

2013

*Sudan: Complex Emergency and Population
Movement Appeals*

Evaluation Report

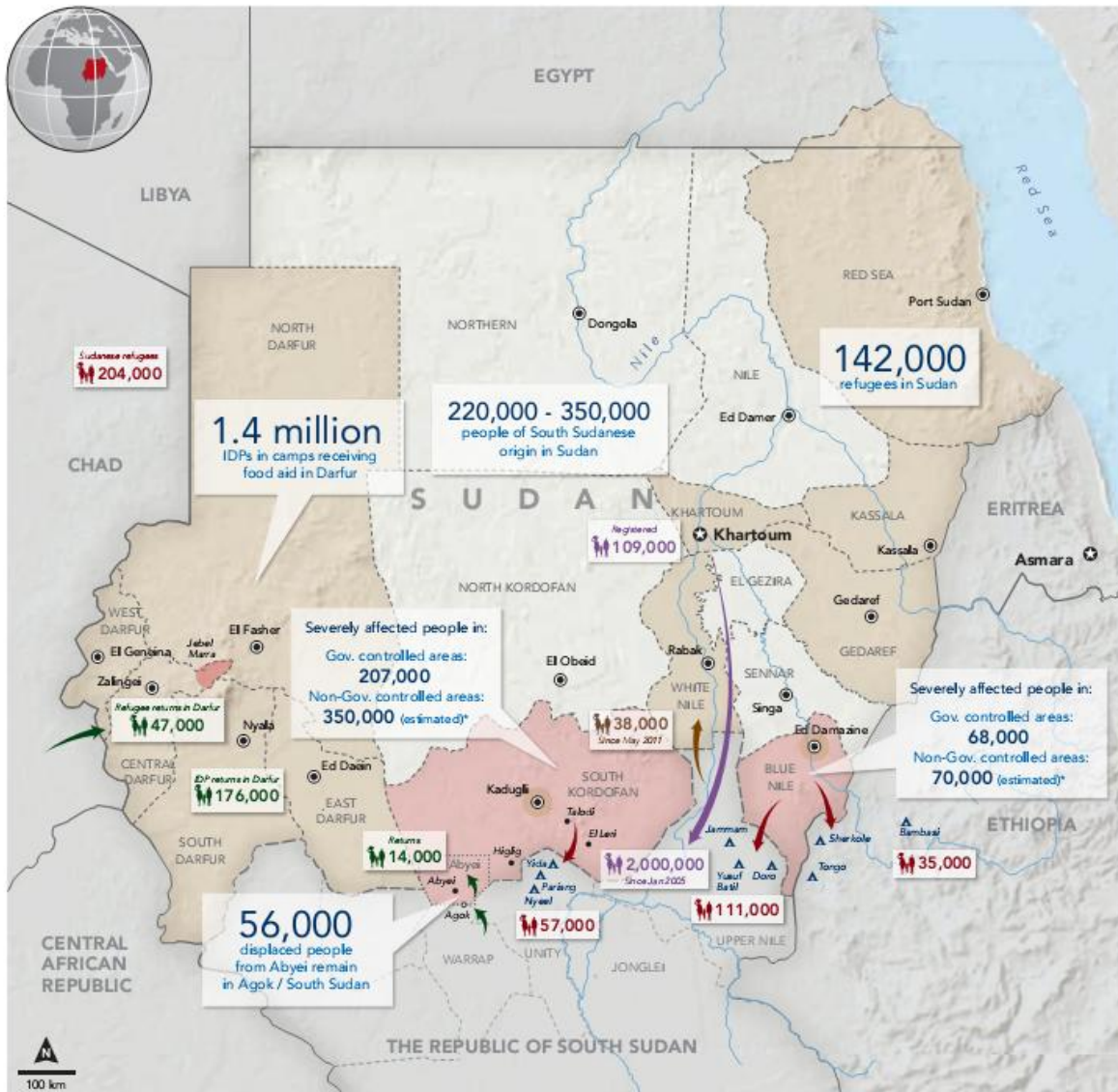
IFRC Technical support for Sudanese Red Crescent Society in
South Kordofan, Blue Nile, White Nile and Sinnar States



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TOSHIBA





*For Non-Government controlled areas, estimates are based on figures from various sources. The UN has no presence in SPLM-N controlled areas and has not been able to independently verify these figures.

MOVEMENTS

- Registered Sudanese refugees
- Verified IDP and refugee returns (2011 - 2012)
- People of South Sudan origin registered to return, in transit, or who have returned to South Sudan
- People of Sudanese origin who have returned from South Sudan to Sudan
- Refugees from Sudan
- Returns to Sudan
- Returns to South Sudan
- Returns to Sudan from South Sudan
- Refugee camps in 2012

MAP LEGEND

- Country capital
- State capital
- International boundary
- Undetermined boundary
- State boundary
- Abyei region

HUMANITARIAN ACCESS

- Access extremely restricted/denied
- Access possible but with restrictions
- Non-priority area for humanitarian response

Date: 31 December 2012 Sources: OCHA, UNHCR, UNISFA, Humanitarian Country Team, Natural Earth, USGS, Government IDP Center

Feedback: ocha@sudan_feedback@un.org www.ocha.org/sudan www.reliefweb.int

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Final status of the Abyei area is not yet determined.

Acknowledgements

We would like to sincerely thank all those who generously took time to answer all the questions, to openly share views, to participate in focus-group exercises and, in many other ways, ensured the comprehensiveness of this evaluation.

Our gratitude goes, first and foremost, to all involved SRCS staff and volunteers and IFRC Sudan for supporting this evaluation mission in all possible ways, varying from the provision of key documents, taking the time for being interviewed, the organization of logistics, and the mobilization of all key staff and volunteers from the targeted states and other stakeholders we interviewed.

Special thanks to the SRCS Branch Director of South Kordofan for his remarkable support and commitment to this evaluation mission. For IFRC, we also want to thank the Head of the Sudan Mission and the Programme Manager for providing all the information we required and the many enlightening and inspiring debates on future programming we had. All of you greatly facilitated our stay and shared your visions and experiences. Your flexibility in welcoming the evaluators during a particular busy time was very much appreciated.

Special thanks are also due to the other consulted regional and branch level Red Crescent staff, district stakeholders and representatives, and volunteers involved in the operation, for their patience, openness, and willingness to participate in numerous meetings, focus group discussions and interviews as well as accompanying the consultants on field site visits.

Recognition is also due to the representatives of the USAID country Office and the Embassies of Sweden and the Netherlands in Khartoum for their input and efforts to provide further background information and additional insight from the donor perspective.

The consultants would also like to thank and acknowledge the Government of Sudan National and State representatives met at all levels in the field for participating in interviews and meetings to provide their feedback and perspectives on the SRCS emergency responses.

The findings of this evaluation would not have been possible without the hospitality and contributions of the people in the affected communities visited.

The evaluators sincerely hope that the findings and recommendations included in this report will contribute to the future programming and strengthening of SRCS emergency responses in Sudan.

Authors' Note

This report is based upon extensive interaction with the stakeholders involved in the implementation of the Complex Emergency Appeal and Population Movement Appeal in Sinnar, Blue Nile, White Nile and South Kordofan supported by IFRC. However, the recommendations and other views expressed are the authors' own, and do not necessarily represent the position of IFRC, SRCS and its involved partners.

Abbreviations

CPA	Comprehensive Peace Agreement
DBM	Dead Body Management
DREF	Disaster Relief Emergency Fund
HAC	Humanitarian Affairs Commission
ICRC	International Committee of the Red Cross
IEC	Information, Education and Communication materials
IFRC	International Federation of Red Cross and Red Crescent Societies
NCF	NATIONAL CONSENSUS FORCES
NDRT	NATIONAL DISASTER RESPONSE TEAM
PNS	PARTNER NATIONAL SOCIETIES
RFL	RESTORATION OF FAMILY-LINKS
RDRT	REGIONAL DISASTER RESPONSE ACTION TEAM
SPLM-N	SUDAN PEOPLE'S LIBERATION MOVEMENT-NORTH
SRCS	SUDANESE RED CRESCENT SOCIETY
USAID	UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

Executive Summary

Introduction

This appraisal of the IFRC/SRCS *Complex Emergency and Population Movement Appeals* in Sudan is based on the review of the implementation process, faced challenges, the intervention's achievements and areas for improvement. The field visit was limited to three of the five targeted Sudanese States (Blue Nile, White Nile and Sinnar) due to the insecurity and access restrictions. This evaluation aimed to examine the extent to which the goal, objectives and expected results of the two emergency operations were achieved in terms of its relevance to the needs of the beneficiaries and its effectiveness and timeliness. Besides, this review highlighted strengths and weaknesses which can be identified as lessons to be learned for future programming in similar complex emergencies.

Evaluation Objectives and Methodology

1. To assess the implementation of the activities as outlined in the two appeals and their contribution to mitigate the negative impacts of the resulting emergency situation.
2. To draw lessons as well as gain feedback from the target population and relevant stakeholders on the efficiency and effectiveness of the SRCS response to be used in future programming.

The evaluation team chose to work within the framework of the Appreciative Inquiry Approach (AI) using a mix of methods for the collection of qualitative data namely, desk review, key informant interviews and focus group discussions.

Data collection methods for this appraisal were highly participatory, allowing the evaluation team to gather and validate the views of various actors, especially those of the involved IDPs and returnees, SRCS key staff and volunteers, UN agencies, donors, INGOs and Government officials. Over 160 people have been interviewed through key informant interviews, focus group discussions and an intensive participatory information gathering workshop with 25 key staff and volunteers from each of the involved States.

Background on the emergency appeals

The International Federation of Red Cross and Red Crescent Societies launched a Complex Emergency Appeal on 1st July 2011 in response to a request from the Sudanese Red Crescent Society. Initially, the appeal aimed to provide appropriate and timely response in delivering relief assistance to about 173,000 beneficiaries in South Kordofan, Blue Nile and Abyei.

While humanitarian diplomacy efforts continued to seek expansion of humanitarian space, there was an urgent need to review the scale of SRCS capacities to ensure additional urgent needs were taken into consideration to enable the teams on the ground meet the additional responsibilities required of them. Therefore the complex emergency appeal was revised in February 2012. The appeal revision proposed an expansion of the areas to be covered in addition to the 3 protocol areas (South Kordofan, Blue Nile and Abyei), and to include the states of White Nile, North Kordofan, Sinnar and Khartoum states with an extension of the operation's timeline from February 2012 to December 2012, to increase of the targeted beneficiaries to 300,000 and a consequent adjustment of the budget from CHF 3,930,089 to CHF 6,188,106. This appeal received 53% of the proposed budget.

Whilst the complex emergency appeal (2011 – 2012) focussed on addressing the needs of those affected by the South Kordofan and Blue Nile conflict; White Nile and Sinnar States became not only a hub for humanitarian needs related the crisis in Blue Nile and South Kordofan but also related to *the North-South Returns*. Another appeal, *the Population Movement Appeal*, to address the humanitarian needs of the returnees from South Sudan settling in these two states, was launched on 28 March 2012 to meet the needs of 54,000

returnees from South Sudan in White Nile and Sinnar States. This appeal received 18 % of the proposed budget of 3,466,967 CHF from multilateral contributions from Japanese Red Cross Society, Red Cross of Monaco and the Netherland Red Cross. SRCS received also bilateral assistance in kind and financial support from German Red Cross, Austrian German Red Cross and Swiss Red Cross societies. Sinnar State was included to the appeal as part of the operational area of coverage.

Key Achievements

Both Appeals have been managed well considering the extreme difficult circumstances and many challenges SRCS had to face during the implementation of the two emergency appeals.

Despite the many faced challenges and financial gaps and stretched capacities, by December 2012 SRCS managed to have reached out to **408,317** people through the various activities implemented through the complex emergency appeal and over **100.000** by the Population movement Appeal, including relief assistance, health care, water and sanitation, reception, first aid, counselling and evacuation of injured people.

An enormous achievement that never could have happen without the more than thousand (1040) trained volunteers who courageously and highly committed put everything in their power to assist the high numbers of IDP families that had sought refuge in their respective areas after having escaped from the ruthless fighting in their areas of origin.

Recommendations

1. Relevance

The relevance of the two emergency appeals is high to the national context and priorities, the SRCS longer term strategy, the IFRC 2020 strategy and its operational plan 2012-2013, as well as to the many needs of the affected communities. The Appeal activities were perceived as highly relevant by beneficiaries, staff and volunteers, Government, partners, donor agencies and stakeholders and the implementation was considered to be very committed, flexible, participative and transparent.

The new Complex emergency appeal launched on 15 May 2013 should respond to the on-going crisis in States of South Kordofan, Blue Nile, White Nile and influx of new IDPs in the Darfur States should take into account the recommendations proposed in this evaluation.

2. Access

SRCS should intensify its humanitarian diplomacy efforts to enhance access for humanitarian response in areas that are currently not accessible.

3. Relief

It is recommended that SRCS further invests in the strengthening of the relations with the relevant Government bodies and ensure strong participation from IDPs in the coordination and decision making with special focus on women participation.

SRCS should ensure realistic planning of distribution of shelter materials and NFIs based on thorough need assessments and strong engagement and consultations with RCRC and other partners, using the IFRC financial bridging mechanisms (DREF and other alternatives) to adequately cover the immediate needs of most affected communities It is recommended that the ToT training for shelter programming will be further rolled out.

4. Emergency Public Health

It is recommended that SRCS considers higher salaries for qualified (management) health staff in order to invest in and retain calibre health staff that is willing to work in the crisis areas.

It is advised that SRCS continuously invests in the emergency public health training of active volunteers in the crisis areas in close consultation with the Ministry of Health (MoH), and prioritises the provision of refresher trainings to the technical staff operating the Health facilities.

SRCS leadership should ensure proper counselling of own volunteers and staff in areas of crisis and extreme insecurity.

It is highly recommended that SRCS intensifies their advocacy activities for free health care services for the most vulnerable IDP communities in the affected areas.

5. WASH

SRCS should urgently construct communal latrines, as it has been observed that there were no latrines at all in the visited returnee settlements in the targeted areas White Nile.

Where cultural beliefs against the proper use of latrines are prevalent, alternative ways such as the Community Led Total Sanitation (CLTS) approach should be emphasised particularly prior to the rainy season in order to prevent outbreaks of diseases.

6. Livelihood

It is advised for SRCS to further strengthen the strong partnership with FAO in distributions of seeds and tools to most affected communities and to promote early recovery activities where the situation allows and basic conditions are in place.

It is recommended that SRCS invests in innovative livelihood training for staff and volunteers and to recruit a livelihood expert. Moreover, it is advised that SRCS seeks more partnerships with UN and (I) NGOs that are more specialized in livelihood activities to gain more practical experience.

In close cooperation with the Ministry of Agriculture, SRCS should develop and implement agricultural programmes that enable and empower women. Women have consistently been shown to be, more likely than men, invest in their children's health, nutrition, and education. Agricultural interventions that increase women's income and their control over resources can dramatically increase the potential for positive child nutrition- and health outcomes.

It is strongly recommended to develop income generating activities (for example the construction of fuel saving stoves) targeting those IDPs that have settled in urban areas and became depended on income from tree cutting and charcoal trade.

7. Coordination, Visibility and Positioning

It is recommended to regularly organise updates and "live" briefings for the most involved partners and donors by SRCS senior field staff when present in Khartoum.

IFRC and SRCS should always participate in all UN led sector and other coordination meetings at national level. When IFRC is not able to participate, SRCS should automatically step in. Preferably SRCS, with support from IFRC, should always be present during all coordination meetings at national level and take up the role of leading National Humanitarian Actor.

8. Efficiency

It is strongly advised for IFRC, SRCS and involved partners to analyze the causes of budget gaps and the irregular cash flows that impeded proper implementation of planned activities in order to prevent future challenges in the adequate financial support during implementation.

For future programming and fundraising, it is recommended that IFRC and SRCS, when developing new emergency proposals for external partners such as USAID, these proposals fit within the framework of the IFRC/SRCS annual business plans.

9. M&E

Strong M&E schemes included in action plans better guides the field teams in the determination of their emergency approaches on the ground.

All project designs should have detailed logical frameworks that is based on the SMART goal setting and that could be used as a strong tool for planning, monitoring and evaluation, risk management, required inputs and budgeting (see also Annex 5 that further elaborates on M&E schemes and logical frame works)

The SRCS Report formats should be clearly based on the Appeal's log frame.

10. Capacity Building

SRCS should increase the dissemination/ training/negotiation skills/and advocacy on RC/RC principles for their teams in the crisis areas.

It is strongly recommended to strengthen the technical capacities of the IFRC team in Khartoum for increased monitoring and technical guidance for SRCS.

It is advised to Annual leaves/holidays for all SRCS field staff to rest and take some healthy distance from the crisis areas.

Intensify motivation of field staff and volunteers working under extremely difficult and dangerous circumstances by regular visits to the crisis areas by senior managers.

It is recommended to organise learning exchange visits between the different targeted States and localities in order to share information, best practices and response to challenges such as access and extreme insecurity.

SRCS should further train staff and volunteers in security management and risk analysis

Through intensified RM strategies and strong engagement with RC partners and Government it is strongly advised that SRCS invests in enhanced warehousing space at Khartoum as well as at State and locality level in order to adequately pre-position emergency stocks for timely distributions to most affected communities

11. Conflict analysis

Conflict Analysis is part of the Safer Access Framework which ICRC supports. It is therefore strongly recommended that the development of conflict analysis tools always will be done in close consultation and coordination with ICRC who, according to the Movement Statutes, has the mandate to support NS in their preparedness for action in times of armed conflict. However, it is strongly advised that even more priority is given to the continuous coaching of the branch teams and senior staff at Khartoum level in conflict analysis and management considering the extreme insecure circumstances SRCS has to work in.

12. Partnerships

SRCS made tremendous efforts to adequately coordinate and collaborate with HAC, MOH, MOSA and other development partners such as WHO, UNICEF, WFP. Moreover, they sought strong collaboration with INGOS such as ADRA, and partnered with Austrian Red Cross, Qatar Red Cross, Swiss Red Cross in addition to national NGOs strongly striving to address the many needs of the crisis affected people. Despite the challenges in fund availability SRCS succeeded to build effective partnerships with all potential stakeholders in order to overcome the unmet gaps. It was noticed that in some areas there was great support and commitment from local authorities and the Zakat chamber.

It is strongly recommended that in future partnerships, which might aim on the strengthening of SRCS, the component of capacity building (physical such as the building of warehouses, rehabilitation of involved branches as well as training) is well comprehended and owned by

all involved actors. It will help the professional implementation of programmes that during pre-discussions and planning all partners have the same vision with regard to the SRCS capacity needs and subsequent requests for assistance. After that exercise, further decisions could be made on the direction of capacity building activities based on available funding.

RCRC Movement

Particularly in these times of the occurrence of so many man-made and natural disasters in Sudan it is time that a harmonious working relationship among Movement partners is updated and further strengthened in a committed, transparent and genuine manner by sharing capacities and resources, and by building alliances and partnerships that maintain unity and achieve not only higher value from working together as a strong Movement but to also much better position the RC Movement to the Donor community involved in Sudan and to the Government.

To further improve the planning and coordination of interventions and capacity building activities for SRCS within the RCRC Movement in Sudan it is recommended that SRCS with help from the RC partners develops a Donor strategy with emphasis on the promotion and marketing of the strong capacities of a well coordinated RCRC Movement.

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1. Context and Methodology

1.1 Introduction

This appraisal of the IFRC/SRCS *Complex Emergency and Population Movement Appeals* in Sudan is based on the review of the implementation process, faced challenges, the intervention's achievements and areas for improvement but has been limited to three of the five targeted Sudanese States (Blue Nile, White Nile and Sinnar). This evaluation aimed to examine the extent to which the goal, objectives and expected results of the two emergency operations were achieved in terms of its relevance to the needs of the beneficiaries and its effectiveness and timeliness. Besides, this review highlighted strengths and weaknesses which can be identified as lessons to be learned for future programming in similar complex emergencies.

Additional to the TOR the review has looked at the SRCS/IFRC response in the context of the wider RCRC Movement dynamics, donor response and government led humanitarian assistance, as it was at that level some of the key issues were identified.

The assigned international consultant and independent Sudanese consultant visited together the Sudanese Red Crescent Society (SRCS) branches in Al Damazien, the capital of Blue Nile and Senya, in Sinnar State between 8 -12th of May, 2013. Due to insecurity and access restrictions, the National consultant therefore proceeded alone and was able to visit several project sites in White Nile and Sinnar States as from 16th to 22nd of May, 2013. Unfortunately, the security situation did not allow the consultants to travel to other targeted States such as South Kordofan, therefore in-debt interviews with key staff and focus group discussions were conducted with SRCS that also involved key volunteers operating Blue Nile, Senya and Kosti and a very self-motivated information gathering workshop with key staff and volunteers from all involved States, including South Kordofan was conducted in Khartoum. At all visited intervention sites, the evaluation team had access to different beneficiaries groups that included IDP leaders, women groups and representatives of the returnees from South Sudan.

The context description of the different targeted states can be found in Annex 1.

1.2 Background on the two Appeals

The complex Emergency Appeal

On 5th of June 2011, tensions between SPLM-North and Government of Sudan that built up over disagreements on election results for the governorship in South Kordofan State resulted into a protracted conflict between respective forces that continued the rest of 2011 and throughout 2012 with varying degree of intensity and frequency. Tensions also built up between SPLM-N and Government of Sudan armed forces in Blue Nile State and on 1st September 2011 these erupted into a conflict that also continued with varying degrees of intensity albeit with less frequency as reported from South Kordofan.

On 9th April 2012 for ten days following the incursion into Heiglig by South Sudan armed forces the South Kordofan conflict briefly became a cross border conflict between two neighbouring countries. By December 2012 UNOCHA indicated that the conflict has approximately displaced or severely affected a total of 275,000 people in Government-controlled areas, and a further 420,000 people in SPLM-N controlled areas as well as 221,000 people who are reported to have fled the conflict and sought refuge in neighbouring countries of Ethiopia and South Sudan.

The International Federation of Red Cross and Red Crescent Societies launched a Complex Emergency Appeal on 1st July 2011 in response to a request from the Sudanese Red Crescent

Society. Initially, the appeal aimed to provide appropriate and timely response in delivering relief assistance to about 173,000 beneficiaries in South Kordofan, Blue Nile and Abyei.

Throughout the current crisis, SRCS remained one of the key national humanitarian agencies in the forefront, taking a larger share of responsibility to provide immediate humanitarian assistance. This increase in responsibility followed the government's directive that only national NGOs and National staff of international NGOs could be allowed in the operation areas of Blue Nile and South Kordofan states. That decision making significantly increased the number of people anticipating immediate assistance from SRCS. While humanitarian diplomacy efforts continued to seek expansion of humanitarian space, there was an urgent need to review the scale of SRCS capacities to ensure additional urgent needs were taken into consideration to enable the teams on the ground meet the additional responsibilities required of them. **Therefore the complex emergency appeal was revised in February 2012.** *The appeal revision, informed by the trend of events and emergency needs beyond the protocol areas that had bearings on this emergency, proposed an expansion of the areas to be covered in addition to the 3 protocol areas (South Kordofan, Blue Nile and Abyei), and to include the states of White Nile, North Kordofan, Sinnar and Khartoum states with an extension of the operation's timeline from February 2012 to December 2012, to increase of the targeted beneficiaries to 300,000 and a consequent adjustment of the budget from CHF 3,930,089 to CHF 6,188,106.*

Through multilateral response to the appeal, IFRC received CHF 3,326,639 (**54%**) from British, Canadian, Japanese, Norwegian, Swedish, Monaco and Saudi Arabia National Societies as well as the United States Agency for International Development (USAID)/OFDA. Through Bilateral agreements between SRCS and Red Cross/Red Crescent partners, UN agencies and The Sudan government, the SRCS received an additional CHF 4,470,915 (estimated value) in cash and in-kind towards this appeal.

Throughout the implementation of the two appeals, SRCS was able to facilitate its National and Branch Disaster Response Teams to conduct Rapid Needs Assessments and responded to the most immediate humanitarian needs in 8 out of the 11 localities affected by the crisis in South Kordofan and had full access albeit intermittently across all affected localities in Blue Nile, White Nile and Sinnar.

The emergency response focused on the following sectors: **non food items distribution, health, water sanitation and hygiene promotion, restoration of family-links (RFL), as well as to build up the logistic capacity of the National Society to provide swift response in crises involving large scale population movements, where and when access to affected communities by other humanitarian actors was (and still is) limited.** As result of the growing needs of the population affected by this conflict, SRCS, in partnership with WFP, was also engaged in food distribution activities. Furthermore through bilateral agreements SRCS implemented additional activities within the various sectors outlined in the following chapters of this report. By December 2012 SRCS had reached out to **408,317** crisis affected people.

The Population Movement across the borders of Sudan

Whilst the complex emergency appeal (2011 – 2012) focussed on addressing the needs of those affected by the South Kordofan and Blue Nile conflict; **White Nile and Sinnar States** became not only a hub for humanitarian needs related the crisis in Blue Nile and South Kordofan but also related to the North- South Returns. The April 2012 deadline for the nine-month transitional period of people of South Sudanese origin to either regularize their status in Sudan or move to South Sudan set another dimension of humanitarian needs with the anticipated large scale population movement of South Sudan returnees expected to take place within the first half of 2012. Another appeal, *the Population Movement Appeal*, to address the humanitarian needs of the returnees from South Sudan settling in these two states was launched on **28 March 2012** to meet the needs of **54,000 returnees from South Sudan** in White Nile and Sinnar States. Together the two appeals supported the SRCS resource

mobilisation efforts and enabled them to immediately address the main drivers of humanitarian needs in Sudan during 2012. This appeal received 17.8% of the proposed budget of 3,466,967 CHF from multilateral contributions from Japanese Red Cross Society, Red Cross of Monaco and the Netherland Red Cross. Moreover, Sudanese Red Crescent Society (SRCS) received bilateral assistance in kind and financial support from German Red Cross, Austrian German Red Cross and Swiss Red Cross societies. Sinnar State was included to the appeal as part of the operational area of coverage.

Based on a preliminary assessments conducted by the National Society and IFRC, the major unmet needs among the returnees were *food, water, shelter and livelihoods*. Some of the proposed interventions under the Emergency Appeal therefore included *general food distribution, livelihood restoration (agricultural production) and shelter*. Success of the interventions was heavily dependent on the timeliness of the assistance provided, and needed in any case to be done ahead of the rains that were expected in June and July. It was anticipated that this immediate response would not only take advantage of the rains for food security measures but also would protect the beneficiaries from adverse effects of the rains, including shelter and transportation challenges.



Picture 2 Emergency Shelter Training in White Nile

The findings of the preliminary assessments pointed to many needs that remained unmet for the returnees. For instance, consistent food aid, health and shelter should be covered until the returnees have alternative functioning sources of livelihoods. However, there was a need for additional information and data to inform the design of a comprehensive and sustainable intervention. Consequently, with help from IFRC, SRCS proposed a technical team comprising of experts in shelter, health, food security/livelihoods and water and sanitation would conduct a detailed situational- and needs assessment of the South - North returnees by mid-April 2012. This assessment gave room for tailored actions to be taken based on the recommendations, ahead of the anticipated rain season that was expected to start in June 2012 and would lead to a revision of this appeal.

The appeal targeted about **94,500** people in Sinnar and White Nile states (15,750 House hold). In Sinnar state a total of around 9000 HH returnees settled in Tozi, Goz, El Tur and Turar, Al Dali and Mazmoom areas in AL Dali and Mazmoom locality, whereas in White Nile state the returnees distributed over the state in Kosti (1000 HH), Rabak (1000HH), Kenana (500HH), A Naeim (3000HH) and Aboromad (1250 HH). SRCS selected these areas because these are their indigenous lands. To date, the number of new returnees is still increasing due to clashes with SPLA in South Sudan; **currently the estimated number of returnees in Sinnar state exceeds 40,000 HH.**

1.4 The Evaluation Objectives and Methodology

Purpose

To draw the overall impact of the operations implemented in the respective sites under these two emergency appeals as well as lessons learnt and beneficiaries' feedback for future SRCS programming.

Evaluation Objectives

There are two major objectives of the evaluation:

1. To assess the implementation of the activities as outlined in the two appeals and their contribution to mitigate the negative impacts of the resulting emergency situation.
2. To draw lessons as well as gain feedback from the target population and relevant stakeholders on the efficiency and effectiveness of the SRCS response to be used in future programming.

Evaluation Methodology

This evaluation reviewed the two emergency operations in order to assess the fulfilment of the following criteria per sectors:

- ✓ Adherence to IFRC policies and guidelines
- ✓ Relevance & appropriateness
- ✓ Efficiency
- ✓ Effectiveness
- ✓ Coverage
- ✓ Impact
- ✓ Coherence
- ✓ Sustainability and connectedness
- ✓ Coordination and Strategic Partnerships

The consultancy team chose to work within the framework of the Appreciative Inquiry Approach (AI)¹ using a mix of methods for the collection of qualitative data namely, key informant interviews and focus group discussions.

The methodology further included:

- Desk review of relevant Project documents and Emergency response approaches
- Interviews at SRCS headquarters in Khartoum and at the three out four involved SRCS Branches namely in Blue Nile, Sinnar and White Nile States.
- Focus group discussions with representatives of the IDP and Returnees communities.

¹ The Appreciative Inquiry is an approach to organizational transformation that looks at successes rather than problems, examines the excellence in an organization but also looks at areas for improvement.

- Semi-structured interviews with other stakeholders
- Observations

Data collection methods for this appraisal were highly participatory, allowing the consultants to gather and validate the views of various actors, especially those of the involved IDPs and returnees, SRCS key staff and volunteers, UN agencies, INGOs and local Government officials. Over 160 people have been interviewed through key informant interviews, focus group discussions and an intensive participatory information gathering workshop with five (5) key staff and volunteers from each of the involved States (See also table 2).

The consultants used the following forms of triangulation in this study:

Method triangulation Comparing the results from different methods e.g. comparing between:

- Key informant interviews
- Semi-structured interviews with relevant stakeholders
- Observation
- Focus group interviews
- Information gathering workshops
- Documentary review

Actual application of the methodology

- The Consultants developed a list of semi-structured questions and focus group discussion topics to gather information from the SRCS national, regional and branch levels and local authorities, beneficiaries, and other stakeholders involved in the emergency responses.
- Key informant interviews and participants of focus group discussions were selected by SRCS field staff. Ethical considerations during field visits were factored into interviews and focus group discussions, with particular regard for the welfare of those involved in and affected by the evaluation.
- An initial briefing session was undertaken with the SRCS HQ in Khartoum to provide an overall understanding of the two Emergency Appeals, as well as to review and agree the evaluation work plan.
- Secondary data review and desk research was undertaken by the Evaluation Consultants at the IFRC office in Khartoum and as / when resources were made available throughout the consultancy period.
- Interviews with the SRCS DM managers at the national headquarters (HQ) and staff of the IFRC delegation in Khartoum.
- Field visit sites to the affected areas in Blue Nile, White Nile and Sinnar were conducted between 9-22 of may, 2013. South Kordafan was inaccessible for the evaluation team to visit.
- Focus group discussions were held with SRCS branch offices, SRCS field staff and volunteers, and with other community members who were engaged or benefited from the project and an one day information gathering Workshop in Khartoum with 5 key staff from each of the involved states
- Key informant interviews were conducted with the staff of the SRCS, Ministry of Health and the Humanitarian Administration Committee (HAC) at National as well as State level and involved Partner National Societies (PNS), ICRC, and some of the involved Donors such as USAID, and the Embassies of the Netherlands and Sweden in Khartoum.
- A focus group discussion was conducted in Khartoum with some of the international Partners of SRCS such as Concern, World vision and ADRA and with WFP, FAO and WHO in Blue Nile.
- A debriefing session was held following the site visits with participation from the IFRC and SRCS
- Representatives in order to review process and agree reporting way forward.

Table 1: Overview of number of people met/interviewed that are related to the CBDRR Action

SRCS staff and key volunteers	IFRC/ICRC/ PNS	Other stakeholders: WFP, WHO, FAO, ADRA, Concern, World vision, USAID, the Embassies of The Netherlands and Sweden	Beneficiaries, including IDP leaders, women representatives, returnees, representatives of host communities	Representatives of national and local government (HAC, MoH)	TOTAL
60	6	15	80	6	167

1.5 Some limitations of the evaluation

- Language barriers: during some of the key person interviews and the focus group discussions either a staff member of SRCS or IFRC had to translate which could have caused some bias.
- Most (internal) documentation, especially work plans and reporting were in Arabic and therefore verification and triangulation of collected data was not always possible.
- Due to insecurity and therefore access limitations to the affected areas, only the states of Blue Nile, White Nile and Sinnar could be visited. The evaluation team therefore had to rely heavily on available documentation and briefings of the involved staff and key volunteers.
- Except for the number of beneficiaries to be reached, the Log frame/ work plan did not include quantitative and qualitative indicators to report against. This hampered the proper appraisal of the effectiveness of all activities against the expected results rather difficult.

2. Findings

2.1 Relevance of the two interventions

Relevance to the priorities within the national context and to the IFRC and SRCS mission and strategies in the involved area

IFRC/SRCS saw a range of disasters affecting their projects, with conflict, drought and flooding as the most common. It is no surprise that the communities the SRCS works with were severely affected by the disasters that impacted on the communities.

The interventions under review have been built on the IFRC 2020 Strategy², the IFRC Disaster Management strategy, the IFRC Shelter manual and the new SRCS Strategy 2011-2020 which shares the prominent strategic aim for upgrading the humanitarian programming in Health, Disaster Management and Disaster Risk Reduction approach to protect livelihoods, climate change adaptation and strengthen recovery from all types of crises.

To reduce disaster risk, the Federation has articulated three main thematic areas in its 2020 Strategic document: to strengthen the preparedness and capacities of communities so that they are in a better position to respond when a disaster occurs; to promote activities and actions that mitigate the adverse effects of hazards; and to protect development projects such as health facilities from the impact of disasters. The Federation has been present in Sudan since 1984 and has an extensive experience in emergency response.

Being an integral part of communities allows SRCS a continuous understanding of their needs, vulnerabilities and capacities. SRCS works in the field of development, rehabilitation, disaster management (DM), and health. There are also many areas of work carried out at branches and field Unit's levels which approaches are tailored to local priorities. In recognition of its vital role in DM and DRR, the State granted SRCS the membership of the Higher Council for Civil Defence which is the highest institution to prevent and manage disasters in Sudan.

Both the appeal interventions were designed to suit the local context which is agricultural land characterized by heavy rains with poor roads and lack of basic services. The appeal also focused on building community capacities in different sectors to ensure their active involvement and ownership. In this regard the project design is appropriate to the national and IFRC priorities.

The new government's policy towards the returnees as well as new IDP's is to receive them, allocate lands for housing and agricultural land in addition to other humanitarian and developmental projects. Upon accessing the settlements the local authorities received the returnees and IDPs and provided them with short term humanitarian aid like water, food, shelter and cloths, although they are not sufficient but met their urgent priorities at that time. Then SRCS with direct support from the appeal provided the urgent humanitarian assistance which included Shelter, NFIs, water and sanitation to the returnees to fill the unmet gaps, accordingly the appeal is highly relevant to the government policy.

The above mentioned findings suggest that the priority setting of the two humanitarian interventions within the national context and to the IFRC and SRCS mission and strategies was **highly relevant** to both IFRC and SRCS missions, strategies and to the communities they work with in Sudan.

²See also IFRC website

Relevance to the Intervention's objectives and activities in relation to the needs

The complex humanitarian situation in the three protocol areas (Blue Nile and North and South Kordofan) and White Nile, Sinnar and the Khartoum state and has dramatically altered the traditional coping systems of the conflict affected population. Traditional settlement and livelihood activities have been critically interrupted and the conflict resulted in displacement and insecurity which has affected settlement and livelihoods patterns by disrupting markets and impeding access to agricultural land. Many IDPs remain highly dependent on the basic services provided by the humanitarian community, especially the most vulnerable individuals including the disabled, female- and child headed households, and the elderly. Conflict-affected populations in more remote rural areas also remain vulnerable to the effects of food insecurity, interrupted livelihoods patterns as well as limited access to basic services.

The situation in Sudan is characterized by frequent and sporadic displacement of people who often had to escape their homes carrying none of their belongings. Those displaced were in immediate need for shelter, protection from violence, access to safe water and sanitation, basic health services and essential supplies to restore dignified daily life, as well as assistance to reunite with family and its related support. Therefore are the interventions' overall goals and objectives **highly relevant** taking into consideration the communities' high vulnerability to the consequences of the volatile security situation and population movements. The objectives appear to have been carefully determined, based on the outcomes and lessons learnt from previous experiences in the response to complex emergency situations ((e.g. Darfur).

The appeal interventions were designed to suit the local context which is agricultural land characterized by heavy rains with poor roads and lack of basic services. The appeals also strongly focused on building community capacities in different sectors to ensure their active involvement and ownership.

Relevance of the appeals towards target areas and targeted beneficiaries

During the focus group discussion with the targeted returnees in the two states, they informed the evaluation team that when they returned to North Sudan they had to leave behind all their properties because the SPLA prohibited them from take their belongings, they therefore benefited much from the services provided by SRCS which included medical care, assistance for shelter, NFIs and water, so they are very much appreciating the provided assistance and very comfortable from the SRCS staff.

The IDPS from the nomad tribe Falata from Bao area had to leave behind their properties, except for some of their cattle's and goats, other were looted by SPLM-N. The area of refuge is very rich with grasses, and the IDPs and their cows scattered widely over there.

Other national organizations and representatives of the government contributed with the distribution of sorghum and second hand clothes. Strikingly, also the private sector got involved in the humanitarian assistance: the "Zain" company spontaneously distributed sorghum, oil, and sugar to the IDPs after they became aware of their struggle in the newly allocated area.

Picture 3: Group discussion with representatives of IDPs from Bao, now settled at the outskirts of Al Damazien in Blue Nile (Field visit of the Evaluation team on 10 May 2013)



The beneficiaries interviewed at the project sites in El Damazien in Blue Nile, Kosti in White Nile and in Sinnar State perceived the humanitarian assistance from SRCS as **highly relevant**, the new IDPs with regard to the reception, first aid for those that were injured, and the immediate health services that SRCS provided from their mobile clinics, the returnees because of the much appreciated assistance of shelter, NFIs, and livelihood activities. However, some gaps in the provision of the humanitarian assistance as from the onset of the crisis were observed:

- SRCS only could run their mobile clinics a few times, the targeted IDP communities in Damazien therefore expressed the need better access to health services. SRCS assisted with referrals to the Damazien hospital by transport, where the drugs are very expensive and no free of charge at hospital level.
- Urgent needs for Plastic sheets and NFIs (especially blankets).
- No adequate access to safe water

Picture 4. Focus group discussions with representatives from El Firdous village in El Damazien locality which is a new village for IDPs who fled from their villages in Bao locality in September 2011 (Evaluation mission in Blue Nile May 2013)



It was observed that IDP women present during the FGD hardly had a voice during the FGD with representatives of the different IDP communities and therefore it was decided to hold separate talks with the women groups after the initial discussions.

A success story on strengthened resilience expressed by the beneficiaries

After the SRCS training of the volunteers whom were selected from the IDPs, the volunteers conducted regular mobilization campaigns in order to raise awareness on the importance of the construction and use of latrines and waste collection, according to the interviewees, SRCS managed to convince the majority of them to construct latrines from the local materials without any support from Government or humanitarian actors on the ground.

Relevance perceived by involved staff and volunteers, RCRC Movement Partners and other stakeholders

SRCS staff and volunteers

All involved key staff and volunteers considered the two humanitarian interventions **highly relevant** considering the large scale of immediate and longer term needs of the IDPs. From close by most of them witnessed the suffering of those communities who had to flee for the

violence in the areas of origin. Many of the SRCS volunteers had to escape themselves or found themselves in the middle of fighting when evacuating the sick and injured, referring them to their closest health facility and providing psychological support.. Two volunteers were killed while assisting injured civilians in South Kordofan.

Despite the high relevance for SRCS immediate humanitarian assistance, all interviewed staff and volunteers expressed their great concern for the safety and welfare of those war-affected civilians in areas not under Government control to which SRCS as well as UN and other international organizations still don't have access to. The stories told by IDPs arriving in Government controlled areas and the poor condition in which many of them arrive, are (still) a constant reminder of the hardships faced by people in the war zone. Farming has seriously been affected, food is in short supply and people die every day from a lack of access to adequate health facilities, clean water and other basic services.

"...all communication with our peer volunteers at the other site has been disconnected.. we haven't heard from them since.. According to some of newly arrived IDPS they have seen SRCS volunteers at work, trying to assist wherever they could.."

More on the achievements and challenges that SRCS staff and volunteers faced during the implementation of the two emergency appeals will be discussed in the next chapter on effectiveness.

HAC

According to the acting HAC commissioner in Khartoum, responsible for all emergency responses, as well as to all representatives of HAC met on the ground, the work of SRCS is much appreciated and their emergency responses more than relevant. HAC heavily depends on SRCS emergency response experiences since HAC has not the sufficient experience and resources available. HAC therefore requested for more capacity strengthening of their respective departments at all levels to further professionalise their coordination of all different actors on the ground. HAC also expressed their concern about the stretched capacities of SRCS and encouraged the RCRC movement to support SRCS with the capacity building of other local organizations. When better access for international organizations was discussed HAC referred to the newly drafted NGO law.

The government's policy towards the *returnees* is to receive them, allocate land for housing and agricultural activities in addition to other development projects. Upon accessing the settlements the local authorities received the returnees and provided them with short term humanitarian aid like water, food, shelter and cloths, albeit not sufficient this assistance met the first urgent priorities of the returnees at that time. Subsequently SRCS, with direct support from the appeal, followed up with the provision of humanitarian assistance which included shelter, NFIs, water and sanitation to the returnees to fill the unmet gaps.

INGOS

The interviewed representatives of the INGOs ADRA, World Vision, Concern and Goal who either directly or indirectly worked together with SRCS in the targeted areas of both the population movement as well as the complex emergency considered the humanitarian response as **highly relevant** but expressed their great concern on the lack of access to particularly Blue Nile and North and South Kordofan for international humanitarian actors, particularly taking into consideration the enormous scale of humanitarian needs and the stretched capacities of SRCS being the lead national humanitarian organization in all targeted areas. Of the four INGOs only ADRA had access to the returnee communities in White Nile and they expressed their high appreciation about the work of SRCS and their collaboration with SRCS on the ground. ADRA expressed their hope for a longer-term

partnership agreement with SRCS in White Nile in the near future and commented on the many recently founded national organizations that lacked the professionalism, experience and extensive volunteer network of SRCS. " *Since the nationalization of humanitarian assistance in many areas of Sudan, there is a mushrooming of newly (ad hoc) founded national humanitarian organizations and Community Based Organisations (CBOs)...*" said the Director of ADRA during the discussions. Concern added that HAC officials were encouraging the INGOs to partner with these newly founded local organisations since SRCS clearly was overstretched.

The other INGOs had to work through either their national staff or smaller local organizations but both Concern and World Vision anticipated enhanced collaboration with SRCS in the future although they warned that their respective resources were rather limited also due the effects of have no access to those area's most in need. " *...We do hope for Strategic partnerships, rather than being funding partners..*" " *..But in terms over coverage and access SRCS would be the perfect partner..*" World Vision expressed that they would put all their efforts to find substantial funding to be able to partner with SRCS in future programs in the affected States. Moreover, World Vision offered to share their expertise in strong systems for food distributions.

All four interviewed INGOs confirmed that SRCS' strengths lay particularly in the emergency responses, rapid needs assessments and well trained staff and volunteers, more than its experiences with early recovery and development. They all expressed their hope that because of SRCS good relations with the involved government bodies and good access to government controlled areas, SRCS would continue to prioritise advocacy for increased access to both government- and non-government controlled areas.

This decision was made because of the expected rains that would make proper access to the beneficiaries almost impossible. However, those IDPs and returnees that were absorbed by the urban communities such as in Al Damazin would not be served by WFP because the assumption that they had better access to livelihood.

ICRC and IFRC

SRCS and ICRC had joint operations in Blue Nile at the genesis of the conflict in 2011, and other joint operations for the South Kordofan crisis were planned for. Very unfortunately, access for the ICRC operational field teams eventually was denied for Blue Nile as well as for assistance in South Kordofan. Humanitarian diplomacy with the different Government bodies to grant access for ICRC to the affected States in Blue Nile and Kordofan is still ongoing.

Throughout and beyond the implementation periods of both appeals the IFRC, in close consultation with ICRC and SRCS through the Movement's coordination mechanism in Khartoum; continued the support of the SRCS institutional capacities and resource mobilization efforts. IFRC Sudan receives much technical support from the IFRC Regional as well as the Zonal Offices in Nairobi. During the implementation of these two emergency appeals under review, IFRC deployed a Regional Disaster Response Team (RDRT), members from Kenya (Relief coordinator for one year) and Tanzania (Shelter specialist for 3 Months) Red Cross Societies as part of surge capacity and technical assistance to SRCS.

Naturally IFRC's perception of the relevance of the two appeals is high but taking into consideration the complexity of the emergencies, the stretched capacities of SRCS and large scope of humanitarian needs in the conflict affected areas, IFRC's continuous support to SRCS is vital.

UN agencies

In Damazin in Blue Nile State, representatives of the World Food Program (WFP), the Food and Agriculture Organization (FAO) as well as of the World Health Organization (WHO) were interviewed by the evaluation team on their experience and perception of the work of SRCS in the targeted areas. Given the reality that only few professional national humanitarian organisations were on the ground, they praised the hard work of SRCS at all levels and confirmed their commitment to longer-term partnerships in the future humanitarian assistance programming in the field of food assistance, seeds and tool distributions and support to health services. A key finding during the interview with WFP was that they were determined to assist all IDPs and returnees from South Sudan in the rural areas with 2-3 months food rations. This decision was made because of the expected rains that would make proper access to the beneficiaries almost impossible. However, those IDPs and returnees that were absorbed by the urban communities such as in Al Damazien would not be served by WFP because the assumption that they had better access to livelihood...

Concerns for civilians in areas not controlled by the Government

During her visit to Sudan, UN representative Ms. Amos expressed particular concern for the safety and welfare of those war-affected civilians in areas not under Government control to which the United Nations has not had any access for almost two years. She said the stories told by refugees arriving in South Sudan and the poor condition in which many of them arrive, are a constant reminder of the hardships faced by people in the war zone. She said that farming is affected, food is in short supply and people die every day from a lack of access to adequate health facilities, clean water and other basic services. She said "we know this also from those humanitarian organisations which have crossed the border to assist people in desperate need".

The United Nations continues to call on the Government of Sudan to allow it to send staff into the SPLM-N areas to assess humanitarian needs, but this has still not been authorized. Meanwhile, the latest report from the Juba-based group "South Kordofan and Blue Nile Coordination Unit" states that aerial bombardment during May in Buram, Dalami, Heiban, Rashad, Umm Dorain, and Western Kadugli localities in South Kordofan resulted in civilian casualties and displacement. The report, which covers the period between 8 and 22 May, also indicates that an increase in ground fighting has caused more displacement of civilians in Western Kadugli, Al Abbasiya, Buram and Dalami localities.

Concerning Blue Nile State, the same report mentions that intensive aerial bombardment continued in Kurmuk locality during April, causing damage to civilian infrastructure. It mentions ongoing internal displacement of more than 20,000 people in the Chali and Wadeka areas, and it says that the humanitarian situation in these areas, as well as Yabus, continued to deteriorate during the reporting period as a result of shelling and aerial bombardment. It says that food insecurity continues to be of high concern for displaced and vulnerable populations in SPLM-N-controlled areas, and that several thousand IDPs have moved south to Summari town in order to avoid ground fighting in northern areas of Wadeka, with no access to water or food supplies.

Concerning people in areas that are not under Government control, she reminded the Government and the Sudan People's Liberation Movement-North (SPLM-N) that the UN has called on both sides to agree to a halt in fighting for one week to allow it to carry out a polio vaccination campaign for 150,000 children under five years of age. She said that Sudan has recently been declared polio free and leaving pockets of unvaccinated children risks reversing this hard-won status, and she stressed that the vaccines have no military value. Following a recent escalation in fighting between the Government and SPLM-N, Ms. Amos expressed her hope that direct talks between both sides "will resume soon and that they will lead to a resolution of the conflict so that people can return to their homes and start to rebuild their lives".

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Other interviewed Movement partners

Swiss Red Cross has a long-term partnership with SRCS in Sinnar State with main focus on health and water and Sanitation programmes. They got bilaterally involved in small-scale emergency support for the returnees from South Sudan. SRC identified Sinnar as one of the typically overlooked marginalised poor areas because most support goes to humanitarian assistance for those communities affected by the many natural and man-made disasters in other states. According to SRC, the complex emergency and population movement appeals rather impeded the set up and adequately implementation of other on-going SRCS projects in Sinnar and had taken away much of the available resources. But the Swiss Red Cross praised SRCS for its emergency operations and strong needs assessments, carried out by well trained Rapid needs Assessment teams well trained by the senior staff of SRCS. However, Swiss Red Cross did observe that with regard to early recovery and longer-term approaches and appropriate Monitoring and Evaluation (M&E), SRCS still is struggling and need well coordinated and tailored training to these specific training needs at all levels.

The **Netherlands Red Cross (NLRC)** funded the Population Movement Appeal through IFRC. According to the NLRC country manager both appeals were highly relevant to the many needs of the affected communities. NLRC praised the IFRC and SRCS for their strong coordination, information sharing and regular pro-active consultations with the RCRC Movement partners, which included consultations on the development of the recently launched Complex Emergency Appeal that involves Blue Nile, White Nile, Kordofan and all the States of Darfur. At a regular basis information bulletins on the implementation of the two appeals were shared with the partners and both SRCS and IFRC applied “an open door policy”, always available for any questions or request for the updates. However, the observation was made that since SRCS became the leading national humanitarian organization the demands from government, partners and affected communities became overwhelming. *“How best to accommodate all the needs from the communities SRCS wants to serve and assist but also to the demands and expectations from government and partners?”*

USAID/OFDA

USAID has been the biggest donor for the Complex Emergency Appeal (2 million USD) in Blue Nile and South Kordofan which has been their main area of focus over the last couple of years. As the complex humanitarian situation continues to unfold in Sudan, SRCS remains one of the main national organizations able to access vulnerable communities in most parts of the country. In 2011 this capacity was called upon by movement and non-movement partners to respond to the range of emergencies including the ongoing protracted conflict in White Nile, Sinnar, Kordofan and Blue Nile states. In 2012 SRCS continued to play a key role in delivering humanitarian services in these states.

After the access restrictions it became evident that supporting a strong national organization such as SRCS became even more important and therefore USAID confirmed the high relevance of the emergency appeals. USAID appreciated the honesty of SRCS regarding the enormous impact on their existing capacities and how they have dealt with all criticism. IFRC Sudan was praised for their pro-active consultations and transparency.

During the USAID-IFRC and SRCS partnership some *challenges* were observed:

- **Regular cash flows had been impeded** because of political protocols in Washington but have recently been solved.
- The **stretched capacities** of not only SRCS but also of the IFRC Sudan team was of big concern, particularly in the fields of follow up visits and regular M&E.
- In those areas where others have no access SRCS and IFRC need to invest in **calibre field staff**
- It was observed that the **visibility and active participation** of SRCS in national coordination bodies could be improved. When IFRC is not able to participate, SRCS

should automatically step in. Preferably IFRC and SRCS should always be present during these coordination meetings at national level.

Royal Embassies of the Netherlands and Sweden

The Dutch Government contributed to the Population Movement Appeal through the Netherlands Red Cross and therefore expressed their great interest in the targeted areas. They complimented IFRC and SRCS with the good work under very difficult circumstances and made an appeal to SRCS to intensify advocacy on improved access to the most affected areas by the international humanitarian actors. They suggested to both IFRC and SRCS **to arrange more regular briefings from senior staff involved in the emergency operations** at Khartoum level, emphasising the reality of limited information sharing due to the lack of access to particularly Blue Nile and South Kordofan states.

They also strongly recommended IFRC and SRCS to intensify efforts to partner with UN agencies and INGOs in order to take away some of the obvious pressures on the capacities of the National Society.

The Swedish Government funded the Complex emergency Appeal and visiting representatives of CIDA had fruitful meetings with IFRC and SRCS senior leadership. **Sweden's new policy is to increase funding for national organizations in their targeted countries.**

They emphasised the importance for more regular briefings from the field staff when present in Khartoum and strongly advised SRCS **to disseminate monthly info bulletins on their activities in the field**, especially the targeted Complex Emergency areas and emphasised intensified **advocacy** to the government concerning improved access for international NGOs and ICRC.

2.2 Effectiveness of the Appeal Operations

Impact/outputs of the Interventions' planned activities: The Key Achievements and Challenges

The Complex Emergency Appeal: Key achievements

Relief distributions

SRCS provided relief items (with Food and Non-Food Items) to **306,544** people with funding from this appeal and with bilateral support (cash and in-kind) from other partners. *Through this appeal SRCS distributed NFIs to **123,600 beneficiaries in South Kordofan and Blue Nile.** These supplies were distributed across a total of **10 localities.** In addition, through other bilateral support SRCS was able to provide NFIs to **22,200 people as well as Food Items to 154,430 people** through bilateral agreement with WFP. Furthermore, SRCS with support from HAC reached an additional **6,314 people** with food items in South Kordofan.*

Emergency Public Health

SRCS operated through **12 primary health care (PHC) facilities and 3 mobile clinics** in South Kordofan and an additional number of **6 mobile clinics** in Blue Nile in order to minimize risks and threats of outbreak of epidemic and communicable diseases. At the end of the implementation period, SRCS had reached over **81,773 beneficiaries** in South Kordofan and Blue Nile states, with a total of **62,033 people benefited from the medical services that were provided by SRCS.** The provided basic health services included *medical consultation, nutritional advice, vaccination, maternal and child care, family planning, wound dressing and referrals to secondary level health facilities.* In addition, through public sessions and home visits. Over **26,608 people** received *health education awareness messages.*

Additionally, SRCS volunteers distributed 4,500 clean dignity kits for girls and insecticide treated mosquito's bed nets for pregnant women. Volunteers in both States were successfully trained in dead body management (DBM) by experienced staff from HQ in Khartoum.

Water, Sanitation and Hygiene promotion

Through this appeal, SRCS was able to carry out several WASH activities in Blue Nile and South Kordofan. A total of **39, 000 beneficiaries** were reached with water and sanitation related services which included *the construction of 133 family latrines and rehabilitation of 7 water pumps in Blue Nile and South Kordofan, provision of water supplies for the first 15 days after arrival and daily chlorination of the public water sources with support from 36 SRCS volunteers trained on water and sanitation activities.* These volunteers also distributed chlorine tablets to **9,300 families**. Under very difficult circumstances these trained volunteers managed to also conduct 10 cleaning and vector control campaigns and distributed clearance tools the same targeted families.

Restoring family links (RFL) and protection

With support from RC/RC movement and other partners, SRCS was able to enhance protection for minors, women and the elderly and reunify families in South Kordofan and Blue Nile.

Logistics

As from the onset of the emergency response operation the IFRC fleet base in Dubai facilitated the procurement of 4 Codan Base radios, one Codan Mobile radio, while the IFRC East Africa Regional Logistic base facilitated the procurement of 3,000 serialized jackets displaying the SRCS emblem and logo. Similarly, the IFRC facilitated the procurement of 100 First Aid kits and 4 IEHK. Furthermore through this appeal SRCS procured assorted NFI items for 123,600 people locally. By December 2012, SRCS was able to undertake 28 rounds of transport using both hired and self-owned trucks moving **810 metric tonnes of relief items** from Khartoum to targeted populations in Blue Nile and South Kordofan states.

Communication

IFRC and SRCS shared regular information on the operation including emerging issues and progress in implementation with key stake holders through *Operation Updates, revised appeals, and the dissemination of information Bulletins via email and organised regular coordination as well as pro-active consultation meetings with movement and non-movement partners.. In addition SRCS produced IEC materials to aid the various sectorial teams in their community campaigns. This included banners, fliers and posters.*

Coordination

During the initial phase of the crisis SRCS activated the **Emergency Operation Centre** at the Headquarters in Khartoum through which information from the field was collected and used for strategizing and decision making on the emergency response. On day-to-day bases, SRCS organized internal coordination briefings to discuss and plan the operations in the targeted localities. Similarly, weekly meetings to update Movement partners on the ongoing operations took place during the early stages of the crisis which continued later on a monthly basis. Special meetings with non-movement partners included briefings to the involved UN Agencies, INGOs, and Donor Agencies and were organised on an ad-hoc basis as need arose. Both SRCS and IFRC participated in regular UN and or Government led coordination meetings jointly or bilaterally.

National Disaster response Teams

At the onset of the conflict, SRCS deployed **National Disaster Response Action Teams (NDRT)** from South Kordofan supported by 3 other NDRT teams from North Kordofan to Rashad,

Abukarshula, Taludi, Dilling and Keliek lead by an **SRCS member of the IFRC Regional Disaster Response Action team (RDRT)** who conducted rapid needs assessment in the crisis affected areas. Good insights of the Immediate needs in the initial appeal were drawn from the finding of these assessments.

Image and community acceptance

SRCS presence and image has been significantly strengthened in the targeted states as the leading national society during complex emergencies that functions under the RC/RC principles.

The Complex emergency: **Key Challenges**

Access

Access to areas within the border states of South Kordofan and Blue Nile States remained restricted with mostly access granted to National organisations/institutions such as SRCS, National staff of International Organisations and sporadically International Staff of specific UN Agencies or International Organisations with programmes ongoing prior to the conflict were granted access for short periods and only to those areas under the control of the government forces. This limited access to international humanitarian actors formed one of the key challenges that demanded from SRCS to taking up the role of leading national organization in the affected areas and the main non State actor responding to the crisis. During the emergency operations, SRCS succeeded occasionally in securing access- authorisation for its International and non-movement partners in Blue Nile and South Kordofan (while access continues to be very limited for international humanitarian actors, SRCS was able to negotiate access for all its international Red Cross/ Red Crescent movement partners who confirmed participation to a routine executive coordination meeting in Damazine in Blue Nile in February 2012) albeit with lengthy procedure for the same and not always resulting in access permission.

Insecurity due heavy fighting and banditry, and many landmines along the roads also seriously impeded adequate access to the affected areas combined with extreme poor road conditions during the rainy season (June-October). In some areas the teams could only reach the affected communities by tractors.

Changing patterns in displacements

The new influxes of new IDPs and constantly changing patterns of population movement made the proper planning and implementation of the relief operations extremely difficult and indeed further stretched the already almost exhausted capacities of SRCS (for example it regularly occurred that newly arrived IDPs who just had received relief goods such as food and NFIs had to leave their rations behind after they again had to escape from flared up fighting's in the areas where they had sought refuge).

Government's policy to not establish Camp setting

The Government's decision to avoid the establishment of (temporarily) IDP camp settings and to rather strongly encourage the absorption of (new) IDPs by the host communities caused many difficulties to adequately identify and reach out to the most vulnerable IDPs since they scattered in and around the host community settlements and often continued moving, either because of fighting or to places better cover by humanitarian assistance and/or access to livelihood opportunities.

High demands from Government, Partners and affected communities

Increased demands from government, partners as well as the affected communities put high pressures on SRCS to take a bigger share in the response to this complex emergency and necessitated constant deployment of volunteers and staff (also from other on-going project areas) required the revision of the appeal twice and extended the operational duration of the intervention as well as expansion of geographical coverage. SRCS' available resources were further stretched with the consequence of few available supporting staff at HQ level.

Weak Cash flow management impeded the proper and timely implementation

Due to several reasons such as delay of cash flows from USAID because of initial legal issues in Washington as well as the applied RM approach and understaffed departments at HQ in Khartoum severely impeded timely emergency responses in some of the targeted areas, to such an extent that in some occasions even the contracts of newly recruited staff had to be cancelled in the middle of the emergency.

Logistics

In sufficient transport and poor GSM communication further impeded smooth and timely delivery of relief to the affected people. Communication systems, particularly the mobile networks were unreliable and/or unavailable during the operation period which also severely hampered tracing services. The already overstretched SRCS logistic capacity and the coping with the high prices in terms of trucks and other transport rental costs made logistic operational costs high and frustrating. When looking at table 2 one can see that SRCS had to deal with many logistics gaps; More than necessary logistic support items (transport, communication, NFIs, warehousing etc.) that were properly planned for could not be procured due to the only 53 % coverage of the appeal's budget.

Proper warehousing in the field was a big challenge too, there was no sufficient physical space, and the existing hubs should have been better organised and managed.

Human Resources

Because of the high demand of experienced and qualified SRCS staff, many staff and experienced volunteers involved in other on-going programmes or covered positions at the SRCS head quarters were temporarily allocated to the crisis areas which impeded the proper implementation of on-going projects and SRCS visibility and active participation in National coordination meetings. The evaluation team also observed overworked branch directors in the areas they visited who had to cover the management of two state branches at once and rather exhausted teams on the ground. Further it needs to be mentioned that due to the insecurity and violence quite some trained SRCS volunteers had to flee their own houses and became IDPs themselves. Besides, contact with peer staff and volunteers in the non-government controlled areas appeared to impossible, and many of the interviewed staff and volunteers expressed their concern about their colleagues and the affected communities in those areas where no access was possible and mobile networks had been disconnected.

Staff and volunteers expressed the need for stronger guidance from the SRCS leadership regarding their approach in IHL dissemination and mediation between different armed groups, also within the context of regularly faced prejudice from groups suspecting SRCS to be part of the government.

M&E

Although the log framework was composed of carefully designed outcomes, and expected results with well planned linked activities and target groups well quantified, it lacked the quantitative and qualitative indicators to report against. More importantly, taking into consideration that because of the many faced challenges quite some of the planned targets have not been achieved (see also the evaluator's comments below) the timely monitoring

and follow up on output indicators could have assisted the teams on the ground, SRCS HQ and IFRC to take the necessary measures to timely intervene in order to even better implement the planned emergency responses based on the assessed immediate needs of the affected communities.

Health

As SRCS was the main health service provider in the affected areas, SRCS felt responsible to take a big share in the response to the health needs of the people affected by the crisis, which along with the high influx of new IDPs put again enormous pressure on the available recourse of the national society.

The frequency of IDPs moving (and sometimes running) from one place to another made it extremely difficult to follow up on particular health activities such as vaccinations and nutritional sessions, which requires intensive follow up.

The sever security situation hampered not only access to health services in areas close to the conflict zone but also to the foreseen recruitment of the planned 60 health professionals. It was hard to motivate qualified health professionals to work in the crisis areas. At the end only 12 professionals could be seconded from MoH. One brave (ex)volunteer of SRCS and now medical doctor was prepared to take up the medical coordination in South Kordofan.

The intervention’s Effectiveness in reaching the Expected Results

SRCS should be complimented with their extreme hard and difficult work and putting all their efforts in assisting the most vulnerable communities in the crisis affected areas. It can be confirmed that the intended purpose and most of the objectives have been achieved and resulted in reduction of vulnerabilities and the saving of lives. Most planned activities have been implemented by SRCS in close collaboration with partners through close monitoring. In spite of the financial constraints whereby respectively only 54 % for the complex emergency appeal and 17% of the total budget of the population movement appeal was covered, the beneficiaries expressed their deep appreciation for the by SRCS implemented activities, although a few beneficiaries, mainly the new comers, still wait for Shelter and NFI assistance. Building the staff as well as community capacities through different training courses such as training on Rapid Need assessments, First Aid, shelter, water treatment and environmental hygiene will ensure knowledge sharing for future programming and response.

Following an overview of each implemented component according to the work plan of both the appeals that includes the achievements and observations and comments from the evaluation team.

1. Relief distributions (food and basic non-food items)	
<p>Outcome 1:</p> <p>Vulnerability is reduced through provision of relief assistance (non-food items) to 39,000 (234,000 beneficiaries) affected households, in protocol areas (Blue Nile and South Kordofan States), White Nile, North Kordofan, Sinnar and Khartoum states.</p>	

Outputs (expected results)	Activities planned	Achievements
<p>1.1 At least 39,000 households in protocol areas, White Nile, North Kordofan, Sinnar and Khartoum receive essential relief Items.</p> <p>1.2 Coordinated mobilization and distribution of relief goods take place in the targeted areas.</p>	<ul style="list-style-type: none"> Procure, transport and distribute non-food relief items to identified beneficiaries. (NFIs include: Tarpaulins, blankets, mosquito nets, sleeping mats, kitchen sets, empty jerry cans, digging tools distributed according to local circumstances). Mobilize 600 SRCS volunteers to carry out relief operation (assessment, distribution, including food distribution with WFP). Renovation of warehouse at headquarters. Provision of 5,000 'dignity kits' (Ladies; sanitary pads underwear, kanga, toothbrush, tooth paste, antiseptic soap, Vaseline. Males; pair of underwear, Araqi, toothbrush, toothpaste, antiseptic soap, Vaseline and shaver). Monitor and evaluate the relief activities and report on relief distributions. Develop an exit strategy. 	<p>SRCS was enabled to remain operational throughout the various critical milestones of the crisis and provided relief to 306,544 (with Food and Non-Food Items) with multilateral as well as bilateral support (Cash and in-kind) from other partners.</p> <p>SRCS distributed NFIs for 123,600 beneficiaries. These supplies were distributed across a total of 17 localities in the two most affected areas of the targeted States where IDPs were present. (In South Kordofan with funding from multilateral donors SRCS reached 108,600 people with NFIs while in Blue Nile State with Funding from British Red Cross SRCS reached 15,000 people).</p> <p>In addition through other bilateral support from movement and non-movement partners SRCS was able to provide NFIs to 22,200 people. Furthermore in collaboration with WFP SRCS distributed assorted Food Items to 154,430 people. SRCS with in-kind support from HAC was also able to distribute food items to 6,314 people in South Kordofan.</p> <p>. A total of 1,040 volunteers were involved in the various relief operations across the targeted States. 122 volunteers also participated in pre-distribution assessments and registration of beneficiaries.</p> <p>A total of 6 field monitoring missions across all the targeted States were carried out by SRCS technical staff of the different sectors.</p>

1. Relief distributions: observations and comments

Despite the many faced challenges and financial gaps and stretched capacities, by December 2012 SRCS managed to reach out **408,317 people** through the various activities implemented through this appeal, including relief assistance, health care, water and sanitation, reception, family tracing, first aid, counselling and evacuation and dead body management activities. An enormous achievement that never could have happen without the more than **thousand (1040) trained volunteers** who courageously and highly committed put everything in their power to assist the high numbers of IDP families that had sought refuge in their respective areas after having escaped from the ruthless fighting in their areas of origin.

It was however observed that because of irregular cash flows and insufficient coverage of the appeal's budget (**54%**), some of the affected communities couldn't be reached and assisted with sufficient food rations and NFIs simply because of limited funds at several stages of the appeal's time span. Besides, due to the limited local warehousing space and hence inadequate positioning of procured relief goods close to the affected areas, the SRCS teams were quite constrained in their adequate emergency response. But it must be said that SRCS

with all efforts tried to fill the gaps by advocacy to government and other stakeholders to equally distribute available goods that were gathered through HAC and other local partners.

During the FGD with staff and volunteers the concern was expressed that during the emergency responses in the future SRCS and coordinating government bodies should put more efforts to seek stronger participation of the affected communities they want to serve in order to not only build trust but also to ensure ownership, increased resilience and mutual respect. This concern was confirmed during FGD with beneficiaries in the states of Blue Nile and White Nile where it was observed that women hardly had a voice in the discussions and needed follow discussions separately from the male participants.

2. Emergency Public Health		
Outcome 2: Contribution to improved health situation in 3 protocol areas, White Nile, North Kordofan, Sinnar and Khartoum States and preparedness for response to any future health needs that might arise (targeting at least 20,000 beneficiaries).		
Outputs (expected results)	Activities	Achievements
<p>2.1 Improved access to Primary Health Care (PHC) services in conflict affected areas.</p> <p>2.2 Controlled morbidity rates of epidemics and communicable diseases in the affected communities (minimized risks and threats of outbreak of epidemic and communicable diseases).</p> <p>2.3 Timely community based health First aid and pre-hospital health care to communities affected by the on-going crisis are provided.</p> <p>2.4 Enhanced capacity for response in case of emergency along the targeted locations.</p>	<ul style="list-style-type: none"> Establish and support 6 mobile health clinics in South Kordofan conflict affected areas. Support 11 PHC clinics in affected areas in South Kordofan State, White Nile, Sinnar and North Kordofan. Procurement of 2,000 First Aid kits to support ongoing operation and preposition in remote areas across proposed operational sites. Mobilize volunteers in each of the targeted states to provide first aid and conduct public health promotion sessions on prevention and control of common communicable diseases e.g. Malaria, AWD, ARIs, bloody diarrhoeas, dermatitis and other outbreaks during emergency phase. Procure and provide 	<p>Provision of medical services in 9 primary health care (PHC) facilities and 3 mobile clinics in South Kordofan and 6 mobile clinics in Blue Nile.</p> <p>In collaboration with Ministry of Health SRCS managed to second 12 medical professionals who served in 3 facilities ran by SRCS in South Kordofan and Blue Nile States.</p> <p>Through collaboration with WHO and UNICEF SRCS was able to train 200 extra volunteers in first aid, HIV& AIDS, case definition, reporting systems and Essential Nutrition packages, Standard Case Management of pregnancies and childbirth and Health in emergencies.</p> <p>Throughout the reporting period 950 SRCS volunteers were mobilized in the operational States under this appeal to provide First Aid services as well as conduct health promotion campaigns.</p> <p>Through the PHC facilities and Mobile clinics SRCS provided a total of 62,033 consultations. Main services provided in these facilities included: nutritional advice,</p>

	<p>information, education and communication materials to enable SRCS volunteers to conduct effective health education and promotion.</p> <ul style="list-style-type: none"> • Procure and distribute 8 Interagency Emergency Health Kits (IEHK) for support to PHC and mobile clinics in operational sites. • Provide logistics support and essential equipments for the PHC and mobile clinics. • Mobilize and second 60 medical personnel to support provision of basic health care during emergencies. • Continue provision of post traumatic counselling services to the affected people and relatives still at the site of ongoing conflict. • Provision of psychosocial debriefing sessions for staff and volunteers of the South Kordofan Branch. • Procure personal protective equipment for staff and volunteers for use during response. • (put on call) 30 volunteers/State to provide first aid and conduct health promotion sessions on prevention and control of common diseases of epidemic potential in Blue Nile, White Nile, North Kordofan, Sinnar and Khartoum States. 	<p>vaccination, maternal and child care, family planning, wound dressing and referral to secondary level health facilities. In addition SRCS provided and distributed clean delivery kits (4,500 kits) and insecticide treated mosquito's bed net (6,500 nets) pregnant women</p> <p>All basic health activities were implemented closely in collaboration with Ministry of Health, WHO and UNICEF as well as with other agencies operating health facilities within the targeted states. Most communicable diseases reported among the beneficiary population included acute respiratory infections, diarrheal disease, and Malaria.</p> <p>By December 2012 the volunteers had provide First Aid services for 2,712 people, conduct 1,218 public health promotion sessions for 6,868 beneficiaries. They also conducted 3,290 households' visits where key messages passed through these sessions includes prevention and control of common communicable diseases with particular emphasis on Malaria, respiratory infection, bloody diarrhoeas, dermatitis and other commonly occurring outbreaks during emergency phase.</p> <p>In July 2012 USAID committed to additional funding for the appeal which enabled IFRC to procure 4 extra IEHK and 100 First Aid kits for use across all the health facilities managed by SRCS in Blue Nile and South Kordofan and facilitated the continuation of both health and WATSAN related activities in the targeted States. In addition, SRCS received bilateral support (cash and or in kind donation) from RC/RC societies and other partners including the Ministry of Health, WHO, UNICEF and UNFPA. With this support SRCS was able to procure additional assorted medical supplies locally which were used in 15 health facilities within South Kordofan and Blue Nile states.</p>
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2. Emergency public Health: **Some observation and comments**

Many affected communities have been assisted by SRCS with first aid, basic health services and health and hygiene education messages. SRCS felt obliged to take a big role in the provision of health services since not many other national organizations specialized in health were on the ground and worked closely together with the MoH and UNICEF to deliver adequate health services. Although one can understand the sense of responsibility to provide health services in the affected areas, the planning appeared a bit too ambitious considering the constraints faced on the ground regarding sufficient and adequate drugs supplies and equipment for the assisted existing-and new health facilities. Moreover, as already mentioned

earlier, it appeared to be extremely difficult to recruit qualified health personnel for staff the mobile clinics and support the health facilities in the targeted areas.

Not much has been reported on the planned **psychosocial debriefing sessions** for volunteers and staff. During the field visits but also during the staff discussions in Nairobi, quite some signs of traumatisation were observed. The Staff and volunteers have worked under extreme insecure circumstances, including finding themselves in the middle of fighting, the fear of running into land mines or being attacked by banditries. At least two volunteers have been killed when they were assisting their community members. The evaluators further observed that no mention was made on training in security analysis and management.

According to the interviewed IDPS in Al Damazien the mobile clinic services stopped after three visits (SRCS: due to limited resources) and although they were assisted by SRCS to visit the hospital in town they had to pay most of the costs themselves.

The planned exit strategies for all sectors have not been developed clearly because of the ongoing violence and displacement in the affected areas in Kordofan, Blue Nile and White Nile and the many new displacements due to flared up fighting and tribal clashes in the Darfur States. A new Complex Emergency Appeal has been launched by IFRC on 15th May 2013.

3. Water, sanitation, and hygiene promotion		
Outcome 3: Reduced risk of waterborne and sanitation related disease outbreaks during emergency Situation.		
Outputs	Activities	Achievements
3.1 Improved access to safe drinking water, sanitation facilities and their use during emergency situations targeting 39,000 HH (234,000 beneficiaries).	<ul style="list-style-type: none"> • Distribute 10,000 kg of soap to the most affected Households. • Conduct 404 health awareness sessions. • Water trucking to targeted locations in protocol areas, White Nile, Khartoum and North Kordofan • Provision and distribution of 9,300 hygiene kits. • Provision and distribution of cleaning tools. • Provide information, education and communication (IEC) materials for education sessions • Conduct PHAST training for 310 volunteers • Rehabilitation of 30 hand pumps (20 in South Kordofan and 10 in Blue Nile • Construction of 10 community latrines in South Kordofan 	<p>SRCS was able to provide safe water through water trucking to targeted locations in South Kordofan, Blue Nile, White Nile, Khartoum and North Kordofan during the peak of the crisis.</p> <p>Additionally, SRCS managed to rehabilitate 7 hand pumps (6 in South Kordofan and one in Blue Nile) and constructed 133 family latrines in South Kordofan.</p> <p>SRCS provided the volunteers and community with the essential cleaning tools that facilitated cleaning up campaigns along with the local community, as well as provision of 6,900 hygiene kits .</p> <p>36 volunteers were trained in water and sanitation and EPHAST, hygiene promotion, health awareness, water chlorination and hand pumps maintenance.</p>

Picture 5: One of the rehabilitated hand pumps in Blue Nile State.



3. Water and Sanitation: Some observations and comments

The planned water and sanitation activities, particularly with regard to the aim to improve access to safe drinking water seemingly have been impeded by the difficult circumstances, access constraints and financial coverage because of the planned rehabilitation of 20 hand pumps only 7 hand pumps could be repaired. It is possible that due to the necessity for water trucking during the unset of the crisis this activity took much of the available funds away, also taking into consideration the high expenditures for rental trucks.

It was also observed that apparently only 36 volunteers have been trained in EPHAST instead of the 310 volunteers. It is not clear what factors played a role to only achieve this relatively small number of EPHAST trained volunteers. However, SRCS should be complimented by aiming to train as many as possible volunteers in EPHAST since this approach often has great impact on the sanitation situation and positive behavioural change in hygiene.

4. Restoring family links (RFL) and protection		
Outcome 4: Enhanced protection for minors, women and the elderly and reunification of families		
	Outputs	Activities

<p>4.1 Tracing services are provided for missing persons and families are supported in re-unification with their Loved ones.</p>	<ul style="list-style-type: none"> • Procurement of tracing support materials including GSM mobile phones and airtime. • Follow up of tracing requests. • In coordination with key stakeholders, support evacuation of minors, women and the elderly to safer locations from conflict areas. • Creation of child friendly spaces in collaboration with UNICEF. Establishment of interim care for unaccompanied minors. 	<p>SRCS with funding from UNICEF managed to carry out RFL activities with the aim to provide psycho-social support, recreational and participation opportunities to children affected by the conflict through child friendly spaces, child protection activities.</p> <p>Also, SRCS volunteers jointly with HAC and assistance from a private roads construction company supported the return of 1,536 people from Rashad and Abujibaiha to Taludi. The roads construction company provided 8 Lorries to transport the returnees</p> <p>Note: Other related activities under this sector were carried out jointly and with support from ICRC which will be reported separately by SRCS/ICRC.</p>
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5. Logistics

<p>Outcome 5: Well supported relief operations, ensuring delivery of a range of relief items in line with the operational priorities.</p>		
<p>Outputs</p>	<p>Activities</p>	<p>Achievements</p>
<p>5.1 Coordinated mobilization of relief goods; coordinated reception of all incoming goods;</p> <p>5.2 Coordinated warehousing centralized provision of standard vehicles as required;</p> <p>5.3 Coordinated and efficient dispatch of goods to the final distribution points.</p>	<ul style="list-style-type: none"> • Provide logistical support in transportation of supplies, staff and volunteers in the response sites of the crisis. • Procure through the IFRC Dubai logistics centre 3 trucks and 6 land cruisers, to enhance capacity of SRCS to respond in a timely manner to future sudden onset disasters. • Provide additional warehousing capacity through acquisition of rub halls. • Procure and mobilize relief stocks and control supply movements to distribution points. • Support the SRCS branches to further improve logistics capacity, procurement practices and management of relief items. • Procure 20 Thuraya phones. 	<p>SRCS hired locally 4 trucks and 9 land cruisers to support transportation of supplies in the response sites of the crisis.</p> <p>SRCS undertook 28 round trips to deliver 810 metric tonnes of relief between July 2011 and December 2012 (14 to each of the states; South Kordofan and Blue Nile using both hired and own trucks).</p> <p>With support from this appeal and IFRC logistic hubs in Dubai, Nairobi and Netherland as well as through bilateral support to this appeal SRCS was able to procure and mobilise assorted relief items (see for more details the table..below)</p>

	<ul style="list-style-type: none"> • Procure through the IFRC Dubai logistics centre one fork lift to improve efficiency in loading and offloading of relief items. • Procure through the IFRC Dubai logistics centre one refrigerated van for transportation of medical drugs • Procure through the IFRC Dubai logistics centre one water trucking vehicle. • Renovation of SRCS Khartoum warehouse 	
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Table 2 : the status of relief items procured under this appeal and other bilateral support

No	Planned Items description	IFRC	Bilateral
1	Procure 3 trucks from Dubai Fleet base	0	0
2	Procure 6 Land cruisers from Dubai Fleet base	0	0
3	Procure 21,300 tarpaulins	14,029	2,393
4	Procure 42,600 blankets	15,346	4,786
5	42,600 mosquito nets	20,600	7,700
6	Procure 42,600 sleeping mats	16,025	3,086
7	Procure 21,300 kitchen sets	5,485	1,043
8	63,900 empty jerry cans	15,270	1,498
9	Codan Base radio	4	0
10	Codan Mobile radio	1	0
11	22,693 Hygiene Kits	6,900	0
12	10,000 kg of soap/c*27pcs by170g	2,526	7,301
13	Cleaning tools (1,000 bags, 150 rakes, 350 brooms, 300 wheel barrows.	1,000 bags, 150 rakes, 350 brooms,150 wheel barrows	0
14	Digging tools 200 shovels, 200 hoes, 200 pickaxes	200 shovels, 200 hoes, 200 pick axes	0
15	3 Rub halls 10*24m	2 (one allocated to SRCS Sinnar and the other to SRCS S.K. branch).	1 (In kind Donation from ICRC to the SRCS Blue Nile branch)
16	3,000 SRCS serialized jackets	3,000	0
17	Procure Clothes	0	1,043
18	Procure Buckets	0	1,043
19	Procure 10,000 Kg of soap	0	7,301
20	Others	0	1x plastic water tank (2,000L) and fittings.
21	1 Fork Lift	0	0
22	1 Refrigerated Van	0	0
23	1 Water tanker truck	0	0
24	20 Thuraya phones	0	0

6. Logistics: **Some observations and comments**

SRCS faced enormous challenges in renting commercial trucks for water trucking and transport of relief goods. Not only exaggerated high prices were asked for rental trucks but also many drivers refused to transport the goods to insecure areas. Besides, the very poor road conditions during the rainy season caused many delays in the timely delivery and distribution of the food and NFIs.

SRCS, IFRC and partners had to seriously improvise to adjust with the rental of commercial trucks as the only option despite the enormous challenges

When analyzing table 2 one can see the high discrepancy between planning of the necessary goods (NFIs, hygiene kits, required vehicles and satellite phones) and actual procurement and delivery. The limited transport means caused much delay in the delivery of the humanitarian assistance, the NFIs and Shelter materials not sufficient to cover the immediate needs of the IDP communities. Involved donors and RCRC Movement need to understand the unique context in which SRCS had to operate as being the lead National Humanitarian actor on the ground and operating under extreme circumstances with already overstretched capacities due to the many demands from Government and affected communities. With so many high expectations of the national society to act timely and professionally to the immediate needs of such high number of severely affected communities donors should not hesitate to be more generous in their effective contributions to the emergency responses of SRCS,

6. Capacity strengthening, communication and advocacy: **Some observations and comments**

SRCS should be praised by the big steps forward regarding the efforts made on information sharing, advocacy activities and the training of over 30 volunteers in rapid needs assessments which outputs formed the basis of the determined humanitarian aid responses to the affected communities. Compared with the last couple of years SRCS remarkably improved in the positioning as being the lead national humanitarian organization and acted like one, despite their stretched capacities and many challenges on the ground. To further build on these positive developments SRCS should try to put even more efforts on the information sharing for donor partners as well as UN agencies and INGOs and strong visibility and participation in the national coordination meetings to further position themselves and increase image and recognition of the good work they do on the ground.

Also important progress has been made in the advocacy and communications to inform the public at a regular basis. SRCS, with assistance from IFRC and ICRC managed to seriously mitigate the harm done by the negative articles on partiality and misuse of the emblem and continued with strong advocacy for the affected communities in South Kordofan and Blue Nile. They were able and still are to handle the pressures from RCRC partners, donor and INGOs to constantly negotiate with the Government on improved access for international humanitarian actors.

Emblem abuse

SRCS was strongly engaged with key stakeholders on Humanitarian Values and Principles around the emblem and the 7 Principles of the Red Cross and Red Crescent Movement. For instance; on 23 June 2011, Associated Press (AP) published an article quoting a leaked UN report as stating that Sudanese intelligence agents have posed as Red Crescent workers, ordering refugees to leave a UN protected camp in the South Kordofan area. The allegation of emblem abuse was repeated in the UN's Emergency Relief Coordinators Key Message on South Kordofan on 6 July 2011. The whole RC/RC Movement in Sudan took these allegations seriously and embarked on extensive investigations including directly engaging with the UN, the refugee mentioned in the report and Government Authorities at State and Federal level to ascertain the authenticity of the allegations. While the comprehensive investigations carried out revealed no such misuse having taken place, the SRCS with support from IFRC and ICRC embarked on critical actions to ensure all its partners are aware of the context around the allegations and increased its media relations outreach to educate the public on the work of SRCS and especially on the critical role it is playing in the South Kordofan crisis. Additionally, SRCS with support from IFRC produced serialized jackets to minimise the misuse of the emblem, those serialized jackets were very much appreciated as providing distinct identification of volunteers and staff of SRCS.

6. Capacity of the National Society

<p>Outcome 6: Enhanced operational capacity of SRCS to respond to potential future disasters throughout Sudan</p>		
<p>Outputs (expected results)</p>	<p>Activities</p>	<p>Achievements</p>
<p>6.1 Increased capacity of SRCS staff and volunteers to respond to disaster.</p> <p>6.2 Timely information to all stakeholders</p> <p>6.3 Daily updates on unfolding information</p>	<ul style="list-style-type: none"> • Emergency Rapid Assessment Training provided to SRCS disaster response teams located at the 3 targeted branches. • Enhance branch capacity to report on the unfolding situation through training and regular communication and monitoring. • Coordination and debriefing meetings with key stakeholders. • Engagement with key stakeholders on Humanitarian Values and Principles. • Evaluation of the whole operation to document best practice and identify weakness to better inform future operations. 	<p>As a result of this appeal, the recognition of SRCS operational capacity to respond to large scale emergency increased amongst non-movement partners and stakeholders.</p> <p>30 volunteers from Sennar and North Kordofan branches were trained on emergency rapid needs assessment, data analysis, WatSan, health, media in emergencies, camp management, relief distribution, First Aid and rescue, monitoring and evaluation, safe access and Dead Body Management (DBM).</p> <p>From the onset of the emergency, SRCS activated its emergency response teams to coordinate and monitor the situation through its emergency operation room with initially daily and later bi-weekly briefings on</p>

progress between the sector leads and Red Cross and Red Crescent movement partners.

Later as the nature of the crisis evolved the briefings were incorporated within the routine monthly movement taskforce meetings or on ad-hoc basis briefing sessions as need arose for the same.

SRCS and IFRC jointly or bilaterally, participated in UN led or bilateral meetings with key stakeholders and partners at National and State level including government, UN specialised agencies, INGOs and representatives of foreign missions.

Throughout the reporting period and beyond SRCS and IFRC took the opportunity to engage with key stakeholders to advocate for and disseminate the Humanitarian Values and Principles of the Red Cross /Red Crescent movement

7.Communications - Advocacy & Public Information

Outcome 7 :

The profile and position of the host National Society and the IFRC are enhanced, leading to increased availability of funds and other resources to support this and future emergency operations.

Outputs (expected results)

7.1 Smooth flow of information on the operation is ensured for all concerned stakeholders, including beneficiaries and partners supporting the operation.

7.2 General population and key stakeholders well informed about the RC/RC movement humanitarian work in Sudan

Activities

- News releases, fact sheets, video, photographs and qualified spokespeople are immediately developed and made available to media and key stakeholders.
- Coordinate direct outreach with the host National Society and the national and international media.
- Support the launch of this appeal and other major milestones throughout the operation using people-centred, community level diverse content, including web-stories, blog entries, video footage and photos with extended captions posted on ifrc.org and shared with other global humanitarian web portals and international media.
- Launch a media campaign on disaster awareness and promotion of peace and risk reduction.
- Recall and destroy all current aprons and protective materials that are likely to fall prey to misuse
- Refresher training on Emblem protection for SRCS National

Achievements

Through this operation, the Sudanese Red Crescent role as auxiliary to the government and its International connection through the IFRC global network was enhanced amongst its non-movement partners.

Through constant engagement with key stakeholders at state and federal levels, the role and mandate of the SRCS during conflict emergencies was disseminated as part of the advocacy and communication campaign to facilitate the response operations.

Various activities under communication, advocacy and public information activities were implemented by SRCS during this reporting period includes for example news releases, fact sheets, video, photographs, campaigns around the emblem and its value. More particularly SRCS under this appeal carried the following activities:

Documented the major milestones of the operation and shared them with the national and global humanitarian web portals. Furthermore, local and international media were provided with relevant updates and information on the various SRCS activities in South Kordofan and Blue Nile states. More specifically it published 6 different press releases three of them were press statements around the alleged emblem misuse.

	<p>Disaster Response Team</p> <ul style="list-style-type: none"> • Engagement with key stakeholders on Humanitarian Values and Principles around the emblem and the 7 Principles of the Red Cross and Red Crescent Movement. • News releases, fact sheets, video, photographs, campaigns around the Emblem and its value as a symbol of protection for both SRCS staff and volunteers as well as those they serve Multi Media news updates on the SRCS operations under this appeal. • Design and production information materials (5,000 posters, 100 flags, 1,000 badges) 	<p>SRCS was enabled thanks to the IFRC coordination to have had the opportunity for direct outreach with the national and international media for example; key interviews of the Secretary General was organized (on Sudan T.V, Al Jazeera Channel and 12 Sudan Broadcasting) as well as with the Head of Disaster management on Ramatan News Agency (Nile channel and Almasreea channel).</p> <p>The Secretary General provided updates on the SRCS response to the crisis under this appeal to the Sudanese public through interviews by four local newspapers (Alwan, Akhar Lahzah, Al Tayar and Alakhpar) and Sudan Broadcasting as well as Radio Dabanga.</p> <p>Documented the operation activities (Video and Photograph) for example the relief operation in Rashad locality, the joint SRCS and Federal Ministry of Health Medical convoy to Kadugli locality, and the Secretary General's visit to Blue Nile and Sinnar states.</p> <p>SRCS uploaded response related news on the SRCS website.</p> <p>SRCS reflected news about activities in South Kordofan and Blue Nile states on local newspapers, Blue Nile channel, Al Jazeera channel, Khartoum State TV, Arabia channel, Sudan News Agency (SUNA), Sudanese Media Centre (SMC) and Associated Press Agency.</p> <p>Seven bulletins were issued on the activities in South Kordofan and Blue Nile.</p> <p>Social media websites such as sudaneseonline.com, sudanile.com, Global Media Sudan (gmsudan.com) reflected some of SRCS activities in South Kordofan and Blue Nile</p>
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The Population Movement Appeal: The Key Achievements

Relief distributions (food and basic non-food items)		
Outcome 1: Vulnerability is reduced through provision of relief assistance (non-food items) to 9,000 households of South-North returnees in White Nile State		
Outputs (expected results)	Activities planned	Achievements
1.1 At least 9,000 households of returnees in White Nile receive essential relief items and shelter	<ul style="list-style-type: none"> Conduct assessment on the needs to inform suitable interventions in relief Coordinate with humanitarian actors in country who assist in the provision of relief assistance. Develop beneficiary targeting strategy and registration Assess the local market, purchase and transport non-food household items as appropriate Distribution of non-food household items (kitchen sets, water jerry cans, mosquito nets, blankets) Distribution of food as required and in cooperation with agencies providing food relief Monitor the relief activities and provide reporting on relief distribution Develop an exit strategy 	<p>Non -food items have been procured at the head quarter and transported to the targeted states and localities.</p> <p>52 SRCS volunteers participated in the distribution of NFIs to 1,944 families in Sinnar and 1,200 families in White Nile states; each family have received 2 plastic sheets, 2 blanks, 2 plastic mats, 2 Jeri cans and one kitchen set.</p> <p>There was a good cooperation with other agencies on the ground in the distribution of NFIs. In Sinnar also other agencies such as the Swiss Red Cross , some host communities, local authorities, El BIR, Tawasul and Senar charity organization responded with the provision of NFIs such as clothes and blankets.</p> <p>Food Items In spite of fact that food distribution in any humanitarian setting is top priority for life saving, the fund insufficiency and delays in fund release during the early implementation of the interventions, challenged the SRCS to distribute food items. Nevertheless. SRCS in close collaboration with the local partners including the local authorities and Zakat chamber, the Scout, Islamic charity organization, AL Athar charity organization, ADRA (Adventist Development and Relief Agencies) and War child distributed some food items (sorghum, wheat and sugar) to the returnees immediately upon arrival, later on the returnees managed to generate income from small scale livelihoods</p>



NFIs Distribution – A Mazmoom locality –Sennar State



Source: NFIs Ready for distribution, Al Mazmoom locality –Sennar state

2. Shelter

Outcome 2: Vulnerability is reduced through the provision of shelter to 9,000 households of South – North returnees in White Nile State		
Outputs	Activities planned	Achievements
2.1 Basic shelter will be provided for the short-term and into the rainy season to protect 9,000 families	<ul style="list-style-type: none"> Identify appropriate technical expertise to develop appropriate programming Conduct assessment on shelter needs and appropriate approach from the elements. to be used on to meet the needs Train volunteers on emergency shelter construction Assess the local market, purchase and transport shelter items as appropriate Assist target population in the construction process of emergency shelter Monitor shelter activities Develop an exit strategy 	SRCS with support of IFRC conducted a Training of Trainers (ToT) for 40 volunteers whom then assisted returnees in temporary shelter construction using the IFRC shelter kits. SRCs provided the roofs (4 metal sheets, 4 steel pipes and 40 fixing bolts) for 800 families

Observations and comments

Technical experts were identified and assigned by IFRC to rapidly develop an appropriate shelter program after the conduction of needs assessments among the returnees in the two states. Subsequently, SRCS with support of IFRC conducted a Training of Trainers (ToT) for 40 volunteers whom then were well equipped to assist the returnees in temporary shelter construction using the IFRC shelter kits.

The relief items and shelter kits have been purchased from Khartoum and been transported to the operational branches, and subsequently distributed to the targeted beneficiaries. In White Nile state the construction process took place in a participatory approach between the communities, the government and SRCS. The roles have been divided among them as follows:

1. The government committed to allocate lands for settlements and to provide one truck of sand/mud to each family for making bricks.
2. The community had to make bricks and to construct the house up to the roof.
3. After inspection of the building by the SRCS, SRCs provided the roofs (4 metal sheets, 4 steel pipes and 40 fixing bolts) for over 800 families.

This participatory approach appeared to be a very successful initiative that contributed to enhanced **community ownership and empowerment**.

The SRCS teams active in White Nile state have built a very good partnership with ADRA which provided local shelter construction materials, doors, and windows for 715 families and 5000 plastic sheets in Al Salam and Al Gabalain localities. The volunteers assisted the returnees in the construction and follow closely implementation process on the ground.

In Sinnar the trained beneficiaries constructed their shelter from the available local materials making use of tarpaulins given to them as relief. This development indeed shows the principle community empowerment, ownership and maximum utilization of the available resources.

3. Health		
Outcome 3: Contribution to improved health situation in White Nile State and preparedness for response to any future health needs that might occur (targeting at least 9,000 families).		
Outputs	Activities planned	Achievements
3.1 Timely basic first aid and pre-hospital health care to returnees	<ul style="list-style-type: none"> Procurement of first aid kits to be used by 50 volunteers assisting returnees in the new settlements Support coordination with movement and non movement actors for delivery of primary health care to returnees through the clinics already established and the State Ministry of health through mobilizing resources for drugs supply and other health needs Coordinate with the Ministry of Health and other agencies regarding the provision of essential drugs in the clinics. 	

Observations and Comments

Mobile clinics services were the main services provided to returnees during the first weeks after their arrival; SRCS run 8 rounds at the returnees' settlements in Sinnar state. Later on SRCS, in collaboration with the national health insurance fund and Zakat Chamber (Islamic charity chamber) issued free of charge health insurance cards; as a government policy to assist the most vulnerable/poor people. The ensured clients were entitled to free consultations, examinations and admissions, the clients had to cover 25% of the cost of the medicines. However the returnees revealed that they were asked to pay the full cost of drugs which was unaffordable for them. In order to ensure the accessibility of health services to the targeted people, SRCS jointly with MOH and the health insurance fund constructed a new health facility in Goz fami aiming at upgrading the services. However the building has only two rooms, extra rooms are needed to suit the standard criteria for the health facilities. Other (bilateral) partners in the health sector were the Swiss Red Cross who supported the rehabilitation of 5 health facilities and Qatar Red Crescent who assisted with the construction of 2 health facilities in the returnee's areas.

4. Water and Sanitation		
Outcome 4: Reduced risk of waterborne and sanitation related disease outbreaks during emergency situation		
Outputs	• Activities	Achievements
4.1 Provide safe drinking water to 9,000 households	<ul style="list-style-type: none"> • Support coordination with Movement and non-Movement actors for delivery of safe drinking water and treatment. • Provide basic sanitation facilities in settlement areas • Construction of community latrines • Disseminate basic hygiene education to improve situation of returnees • Train volunteers in basic hygiene promotion 	<p>300 latrines constructed of which 180 in Sinnar State and 120 in White Nile</p> <p>90 volunteers trained in hygiene promotion</p> <p>750 health and hygiene sessions conducted</p> <p>Soap and chlorine tablets have been distributed to ??? families</p>

Observations and Comments

Excellent coordination between SRCS and partners, SRCS have constructed 25 hand pumps UNICEF, Swiss Red Cross, Ministry of planning, ADRA, Austrian Red Cross ADRA constructed 25 school latrines in

Inadequate and unsafe water, poor sanitation, and unsafe hygiene practices are the main causes of diarrhoea and other water related diseases, which results in deaths if not tackled seriously among children, hence the use of safe drinking water, sanitation and improved

hygiene practices, especially hand washing with soap is the only way to reduce the disease burden.

In Sinnar state immediately after the returnees arrival to the area; the local authorities provided water by trucking to all people, then later water pipelines from the main lines in Al mazmoum have been connected to Goz fami camp. However Wadabook camp has no water source and the returnees suffered a lot in getting water from the main city source, usually women bring water by jericans and they have to pay 6 SDG for a barrel, or to pay 16 SDG per a barrel from the commercial water tracks deliver water from the town water lines to returnees villages. Other water sources are dams and canals from the blue Nile. During the rainy season the dams and become full of water and the returnees are able to access water directly from these sources both for animal and human consumption although there is risk of water pollution and contamination. The water partners in Sinnar are UNICEF, ministry of planning (rural water project), Swiss Red Cross and the returnees' leaders and other key persons. SRC has constructed 32 hand pumps.

In White Nile state SRCS with support from the Austrian Red Cross, SRCS has been providing water treatment services and trucking in Dabkaraya-bahar, Dabkaraya-Fouq, Muftarahama, in El Salam and Aburamad settlements in El Jabalain locality. Access to safe drinking water for the population has been improved through a project currently being implemented jointly by SRCS and the Austrian Red Cross targeting 2,900 families. The project has facilitated water treatment for households settled in Aburamad in El Jabalain, Dbakaraya-bahar, Dabkaraya-Fouq and Muftarahama in El Salam localities. Water trucking is also being done though in a small scale. In Sinnar, most households get water from the government provided water points with few households having to depend on water trucking vendors.

Austrian Red Cross has built the capacity of SRCS Kosti Branch by training volunteers on techniques of water treatment and provided two WatSan kits (kit 5 and kit 8) to the White Nile Branch.

It is worth to mention that SRCS has built a very good partnership with WASH actors to availing safe drinking water for the returnees in their settlements to the extent that most of the returnees are very comfortable and appreciating the exerted efforts done by SRCS and other partners.

Sanitation:

In the early phase of arrival the returnees used to defecate in the open and as they arrive in the rainy season, this is very serious health problem due to risk of water contamination. Later SRC has constructed 4 communal latrines in each camp (total), the beneficiaries are appreciating the efforts very well, however this number is not sufficient and additional latrines are needed. ADRA has constructed 25 school latrines and rehabilitation in Alsalam and Al Gabalain localities. Volunteers have been trained with support from IFRC and ADRA on environmental hygiene and after the training they conducted regular awareness session on personal hygiene, solid waste collection jointly with the communities, hand washing, cleaning campaigns, soap distribution and home visits.

5.Livelihood

Outcome 5:

Up to 4,000 families are assisted to produce food and establish their livelihoods.

Outputs

5.1 Provision of seeds and tools to 4,000 families

Activities

- Conduct assessment to target families for agricultural assets support and well as consider seasonality and timing for such inputs.
- Market assessment to check availability, price and quality of good available locally.

Decide on whether vouchers will have a cash value or be a commodity voucher
- Procure or self.-print vouchers read for distribution
- Provide agriculture inputs and tools to households.
- Train retailers in voucher system and procedures
- Monitor voucher use and quality / price of goods provided by local retailers.
- Reconcile retailer voucher lists and follow up for any beneficiary who did not redeem.
- Reconcile and verify retailer voucher lists and arrange payment.
- Conduct a post-distribution sample beneficiary satisfaction survey

Achievements

Not achieved due to limited appeal coverage

As most of the returnees are farmers and depend on sorghum as the main food item, and because of insufficient food items, most households depended on local markets for food. Hence they worked as labourers in agricultural schemes, collection and selling of grass and firewood, construction of buildings, selling animals and small trades as the source of income, most of their income spent on food, drugs and education of their children. In white Nile SRCS has bilateral agreements with German Red Cross on implementation of a project to assist 2,700 households to establishing livelihoods; 1,000 of whom has been be assisted with agricultural tools and seeds and 500 hectors, while 1,700 families have been given 24 fishing boats in El Salam and Al Gabalain localities

6.Coordination		
Outcome 6: Support timely delivery of relief and emergency services		
Outputs	Activities	Achievements
Coordinated mobilization of relief goods; reception of all incoming goods and efficient dispatch of goods to the final distribution points	<ul style="list-style-type: none"> • Provide logistical support in transportation of supplies, staff and volunteers in the response sites of the crisis • Procure and mobilize relief stocks and control supply movements to distribution points. • Provide storage and warehousing for relief items (food and non food items). 	Not sufficient resources to invest in warehousing.

Meeting with the HAC commissioner in Sinnar
Mr. El Rashid Mohammed said: “ We are appreciating very much the SRCS work, SRCS is overstretched in terms of resources and staff, shoulders the whole responsibility of humanitarian and development work all over the state because are no qualified other NGOs in the state, more resources and relief items are needed for SRCS, he added the total number of the returnees is 40,000 – 60,000 people, their tribe is Arab Rufaa, and they came with 2 -3 million livestock”. “

The commissioner revealed that “The state Wali (Governor) is proud of SRCS and always saying in all formal events that “whenever he visits any emergency area whether due to floods war in Blue Nile or the returnees he finds SRCs staff serving the vulnerable people”

Whereas AC commissioner in white Nile state stated that “we have excellent relationship with SRC long ago, it is very active partner, I am very proud of SRCS comfortable and appreciating SRC , because SRC Staff are respective persons, creative and initiative, attending regular meetings and share regular reports, SRCS involved us in the appeal process. The volunteers are well trained and have very long experience in the voluntary and work and INGOs trusted SRCS”.

Capacity Building

Outcome 7: Enhanced operational capacity of SRCS to respond to this and to potential future disasters throughout Sudan.		
Outputs	Activities	Achievements
Increase capacity of the SRCS staff and volunteers; to respond timely to the current situation and to disasters in general.	<ul style="list-style-type: none"> Emergency Rapid Assessment Training provided to SRCS disaster response teams located at the targeted branch provided skill enhancement in Assessment and First Aid skills Recruitment and deployment of additional staff to implement the various operational activities. Training SRCS staff and volunteers in Sphere Standards Coordination and debriefing meetings with key stakeholders. Relevant material support to the branch in the affected area 	<p>SRCS and IFRC headquarter staff have trained 55 volunteers in on basic assessment skills before their deployment to the states on a data collection mission,</p> <p>40 volunteers have been trained on shelter kit training</p> <p>40 volunteers on ToT First AID training courses targeting 1000 volunteers.</p> <p>In addition SRCS in collaboration with UNFPA support managed to enrol 24 trainees selected from areas the returnees for basic midwifery training. Gender representation was well considered during training sessions and relief distribution, females representation ranging from 30 -70%.</p> <p>The capacity development of the communities was addressed very well by engaging them in First Aid, environmental hygiene and water treatment.</p>

The Population Movement Appeal: **Key Challenges**

- ⇒ 18% coverage of the appeal budget
- ⇒ Inaccessibility to some of the targeted areas due to rains, insecurity and prolonged security procedures (and restrictions). Some areas could be only reached by tractors that were difficult to rent.
- ⇒ The local government was not always committed to the promised land allocation for the returnees and sometimes confused the proper distribution of relief goods
- ⇒ Inadequate storage capacity at both branches in Sinnar and White Nile and therefore adequate warehousing was a big constraint for the teams at the ground. SRCS therefore heavily depended on the renting of storage space which is expensive and less efficient.
- ⇒ Limited transportation has been a major challenge; the branches didn't have access to appropriate trucks for the transport of goods and food.

- ⇒ The weak mobile network and lack of other means of communication such as the satellite telephones seriously impeded proper communication between the teams on the ground
- ⇒ Shortage of shelter materials and non-food items
- ⇒ Insufficient support to Health facilities in both states in terms drugs, running cost and qualified staff.
- ⇒ Irregular cash flows from HQ seriously impeded the timely and professional humanitarian responses the teams had planned for and lead in some cases to the undesired and too early dismissal of required staff on the ground.
- ⇒ There are 104 registered National NGOs in White Nile, but only 50 are active and attending the HAC coordination meetings, however their capacities are far below standards. SRCS has been more or less forced to nevertheless cooperate with them. Some participate in assessment and food distribution.
- ⇒ Rather weak partnerships with line ministries at state level
- ⇒ Too limited access to water for the returnees communities who had often to pay for the city water supplies.
- ⇒ Strong resistance to positive hygiene behaviour change (such as the refusal of using latrines), and cultural barriers (most of the women were not allowed to discuss any issues with the SRCS teams on the ground).
- ⇒ Regular clashes between farmers and nomads (land issues).

2.3 Efficiency

Note: at the time of the drafting of this evaluation report the final expenditures had not been ready and hence couldn't be reviewed against the (revised) complex emergency appeal budget and the Population Movement appeal budget. Budget coverage for the Complex emergency (CHF 6,188,106.) was 54% while the coverage of the Population Movement was 17.8% only. The population movement appeal requesting a total of 3,466,967 CHF, IFRC received a total of 618,861 USD (52% has been utilized in shelter and 14% in clothing and utensils).

One of the biggest challenges that SRCS faced during the implementation of both the emergency appeals was the irregular cash flow causing delays in the adequate and timely procurement activities and fast distributions to the crisis affected communities. It went as far as the termination of several staff contracts in the middle of the emergencies, leaving the already exhausted teams with even less qualified staff. Both SRCS and IFRC should seriously analyse the causes of this constraint and look for innovative Resource Mobilization mechanisms to avoid these irregularities in future emergency responses. Besides the uses of the DREF applications there are other mechanisms within the RCRC financial frameworks that might be further explored and learned about.

3. Lessons Learnt and Recommendations

Both Appeals have been managed well considering the extreme difficult circumstances and many challenges SRCS had to face during the implementation of the two emergency appeals.

The below matrix captures the lessons learnt based on key issues (successes and challenges), and their impact on implementation and beneficiaries.

Topic	Issue	Problem/Success	Impact
Relevance	Implementation of the Complex emergency and the Population Movement appeal	Relevance of the two emergency responses is very high.	Appeal activities perceived as highly relevant by beneficiaries, staff and volunteers, Government, partners, donor agencies and stakeholders

Topic	Issue	Problem/Success	Impact
Access	SRCS, together with other national organizations, has only access to government controlled areas, International humanitarian actors have no or very limited access to the crisis areas.	<p>SRCS did face regular restrictions and or delays in the processing travel permits to affected areas</p> <p>Humanitarian needs of affected communities in non-government controlled areas not covered</p> <p>The nationalization of humanitarian aid forced SRCS to take up the leading role in the affected crisis areas but has not enough capacities to cover all the demands in the field of relief, health, wat/san, livelihood, protection etc.</p>	<p>Delays in humanitarian assistance for crisis affected communities</p> <p>Lack of professional partners on the ground makes SRCS feel highly responsible for covering most of the immediate needs of affected communities with the consequence of exhausted capacities in the field of logistics, health, and human resources.</p>

Topic	Issue	Problem/Success	Impact
Relief	Food and NFI Distributions	Food and NFIs distributed to almost 500, 000 beneficiaries in the targeted areas	Most of the immediate needs of over 500.000 people have been addressed by SRCS
		Transport constraints due to lack of self-owned trucks, insecurity, and poor roads,	These constraints seriously impeded the timely and adequate emergency response to the affected communities
		Local coordinating authorities not always committed to transparent, equitable and committed distribution of available goods.	Overlooked communities, available relief goods don't reach the most vulnerable groups
		Local Authorities sometimes use IDP and returnees population figures that either are over-estimated or under-estimated	Not all the immediate needs of the targeted households could be met and/or followed up upon. Especially shortage of shelter materials (tarpaulins), blankets and utensils
		Insufficient Appeal coverage and delayed/irregular cash flows impeded the planned procurement of shelter materials, and NFIs	The poor living conditions could cause cholera outbreaks and other epidemics especially during rainy season

Topic	Issue	Problem/Success	Impact
Emergency Public Health	First Aid and Support of health facilities and running of 9 mobile clinics	Well trained and committed volunteers ready to receive influx IDPs and returnees Over 1000 volunteers risk their own lives to assist most affected people	Many exhausted and frightened families well received by SRCS volunteers who applied first aid, and psychosocial counselling and evacuated people when necessary. Strong Dead body Management in areas of fighting Referrals to health clinics and hospitals

		Complicated recruitment and employment of sufficient number qualified medical personnel to support the local health facilities and mobile clinics in affected areas with no other health partners except for MoH on the ground	Difficulties to deliver adequate health services to the most vulnerable people being the only MoH partner on the ground with insufficient number of qualified health staff to appropriately run the mobile clinic and health centres
		Insufficient drug supplies, health equipment and transport Government not committed to assist IDP and returnees with access to free basic health services	Not all targeted IDP communities could be reached with basic health care facilities

Topic	Issue	Problem/Success	Impact
Water and Sanitation	Access to safe drinking water	Water trucking stopped after 15 days	Targeted vulnerable communities had limited access to safe drinking water and had to pay for their drinking water from town.
	Hygiene campaigns and HH visits and latrine construction	SRCS to be praised on the efforts made to reach the targeted communities with hygiene campaigns and HH visits	Despite faced difficulties with cultural beliefs on latrine use and hygiene, SRCS managed in to mobilize thousands of people with their cleaning campaigns and health and hygiene messages

Topic	Issue	Problem/Success	Impact
Shelter	Participatory shelter construction	IFRC expertise in shelter programming and ToT training in community based shelter construction	This participatory approach bringing together government and beneficiaries was a very successful initiative that contributed to enhanced community ownership and empowerment and strengthened relations between government and beneficiaries

Topic	Issue	Problem/Success	Impact
Livelihood	Provision of seeds and tools for returnees and host communities	Most of the planned livelihood activities for returnees in the Population Movement Appeal have not been achieved due to the insufficient Appeal coverage (18%)	The crisis had enormous impact on the livelihoods of the IDPs, returnees and host communities and therefore was this objective setting more than justified. Moreover, urban settled IDPs and returnees were overlooked by food distributions and therefore sought livelihood in cutting trees for charcoal and trade, further destroying the already fragile environment.

Topic	Issue	Problem/Success	Impact
Efficiency	Budget coverage and cash flow	Financial constraints due to limited budget coverage of both the emergency appeals and irregular cash flows to Khartoum as well as between Khartoum and field. Financial bridging mechanisms not in place	Delayed and in some cases inadequate (food and NFIs) assistance to the crisis affected communities, Staff contracts to be cancelled due to budget gaps

Topic	Issue	Problem/Success	Impact
Capacity Building	Human Resources capacities at HQ as well as at field level	Overstretched HR capacities and enormous demands from government, partners and affected communities	Continuous capacity strengthening through training in advanced disaster management, advocacy, IHL dissemination etc. Hampered by the overload of work
	Physical capacity building	Lack of warehousing storage at capital and field level	Delays in adequate emergency response
	Leadership	Leadership guidance for staff and volunteers on the complexity of the affected and d areas	SRCS leadership put all efforts to guide their staff strong volunteer network through the complex emergency responses

Topic	Issue	Problem/Success	Impact
Coordination and Visibility	<p>Smooth flow of information on the operation</p> <p>General population and key stakeholders well informed about the RC/RC movement humanitarian work in Sudan</p> <p>Visibility and strong participation in national Coordination meetings</p>	<p>SRCS should be praised by the big steps forward regarding the efforts made on information sharing, visibility and strong advocacy activities</p> <p>Given the reality that SRCS plays a significant leader's role in the crisis areas, the interviewed stakeholders encouraged SRCS and IFRC to prioritise visibility and active participation of SRCS in national coordination bodies.</p>	<p>The Sudanese Red Crescent role as auxiliary to the government and its International connection through the IFRC global network was enhanced amongst its non-movement partners.</p> <p>Enhanced engagement with key stakeholders such as Government, International Humanitarian actors</p> <p>Various activities under communication, advocacy and public information activities were implemented by SRCS during this reporting period includes regular news releases, fact sheets, videos, photographs, campaigns around the emblem and its value.</p> <p>Less visibility and participation impedes enhanced positioning and influence of SRCS at national coordination levels.</p>

Topic	Issue	Problem/Success	Impact
Monitoring and Evaluation	<p>Logical framework</p>	<p>Logical framework included carefully determined objectives and well planned and linked activities. Targets were quantified. Target setting and planned activities were in some cases too ambitious.</p> <p>Work plan missed a detailed M&E scheme with balanced qualitative and quantitative indicators based on SMART goal setting to report against.</p> <p>Timely Reporting and Documentation Weekly situation reports</p>	<p>The emergency approaches have not always been modified to reflect new realities on the basis of the monitoring and evaluation</p>

Recommendations

1. Relevance

The relevance of the two emergency appeals is high to the national context and priorities, the SRCS longer term strategy, the IFRC 2020 strategy and its operational plan 2012-2013, as well as to the many needs of the affected communities. The Appeal activities were perceived as highly relevant by beneficiaries, staff and volunteers, Government, partners, donor agencies and stakeholders and the implementation was considered to be very committed, flexible, participative and transparent.

1.1 The new Complex emergency appeal launched on 15 May 2013 should respond to the on-going crisis in States of South Kordofan, Blue Nile, White Nile and influx of new IDPs in the Darfur States should take into account the recommendations proposed in this evaluation.

2. Access

There are indeed some lessons learnt from the good experiences, best practices and different approaches as well as from the faced challenges that varied from accessibility to non government controlled areas, lack of access for international humanitarian actors and therefore the enormous demands from government, partners and affected communities on SRCS already stretched capacities to the consequences of irregular cash flows and limited coverage of the appeal budgets.

2.1 SRCS should therefore intensify its humanitarian diplomacy efforts to enhance access for humanitarian response in areas that are currently not accessible.

3. Relief

3.1 SRCS should continue with the planning and implementation of humanitarian aid based on the outcomes of regular rapid needs assessments.

3.2 Due to the fact that the affected areas are also prone to floods, it is further strongly recommended to strengthen DM and CBDRR and build the capacities of volunteers and other local and NGO on emergency preparedness to alleviate the stretched capacities of SRCS.

3.3 SRCS should further invest in the strengthening of the relations with the relevant Government bodies and ensure strong participation from IDPs in the coordination and decision making with special focus on women participation.

3.4 SRCS should ensure realistic planning of distribution of shelter materials and NFIs based on thorough need assessments and strong engagement and consultations with RCRC and other partners, using the IFRC financial bridging mechanisms (DREF and other alternatives) to adequately cover the immediate needs of most affected communities.

3.5 SRCS should further sensitize local authorities such as the Government coordination body HAC on realistic population data based on regular need assessments in the affected areas.

3.6 SRCS should always apply the DRR approach as an entry point to affected communities, even during emergency responses and to apply the Community Vulnerability Assessment Tool to increase communities' resilience and ownership on their priorities and to assist them to better negotiate with government on resources that lay beyond the communities' capacities.

4. Emergency Public Health

4.1 It is recommended that SRCS continuously invests in the emergency public health training of active volunteers in the crisis areas in close consultation with the Ministry of Health (MoH), and prioritises the provision of refresher trainings to the technical staff operating the Health facilities.

4.2 SRCS senior management should ensure proper counselling of own volunteers and staff in areas of crisis and extreme insecurity.

- 4.3 It is recommended that SRCS considers higher salaries for qualified (management) health staff in order to invest in and retain calibre health staff that are willing to work in the crisis areas.
- 4.4 SRCS should intensify their advocacy activities for free health care services targeting the most vulnerable IDP communities in the affected areas.

5. WASH

- 5.1 SRCS should urgently construct communal latrines, as it has been observed that there were no latrines at all in the visited returnee settlements in the targeted areas White Nile.
- 5.2 Where cultural beliefs against the proper use of latrines are prevalent, alternative ways such as the Community Led Total Sanitation (CLTS) approach should be emphasised particularly prior to the rainy season in order to prevent outbreaks of diseases.

6. Shelter

- 6.1 It is recommended for SRCS to increasingly invest in emergency preparedness that include a sufficient number of shelter kits and NFIs.
- 6.2 ToT training for shelter programming to be further rolled out.
- 6.3 SRCS should always seek strong community participation in decision-making and coordination in shelter programming.

7. Livelihood

- 7.1 It is advised for SRCS to further strengthen the strong partnership with FAO in distributions of seeds and tools to most affected communities and to promote early recovery activities where the situation allows and basic conditions are in place.
- 7.2 , It is recommended that SRCS invests in innovative livelihood training for staff and volunteers and to recruit a livelihood expert. Moreover, it is advised that SRCS seeks more partnerships with UN and (I) NGOs that are more specialized in livelihood activities to gain more practical experience.
- 7.3 In close cooperation with the Ministry of Agriculture, SRCS should develop and implement agricultural programmes that enable and empower women. Women have consistently been shown to be, more likely than men, invest in their children's health, nutrition, and education. Agricultural interventions that increase women's income and their control over resources can dramatically increase the potential for positive child nutrition- and health outcomes.
- 7.4 It is strongly recommended to develop income generating activities (for example the construction of fuel saving stoves) targeting those IDPs that have settled in urban areas and became depended on income from tree cutting and charcoal trade.

8. Coordination, Visibility and Positioning

- 8.1 It is recommended to regularly organise updates and "live" briefings for the most involved partners and donors by SRCS senior field staff when present in Khartoum.
- 8.2 IFRC and SRCS should always participate in all UN led sector and other coordination meetings at national level. When IFRC is not able to participate, SRCS should automatically step in. Preferably SRCS, with support from IFRC, should always be present during all coordination meetings at national level and take up the role of leading National Humanitarian Actor.

9. Efficiency

- 10.1 It is strongly advised for IFRC, SRCS and involved partners to analyze the causes of budget gaps and the irregular cash flows that do impede proper implementation of planned activities in order to prevent future challenges in the adequate financial support during implementation.
- 10.2 For future programming and fundraising, it is recommended that IFRC and SRCS develop new emergency proposals for external partners such as USAID within the framework of the IFRC/SRCS annual business plans.

10. M&E

- 10.2.1 Strong M&E schemes included in action plans better guides the field teams in the determination of their emergency approaches on the ground
- 10.3 The SRCS Report formats should be clearly based on the Appeal's log frame
- 10.3.1 All project designs should have detailed logical frameworks that is based on the **SMART goal setting** and that could be used as a strong tool for planning, monitoring and evaluation, risk management, required inputs and budgeting (see also Annex 5 that further elaborates on M&E schemes and logical frame works)

11. Capacity Building of SRCS

Increase dissemination/ training/negotiation skills/advocacy on RC/RC principles

It is advised that Increased monitoring and guidance from technical program staff from IFRC regional office

Annual leaves/holidays for senior staff to rest and take some healthy distance from the crisis areas.

Intensify motivation of field staff and volunteers working under extremely difficult and dangerous circumstances by regular visits to the crisis areas by senior managers.

Learning exchange visits between different targeted States and localities to share information, best practices and response to challenges

SRCS to train staff and volunteers in security management and risk analysis Through intensified RM strategies and strong engagement with RC partners and Government it is strongly advised that SRCS invests in enhanced warehousing space at Khartoum as well as at State and locality level in order to adequately pre-position emergency stocks for timely distributions to most affected communities

SRCS leadership put all efforts to guide their staff strong volunteer network through the complex emergency responses

12. Community based Disaster Risk Reduction (CBDRR)

When considering the complex contexts in which the SRCS teams work and the fact that the livelihoods of the most vulnerable communities are often very dependent on their labour and even depleting natural resources, it is evident that SRCS's target groups in the affected crisis areas face considerable levels of risk and vulnerability. The areas where SRCS works are experiencing or recovering from conflict; have weak, under-resourced systems of governance; and suffer from inappropriate and unsustainable policies. In addition, most of the target groups live in areas that are prone to recurrent floods, droughts and are exposed to abusive behaviour and practices and are very vulnerable to diseases such as diarrhoea and malaria. SRCS's experience and wider evidence shows that this level or risk, if left unchecked, is a significant cause and maintainer of vulnerability, high dependence on aid and a considerable obstacle in efforts to help lift people out of poverty.

Given this context, it is imperative, if SRCS is to achieve its mission of improving the lives of the most vulnerable communities, to be capable of analyzing the risk and vulnerability context in which SRCS's target group lives and respond appropriately within their interventions to reduce that risk and vulnerability by seeking to protect their assets and increase their resilience.

The main focus of the CBDRR approach is to strengthen local peoples' preparedness and response capacity to a variety of disasters. Strengthening resilience to recurring human suffering, destruction and health epidemics triggered by climatic shocks is essential to mitigate the impact. This kind of operation is fundamental to the International Red Cross and Red Crescent Global Agenda to reduce vulnerability and suffering. Moreover, this approach empowered people to proactively seek solutions to their own problems and therefore reduced their high dependency on external aid.

Given the climatic, economic and security context the many affected areas where SRCS works, an exponential increase in the frequency of crisis situations is likely and onsets of emergencies more and more rapid. It is therefore essential to maintain and develop SRCS capacity to implement emergency interventions quickly and effectively. SRCS with strong support of its RCRC Movement partners should therefore endeavour to incorporate strong community-based DRR approaches as being the entry points for all future interventions when targeting vulnerable and complex areas and most vulnerable households. Without a strong understanding of the risks and hazards the communities need to deal with, future livelihood activities such as health, water and sanitation, food security and income generating activities will have less impact and sustainability.

SRCS should further build the CBDRR component on the most unique asset the International Red Cross and Red Crescent Movement has - its network of trained volunteers. The SRCS has the largest active volunteer network in Sudan, which makes it acceptable to have access to, and work in partnership with vulnerable communities, whilst also having access to policy makers. Put strong efforts on marketing this niche in close coordination with the RCRC Movement partners and intensify training and coaching of their active volunteers which could strengthen sustainability in future programming.

13. Conflict analysis

Conflict Analysis is part of the Safer Access Framework which ICRC supports. It is therefore strongly recommended that the development of conflict analysis tools always will be done in close consultation and coordination with ICRC who, according to the Movement Statutes, has the mandate to support NS in their preparedness for action in times of armed conflict. However, it is strongly advised that even more priority is given to the continuous coaching of the branch teams and senior staff at Khartoum level in conflict analysis and management considering the extreme insecure circumstances SRCS has to work in.

14. Partnerships

SRCS made tremendous efforts to adequately coordinate and collaborate with HAC, MOH, MOSA and other development partners such as WHO, UNICEF, WFP. Moreover, they sought strong collaboration with INGOS such as ADRA, and partnered with Austrian Red Cross, Qatar Red Cross, Swiss Red Cross in addition to national NGOS strongly striving to address the many needs of the crisis affected people... Despite the challenges in fund availability SRCS succeeded to build effective partnerships with all potential stakeholders in order to overcome the unmet gaps. It was noticed that in some areas there was great support and commitment from local authorities and the Zakat chamber.

It is strongly recommended that in future partnerships, which might aim on the strengthening of SRCS, the component of capacity building (physical such as the building of warehouses, rehabilitation of involved branches as well as training) is well comprehended and owned by all involved actors. It will help the professional implementation of programmes that during pre-discussions and planning all partners have the same vision with regard to the SRCS capacity needs and subsequent requests for assistance. After that exercise, further decisions could be made on the direction of capacity building activities based on available funding.

RCRC Movement

Particularly in these times of the occurrence of so many man-made and natural disasters in Sudan it is time that a harmonious working relationship among Movement partners is updated and further strengthened in a committed, transparent and genuine manner by sharing capacities and resources, and by building alliances and partnerships that maintain unity and achieve not only higher value from working together as a strong Movement but to also much better position the RC Movement to the Donor community involved in Sudan and to the Government.

To further improve the planning and coordination of interventions and capacity building activities for SRCS within the RCRC Movement in Sudan it is recommended that SRCS with

help from the RC partners develops a Donor strategy with emphasis on the promotion and marketing of the strong capacities of a well coordinated RCRC Movement.

Picture 6: Key SRCS field staff and volunteers of all involved States at the end of a high level participatory information gathering Workshop in Khartoum on the implementation of the two emergency appeals



Annex 1 Context

In the Transitional areas, situated along the border between Sudan and South Sudan, the conflicts that broke out in 2011 (the Abyei military occupation by Sudanese Armed Forces started in May 2011 – South Kordofan conflict started 6 June 2011 – Blue Nile conflict started 1 September 2011) remain unresolved. In South Kordofan (SK) and Blue Nile (BN) continuous fighting has displaced a large number of people. Following escalating tensions between Sudan and South Sudan, full-blown conflict erupted in March along the border areas of SK. Since then, relations have remained extremely tense between the two nations, although negotiations resumed in Addis Ababa in June. The lack of access and first hand information makes it impossible to know the extent and severity of what is happening on the ground. Estimates (August 2012) are of 700,000 people affected, including local communities and IDPs (OCHA November 2012). In addition, 200,000 refugees have fled to South Sudan and to Ethiopia seeking protection and humanitarian assistance. It is unlikely that these refugees will return in 2013 and their numbers may well increase if the situation in SK/BN does not improve. Access for humanitarian actors remains a significant challenge in SK/BN, where it ranges from very limited in areas under GoS control to non-existent in areas under SPLM-N control. An agreement on humanitarian access has been in negotiation since February, through the agency of the African Union, the League of Arab States and the UN, culminating on 3 August with the signature of two bilateral MoUs. Negotiations on the implementation and technical details of these are still on-going. To this date, still no humanitarian aid has been provided from Sudan for areas under SPLM-N control.

The fragmentation of armed opposition groups in southern Sudan and Darfur has further complicated both conflict dynamics and negotiations. In November 2011 a new dynamic emerged when the major armed groups in Darfur allied themselves with the Sudan People's Liberation Movement-North (SPLM-N) under the banner of the Sudan Revolutionary Front (SRF). Since then, Darfur groups have fought in South Kordofan, explicitly linking the conflicts in the two areas (Internal-Displacement Monitoring Centre)³.

The CPA and South Sudan's ensuing independence did not bring conflict or displacement to an end. The process failed to address the underlying issues that continue to be the main drivers of conflict in Sudan today. Instead it turned what had been an internal conflict into an international one, while within Sudan the fighting shifted to marginalised areas such as South Kordofan, Blue Nile and Darfur (ICG, November 2012). The CPA's failure to address the interests and grievances of the people of South Kordofan and Blue Nile, and frustration over the poor implementation of key parts of the agreement, contributed directly to the outbreak of conflict in the two states in 2011. The root causes of the conflict – political marginalisation, land dispossession and unimplemented promises, still remain the same.

Kordofan and Blue Nile

South Kordofan is one of the 15 "States of Sudan" or provinces of Sudan. It has an area of 158,355 km² and an estimated population of approximately 1,100,000 people. Kaduqli is the capital of the state. It is centred around the "Nuba Hills".⁴ Under the Comprehensive Peace Agreement (CPA), residents of South Kordofan were to hold popular consultations in 2011 to determine the constitutional future of the state. However, the South Kordofan Governor suspended the process and violence followed. Although South Kordofan is part of (North) Sudan, it is home to many pro-south Sudan communities, especially in the Nuba Mountains. The war in South Kordofan shows no sign of ending anytime soon. The insurgents, the Sudan People's Liberation Movement-North (SPLM-N) based in the Nuba mountains are also part of an alliance with Darfur rebels, the Sudan Revolutionary Front (SRF).

³ SUDAN Report: A worsening displacement crisis in need of a comprehensive response

⁴ [http://en.wikipedia.org/States of Sudan](http://en.wikipedia.org/States_of_Sudan)

Although South Kordofan is north of the international border separating Sudan and South Sudan, many of its residents (particularly in the Nuba Mountains) identify with the South. Tensions rose around the status of the Abyei area an oil-rich region that was statutorily part of both South Kordofan and Northern Bahr el Gazal states, in May 2011 ahead of South Sudan's scheduled independence. As South Kordofan was slated to remain with the North while Northern Bahr el Ghazal was seceding together with the rest of what was then Government of South Sudan the status of Abyei was unclear, and both Khartoum and Juba claimed the area as their own.

Blue Nile is named after the Blue Nile river. It has an area of 45,844 km² and an estimated population of 1,193,293. Damazin is the capital of the state. The state of Blue Nile is home to the Roseires Dam, the main source of hydroelectric power in Sudan until the completion of the Merowe Dam in 2010.

The region is host to around forty different ethnic groups. Its economic activity is based upon agriculture and livestock and increasing mineral exploitation.

In 2011, residents of Blue Nile were scheduled to hold "popular consultations" to determine the constitutional future of the state, per the Comprehensive Peace agreement. Instead a dispute over the rightful government of the state, led to a renewed insurgency, a refugee crisis.⁵

The armed conflict in South Kordofan and Blue Nile between Government forces and the Sudan People's Liberation Movement – North (SPLM-N) has been a major cause for concern. The conflict has continued to affect civilians. Some 655,000 people, according to estimates, have been displaced or severely affected in both states.⁶ There are signals that the humanitarian situation is deteriorating fast in SPLM-N held areas which have been cut off and where there are reported to be severe food shortages and few functioning health services. In addition to the large number of people who are internally displaced from the fighting in South Kordofan and Blue Nile, by the end of June 2012 over 200,000 refugees had fled to South Sudan and Ethiopia.

The Government restrictions have made it impossible to deliver food and other emergency assistance to people in SPLM-N areas despite a tripartite proposal of the African Union, the League of Arab States and the United Nations for access to all conflict-affected people in the two states⁷.

As from the start of the crisis, humanitarian organisations have been negotiating for access to all conflict-affected civilians. In Government-controlled areas, a significant amount of assistance has been provided by the Government of Sudan and by national organisations, supported by international humanitarian organisations. This has been achieved despite security concerns and restrictions on the movements of international staff. The Government has informed the humanitarian community that the restrictions are part of the security arrangements needed to ensure the safety and security of humanitarian workers. These security concerns were highlighted by the shelling of Kadugli by the SPLM-N that took place in October. Two mortars landed, but did not explode, in the UNICEF compound.

In areas outside of Government control, humanitarian staff has been unable to enter and no assistance has been delivered from within Sudan. Furthermore, 2012 was the second year in a row in which the conflict has meant that agriculture has been severely curtailed. Reports from SPLM-N controlled areas, and the condition of those arriving at refugee camps in neighbouring South Sudan, indicate that there is a serious problem of food insecurity, with related nutritional and health needs. In August, FEWSNET estimated that 200,000 to 250,000 people in South Kordofan, and 175,000 people in Blue Nile State, faced serious levels of food

⁵ [http://en.wikipedia.org/wiki/Blue_Nile_\(state\)](http://en.wikipedia.org/wiki/Blue_Nile_(state))

⁶ <http://sudan.humanitarianresponse.info>

⁷ http://reliefweb.int/sites/reliefweb.int/files/resources/SUDAN_HWP_2013.pdf

insecurity. In January 2012, following two rejected UN proposals, the African Union, the League of Arab States and the United Nations formed the "Tripartite Initiative" to work with both parties to secure humanitarian access to conflict-affected civilians in the two states. On 9 February 2012, the Tripartite issued a "Joint Proposal for Access to Provide and Deliver Humanitarian Assistance to War-Affected Civilians in South Kordofan and Blue Nile States." The SPLM-N agreed to the proposal on 16 February and the Government of Sudan agreed to the proposal on 27 June. At the beginning of August, the Government and the SPLM-N signed two separate Memoranda of Understanding with the Tripartite to facilitate the delivery of humanitarian assistance to civilians in SPLM-N held areas. The Tripartite then prepared a detailed Plan of Action. The latest version, dated 18 October, was accepted by the Government at the technical level on 20 October. The SPLM-N has not yet accepted this most recent plan.

While fighting continued to displace civilians in some areas of South Kordofan, some internally displaced people are reported to have returned at various points in time in 2012. Between January and November 2012, the International Organization for Migration (IOM) and the Government's Voluntary Return and Resettlement Commission (VRRRC) registered over 67,000 displaced people returning to 13 localities in South Kordofan (Babanusa, El Salam, Al Qoz, Lagawa, Habila, Delling, Dalam, Rashad, Al Abassiya, Abu Jubaiha, Talodi, Kadugli, and Reif Asharqi). However, IOM reported that some of these people were subsequently displaced again, following renewed fighting between the SAF and SPLM-N. The intensification of fighting in South Kordofan began in October 2012. The VRRRC estimates that over 160,000 people from South Kordofan still remain internally displaced in neighbouring states within Sudan.

Picture: Presenting the current context including key problem areas and main activities implemented by SRCS in Blue Nile state ("Information gathering workshop" in Khartoum, 13 May 2013)



Since the secession and consequent establishment of the republic of South Sudan, there have been population movements to and from the two countries (Sudan and South Sudan). The White Nile state borders the Republic of South Sudan, making it one of the main corridors for the population in-transit from either side. In the beginning, majority of movements were seen to be of people heading to the Republic of South Sudan. The returnees to the South have been receiving assistance from both Sudan and South Sudan governments, UN bodies as well as many other international and national organizations including SRCS.

But due to deteriorated situation in the border areas of South and North Sudan, many people were forced to flee to North Sudan escaping from the destruction and thefts of their livestock by South Sudanese armed forces. The returnees, when started to move to North Sudan, crossing the border to North Sudan through the corridors to Sinnar, Blue Nile and White Nile states, were forced by SPLA to leave all their properties. Some returnees initially settled in Wadobook in Blue Nile State, however, during the sudden violent uprisings in Blue Nile between Sudan government and SPLM-N, these communities had to flee again and eventually sought refuge in Mazoom locality in Sinnar state.

The National Society played a big role in delivering assistance to these returnees, with further plans embedded in the ongoing Emergency appeal which has incorporated provision of basic services for IDPs located in concentrated sites within Kosti.

Available information from authorities suggested that there were many returnees who settled on the South Sudan side of the border. It was anticipated that these groups, when they would decide to cross over, they would do so in large numbers at once, especially in the context of the new developments in regard to population movement and border controls.

The Sudanese government allocated land to some returnees and planned to do so for all returnees in the two localities of Al Jabalayn and Al Salam in White Nile State.

Most of the returnees were farmers in South Sudan, growing sorghum and keeping small livestock's as their means of livelihoods. They heavily depended on rain-fed agriculture and were keen to resume their normal practices. A few others depended on fisheries and trade. Like the farmers, these groups looked forward to re-engaging in fish related trade. With the government's plan to allocate land to these people and which has partly been done so far, it is viable to consider supporting the re-establishment of some of the livelihoods, particularly in agronomy and fishing.

White Nile and Sinnar

White Nile State lies in South west of Sudan with total population of 1.7 million residing in 10 localities Kosti, Al Gabalain, Rabak, Elduiem and Elgitaina are the biggest towns of the state. Asalam and Algaballain localities are bordering the Upper Nile State of South Sudan republic in the south west. The White Nile crosses the state into 2 geographic areas, the western part is poor savannah hosted by nomads whom move from south to the north with their animals. The south part is rich savannah with forests and rain fed agricultural lands. The main activities in the state are fisheries, agriculture, livestock, sugar, cement and textile production which provide seasonal labour opportunities.

Sinnar state is bordering Blue Nile State in the South, Uppers Nile of South Sudan in small area in the south west, White Nile state in the west, Gazira state in North and Gadarif state in the east. It has an area of 37,844 km² and an estimated population of approximately 1,100,000. Sinnar and White Nile states are known to be flood prone areas as well as malaria endemic, the highest at risk localities in Sinnar states are Dali and Mazmom (98,000), Dinder (193,466), Sinnar West(150,000), Sinnar (110,000), Sinja (160,000).

Khartoum

The State of Khartoum

Years of conflict, drought and floods in Sudan have caused the displacement of more than two million people. These people from Darfur, Southern Sudan and the eastern states have arrived in Khartoum State, which offers improved security conditions and more opportunities

of earning an income. The growth of the population of Khartoum State has put a severe burden on the already limited resources of the local communities and the services and basic structures available, causing an increase in the rates of poverty and discrimination in areas where refugees have settled.

Beside the above, the dramatic situation of South-Sudanese citizens stranded in Khartoum. There is a lack of data on the scale of urban displacement and only limited understanding and assessment of urban IDPs' needs. As a result, IDPs not based in camps, and particularly those living in towns and cities, have become all but invisible.

Annex 2 People met

SRCS	-	DM manager, Branch coordinator South Kordofan, key field staff and volunteers from the involved branches in Blue Nile, White Nile, South Kordofan, Sinnar and Khartoum
IFRC	-	Sudan, Head of Delegation, program coordinator Deputy Head of African Zone, Nairobi
ICRC	-	Movement Coordinator, Khartoum
NLRC	-	Sudan delegate
Swiss RC	-	Sudan delegate
HAC	-	HAC Commissioner in Blue Nile, HAC Khartoum
WHO	-	WHO coordinator in Blue Nile
FAO	-	FAO Manager in Blue Nile
World Vision	-	Program manager, Khartoum
Goal	-	Program officer, Khartoum
ADRA	-	Country manager, Khartoum
Concern	-	Program manager, Khartoum
Dutch Embassy	-	Deputy Ambassador, Khartoum
Swedish Embassy	-	Program advisor, Khartoum
USAID	-	Program managers and advisors, Khartoum
IDPs	-	Representatives of IDP communities in Sinnar, Blue Nile and White Nile

Annex 3 Example of a Risk Management matrix

nature of risk	risk level 1	contingency measures level 1	risk level 2	contingency measures level 2
Physical	road blockage due to flood or break down of bridges	temporary restriction in movement, reschedule field trips and activities	districts are fully cut off , no accessibility	necessary meetings, trainings or campaigns may be postponed or moved to other areas
Political I	disruption of political stability, more road check points	increased safety regulations, restriction in field trips	armed conflict, some areas are not accessible	focussing on other areas; reschedule plan of action, reduce plan of action accordingly
Political II	project staff and volunteers are threatened	increase staff security	full outbreak of country wide armed conflict	postponing of some activities, limitation of activities to Red Cross mandate
Economical I	shortage in supplies like fuel	restriction in movement	full disruption of supplies	project activities limited to software components
Economical II	restricted transfer of funds via Djibouti	funds could be transferred through Red Cross / Crescent network	no foreign funds may be transferred anymore	salaries can be paid partly through increased fundraising activities of SRCS
Environmental	floods, temporary restriction in movement,	reschedule field trips and activities	districts are fully cut off , no accessibility	necessary meetings, trainings or campaigns may be postponed or moved to other areas
Social	abuse of youth clubs and / or illegal activities (drugs, arms, political purpose...)	introduce security measures, involve elder leader	big movements of migrants; deterioration of security situation	increase security measures / temporary closure / suspension of youth club
Operational	limitations in communication infrastructure	use of traditional communication lines (mail, courier)	full shut down of communication infrastructure	switch to Red Cross / Crescent fm-radio communication network

Others	outbreak of epidemics	restriction of movements, increase care for staff security (vaccination, protective measures)	districts are fully cut off , no accessibility	necessary meetings, trainings or campaigns may be postponed or moved to other areas
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Annex 4 Monitoring and Evaluation

Logical Framework and M&E

All project designs should have detailed logical frameworks that is based on the **SMART goal setting** and that could be used as a strong tool for planning, monitoring and evaluation, risk management, required inputs and budgeting.

S - *specific, significant, stretching*

M - *Measurable, meaningful, motivational*

A - *Agreed upon, attainable, achievable, acceptable, action-oriented*

R - *Realistic, relevant, reasonable, rewarding, results-oriented*

T - *time-based, timely, tangible, trackable*

Since the (post)-crisis setting is usually dynamic, and the situation is constantly evolving, programmes need to be constantly monitored and adapted to the changing context. Acting on monitoring and evaluation results will increase the relevance, efficiency and effectiveness of ongoing and future programmes. The results of evaluations should inform strategy and planning decisions, provide tangible feedback to partners and stakeholders, and feed into donor reporting and resource mobilization initiatives.

SRCS is responsible for establishing comprehensive monitoring and evaluation schemes to improve the quality and relevance and review the impact of humanitarian, early recovery- and development activities. Establishing such a system involves defining:

What to monitor and evaluate (activities and outcomes)

When to monitor and evaluate (timing and frequency),

How to monitor and evaluate (tools and indicators),

Who will monitor and evaluate, and *how* to use the results

An effective crisis, post-crisis and early recovery monitoring and evaluation system should ensure that:

- ⇒ Activity and outcome targets and indicators are defined within the Logical Framework
- ⇒ Key Targets can be monitored easily
- ⇒ The work plan sets out the timing and frequency of monitoring and evaluation activities and the human, operational and budgetary resources required
- ⇒ Regular reviews and final evaluations of all activities and mechanisms take place
- ⇒ Strategies and programmes are modified to reflect new realities on the basis of the monitoring and evaluation, to ensure that they remain relevant throughout project/program's life-span.

Monitoring results will ideally go hand in hand with reporting and activity monitoring.

This contributes to establishing a good database and indicates whether planned activities and programmes can be executed as planned. Monitoring the activities is a vital back bone for monitoring results and targets and can be done through formal reporting. It involves checking that resources (human, financial and material) and services are being used as planned, visiting sites and offices where programmes are being implemented and reporting on a frequent and informal basis (e.g. situation reports).

Make monitoring part of the routine. Monitoring targets must form part of daily duties and be topics of regular discussions among managers, partners and other stakeholders

Take monitoring results seriously and act upon them to modify plans as appropriate.

Outcome evaluations are usually carried out mid-term or after a programme ends. Given the relatively short time-frame of emergency and early recovery programmes, rapid approaches to outcome evaluation are recommended, such as ex-post comparisons of target groups, after action reviews, Best practices and lesson learned exercises, or participatory trend analysis aiming at information gathering from staff and beneficiaries how they perceive impact compared with the period before the intervention.

A real-time evaluation feeds back its findings for immediate use while the project/programme or portfolio of programmes is still being implemented. It should be carried out in the early stages of a response, and ideally, though not necessarily, be repeated during the project cycle. The approach emphasizes participation by agency staff, and the reporting method makes accessibility of results across agencies a priority, particularly rapid discussion of results with the implementing staff. Hence findings and recommendations are delivered briefly in verbal and written form, typically before leaving the field, and final reports are kept short.

Annex 5 Resource Mobilization and Early Recovery

Transforming resource mobilization from an externally-driven humanitarian model to an internally-led early recovery model remains a challenge.⁸

There are established funding mechanisms for humanitarian, reconstruction and development programmes, but no formal or predictable interagency mechanisms for mobilizing resources for early recovery programmes currently exist. Donors usually allocate funding for humanitarian relief and development assistance from different budgets. Early recovery does not sit comfortably within either category, making it more difficult to fund. Furthermore, humanitarian resource mobilization often happens too fast for early recovery purposes. Needs assessments, strategic planning and project development are complex processes; it is difficult to include comprehensive early recovery programmes and projects in appeals that must be written in a few days and implemented in three to six months. There is also a general tendency to recommend mainstreaming the funding of crosscutting issues through other sectors. As a result of strong competition for resources, projects addressing cross-cutting issues rarely receive adequate funding. Therefore engaging with donors to advocate for flexible humanitarian funding that supports early recovery or some specific recovery initiatives will be critical to support transitional activities that bridge the gap between relief and recovery.

Some recommendations:

- ⇒ Outcomes of needs assessments and early recovery strategic frameworks are not intended to be used as fund-raising documents, but can be useful when approaching donors. These documents can provide donors with an overall picture of early recovery needs, stressing the inter-connectedness of early recovery programming and the importance of collaborative working. An early recovery coordination mechanism can take the responsibility for presenting a coherent and integrated picture of early recovery needs to donors.
- ⇒ Utilize SRCS position as being one the leading national organizations in Sudan and Darfur and is supported by its RCRC Movement partners
- ⇒ Include early recovery strategies and activities in humanitarian resource mobilization mechanisms and to advocate early use of development funding mechanisms, as early recovery is the foundation of effective longer-term recovery and development. Donors underline the importance of reflecting early recovery requirements more systematically and consistently in these mechanisms.
- ⇒ Early recovery should focus on promoting and strengthening equity and equality for all, and should avoid (further) marginalization of certain groups or creation of new sources of risk. Identifying and incorporating cross-cutting issues right from the start helps to ensure they are given the required consideration during the planning and execution of recovery activities.
- ⇒ Early recovery provides a unique opportunity to shape the agenda of the subsequent development phase. Effectively addressing cross-cutting issues from the start, such as integrating gender equality concerns in all early recovery programmes and activities, will result in beneficial interventions.
- ⇒ Most early recovery needs are met at local rather than national level. Local approaches have been developed in post-conflict contexts to help countries address

⁸ *Guidance note on Early Recovery 2008* UNDG and ECHA working group on transition

the needs of affected populations, primarily returning refugees, displaced people and demobilized combatants, by enabling or reinforcing communities' capacities.

The local approach reconciles long- and short-term objectives: responding to immediate needs, alleviating crisis-induced economic devastation, and promoting social reconciliation at local level in a context of respect for human rights. Area-based approaches target well-defined geographical areas to serve their entire population in need, engage local institutions and actors, and are managed through systems of decentralized responsibility and accountability.

It is essential to define clear criteria at the beginning for exit strategies for each early recovery programme and collectively for portfolios of programmes.

Ensure displaced and returnee populations and women in particular are not victims of discrimination in relation to their rights e.g. access to land and property.

Support efforts to address sexual and gender-based violence (SGBV), including legal recourse, social reintegration, and economic empowerment of SGBV victims

Develop community-based monitoring mechanisms as well as safety nets and responses

Support national/local authorities in leading disaster risk assessments

Support civil society, youth and women to enable and facilitate their participation in decision-making processes

Always include the CBDRR approach as an entry point for all new interventions