

Annual report



International Federation
of Red Cross and Red Crescent Societies

Sudan

Appeal No. MAASD001

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This report covers the period 01/01/2008 to 31/12/2008.



SRCS volunteers campaigning for safe hygiene.
IFRC

In brief

Programme purpose: Support Sudanese Red Crescent Society (SRCS), a leading indigenous community-based humanitarian organisation in Sudan, to address the most urgent situations of vulnerability in their country.

Programmes summary: The year 2008 marked three years after the peace agreement was signed in 2005, after a pan-Sudan health assessment was conducted by the Federation. This was preceded by a high level visit of Red Cross Red Crescent leaders in October 2005 and the FACT deployment to south Sudan in November 2005 followed by the returnee support appeal launched by the Federation, and the Sudan transitional appeal for 2006-2007.

Achievements of these three years include emergency assistance provided to some 145,000 people en-route and at final destinations under the returnee support programme. The period also saw a number of ideas borne of a desire to improve effectiveness and efficiency of Red Cross and Red Crescent work in Sudan, start materialising. The National Community Health Volunteer Programme (NCHVP) was launched in 12 states. Under the programme, more than 700 volunteer leaders and close to 17,000 community health volunteers have been trained in community based health and first aid.

Equally remarkable were the changes introduced by the SRCS leadership in the way the National Society (NS) is organised and works. Changing is never an easy task yet it is a prerequisite for any organisation willing to be relevant and responsive to ever changing environment. Committed to reforms, the SRCS adopted a number of important policies and embarked on internal restructuring to

better meet the needs of the vulnerable. A computerized finance management system was introduced at the NS headquarters and seven branches. SRCS staff was trained. The most notable results have been the establishment of the secretariat and a framework for SRCS branch development in Southern Sudan.

The major thrust of the Federation's efforts went to supporting disaster response by the SRCS: Federation mobilized resources which enabled the SRCS to provide emergency assistance - shelter, food, safe water, sanitation or access to basic health care - to an estimated 1.7 m flood affected people in 2006 and 2007. A DREF allocation was made to support SRCS response to the meningitis outbreak in 2007. In 2008, the Federation assisted the SRCS to respond to the Cholera outbreak in Central and Eastern Equatoria states (CHF 250,000 was allocated from the Federation's DREF to mobilize SRCS volunteers for hygiene promotion and chlorination of water sources) and floods (on a much smaller scale to the 2007 operation) tapping into contingency stocks built through the 2007 floods operation and good relations built with the UN Joint Logistics Centre (UNJLC) in Khartoum.

The Federation helped SRCS reflect on the emergency operations and develop contingency plans for future floods. Contingency plan was developed for a possible population influx in eastern Sudan as well. Logistics training was provided to northern and southern branches. The Federation supported water and sanitation (WatSan) ERU trainings (both in north and south) as well as the procurement of WatSan materials to replenish the SRCS in-country WatSan ERU equipment. This was part of the ongoing efforts, which aim at strengthening SRCS WatSan emergency response capacity and reduce SRCS reliance on expensive international ERU deployments during disasters. The Federation supported the training of national and local disaster response teams. Training in finance management, planning and reporting was organized for southern branches in cooperation with the ICRC. IT/telecom equipments were procured for selected branches to strengthen the communication capacities of the SRCS.

Constraints were many; lack of resources was the major one; volatile security conditions have been another challenge, particularly at the north-south front line; and lack of access has often been a grave concern.

Over the coming years, SRCS seeks an increased support for the capacity building of the National Society. As noted in the SRCS Strategic Plan 2007- 2011, as well as the Federation Country Plan 2009-2010, organisational development and capacity building are key to the SRCS capacity to respond to the humanitarian needs.

Since this Annual Report was finalized, the humanitarian situation in Sudan has evolved significantly, impacting the context within which this programme is being implemented. On 4 March 2009, the Government of Sudan ordered a number of international humanitarian agencies and three national non-governmental organizations (NGOs) to leave the country. Since then, concerns have mounted over possible humanitarian gaps and the availability of operational, management and coordination capacities to deliver humanitarian assistance. The Sudanese Red Crescent Society (SRCS) was approached by the authorities to explore possibilities to fill some gaps, not only in Darfur state but also in the rest of the country. The Federation, working in support to the National Society, has been closely monitoring the situation and has had a number of meetings with key stakeholders within and outside the Movement to gain a better understanding of the humanitarian impact and consequences, and to explore the role of the SRCS within its mandate and capacities. Responding to the SRCS request, the Federation deployed a team to assist the SRCS to analyze the evolving situation, coordinate with all key stakeholders and develop a response strategy based on their mandate and capacity, and to eventually provide further technical support requested by the National Society.

Financial situation: The total 2008 budget was CHF 9,118,421 (USD 7,956,734 or EUR 6,042,778), of which 55 per cent was covered. Expenditure overall was 97 per cent of funds received. The budget increased because to absorb projects that had been carried forward from

the preceding year; it also incorporates a bilaterally managed primary health care project. Most of the contributions were received towards the end of the year delaying the implementation and affecting, unavoidably, the expenditure levels. Balances were carried forward into the 2009 programmes.

[Click here to go directly to the attached financial report.](#)

See also:

- Acute Watery Diarrhoea DREF operation at <http://www.ifrc.org/docs/appeals/annual08/MDRSD005.pdf>
- Sudan Floods Appeal (MDRSD004) at <http://www.ifrc.org/docs/appeals/07/MDRSD00406.pdf>

No. of people we help: With a focus on capacity building, it is difficult to estimate the number of people the Federation-supported programmes and projects benefited directly or indirectly. Despite constraints, the SRCS estimates it was able to reach some 500,000 people of six million planned for 2008-2009 with messages aimed at reducing deaths, injuries and impact from disasters, diseases and public health in emergencies.

Our partners: Both the Federation country office and the SRCS were actively involved in all coordination fora at national and state levels. Both maintained a regular contact with various government ministries, notably Ministry of Health, Civil Defence and Humanitarian Affairs (HAC) as well as UN agencies. The Federation appeal coverage, however, remained at very low levels. Contributing partners were: ECHO, the Norwegian, Swedish, Finnish, and Belgium Flanders Red Cross Societies.

Context

The year saw rising tensions in various parts of the country. Violence, inter-tribal clashes and ensuing population movements combined with rising food prices, compounded daunting humanitarian conditions that faced thousands of people in Sudan.

Some 30,000 to 50,000 people fled Abyei, Sudan's north-south fault line, for the safety of Agok and surrounding areas following the outbreak of violence on 14 May 2008 between the Sudan People's Liberation Army (SPLA) and Sudan Alliance Forces (SAF); a stark reminder that some two million were killed and four million displaced during the long conflict that ended in 2005. Many of those who fled had only recently returned to their homes in the hope of resuming normal lives after years of conflict. The Comprehensive Peace Agreement (CPA) between the Government of Sudan and the Sudan People's Liberation Movement (SPLM) holds but just. Days before the heavy fighting in Abyei, there were clashes between a rebel group and government forces in Omdurman, a western suburb of Khartoum. An unknown number of people were killed and injured. Future remains uncertain. There are growing fears the entire peace accord that has kept an edgy calm between north and south for the past three years could still dissolve in a bloodbath.

Reports from Sudan's western region of Darfur have been equally disturbing. The situation has remained volatile and humanitarian needs daunting. According to the UN's Children's Fund (UNICEF), in North Darfur, a comparatively peaceful part of the region, malnutrition, mortality rates and access to clean water have all worsened again after improving somewhat since the height of fighting in 2004.

Progress towards outcomes

Disaster management

Global Agenda Goal 1: Reduce the number of deaths, injuries and impact from disasters.

Programme component 1: Disaster Preparedness – organizational

Expected outcomes

- Increased SRCS capacities to respond to floods, returnees and health epidemics at national and local levels.

Achievements

The Federation helped SRCS reflect on the recent emergency operations and develop a contingency plan for future floods. A contingency plan was developed for a possible population influx in east Sudan as well. In an effort to strengthen disaster preparedness, the SRCS reviewed its disaster assessment forms and standard operating procedures were updated as well. Refresher training on logistics management was conducted for all branches through two sessions; one in Khartoum and another one in Juba for the southern branches, with the financial and technical support of the Federation. Each branch was provided with a soft and hard copy of logistics management manual. Federation also supported the training of national and local disaster response teams.

A number of PHAST and CBFA trainings were conducted as well for SRCS volunteers in various parts of the country. Volunteers from Gezira, River Nile, Northern, White Nile and Blue Nile states were trained in epidemics preparedness and response. The training, which was held in Gezira state in May 2008 and facilitated by health experts from the Ministry of Health and SRCS health staff from the SRCS headquarters, helped volunteers improve disease surveillance, data collection, analysis, communication and community mobilization skills. Focus was on control and prevention of meningitis, malaria, HIV and water related diseases, such as acute watery diarrhea (AWD) and Cholera.

The Federation supported WatSan ERU trainings (both in north and south) as well as the procurement of WatSan materials to replenish the SRCS in-country WatSan ERU equipment. This was part of the ongoing efforts, which aim at strengthening SRCS WatSan emergency response capacity and reduce SRCS reliance on expensive international ERU deployments during disasters. IT/telecom equipment was procured for selected branches to strengthen the communication capacities of the SRCS.

Programme component 2: Disaster response

Outcome/Expected results:

- Vulnerable returnees are more resilient to environmental risks through provision of basic non-food items.
- The health situation of returnees and host communities has improved.

The Federation secretariat also helped the SRCS to respond to the latest outbreak of AWD in Eastern and Central Equatorial states in the south. CHF 249,344 was allocated from the Federation's Disaster Response and Emergency Fund (DREF) to mobilize SRCS volunteers for hygiene promotion and chlorination of water sources. Community education has started. Cholera treatment centres were provided with basic WatSan items. For more details see DREF information bulletin at www.ifrc.org.

In response to the Abyei crises, the Federation provided water and sanitation equipment for the displaced population in coordination with the International Committee of the Red Cross (ICRC). SRCS showed an inspiring dedication to humanitarian principles during both security incidents – in Abyei as well as in Omdurman, Khartoum in May 2008. SRCS mobilized 250 volunteers and supported by the ICRC evacuating the dead and the wounded and provided first aid.

Constraints or Challenges

Preparedness can save lives, reduce risks and mitigate suffering caused by disasters. Yet mobilizing resources for it has been a challenge. The Federation's 2007 flood emergency appeal for Sudan was 85 per cent covered. The generous contribution of the international community made a vital difference in the lives of over a million of people in Sudan. Yet, sadly, there was little interest in supporting preparedness for future disasters. The Federation is urging its partners and member Red Cross and Red Crescent Societies to invest more into the SRCS efforts to build capacity and contingency stocks now to mitigate the impact of every-recurring disasters. Indeed, there are very few organisations in Sudan with grassroots presence throughout the country and with the ability to engage with local communities to strengthen their resilience to climatic shocks and health risks.

Health and Care

Global Agenda Goal 2: Reduce the number of deaths, injuries and impact from diseases and public health emergencies.

National Community Health Volunteer Programme (NCHVP)

The National Community Health Volunteer Programme (NCHVP) is a comprehensive 3-5 year community based approach to managing community based first aid (CBFA), communicable disease prevention and surveillance, public health in emergencies, HIV and AIDS, hygiene, water and sanitation and blood donor recruitment. It is based on a substantial number of locally recruited and trained volunteers.

Programme component 1: Community-based first aid and HIV and AIDS

Expected outcomes

- Increased awareness about HIV/AIDS and prevention
- Increased SRCS capacity to scale up HIV awareness and prevention activities
- Vulnerability of communities to water related diseases is reduced
- Disease morbidity due to malaria reduced in targeted communities
- Increased routine immunization coverage for children under 5 years of age and pregnant women
- Morbidity and mortality from public health emergencies reduced through timely and adequate response.

Achievements

Despite significant financial constraints, the SRCS, supported by the Federation secretariat trained 565 volunteer leaders and 13,259 community health volunteers in community-based first aid. This is summarised in the table below, showing the cumulative number of volunteers trained per state.

Table 1: Cumulative number of volunteers trained 2007 – 2008

No	State	Volunteer leaders trained		Community volunteers trained		Cumulative totals	
		2007	2008	2007	2008	Volunteer leaders	Community volunteers
1	Khartoum		23		1,869	23	1,869
2	White Nile				2,127		2,127
3	Gazeera	25	383	580	1,744	408	2,732
4	Sinnar	25		885	1,963	25	2,848
5	Gedarif	26	56	520	973	82	1,493
6	Red Sea	25	25	1000	1,369	50	2,369
7	North Kordofan	20	25		2,587	45	2,587
8	Upper Nile	27			331	27	331
9	Unity		25			25	
10	Lakes		27		100	27	100
11	Northern Bahr el Ghazel		24		94	24	94
12	Central Equatoria		7		102	7	102
	Total	148	565	2985	13,259	743	16,652

The programme, which had started as a pilot initiative in 2006 in an attempt to build the local knowledge to deal with most common health risks, was implemented in twelve of Sudan's 25 states: Khartoum, White Nile, El Gazera, Sennar, Red Sea, Gedaref, North Kordofan, Central Equatoria, Upper Nile, Unity, Lakes and Northern Bahr el Ghazel. It supports the training of volunteer teams at grassroots level to act as a catalyst for community driven action. SRCS target is to have at least 500 volunteers in each locality. Volunteers are selected by local communities and through health committees, set up in every targeted area as part of the health structure at community level. Communities voice their health concerns and task their volunteers to organize an action. Volunteers are teamed and have a leader, who are coached and supported by the SRCS. Each volunteer works with 15-20 households (average family size is six) encouraging behavioural change to reduce the cases of vector- borne, water-borne and vaccine-preventable diseases. They spread basic yet essential messages that influence behavioural practices hence contributing to reduction of morbidity and mortality rates due to common diseases. The messages promote child immunization uptake, malaria prevention, control of diarrhoeal diseases, personal hygiene, sanitation, safe water storage and use, HIV and AIDS prevention, breastfeeding and nutrition. Volunteers report their messages do get across and they observe a change in the behaviour of the families they are engaged with. Communities have also started appreciating the importance of having sanitation facilities, and a number of them are demanding support with sanitation platforms so as to have household latrines.

Volunteers distributed 59,000 long lasting insecticide impregnated nets (LLINs) to 29,500 households and conducted 274 environmental campaigns. These campaigns involved cleaning up of garbage in public places, homes and filling up of pools of stagnant water or those in empty containers around homes.

The volunteers made a total of 41,590 home visits. During cholera outbreaks in Gedarif, Central Equatoria and Northern Bahr el Ghazel the volunteers were active by carrying out hygiene promotion, chlorination of water immediately after collection from source and environmental clean ups around homes. Remarkably, among those trained by the SRCS are nomadic tribes as well, an achievement the SRCS regards as a breakthrough due to a peculiar nature of life led by these migratory groups. The National Society has succeeded in building trust with the elderly and leaders of the tribes and hopes to continue working with them in the future as well.

Table 2: Long lasting mosquito nets distribution

State	LLINs distributed
Gazeera	7,000
Sinnar	7,000
Gedarif	5,000
Red Sea	5,000
North Kordofan	5,000
Upper Nile	5,000
Unity	25,000
Total	59,000

One objective of the programme was to improve access to safe water and good sanitation. With the financial support of the Belgian (Flanders) Red Cross, the Federation Secretariat in collaboration with the SRCS is constructing 30 shallow wells in Torit county of the Eastern Equatoria state and working with the local communities to improve their hygiene practices as well as local capacities to manage safely the water sources. PHAST methodology is being applied. The project will continue in 2009 and benefit some 20,000 people who do not currently have access to safe water.

Towards the end of 2008, an internal evaluation of the NCHVP was done. The evaluation confirmed the programme is considered as important for building the capacity of SRCS branches and volunteers, establishing a volunteer structure as well as empowering the communities served by SRCS, among others. It recommended strengthening volunteer management system at state branch level and also strengthening and having a structured collaboration with State Ministry of Health at branch level.

Beyond the immediate impact the programme is having on reducing the vulnerability via knowledge transfer and support of locally-driven action, the programme is an effort to move away from disjointed ad hoc project-based interventions to a common framework for the SRCS and its partners to achieve greater results in the country with daunting humanitarian needs. NCHVP has become the backbone of the SRCS health and care work in Sudan and the SRCS believes it is important all Partner National Societies (PNS) supported projects (eight PNS support currently health projects in various parts of Sudan) are aligned with the NCHVP. Discussions are ongoing to forge operational alliances with sister National Societies to harmonize approaches based on a common framework.

The steering committee has been meeting every month to decide on critical issues and also give guidance on the implementation of the programme. The membership is composed of representatives from SRCS, the Federation and PNS.

Constraints or Challenges

During 2008, the programme was expanded to Lakes, Northern Bahr el Ghazel and Khartoum states. However, the level of intended programme scale up was not reached because of inadequate and delayed funding. By July 2008, the NCHCP had received only 26% of the required funding. An increased donor engagement and shared approach is required to achieve a sustainable and tangible impact in 2009 and beyond.

The geographical size and the needs in the branches are too big yet resources are limited, hence the need to have a more focused geographical coverage, targeting the underserved vulnerable communities, so as to have a positive impact. There is still need to strengthen the skills of branch staff to improve programme planning and management. With the increasingly big numbers of volunteers, the volunteer management needs an increased attention as well.

Capacity development

Global Agenda Goal 3: Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

Programme component 1: Governance and management

Outcomes/ Expected results

- Increased service delivery by SRCS to the most vulnerable populations.
- Strengthened relationship between SRCS governance and management.

Achievements

The SRCS is at an organisational turning point. Management is currently in the midst of a process of reform and is keen to continue pursuing this. The SRCS leadership has shown strong determination to strengthen the organisation's performance and has identified a number of areas, from reporting to financial management, from volunteer to branch development, from partnership management to donor relations which require improvement.

SRCS initiated the reviewing of its structure at the headquarters, in line with its strategic priorities. The exercise aims to enable leaner operational and administrative decision-making processes. In 2008, the management cut 25 positions. Reorganization continues in an effort to maintain the minimum and affordable core staff at the headquarters. An effective reorganisation of SRCS headquarters will allow it to be more closely linked with its branches and will also promote a better integration of technical programmes

Programme component 2: Branch development

Outcome/Expected results

- Increased SRCS presence through a countrywide network of branches appropriately resourced (with personnel, volunteer, finance and office equipment).

In consultations with its partners, the SRCS has developed the South Sudan development plan, which prioritizes:

- a) The establishment of new branches in Warrab, Bor and Aweil this includes support to set up and train branch governance and management, to start up the core activities and to establish some basic infrastructure.
- b) Strengthening technical and operational capacities of the four established branches in Juba, Wau, Bentiu and Malakal; and
- c) Development of the three emerging branches in Torrit, Yambio and Rumbek, where some minimum progress has already been made in terms of basic structure, human resource and activities.

With limited funds at hand, the SRCS Secretariat managed to negotiate a plot of land for the SRCS in Rumbek, the Lakes state and started the construction of a new branch premises. SRCS branch director and an area coordinator were appointed. The Federation also supported the training of volunteers in CBFA.

Programme component 3: NS development of systems, procedures and staff sustainability

Outcome/Expected result

- SRCS management systems are strengthened at headquarters and branch levels.

With funds generously provided by the Norwegian and Finnish Red Cross Societies, the Federation also supported the SRCS to shift from manual to computer-based accounting system at the headquarters and selected seven branches. The Federation arranged for the procurement of

software, and supported the installation and training of SRCS staff and volunteers. The branches, where the programme was piloted, were selected with consideration of the branch capacity, workload and commitment. The long-term objective is to cover all SRCS branches but the implementation will proceed in phases. The computer-based accounting will provide a clearer overview of the SRCS financial situation, which will eventually contribute to better planning and management of the operations for the benefit of the vulnerable. It will also help improve the timeliness and streamline the chain of finance reports to SRCS various donors, who operate currently in a stand-alone system.

The Federation secretariat also supported the SRCS to develop various programme strategies including the water and sanitation strategy, the HIV strategic plan 2008 – 2011 and the food security strategy. The NS is also finalizing its health policy.

Constraints or Challenges

SRCS seeks an increased engagement of the PNS in capacity building of the National Society. Currently, bilateral partnerships focus essentially on projects in various parts of the country. These projects are vital as they contribute to alleviating human suffering in the country where humanitarian challenges are daunting. It is equally vital, however, to invest resources - technical, material or financial – into strengthening capacities of the National Society. SRCS has a young and dynamic leadership committed to transforming the NS into a credible, efficient and effective organization. The leadership has embarked on an important reform process and it needs resources and support which has not been forthcoming in the past.

Principles and Values

Global Agenda Goal 4: Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

Expected outcomes

- Increased respect for Red Cross Red Crescent emblem throughout Sudan.
- Red Crescent volunteers and staff knowledge of the Fundamental Principles and humanitarian values enhanced.
- Strengthened SRCS information and public relations/communications capacity.
- General public has better understanding of the SRCS role, mandate and activities.
- Reduced stigma and discrimination towards people living with HIV and AIDS.

Achievements

In the absence of funding, sessions on the fundamental principles and humanitarian values were incorporated in all trainings and workshops under the disaster management, health programmes or organizational development.

Constraints or Challenges

The programme received no income.

Working in partnership

SRCS worked in partnership with the government Federal and State Ministries in implementation of the programme. This collaboration ensured adherence to national policies and guidelines. The Movement partners of SRCS include both those working on bilateral basis and on multilateral basis through the Federation. The Movement partners include Swedish, Norwegian, Finnish, German, Austrian, Swiss, Danish, Netherlands and Spanish RC Societies.

Both the SRCS and the Federation were actively involved in all coordination fora at national and state levels. Both maintained a regular contact with Humanitarian Aid Commission (HAC) of the Ministry of Humanitarian Affairs, the agency that leads humanitarian efforts, including disaster

response, on behalf of the Government of Sudan, and took part in UN-led interagency task force meetings. Planning and implementation of SRCS operations was coordinated at sectoral level. SRCS worked with a number of UN agencies. It developed good partnership with UNJLC and UNICEF. In partnership with UN World Food Programme (WFP), the SRCS distributes food in a number of states. With UNICEF, partnerships are developed in the areas of water and sanitation. A joint technical water and sanitation workshop was held in South Kordofan. In the south, UNICEF sponsored well and latrine construction project of SRCS.

Contributing to longer-term impact

The four cross-cutting programmes supported an instrumental role of the SRCS in responding to humanitarian needs in Sudan. They targeted the poorest of the poor, whose coping mechanisms are undermined by years of conflict, displacement, poverty, climatic shocks and health epidemics. The change process led by the SRCS management team is to transform the SRCS into a dynamic, relevant, effective and efficient organization. Challenges are undeniably many but there is a commitment, to address them, which is crucial. Various policies and strategies that were or are being developed are to help the SRCS define their own priorities based on the SRCS mandate and capacities. They are to guide both the SRCS and its partners to achieve greater impact by focusing the work on the areas where the SRCS believes it can make a difference.

Looking ahead

As noted in the SRCS Strategic Plan 2007- 2011, as well as the Federation Country Plan 2009-2010, organisational development and capacity building are key to the NS' future success. A concerted effort must be made in volunteer management, branch development, and in staff, leadership, and management development.

The 2009-2010 country plan puts emphasis on the following:

- Supporting SRCS to finalize the ongoing restructuring
- Branch development in south Sudan: which envisages support the SRCS in implementing the south development plan
- Finance development - migrate the system to additional ten branches
- Support SRCS in strengthening PMER functions
- Emergency preparedness (training of national and local disaster response teams, contingency stocks, SOPs) and WatSan capacity development, which we believe are so crucial in Sudan's context.
- NCHVP (CBFA, Malaria, HIV/AIDS, WatSan, particularly in the south Sudan, an area with such huge needs).
- Community-based disaster risk reduction and response (current involvement very limited)
- Food security

This is where the SRCS expects the Federation support and the Federation country plan 2009-2010 is built on these premises.

How we work

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

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