additional water yard in Wad-El-Bashir camp site 3 and completion of a new tube-well to provide an additional 200,000 liters of water per day. The table below indicates water delivery rates and other established 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>Water Analysis</b>
El Salam (approx. population 100,000)	May 1,253,300 lt. delivered; Aug 1,699,973 lt. (111.3% of target or 17 lt./pers/day).	75,641 home visits and 330 public sessions on hygiene and proper water utilization carried out by SRCS volunteers.	20 volunteers were trained on health education and the ways of training. 40 community leaders were trained on community mobilization, health education, area of cooperation and dissemination.	Sample had been taken and tested from the bore holes were found clean and fit for human consumption, 40 samples taken and tested from household. 80% are highly contaminated.
Wad El Bashir (approx. population 26,000)	May 343,278 lt. delivered; Aug. 558,224 lt. (123.5% of target or 22 lt./pers/day).	29,975 home visits and 165 public sessions on hygiene and proper water utilization carried out by SRCS volunteers.	See above.	See above.

***Needs monitoring/New developments***

SRCS has provided clean potable water to displaced people in the two camps. The SRCS operation is the only source of water (conducted in collaboration with Care), and it is essential to the survival and well being of the displaced population.

The major health problem in the camps is posed by stagnant water located near distribution points originating from damaged pipes as well as the improper handling of the water. To reduce water borne diseases in the two camps and to increase the awareness of the communities, an activity was undertaken to fill low-lying land where water collected. During the reporting period the project also undertook chemical and bacteriological testing of all water sources in the two camps. While all water sources were found clean and fit for human consumption, 90% of samples taken from households are highly contaminated, and efforts are underway to improve this situation.

***Constraints, Problem Areas***

Community participation in the water cost sharing mechanism has not yet been achieved. Project vehicles faced very serious mechanical problems.

***Strategy for the remainder of the year***

The remainder of the year will consist of continuing ongoing activities (i.e. completion of the third bore hole in Wad-El-Bashir camp site 10 and introducing of participatory hygiene and sanitation transformation in the community, continuing to fill the cavities and pools to reduce the occurrence of water borne diseases.

***Malaria Control, Prevention, Treatment •***

The main objective of the project is to reduce the morbidity and mortality rates attributed to malaria in the target areas. In addition to health education, community mobilization, chemoprophylactics and the treatment of malaria cases, more efforts were placed in the environmental measures to reduce mosquito breeding at their source.

***Achievement of Objectives***

To increase the level of participation in implementation, 23 community committees were formed, including local leaders, youth and women organizations as well as SRC volunteers. For the purpose of monitoring, regular field visits were made to the sites.

In collaboration with the MOH's Malaria Control Administration, three training courses were conducted for volunteers, community leaders and medical staff. Topics discussed covered MOH strategy for malaria control, epidemiology of malaria, effective methods for vector control and personal protection, health education, community participation, diagnosis and treatment.

For the purpose of awareness a total of 1,000 posters have been produced and distributed to the schools, clinics, shops and markets. The posters contain various messages on the effective methods of vector control and personal protection. The messages are mainly concentrated in the aspects of using mosquito nets and coils, spraying with insecticides, and filling low ground to avoid stagnant water.

In terms of health education, home visits and public lectures have been conducted by the volunteers. Malaria transmission, symptoms and prevention are the main areas of the sessions. The overall objective of these activities is to increase the awareness for the target group.

Figures for May-August show the following:

Camp	Home visiting			Public lectures			Total beneficiaries
	<i>Plan</i>	<i>Actual</i>	<i>%</i>	<i>Plan</i>	<i>Actual</i>	<i>%</i>	
El Salam	5,900	6,320	107	1,260	1,277	101	29,500
Jebal Aulia	2,830	2,958	104	337	449	133	14,150
Wad Elbashir	2,190	1,912	87	576	392	68	15,953
Total	10,920	11,190	99	2,173	2,118	97	59,603

Related to vector control activities, a total of 348 water pools were sprayed, and 60 drains (6,771 meters) were dug.

On diagnosis and treatment, the project laboratories examined 4,887 suspected cases malaria, of which 2,629 were positive. 88% of the total number of malaria parasites are Plasmodium falciparum and only 11% is vivax.

A total of 14,498 patients were seen in SRCS clinics, 3,416 of them with malaria. The general morbidity rate is 24%. 98% of the malaria cases were treated locally and responded to chloroquine, only 2% were referred to the hospitals for further investigations and treatment.

Some 943 pregnant women received prophylactics treatment during the reporting period. The following table shows the figures of the patients in SRC clinics:

Camp	Children <5 years		Pregnant women		Others	
	<i>Total clients</i>	<i>Malaria</i>	<i>Total clients</i>	<i>Malaria</i>	<i>Total clients</i>	<i>Malaria</i>
El Salam	2,864	660	703	238	2,687	613
Jebal Aulia	621	338	414	289	1,003	464
Wad Elbashir	3,175	476	683	136	2,348	209
Total	6,660	1,474	1,800	663	6,038	1,286

## Relief Health Services for Refugees and Local Populations •

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

The SRCS has been involved in the programme for seven years now. In Kassala, about 178 staff are employed, with 82 in Gedaref. Salaries are covered by UNHCR, as are drugs supply and operational costs.

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

#### *Achievement of Objectives*

Assistance to Sudanese living around the camps was extended, as well as improvements made in the supply of drugs by UNHCR. These issues have been discussed with UNHCR Headquarters in Khartoum.

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

### ***Outstanding needs***

The geographic scope of the programme was curtailed in mid-year in order to adjust to the realities of the funding situation and to maximize the resources available. The funding needs have therefore been met.

### ***Coordination***

Activities have been implemented in close coordination with the Ministry of Social Planning, Ministry of Health (national Administration for Malaria Control, and the National Reproductive health Programme), Ministry of Education, the Humanitarian Aid Department (HAD), and operational NGO's. The Federation's Delegation is not operational, and the main task is to provide support to the SRCS in narrative and financial reporting and to liaison with sister Societies.

### ***Contributions***

See Annex 1 for details.

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