

**Annex D.**

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**SUDAN INTEGRATED STRATEGIC PLAN  
A PROGRESS REPORT**

**June 1999**

**Prepared by USAID Bureau for Humanitarian Response, in cooperation with REDSO/ESA  
and the Africa Bureau**

*must act urgently, coherently and  
Sudan's suffering. Humanitarian assistance is vital - but not enough. The UN  
disposal to bring Africa's longest running war, finally, to a close."*

*A paper by Save the Children Fund, CARE International and Oxfam GB*

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## **Sudan Integrated Strategic Plan A Progress Report**

### **PART ONE: OVERVIEW AND FACTORS AFFECTING PERFORMANCE**

#### **I. INTRODUCTION**

In January 1997, USAID staff, in concert with the U.S. Department of State, its implementing partners and other stakeholders in the Horn of Africa region, drafted an Integrated Strategic Plan (ISP) for Sudan. This strategy supports U.S. foreign policy objectives and combines USAID International Disaster Assistance funds (IDA), P.L. 480 Title II food aid and dollar resources, and Development Assistance (DA) funds in a single strategic framework. The strategy's goal is to help promote a "less vulnerable, more self-reliant population better prepared for a transition to peace in Sudan."

This report reviews progress to date since the plan was crafted two years ago. Inputs were provided by the U.S. State Department; the National Security Council; USAID's Sudan Field Office; the Bureau for Humanitarian Response, Office of Food for Peace (BHR/FFP) and Office of Foreign Disaster Assistance (BHR/OFDA); the Africa Bureau; and USAID's Research and Reference Services. It was coordinated by BHR's Program Planning and Evaluation office.

The overall tenet of this review is that USAID humanitarian assistance programs in Sudan have achieved significant impact in the last two years. It clearly shows that lives have been saved and suffering reduced because of USAID interventions. However, this impact is clearly time- and place-limited. The "fundamentals" in Sudan—civil war complicated by natural disasters—have not changed. And so, despite humanitarian successes, widespread civilian suffering continues.

The mood among relief experts working in Sudan is reflected in the quote following the title page of this report. Some eleven years into Operation Lifeline Sudan (OLS)<sup>1</sup>, relief agencies are calling for renewed political efforts to address the underlying, root causes of war and reminding the UN Security Council and its member states that humanitarian assistance, "is vital – but not enough."

This progress report shows both the successes and limitations of humanitarian aid in Sudan. It also discusses an innovative new USAID program designed to support local peace initiatives and capacity building in opposition held areas of Sudan. It begins with an overview and factors affecting USAID performance and follows with a discussion of strategy adjustments to date, a portfolio overview and progress against objectives. Finally, USAID management issues are discussed.

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<sup>1</sup> OLS is a framework that provides authorized access to war-affected civilians in Sudan. It is a UN-managed consortium of more than 40 UN and international NGOs that provides emergency relief for war affected citizens of Sudan. Formed in 1989, as a result of the 1988 famine, its relief activities are coordinated by UNICEF and logistics operations by the UN World Food Program.

## II. BACKGROUND

While not approved formally until May 1997, the ISP has essentially been implemented for two full years. It is valid through the end of 1999.

BHR took the lead in drafting the Sudan ISP with the primary aim of forging with implementing partners a unifying vision of how USAID and other stakeholders and partners could work effectively in the longstanding Sudan emergency context. The ISP has created a common vision among USAID and its partners and has been used primarily by BHR in its dialogue with PVOs about what kinds of proposals it will consider funding.

The ISP process brought home to USAID partners the idea that USAID was willing to consider innovative activities that not only provided relief but also promoted self-sufficiency and reduced relief costs. It also clarified in which areas USAID would not work, (e.g. education and some kinds of health interventions.)

The ISP framework is as follows:

***Goal: A less vulnerable, more self-reliant population better prepared for a transition to peace.***

***Strategic Objective (SO) One: Emergency food needs of targeted groups are met in a manner which increases local capacities for food self reliance***

***SO Two: Enhanced basic primary health care (BPHC) for targeted war affected groups***

***SO Three: Target groups pursue viable reintegration options***

***SO Four: Improved support to reduce conflict and strengthen capacities for peace***

The full ISP framework, including key “intermediate” results and related program interventions, is shown in Annex 1.<sup>2</sup>

## III. OVERVIEW – WAR AND POLITICS

### A. State of the War

Sudan has been torn by civil war for 32 of the 43 years since its independence. At the time of this writing, Sudan is entering its sixteenth consecutive year of war; and USAID is moving into its eleventh year of humanitarian assistance to Sudan.

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<sup>2</sup> While the “Strategic Objective” and “Intermediate Result” terminology is used in this report, the ISP uses the terms “Objectives” and “Key Results.” This was done at the request of non-USAID staff engaged in the planning process who were not familiar with USAID terminology.

Currently, warfare is ongoing between the Government of Sudan (GOS) and southern and northern opposition movements working under the umbrella name of the National Democratic Alliance (NDA). Since 1996, the NDA has included the Southern People's Liberation Army/Movement (SPLA/M)<sup>3</sup> as well as northern opposition movements, making the war transcend a north/south conflict. In addition, there is south-south fighting between the SPLA and the Southern Sudanese Independence Movement (SSIM). The SSIM is counted among five southern groups that formally aligned themselves with the government in 1997. There also has been inter-tribal fighting among government-supported factions within the Nuer ethnic group; and inter-tribal fighting among groups which nominally support the SPLA. Independent warlords move freely from alliance with the GOS to alliance with the SPLA.

While most of the fighting occurs in the south, it continues in the eastern and northeastern parts of Sudan as well. (Thus, the territory involved is the same as when the ISP was written in early 1997.) The SPLA achieved important victories in 1997, taking a number of key garrison towns and establishing control over much of Western Equatoria and Bahr el Ghazal. While they made no decisive gains in 1998, the SPLA held on to gains made in 1997. The SSIM controls most of Upper Nile. In northern Sudan, along the Eritrean border, NDA forces also made important gains in 1997, capturing a number of key towns.

GOS losses in 1997 and the SPLA attack on Wau, Bahr el Ghazal in January 1998, led to GOS flight bans from February to April 1998. These prohibited organizations conducting humanitarian relief operations under OLS from obtaining access to critical areas. A powerful combination of war, successive years of drought, lack of humanitarian aid and periodic raiding by tribal militias, forced large-scale displacement. Ultimately, famine conditions prevailed in Spring/Summer 1998.

Relief agencies stepped up assistance efforts in April 1998 when flight bans were lifted and the extent of the famine was revealed. The negotiation of a cease fire in Bahr el Ghazal in mid-July 1998, coupled with a scaled up logistics operation, allowed for a dramatic expansion in the relief effort in the summer months. The cease fire, which has been extended two times, remains in place through April 15, 1999.

## **B. Affected Populations**

**Numbers Killed:** Research recently conducted by the U.S. Committee for Refugees suggests that in the last 5 years some 600,000 people have died due to war-related causes and the policies of successive Sudanese governments. A staggering 1.9 million southern Sudanese and Nuba Mountains people have perished since 1983. It is believed that one of every five southern Sudanese has died because of the civil war.<sup>4</sup>

**Numbers of IDPs and refugees:** As when the ISP was written, some 4.5 million Sudanese, primarily southerners, remain displaced by the war, giving Sudan the largest internally displaced

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<sup>3</sup> Southern leadership has long declared a distinction between the SPLA and the SPLM. Both always have been under the joint command of Col./Dr. John Garang. Civilian leadership is appointed by the SPLA.

<sup>4</sup> U.S. Committee for Refugees *News*, December 10, 1998.

person (IDP) population in the world today. About 2.2 million have made their way to Khartoum, living in city slums or forcibly moved by the government to remote camp settings. In Kordofan province, the government had also forcibly moved an estimated 172,000 Nubans into 72 Peace Villages by mid 1998. As when the ISP was written, the government severely restricts humanitarian access to areas of the Nuba Mountains outside of its control.

The number of Sudanese refugees in neighboring countries has declined from about 433,700 in 1996 to some 353,000 in 1997 and 382,000 in 1998. UNHCR does not believe conditions are right for a formal repatriation package.

**Numbers at risk:** In 1997 and 1998, WFP targeted around 2.5 million people for emergency food aid. While this population requires some aid each year, most required full food rations in 1998. Due to famine conditions, estimates of civilians at risk of death from starvation in Bahr el Ghazal province in 1998 rose from 350,000 in February to 700,000 in April to 1.2 million in May. While conditions have improved, more than 2 million people in the Bahr el Ghazal and Upper Nile regions of the south and Kassala in the north will require food aid in 1999. Non food needs (e.g., health care) remain vast.

### **C. Status of U.S.–GOS Relations**

As when the ISP was written, U.S. foreign policy continues to be shaped by concern about the Khartoum regime's support for terrorism and regional insurgencies, its human rights violations, and its prosecution of the war in the south. In 1993, the U.S. placed Sudan on the list of state sponsors of terrorism and, in February 1996, the U.S. government suspended its permanent diplomatic presence in Sudan for security reasons, establishing a liaison office in Nairobi.

In the last three years, the U.S. stance towards the GOS has toughened considerably. The U.S. supported the 1996 United Nations Security Council resolution that imposed diplomatic sanctions on Sudan. In 1997, the U.S. imposed comprehensive bilateral trade and economic sanctions and offered Temporary Protected Status to Sudanese nationals in the U.S. In addition, Secretary of State Albright met with SPLM/A leader John Garang and the NDA leaders. The U.S. has provided non lethal aid to the frontline states of Uganda, Eritrea and Ethiopia to help them thwart GOS destabilization campaigns.

On August 20, 1998 the U.S. conducted an airstrike against Sudan's el-Shifa facility, a direct response to the GOS's connection with the bin Laden terrorist organization and the bombings of U.S. embassies in Kenya and Tanzania on August 7, 1998. Sudan proceeded to withdraw most of its diplomats from Washington and inform the U.S. that its diplomats would not be welcome in Khartoum. The U.S. continues to maintain diplomatic relations with Sudan, however, and U.S. officials have met with Sudanese officials on a number of occasions since the el-Shifa strike to discuss the whole range of bilateral issues.

The USAID representative based in Khartoum was withdrawn to Nairobi at the time of the el-Shifa bombing, making monitoring of continuing USAID-funded relief efforts for displaced southerners in the North difficult.

## **D. Status of Peace Talks**

The obstacles to a just and lasting peace remain formidable. Begun in 1993, the Inter-governmental Authority on Development (IGAD) peace talks yielded (in 1994) an important Declaration of Principles. Provisions include the right of self-determination, with national unity remaining a high priority, and the separation of religion and state. Progress has been slow since that time. Most recently, in May 1998, the government agreed to a referendum in the south but talks broke down in August on this and questions related to a secular Sudan.

The U.S. believes that the IGAD process offers the best hope of keeping parties focused on the core issues related to religion and the status of the south. It has provided financial and diplomatic support to the IGAD effort and will continue to take steps to make that process as effective as possible. In particular, it is interested in the development of technical committees around each of the principles and more regular meetings of the involved parties.

Current tensions between Ethiopia and Eritrea have distracted the frontline states from their roles in the IGAD peace process. It may ultimately lead to a realignment of allegiances or, at a minimum, decreased support for the SPLA/M and NDA from its eastern neighbors.

## **PART TWO: FACTORS AFFECTING PERFORMANCE**

### **I. FACTORS AFFECTING PERFORMANCE**

The emergence of famine in the Bahr el Ghazal region of southern Sudan is probably the defining event of this reporting period. While the famine masks some of the positive events taking place in the south (discussed below), it demonstrates the precarious position of the Sudanese people and the limits of humanitarian response during war.

Sudan has experienced three famines in the past decade, in 1988, 1994 and 1998. Research conducted by USAID's Research & Reference Services reveals that several patterns emerge from the history of humanitarian relief to Sudan over the past decade, including the current relief effort:

1. In each instance of famine and severe humanitarian crises in southern Sudan, civil strife has been the primary contributing factor.
2. In each case restrictions on access to those in need of aid have fueled the deterioration of already grim food security situations.
3. In each case the warring parties did not comply with their 1989 agreement to provide safe corridors for the delivery of humanitarian assistance<sup>5</sup>.

Drawing from the recent crisis, we can point more specifically to actions that impede achievement of the ISP's goal and strategic objectives:

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<sup>5</sup> Anne O'Toole Salinas, USAID/CDIE/R&RS, "*The Famine in Sudan: Why is this happening again? Lessons Learned*," September 1998.

**A. Failure to Sustain Progress Towards Peace:** While the ISP was written to address needs in a war setting, lack of progress on the peace front during the ISP period clearly has affected long term prospects for a “less vulnerable, more self-reliant population.” Gains made towards this goal in the reporting period are localized and sometimes short lived, depending on the location in question and cycle of the war.

**B. General Insecurity:** Between August 1997 and June 1998, over 200 relief personnel were evacuated from 37 locations in Sudan and indiscriminate bombing by the government in civilian areas were reported on 31 separate occasions. In some cases, bombings killed civilians and destroyed USAID-supported facilities – including hospitals.

**C. The Maneuvers of Kerubino:** In late 1997, Kerubino Bol, who had been allied with the GOS since 1995 decided to redefect to the SPLA and attempt to capture Wau and two other towns in Bahr el Ghazal. In a Trojan Horse maneuver in late December 1997, several thousand SPLA troops pretended to surrender to Kerubino in Wau. In January 1998, Kerubino and these troops attempted, unsuccessfully, to capture Wau, Gogrial and Aweil from GOS forces. Some 100,000 people were displaced as a result. They would be the most vulnerable group during the famine period that followed.

**D. GOS Control of Relief Flights:** Under the terms of OLS, the government must approve every relief flight into southern Sudan. It often bans flights to certain cities. Following SPLA victories in 1997 and Kerubino’s defection in 1998, the GOS imposed a flight ban to Bahr el Ghazal on February 4. It allowed limited access in March and finally lifted the ban on April 7, 1998. The ban prevented relief groups operating under the OLS umbrella from accessing the province to assess needs and deliver relief. Donors were also unable to verify the severity of the crisis. When the ban was partially lifted in four locations, large scale population movements towards those locations resulted. People congregated at food locations that were not adequately equipped to deal with such large numbers and many died as a result.

**E. Poor Infrastructure:** Lack of roads meant there was no reliable alternative access route when the government imposed the flight ban.

**F. OLS Weaknesses:** USAID supports and relies heavily on Operation Lifeline Sudan to deliver aid. OLS management suffers, however, from tensions between its Nairobi and Khartoum-based staffs, each viewing the other as representing the point of view of their Sudanese interlocutors. OLS management failed to respond aggressively enough to GOS flight restrictions and to field-based reports of emerging needs. They also did a poor job of mobilizing additional donor resources for the famine response and using the flight ban period to prepare for the anticipated surge in relief efforts when the ban was lifted.

**G. Failure to Achieve a United Donor Front:** Differing diplomatic and humanitarian perspectives on Sudan among the U.S. and other donors have had a significant impact on USAID supported relief programs. These differences have prohibited, for example, a strong and unified donor stance on government flight bans.

The U.S. bombing of the el-Shifa factory derailed USAID and DFID (the British aid agency) efforts this summer to undertake a leadership role with other donors in seeking revisions to the terms of the OLS humanitarian aid framework now used in Sudan. USAID is renewing donor coordination efforts now.

**H. Logistics Challenges:** USAID-funded programs were hindered by a variety of operational problems including lack of planes, lack of fuel, lack of seeds, poor seed quality and a shortage of personnel. These problems related primarily to poor planning and insufficient resources available to our partners to cover all requirements.

## **II. STRATEGY ADJUSTMENTS TO DATE**

USAID, led by BHR, prepared an Action Plan in response to the 1998 famine. This detailed implementation plan focused on the immediate crisis in the south and predominantly supports the first strategic objective of the ISP. While for a shorter time period, it revalidates the strategic approach of the ISP. It does, however, have a slightly different emphasis.

1. It states more forcefully that the ultimate success or failure of the USAID strategy (ISP) rests on the international community's efforts to: a) make long term national peace in Sudan a priority, and b) reduce the strategic manipulation of relief aid by all sides. The plan rests on the "core assumption that the approach outlined...fits within the context of a broad USG political strategy to pursue aggressively a resolution to the long running civil war."

2. It provides for high level USAID leadership to pursue a coordinated approach with other donors to seek a change in the terms upon which humanitarian assistance is provided, especially policy issues around the functioning of Operation Lifeline Sudan.

Operationally, the plan states in more detail the actions needed to address famine conditions, and ultimately, improve impact of the ISP. It is available from BHR/OFDA.

## PART THREE: PORTFOLIO OVERVIEW

### I. 1997/1998 STATISTICS

USAID funding for Sudan

Office	FY97 (in thousands)	FY98 (in thousands)
FFP (Title II)	\$ 27,700	\$ 65,800
OFDA (IDA)	21,800	36,600
<i>OFDA/FFP Total</i>	<i>49,500</i>	<i>102,400</i>
AFR (DA)	0	3,000
<b>USAID Total</b>	<b>\$49,500</b>	<b>\$105,400</b>

Due to famine conditions USAID humanitarian relief funding jumped 52% in FY98 to approximately \$102.4 million, the largest relief outlay for Sudan since 1991. FFP and OFDA expenditures jumped 58% and 40%, respectively. The increases were handled without any increases in staff and, in some cases, reductions in staff.

In addition, for the first time since 1988, USAID obligated Development Assistance (DA) for Sudan. These funds support capacity building efforts in opposition held areas, (see further description under Section V), and reflect this Administration's strong interest in laying the groundwork for a successful transition from war to peace in Sudan.

USAID has spent over \$840 million in Sudan over the last decade. See Annex 2.

### II. GRANTS SUMMARY

In keeping with the ISP's focus on integration of resources, almost all FFP-funded food grants in FY97 and FY98 had OFDA-funded components<sup>6</sup>. With the exception of one competitively awarded OFDA-funded umbrella project in Khartoum, all grant proposals were unsolicited and approved on a rolling basis in response to need and USAID priorities as outlined in the ISP and Action Plan.

More than 27 different organizations received grants from OFDA and FFP. A complete list of FFP and OFDA grant projects for FY97 and FY98, including grantee names, dollar amounts, type of program and populations and regions served are provided in Annex 3. They are listed by Strategic Objective.

### III. TOTAL POPULATIONS SERVED

It is difficult to ascertain total populations reached directly by USAID activities since many grants provide different services for the same populations. While many OFDA grants are providing services for targeted groups of some 100,000–300,000 people at a time, OFDA's broad support for UNICEF/OLS and WFP airlift operations, and other logistics support, are designed to

<sup>6</sup> Exceptions primarily related to FFP contributions to WFP appeals.

support relief efforts for the entire population in need.

FFP grants to individual NGOs serve target populations ranging from 75,000 – 150,000. Its contributions to WFP are merged with other donors to serve the needs of about 2.5 million people. USAID and the U.S. Department of Agriculture, with its contribution of 416(b) wheat, have provided 55% of the total cash requirement, or 62% of the food requirement, to WFP's emergency operations appeal for Sudan.<sup>7</sup>

Overall, the U.S. is the largest donor to the Sudan relief effort. USAID-supported WFP relief operations alone reached between 1 million and 1.8 million people per month during the period August–December 1998.

#### IV. NON-OLS SUPPORT

In light of OLS' reliance on GOS approval to access certain areas and the severe impact of flight bans on the delivery of relief, USAID has adopted a strategy of increased support to the handful of organizations that operate outside of OLS, (i.e., do not adhere to the need for government authorization to operate in Sudan.) These organizations include Norwegian's People's Aid (NPA), Concern, GOAL, Medecins sans Frontieres/Switzerland, Medecins sans Frontieres/France and Lutheran World Relief (LWR).<sup>8</sup>

The chart below reveals resources moved through non-OLS organizations in FY97 and FY98.

**Support for Non OLS Organizations**

Office	FY97 (000)	FY98 (000)
OFDA	\$ 1,535	\$ 3,677
FFP	3,418	6,084
<b>Total</b>	<b>\$ 4,953</b>	<b>\$ 9,761</b>

These numbers are important baselines given USAID's commitment, as stated in both the ISP and the Action Plan, to more vigorously support efforts of non-OLS groups as a way to reduce the relief program's vulnerability to flight bans.

#### V. GENERAL SUPPORT FOR OLS (UNICEF, WFP, UNDHA)

USAID's program relies heavily on the OLS structure and its funding for UN operations reflects this. Some 26.7% of OFDA's Sudan budget in FY97 (\$5.85 million) and 17.9% (\$6.57 million) in FY98 supported UN/OLS operations. FFP food grants to WFP also included cash support to cover indirect costs. Funding supported a range of functions and activities including staffing, light aircraft operations for monitoring, assessment methodology, coordination of sectoral activities and some program work, such as the UNICEF health and livestock activities, WFP food deliveries, and OLS dissemination of information related to humanitarian principles. These grants support multiple ISP objectives.

<sup>7</sup> WFP EMOP 5826.01.

<sup>8</sup> LWR is funded in FY99, not in FY98 or FY97.

## PART FOUR: PROGRESS TOWARDS OBJECTIVES

While USAID staff continue to use the ISP as a statement of vision for its approach to the Sudan emergency, it was never intended as a document from which a traditional “results report” would flow. No indicators, baselines or targets were set to report on progress towards achieving the objectives or key (intermediate) results. (See Annex 4 for a cable summary of the ISP inter-agency review.) Thus, this progress report relies on anecdotal, qualitative and quantitative information provided primarily by our implementing partners.

Only a handful of key grants could be fully reviewed in the time available and so the impact of the USAID program is not covered comprehensively in this report.

### I. LIVELIHOODS

*SO1: Emergency Food Needs Are Met in Manner Which Increases Capacities for Food Self-reliance.*

*IR1: Increased Availability of Locally-Produced Food Resources;*

*IR3: Food Resources Move More Easily through Marketing Networks.*

The impact of activities supporting SO1, IR1 and IR3, are considered together under the rubric of “livelihoods.” Agricultural production, road repair and livestock were selected for review since all were highlighted as top priorities in the current BHR Action Plan.

#### Agricultural Production

##### Key Results

- **Helped generate surplus food production in Western Equatoria**
- **Revived livelihoods for some 102,000 people, (17,000 families)**
- **Facilitated use of locally grown food in the relief effort**
- **Assisted over 230,000 beneficiaries through rehabilitation projects**

Since 1993, USAID has been supporting rehabilitation activities in agriculture, roads, health, water supply and sanitation, with the overall goal of reducing immediate suffering, building capacities, reducing vulnerabilities, and reducing the high cost of emergency response. (Restated in the 1996 ISP goal as “A less vulnerable, more self reliant population better prepared for a transition from war to peace.”) The activities seek to replace expatriate staff with local personnel, air transport with road transport, and imported food with locally grown food surplus.<sup>9</sup>

<sup>9</sup> A 1995 evaluation of this strategy found that there was evidence of both increasing local capacity and reducing relief costs, and called for its continuation under the current constraints of war. This serves as the basis for USAID’s ongoing commitment to the livelihoods approach, which is also widely embraced by relief agencies operating in Sudan.

Part of the strategy is to both increase local agricultural production and promote the marketing of surplus crops. Western Equatoria, a fertile area in firm SPLA/M control, has been a focal point for this approach, although other areas also benefit from USAID supported seeds and tools distributions. With USAID funding, NGOs in Western Equatoria, including CARE and Worldvision, have helped revive livelihoods for some 17,000 farmers and their families. They did so by providing a market for surplus crops through cash purchases and “barter” shops that exchange basic items such as blankets, cloth, hand tools, soap and salt for farmers’ surplus crops. The surplus production is sold to relief organizations for distribution among refugees, IDPs, and other vulnerable groups. Since 1994, CARE and Worldvision together have injected \$670,000 worth of goods and cash into the local economy through grain purchases and barter programs.<sup>10</sup>

There will be an estimated 33,000 MT surplus in Western Equatoria in FY99. USAID’s Sudan Field Office estimates that some 15,000 MT of that surplus is generated in the two regions that were heavily assisted by CARE and Worldvision in FY97 and FY98.

Given overall projections of a southern Sudan food deficit of 80,000 MT in 1998, and between 70,000 and 90,00 MT in 1999, the estimated 1999 Western Equatoria cereal surplus is potentially significant.<sup>11</sup> The challenge, however, is to collect and move surplus crops into deficit areas. The Sudan Field Office estimates that some 1,000-1,200 MT/year of surplus production was purchased in Western Equatoria for use in the relief market annually over the last few years, a strategy designed to simultaneously support livelihoods for local farmers while saving on relief costs. An estimated 4,000 MT will be purchased in 1999 – a significant increase.

The case study below explains the approach further.

**Case Study – CARE/Tambura Western Equatoria Economic Recovery Program<sup>12</sup>**

*CARE’s Tambura program seeks to build capacity and restore household livelihood security through integrating a variety of different activities, including: road repair (to improve market access,) agricultural extension services (to boost production,) and barter shops (to absorb surplus production and provide needed goods without “handouts”).*

*As a result of the CARE/Tambura program, the Tambura County community has developed an agricultural capacity capable of generating a very significant surplus of crop production. The CARE agricultural activity reached about 10,000 farmers between 1994 and 1998. The program saw three consecutive years of increased agricultural surplus production and in 1996/7, the majority of surplus crops produced were of seed quality, showing obvious gains in agricultural practices leading to improved quality of production. A total of 1,468 MT of surplus grains were bartered with farmers and then sold by CARE to as many as seven different NGOs for some \$352,490 between 1994 and 1998.*

*The Tambura County Barter Association was formed and will function using revolving funds generated over the past years from sale of crops. CARE will act as an advisor, focusing on institutional strengthening to complete the hand over of barter-related activities to the Tambura County Barter Association. (The community association has taken on a purely commercial shape; subsidies were removed from imported commodities and prices restructured accordingly.) Agricultural extension activities have been ceded to the SPLA/M relief arm, the SRRA, intimately involved since the beginning of the project.*

Another important project supporting the livelihoods approach is the CRS Umbrella grant, which has been funded since 1994. Its purpose is to support local rehabilitation initiatives in both Eastern and Western Equatoria in the areas of food security/agriculture, income generation and

<sup>10</sup> Cash/dollar infusion estimates provided by USAID’s Sudan Field Office.

<sup>11</sup> FEWS project, “Southern Sudan, Monthly Report,” December, 1998. Report indicates that the SPLM’s relief arm, SRRA, provided the ‘98 figure & ‘99 deficit figure of 90,000 MT; FAO’s projection for FY99 is 70,000 MT.

<sup>12</sup> Care South Sudan, “End of Grant Report (AOT-1006-G-00-50067-00); Feb ‘94-Feb. 98,” December 1998.

organizations. Each sub project must also include a component to increase the capacity of the organization presenting and implementing the proposal. Beneficiaries include both resident and

To date, under this grant, CRS has:

- supported 47 rehabilitation projects developed and implemented by Sudanese; (16 new projects approved in 1997-1998). This is 100% of the project target. assisted more than 380,000 beneficiaries; (including over 230,000 in 1997-1998 period).
- 
- assistance

Among the findings of a recent CRS-funded impact evaluation were the clear positive changes in with serious health implications (such as prostitution) and the revival of many lost livelihoods, primarily trade and oilseed cultivation/processing.

Two CRS sub grants are described in Annex 4.

#### **A. Road Repair**

##### **Key Results**

- **Travel time cut almost in half between Yambio and Tambura; facilitate recovery of Yei and Yambio markets; (commercial traffic is moving)**
- **Access to market and health services restored for Tambura County (pop:140,000)**
- **Saved estimated \$2 million in air transport costs through movement of 8,000 MT (largest quantity ever) of relief supplies by road in 1998 to Bahr el Ghazal**
- **Projected savings in FY99 is \$9.25 million, with some 36,000 MT of food aid expected to be moved on roads improved through USAID-funded activities**

USAID's Action Plan and the ISP emphasize the importance of road repair to improve market access, reduce the costs of relief efforts by reducing the need for airdrops, and reduce GOS control over relief operations. Both OFDA and FFP grants support road improvement efforts.

The Sudan Field Office estimates that approximately 8,000 MT of food aid was moved by road into Bahr el Ghazal in 1998, primarily by WFP. This is the largest quantity ever moved by road into this region under OLS and results from both improved security due to SPLA victories in the area in 1997 and road improvements funded by USAID. Given savings of about \$250 for each

<sup>13</sup> CRS Sudan Office, "Umbrella Grant Proposal, 1998-1999," June 1998.

ton of commodity moved into Bahr el Ghazal by road compared to air, this is a cost savings of \$2 million in 1998 alone.

For 1999, WFP and NGOs plan to move some 37,000 MT on roads improved by USAID-funded activities into Bahr el Ghazal that would otherwise have to be airdropped. Thus, the roads could generate a future savings of at least \$9.25 million.

Some program highlights are provided below.

**Road Repair Case Studies**

**IAS/MEDIC<sup>14</sup>:** As a result of IAS/MEDIC work, the road route from the Uganda border to Yei (Eastern Equatoria) to Maridi (Western Equatoria) is now all-weather, allowing 40 MT trucks to reach the town of Maridi. This road access is significant because it allows the delivery of supplies and personnel to most relief and development projects in Western Equatoria and Bahr el Ghazal. It was a key piece of the transport road that allowed for the trucking of 8,000 MT of relief food in 1998.

The larger goal is to obtain an all weather surface from the Uganda border to Rumbek, in the Lakes region, or southern Bahr el Ghazal, by October 1999. MEDIC uses equipment provided by the SPLM, most of which was originally donated by USAID to Sudan in the 1980s. It has established, in cooperation with local authorities, locally based road maintenance units to ensure ongoing maintenance.

**CARE/Tambura:** The road component of this project has rebuilt and consistently maintained over 300 kilometers of primary roads, including repairs to over 30 bridges and small culverts. Travel time from Yambio to Tambura decreased from 8 hours to 4.5 hours by jeep. An additional 225 kilometers of secondary roads were cleared of forest growth. The roads program target population was all 140,000 people of Tambura County, providing them with critical links to markets, schools, health care facilities and rivers. The roads allow for the free movement of trucks to pick up grain for barter/sale and have facilitated recovery of Yei and Yambio markets.

### C. Livestock

**Key Results**

- **About 1 million cattle vaccinated/year against rinderpest**
- **Rinderpest outbreaks decline from 14 in 1994 to 1 in 1997**
- **Livestock services considered better than pre-war levels**

USAID's livelihoods approach has also focused on livestock, a sector critical to the pastoral societies of southern Sudan. BHR/OFDA supported livestock activities in FY97 through direct support for the Adventist Development and Relief Agency (ADRA), German Agro-Action,<sup>15</sup> UNICEF/OLS and Tufts University School of Veterinary Medicine, which provides technical services to UNICEF livestock programs. In FY98, OFDA boosted livestock support by adding NPA/Sudan Medical Care and Veterinaires Sans Frontieres (VSF)/Germany and Belgium to its list of grantees.

The livestock sector is well coordinated in southern Sudan under the UNICEF/OLS umbrella. Its emphasis is on the eradication of the deadly rinderpest disease, which can wipe out entire herds if left unchecked, and provision of other animal health services through a community-based approach. These programs, which work in tandem with a regional project of the Organization of African Unity, (known as the OAU/IBAR PARC-VAC project), have important regional

<sup>14</sup> MEDIC, "A project proposal: MEDIC/IAS Road Maintenance and Repair Project; Kaya to Rumbek, South Sudan," July 1998.

<sup>15</sup> This grant closed out upon GAA's receipt of funding from other donors.

vaccination programs are also being used to improve human health services. Implementors, for health programs to children and women in cattle camps.

Cost recovery approaches are being used, limiting dependency on aid assistance. Livestock revenue is used to pay community animal health workers and the remainder is put into a community fund used for a variety of purposes, including human health services and schools.

Support for UNICEF and the NGOs has had tremendous impact. Over 1 million livestock are Rinderpest outbreaks have dropped from 14 in 1994 to 1 in 1998. Current treatment for disease is considered by ex-government livestock personnel to be a

animal health has been an entry point for contacting community leaders and young men responsible for conflicts between neighboring tribes. Promise of access to the heat stable vaccine<sup>16</sup> has been Toposa and Turkana on

Excerpts from a recent assessment of the program are provided below.

**Case Study: UNICEF/OLS, OAU PARC-VAC, Tufts University School of Medicine**

*A community-based approach to the eradication and control of rinderpest using the heat-stable in the UNICEF/OLS (southern sector) Livestock Program in 1993. In the following 12 months, the use of Community-based Animal Health Workers (rinderpest.*

*Since 1993, vaccination coverage has been maintained at about 1 million cattle per year and reported decreased from 14 outbreaks in 1994 to 1 outbreak in 1997. More than 7.5 million doses of heat stable rinderpest vaccine were CAHWs. Considering the complex emergency context of southern Sudan and the importance of rinderpest in a rinderpest by UNICEF/OLS can be viewed as a major achievement.*

*A network including 563 reaches approximately 70% of southern Sudan. UNICEF data shows that 30.5% of the estimated cattle population of southern Sudan received treatment from the trypanosomiasis, parasites and ticks. livestock personnel to be a dramatic improvement to the pre-war situation.*

*The OFDA evaluation notes that the PARC-VAC and UNICEF/OLS approach is uniquely effective in achieving community NGOs and implementing partners. The guiding principle behind the approach is commitment to community-led involvement in animal health service delivery and transparent relationships with pastoral communities. This long term impact leads to opening for discussion on issues such as conflict, water, natural resource management or human health.*

: USAID has committed in its action plan to expand support for agriculturally based livelihood programs, livestock activities and road repair.

induce farmers to plant for surplus production and encouragement of relief agencies to purchase

<sup>16</sup> The OAU program is also supported by USAID, including OFDA funds, through a Global Bureau mechanism.

locally grown food. Dramatic expansion in the use of food surpluses in Western Equatoria for relief efforts will be constrained by a variety of factors including insecurity, additional road repair requirements, information dissemination to farmers about surplus purchases, storage requirements and the availability of donor funds to purchase the food. With regard to road repair, expansion of trucking from northern Uganda, the use of private transporters to move food into Bahr el Ghazal and road rehabilitation requirements in Uganda and Kenya are all challenges to be addressed.

## **II. 1998 FAMINE RESPONSE**

*SO 1, IR 2: Food Aid Helps Fill Local Resource Gaps*

*SO 2, IR 1: Urgent Needs Caused by an Acute Emergency Met on a Timely Basis*

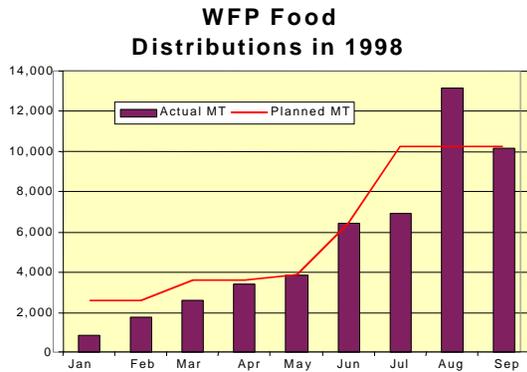
This progress report looks at the impact of famine response in southern Sudan during the period July – December 1998. Bulk food aid (SO1, IR2) and health programs that provided supplementary and therapeutic feeding (SO2, IR1) are considered together.

### **Key Results:**

- **1-1.8 million people/month in southern Sudan received food aid between July and December 1998**
- **Mortality rates improved dramatically in key locations**
- **Nutritional trends improved dramatically in key locations**

### A. Impact of Relief Operations

The immediate term impact of the relief effort was outstanding once the Sudanese government lifted flight bans into Bahr el Ghazal in May 1998.

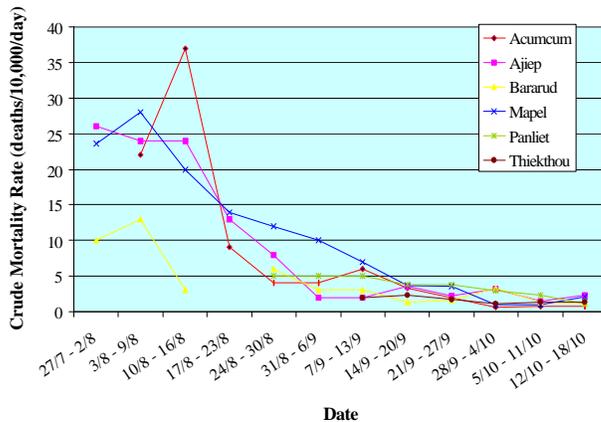


WFP southern sector food distributions rose dramatically after July 1998.<sup>17</sup> WFP reached 1 million to 1.8 million people per month in southern Sudan during this period. Bulk food distributions were complemented by supplementary and therapeutic feeding programs. In July, NGOs in Bahr el Ghazal supported 14,000 children in 19 supplemental feeding centers. By the end of August, programs were reaching over 46,000 children in 50 supplementary and 21 therapeutic feeding centers. Many adults and adolescents also were in these programs, underlining the extreme

nature of the crisis.<sup>18</sup> USAID funded aircraft, food aid and nutrition programs made a critical difference, facilitating sharp increases in commodities moved for food and nutrition programs.

WFP food delivery increases and other relief interventions were accompanied by dramatic improvements in crude mortality rates in Bahr el Ghazal.

Figure 3: Mortality in MSF sites in Bahr-el-Ghazal  
Source: MSF



While Figure 2 only monitors MSF/B sites (some of the worst-affected areas of the province), it is indicative of the larger impact of the heavily USAID-supported relief operations. Famine Early Warning Systems (FEWS) reported in November 1998 that all available data suggested a fall in malnutrition and mortality rates by October.

For instance:

- in the severely affected town of Wau, UNICEF reported 9.6% malnutrition in December, compared to 43.4% in August.

<sup>17</sup> The WFP graph shows food deliveries from OLS southern sector only. Parts of Bahr el Ghazal were also served from the northern sector.

<sup>18</sup> An estimated 1.2 million were at risk of starvation in Bahr el Ghazal by May 1998.

In Ajiep, the famine's epicenter:

- The overall crude mortality rate was 0.94 deaths/10,000 persons/day in December (2.38/10,000/day for under fives), compared to more than 69 hunger-related deaths/10,000/day in mid July.<sup>19</sup>
- Global malnutrition rates are now estimated at 20%, compared to 48% reported in early October.
- NGOs reported 362 patients in Therapeutic Feeding Centers and 2,537 in Supplemental Feeding Programs in December in Ajiep—a considerable drop from a total caseload of 48,162 beneficiaries in late September.

In addition to the WFP food program, there were other important factors leading to dramatic improvements in the health of the population. These included the onset of the harvest, a decrease in fighting, and an increased availability in wild foods as a result of the rainy season.

With improved nutritional trends throughout most of Bahr el Ghazal, phase down of many supplementary and therapeutic feeding centers began around October. Conditions in some locations where large numbers of internally displaced persons have gathered, however, still represent an ongoing crisis.

One by-product of the emergency is improved collaboration among NGOs working in the health sector. In the aftermath of the 1998 crisis, OLS agencies are working to standardize water and sanitation conditions around health facilities. Selection and discharge criteria have been standardized and NGOs are now utilizing standard nutrition surveys and assessment methodology in emergency programs. In addition, NGOs are beginning to decentralize services as urgent health needs diminish, as a way of drawing people back to their home areas. USAID actively encourages this kind of sectoral coordination.

## **B. Ongoing Concerns**

**1. Uneven Distribution:** While WFP has been consistently at or near its overall food targets for southern Sudan since July 1998, this achievement masks significant inconsistencies across regions. It must be noted that heavy fighting both among Nuer groups as well as Nuer-Dinka conflicts have all but cut off access to the Upper Nile region at various time, preventing both an accurate assessment of needs and delivery of relief. In October and November, WFP only delivered .1% of food targeted to this region. Further, there remain places where there is no OLS access, including parts of the Nuba Mountains and the Beja area of northeastern Sudan. In addition, there have been pipeline gaps for certain commodities.

**2. Seeds and Tools:** OFDA and FFP support many seeds and tools programs in an effort to restore assets and promote food self reliance. Some grants also addressed issues of seed quality and multiplication. Despite these efforts, there were numerous problems in this sector.

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<sup>19</sup> Experts state that anything higher than 2 deaths/10,00 people/day is an emergency out of control.

FEWS reports:

“A shortage of seeds and tools were given [by SRRA and FAO] as a major reason for a large reduction in the area planted in 1998. The poor 1997 harvest resulted in large needs for free distributions in 1998. However, despite a major investment by NGOs and UNICEF to distribute seeds, the impact was limited. The quantities taken in were insufficient to meet the needs and the coverage was limited. In some cases, the seeds were distributed late and quality and suitability of the selected varieties was an issue.”<sup>20</sup>

While inadequate planning was one reason for the poor performance, other factors also contributed. The flight bans seriously disrupted timely delivery of seed. Poor weather negatively affected both seed deliveries and planting. In addition, displaced populations could not benefit from seed distributions because they did not have access to their fields to plant.

**3. Distribution and Diversion Issues:** Diversion of food for military purposes has been a problem and key concern of USAID, which has been in the forefront of donors seeking better accountability for relief resources. It is known that the SPLM currently taxes private transporters of relief goods. In addition, recent OLS task force findings indicate that relief food diversion happens at the community level as a result of a socially-accepted and traditional practice of “tayeen”, a contribution of relief food by the community to a “government”, which includes the army.

The task force also found that a key reason that food does not reach its intended beneficiaries relates to distribution systems. Displaced populations, often the most needy, do not have a voice in the community-based committees which relief providers rely upon to distribute food. In addition, communities, it was found, define need or vulnerability differently than western aid agencies. As a result, as much as 40% of relief rations provided to some targeted populations was found to be shared, or redistributed, although this varied greatly from location to location. The rest was consumed or traded.<sup>21</sup>

Implementation of OLS task force report recommendations will be critical to better address distribution and diversion problems. A Steering Committee has been established to follow up on report actions. Donors, (the Netherlands, with an alternate from USAID or the EU,) will participate with observer status.

**C. Assessment of Prospects for the Future:** While relief agencies agree that the back of the famine has been broken for now, a resurgence of hunger is expected in FY99. This is primarily due to a failure to address the root causes of conflict (and anticipated displacement of additional populations,) coupled with successive years of drought, followed in 1998 by some of the worst flooding seen in decades. With assets depleted, affected populations have few coping

<sup>20</sup> FEWS Project, “*Southern Sudan, Monthly Report*,” December 1998.

<sup>21</sup> “*WFP Operations in Southern Sector, OLS Situation Report*, December 15, 1998.” During the reporting period, OFDA funded an important anthropological study describing why targeted groups perceive vulnerability within their own communities differently than western aid agencies.

mechanisms available and therefore remain extremely vulnerable for the foreseeable future. Only a break in the fighting sufficient to allow some restoration of assets will yield better longer term prospects for most vulnerable groups, especially the displaced.

With regard to emergency response, an increased emphasis on road repairs and support for non OLS agencies could help mitigate the impact of any GOS flight bans this year, especially if the 37,000 MT of food aid noted earlier in this report is actually moved by road. A UN and NGO plan to move more and better seed in a timely manner could also make a difference if fully implemented. USAID also expects to keep distribution and diversion issues in the forefront. The addition of a new PSC food aid monitor will help in this regard.

### **III. BASIC PRIMARY HEALTH CARE (BPHC)**

*SO2: Enhanced Basic Primary Health Care for War Affected Groups*

*IR2: Expanded coverage of BPHC services*

*IR3: Improved quality of BPHC services*

*IR4: Enhanced local capacity to support BPHC services*

#### **A. Narrative Analysis - Overview**

In FY 1997, OFDA provided over \$7 million—35% of International Disaster Assistance expenditures used in Sudan—to support health and nutrition programs. The following year, this number increased 59% to \$16.5 million—45% of total expenditures.<sup>22</sup> A discussion of trends in the OFDA health grants is provided in Annex 6.

The ISP supports a Basic Primary Health Care approach which seeks to treat the major causes of morbidity and provide vaccines through Primary Health Care Centers (PHCCs) and smaller Primary Health Care Units (PHCUs). Training of Sudanese to staff these locations is a key ingredient of the strategy.

Preliminary findings of a recent health assessment indicates that perhaps 60% of southern Sudan has health care coverage through PHCCs or PHCUs, but that coverage is very highly variable. Western Equatoria, for example, has close to 100% coverage while Western Upper Nile has perhaps 15% coverage, declining considerably in 1998 due to insecurity in that area. Vaccination coverage is similarly low. UNICEF estimates that 30% of children have been vaccinated, with no good records of completion of a series of shots against certain diseases. Coverage levels are highly variable across southern Sudan. While these notional numbers are dismal, access to western style medicine would be zero in the absence of the relief effort.<sup>23</sup>

Health needs increased dramatically in Sudan during FY97 and FY98, primarily due to ongoing insecurity and displacement. Mortality rates remained high in southern Sudan, with people dying from easily-treatable diseases such as malaria, respiratory infections, and diarrhea. In

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<sup>22</sup> This is a low estimate since grants with multiple objectives and general support to UNICEF and WFP were excluded.

<sup>23</sup> Estimates in this paragraph were provided by Centers for Disease Control officer Leslie Boss, a recent participant in the health assessment.

Bahr el Ghazal, malnutrition rates reached extraordinary levels during the famine of 1998. Segments of populations in other areas, particularly Upper Nile/Jonglei Region, also suffered but poor access due to inter-factional fighting and floods limited both assessment of needs as well as response. Throughout the south, heavy rains and poor roads, along with insecurity, disrupted health activities, (especially immunization programs), and compromised program monitoring. Outbreaks of cholera, measles, TB and sleeping sickness were also reported during the period and disrupted ongoing programs. On a more positive note, a local response offset a potential health crisis due to a large influx of returning refugees from Uganda in 1997.

## **B. Expanded Coverage, Improved Quality and Enhanced Local Capacity to Support Basic Primary Health Care Services.**

### **Key Results**

- **Better trained Sudanese health care workers**
- **Primary Health Care Centers and Units established and supported**
- **Major disease outbreaks prevented or quickly addressed**
- **Vaccination coverage provided for targeted groups**

- The famine hindered progress towards achieving IRs 2, 3, and 4, in large part because it diverted the attention of relief agencies from these objectives. It forced many health NGOs to forgo crucial activities, including conducting assessments and collection of disaggregated health-related data, a necessary component of IR2. They shifted from basic primary health care approaches to emergency assistance feeding programs. On a more positive note, however, extensive training of local staff has helped dampen the effects of expatriate withdrawals. Traditional Birth Attendants (TBAs) trained through OFDA-funded activities, for example, continue their maternal and child health work in Upper Nile regardless of expatriate evacuations.

Despite insecurity in some areas, some USAID-funded programs did further expand coverage during the 1997-98 period. In addition, the quality of services for many Sudanese improved through provision of supplies, expatriate oversight and training. Finally, local capacity was enhanced through training individual workers, village health committees and local administration officials.

The program supported some extremely creative and unusual programs for a relief context. Activities included, for example:

- The involvement of veterinary care workers in human health programs (see livestock, p.15)
- Extensive use of mobile clinics to expand reach
- Training programs to enhance both service delivery and health education
- The pairing of international and local NGOs to build local capacity
- The hiring and training of Sudanese refugees from camps in Kenya for health care positions in Sudan

Efforts to transfer program management functions to a local civil authority  
The case studies below illustrate some of these points.

**Case Study: International Rescue Committee (IRC)/Upper Nile**

OFDA has supported IRC health activities in southern Sudan since 1989. IRC locations have varied over the years, but the program has been consistent in content and incorporates key aspects of the ISP's objectives: training of local staff, delivery of services through fixed facilities and, in remote/insecure areas, through mobile facilities.

According to an IRC 1997 external evaluation, "IRC's health training programs ...are the most cost effective contribution that can be made to the 'chronic disaster' situation of Southern Sudan."

IRC's training activities result in better services for up to 300,000 people. The current grant provides training and other support to over 500 health and water workers as well as village health committees, provides drugs and supplies to support activities of 21 Primary Health Care Units (PHCUs) and 4 smaller Primary Health Care Centers (PHCCs). It also supports new well construction.

*Program impact includes:*

- Virtual elimination of maternal and neonatal deaths and new cases of neonatal tetanus—both previously common – in areas served by 23 Traditional Birth Attendants (TBAs)
- Elimination of six common, immunizable diseases in the Ganyiel area (population: 240-300,000 ) due to training and EPI services
- Immunization against six common diseases and training and support for 20 Community Health Workers (CHWs), 35 EPI team members, 92 TBAs, and 24 water/sanitation team members in remote locations (achieved through establishment of mobile teams)

A key program innovation is IRC's ability to expand health coverage to insecure areas where expatriate personnel cannot travel. It transports local health workers from insecure areas to a fixed training site to provide training. Once back home, these health workers are supported by mobile teams. Another innovation is the inclusion of Sudanese from refugee camps in Kenya, who return to Sudan to train and then work on this program.

**Case Study: American Refugee Committee (ARC)/Eastern Equatoria**

Since 1994, OFDA has supported ARC's health program in Eastern Equatoria. It is a good example of a project transitioning from an original focus on urgent needs of internally displaced to a basic primary health care approach for all war affected populations (IDPs, returnees, and local residents) in Kajo Keji, Eastern Equatoria. The program goal is to reduce morbidity and mortality for 115,000 war-affected people.

As part of this program's evolution, ARC is providing technical, material and logistical support for a new county health department, which remains in the formative stage under the county civil authority. ARC's program management responsibilities will be shifted to this department. This transfer of responsibility from an NGO to the civil authority is an important transition in the delivery of health services. It is listed as a high priority in the ISP and as an activity that can potentially be supported by USAID's DA-funded Sudan Transitional Assistance for Rehabilitation (STAR) program.

Current grant results include: measles outbreak quickly and effectively addressed with only 6 cases and 1 mortality; 3 Public Health Care Centers established in Kajo Keji; 11 smaller Public Health Care Units established, served by mobile outreach from PHCCs; and 32 TBAs trained and provided technical support.

**Case Study: Sudan Medical Care (SMC)/Kapoeta**

OFDA support for this local NGO program started in FY94. The program is funded through NPA, which provides its own funding and project oversight, advising SMC on its own institutional development and on technical aspects of the project.

This basic primary health care program expanded both in terms of services and geographically in FY98. It now includes basic primary health care, EPI, Community Health Worker (CHW) training and support for Village Health Committees across all of Kapoeta County, E. Equatoria. SMC's program aims to improve the health status of approximately 207,000 people (mostly Toposa). The Toposa are a semi-nomadic group and an under-served population with typically poor access to health services.

The project supports two PHCCs and 14 smaller PHCUs; trains and provides refresher training for three EPI teams; trains and supports 25 CHWs, trains 25 MCHWs/TBAs, and establishes and trains 10 Village Health Committees. Key Results include no major disease outbreaks in the three areas where SMC has been operating since 1995.<sup>24</sup> SMC sees options for its programs to address conflict issues, (See SO4.)

**C. Assessment of Prospects for the Future:** The prospects for a measurably improved health system for war affected Sudanese is not likely until there is peace. Lack of sustainability, largely due to insecurity, and continued urgent needs also reduces the likelihood of the phase out of many OFDA programs. Challenges include:

<sup>24</sup> An outbreak of cholera occurred in New Cush, Natinga and Narus early in September but was quickly eliminated.

- Communities remain unable to co-finance and build their own health structures; NGOs have been unable to establish fee for service mechanisms so far although this has been approved by the SPLM on a pilot basis.
- Community mobilization and transfer of program responsibilities to local administrations remain a real challenge.
- Better targeting of women is needed both in terms of services, training and program design. (Fortunately, NGOs, including ARC and IRC, are aware of this and have begun to emphasize reproductive health in training and outreach.)
- The chronic lack of skilled labor force in Sudan has, and continues to, significantly affect the effectiveness of health programs in Sudan.

A multi donor evaluation of the health sector, conducted by the Centers for Disease Control, the World Health Organization (WHO) and a private consultant, has just been completed. The final report will be available in March. Preliminary findings revalidate the need to strengthen existing basic primary health care structures. The review will note the disruptions to ongoing activities caused by vertical programs (e.g., polio eradication campaigns) and the need for much-improved information and coordination in the sector, as well as improved pipelines for EPI programs. Extremely important is an improved monitoring and a regularized health surveillance system, which is non-existent despite 11 years of health care provision under OLS. The health sector evaluation will influence future OFDA funding in the health sector.

#### IV. REINTEGRATION

*SO3: Target Groups Pursue Viable Reintegration Options*

*IR1: Viable Reintegration Options Identified*

*IR2: Reintegration Efforts are Supported for Selected Groups*

##### A. Narrative Analysis

###### Key Results

- **Resettlement plans developed by USAID partners in north and south**
- **Pilot reintegration efforts underway**

The ISP supports the reintegration of war affected populations into productive life based on the targeted population's voluntary choice when presented with various, viable options. Target populations are identified as displaced war affected populations in Khartoum camps and squatter areas, garrison towns, and Equatoria camps, as well as refugees returning spontaneously or under an organized repatriation plan, or even demobilized soldiers. The ISP defines "reintegration" as the return of target populations to their home, their resettlement in other areas or their reintegration into their current "host" communities.

**Refugee and IDP trends:** The number of IDPs in Sudan has remained constant since the ISP was written, hovering at about 4.5 million. This masks the fact that some small numbers have either returned to home areas or resettled in new places, while others have been newly displaced.

The number of Sudanese refugees in neighboring countries declined overall during the period 1995-1997. Statistics are as follows:

	1995	1996	1997	1998
# Sudanese refugees <sup>25</sup>	448,100	433,700	353,000	381,951

Large scale returns in 1997 are primarily due to an estimated 50,000-80,000 Sudanese refugees repatriating voluntarily from Uganda. Most returns followed the SPLA capture of key towns in the south but insecurity in northern Uganda was also a factor.

## B. Viable Reintegration Options Identified

USAID has supported a number of organizational efforts to both identify reintegration options and then implement programs to support them. Data on target populations and potential locations for resettlement (IR3.1.1) have been gathered by various USAID-supported groups including ADRA, CARE, and CRS. In addition, USAID has funded staff to support UN efforts to collect and analyze information and develop a comprehensive database on IDPs living in GOS-held areas, including accurate population figures and socioeconomic profiles. Support is provided through the UN Humanitarian Coordination Unit (UNHCU) in Khartoum.

Some examples are provided below.

### **Case Studies: Resettlement planning**

*ADRA's emergency program for IDPs in the north includes efforts to identify potential locations in Kordofan and south Kordofan to which IDPs could move. Extensive visits to potential resettlement sites have led to the development of a relocation manual and some 120 families are now targeted for resettlement in south Kordofan in 1999. ADRA has established a Transition Unit which is hosting workshops, documenting and analyzing the relocation experiences of IDPs. One analysis related to a Sudan Council of Churches sponsored relocation of 500 persons from Khartoum camps to locations in Upper Nile in June 1998. While this resettlement effort was not successful, (most returned to Khartoum), ADRA's analysis helped to identify program weaknesses.*

*For the first time ever, the UN Humanitarian Coordination Unit in Khartoum fielded six IDP coordinators in late 1997. In the first six months each of the coordinators provided analysis of displacement in different regions and defined frameworks for providing long term solutions for displacement in their designated areas. They brought IDPs into decision making processes and discussions on long term planning. In addition, the USAID-supported UNHCU IDP program engaged for the first time in a constructive dialogue with the Ministry of Engineering on the impact of urban planning measures on the Khartoum displaced. UNDP funds were secured for a survey of IDPs and migrant populations in Khartoum state.*

*CRS has prepared a coordinated resettlement plan of IDP's in Eastern Equatoria that considers resettlement requirements if Torit and Juba were to fall to the SPLM/A. Including extensive assessment interviews in a number of locations with potential beneficiaries, church representatives, the relief arm of the SPLA and local chiefs, the plan considers the numbers of IDPs and refugees returning to the region, their travel routes and resettlement requirements.*

## C. Reintegration Efforts are Supported for Selected Groups

Three major reintegration efforts were supported by USAID during this reporting period. Since these grants support multi-faceted programs for a variety of different groups and needs, dollar figures solely for resettlement were not readily available. The grants are:

<sup>25</sup> Located in six neighboring countries. U.S. Committee for Refugee statistics, as of end of calendar years.

- A CARE program for 36,160 households in Bor County, Eastern Equatoria. This program seeks to raise surplus agricultural production and strengthen the ability of communities to absorb the Dinka who are returning to the more stable south and central Bor areas after years of displacement due to Dinka-Nuer fighting. It is one of a number of USAID grants providing food security and health services in Bor County (Jonglei region) in an effort to attract displaced persons to their original areas.<sup>26</sup> Large scale return of IDPs from Equatoria camps to Bor County in the next year will depend mainly on security. If SPLA takes any of the remaining garrison towns (Torit, Kapoeta, Juba, Bor), more people will probably return to Bor.
- A CRS program in Eastern Equatoria promoting self reliance in food production for 15,840 households in displaced camps and 2,680 households of Acholi IDP/returnees from Uganda, while also planning to facilitate the return of displaced populations to Bor.
- An NPA program to support resettlement needs of 50,000 moving from Uganda to Kajo Keji and Yei Counties, Eastern Equatoria.

These programs generally ensure that health and food resources are available in selected reintegration areas. They promote self-sufficiency through agricultural endeavors or other pilot activities. Relief food is supplied to support the population during the cultivation periods until second season crops are harvested.

#### **Reintegration Case Studies**

**NPA/Equatoria:** *During the first six months of 1998, NPA noted that 13,500 persons returned to Yei County from the Kajo Keji displaced camps. The delivery of relief food and agricultural inputs, coupled with training in basic sustainable agricultural techniques, acted as a "pull factor" for not only the targeted displaced beneficiaries, but also the refugees in Uganda and vulnerable groups from Juba County. Food-for-work is utilized to conduct road repair to facilitate access to distribution points and storage areas.*

**CARE/Bor County:** *In 1997, CARE distributed 75MT of seed and 36,000 tools to 13,000 households. Eighty six percent of participating households increased their farm sizes due to the availability of tools. In northern Bor County (Jonglei), a survey of the villages in the focal zones showed that the land cultivated increased by at least 50%, mostly due to resettlement but also due to the expansion of individual farms. This was due to the increased availability of labor. In 1997, timely rains during the crucial flowering phase of the sorghum helped produce the best crop in the last five years in the areas not stricken by localized drought.*

**D. Assessment of prospects for the future:** A number of factors have negatively affected these reintegration programs. These include a) far greater services in refugee camps—especially in the areas of health and education—than these programs offer in home areas; b) continued insecurity in some locations, especially for the CARE program operating around Bor, c) flooding and d) drought. A further complicating factor is that OLS activities inside Sudan and UNHCR programs for refugees in neighboring countries are not well-coordinated. USAID expects that IDP and returnee reintegration efforts will remain relatively small scale for the life of the ISP.

<sup>26</sup> Bor was the sight of great devastation in 1991/92 when the main southern ethnic groups (Dinka and Nuer) united against the north split. Most of the IDPs in camps in Equatoria and many refugees in Kenya are from Bor County.

## V CONFLICT REDUCTION AND CAPACITY BUILDING

*SO4: Improved Support to Reduce Conflict and Strengthen Capacities for Peace*

*IR 1: Local Capacities for Peace Strengthened through Selected Programs*

*IR 2: Relationships and Linkages that Help Reduce Conflict Among Warring Parties Promoted*

Given the state of the war over the past 24 months, it difficult to say that significant achievements have been accomplished under SO 4. However, some small steps have been taken. Both AFR- and BHR-funded activities contribute to this objective. In addition, diplomatic efforts to promote peace also contribute here.

### Key Results:

- **STAR program grants awarded**
- **Through UNICEF, reached over 8,000 people at all levels of southern Sudanese society with an awareness-raising campaign to promote humanitarian principles (since 1995)**
- **U.S. –supported IGAD peace process yielded a technical committee on humanitarian aid which signed two agreements to improve security for relief workers and support cross-battleline delivery of relief supplies**

### A. Sudan Transitional Assistance for Rehabilitation (STAR)

**1. Background:** USAID initiated the Development Assistance (DA) funded STAR program in FY98. While there are no results to report yet, this section describes the activity. It is an important new addition to the USAID portfolio and will be the cornerstone of USAID work towards this objective.

The STAR program originated from a June 1997 Administration decision that USAID should support democracy and governance building activities in opposition-held areas of Sudan. The program seeks to reduce conflict and strengthen capacities for peace through support for independent Sudanese civil society. Elements of this civil society include private local organizations, mainly associated with the international relief effort. The SPLM has itself made public commitments to promote a more open civil society with greater respect for human rights and a more transparent and accountable civil administration. To date, however, it has not moved much beyond the rhetoric stage, and its military agenda continues to generally take precedence. The STAR program provides an opportunity for the SPLM and other opposition movements to begin implementing this commitment. STAR objectives and expected results are outlined in Annex 7.

**2. Program Status:** Total planned funding for STAR is \$7 million over 3 years, of which \$3 million was obligated in FY98 with GHAI (Development Assistance) funds. The STAR program will comprise the following:

Cooperative Agreement with Catholic Relief Services (CRS), signed in September 1998. This umbrella grant program will build the capacity of "grassroots" Sudanese civil society

organizations. CRS will provide sub-grants to these organizations—mostly NGOs but also church organizations and cooperatives—and perhaps technical assistance and training. These groups often work with the opposition movements' civil administration and wings. The humanitarian wings themselves may be eligible for these sub-grants if they are active in organizing communities for self-help activities.

The first subgrant under the CRS program will be disbursed in late January or early February 1999 to support the Nuer-Dinka Peace Process being facilitated by an indigenous NGO, the New Sudan Council of Churches. It will bring together elders, church leaders and civilians from both the Nuer and Dinka areas to work at reducing conflict and moving towards a more peaceful environment.

Grant to UNICEF, signed in September 1998. This will support the Capacity Building/Humanitarian Principles program of OLS to provide training to county administrators and their staffs in public administration and finance, as well as governance, transparency, accountability, and human rights. This UNICEF program has been operating for several years, and USAID has provided limited funds through OFDA.

UNICEF is finalizing plans to begin civil administration training during the 2nd quarter of FY99.

A Leadership Training component. USAID will provide training to the leaders of the National Democratic Alliance in governance, transparency, accountability, and human rights, with a view to ensuring the sustainability of the recent trend towards improved governance. An important element in addressing Sudan's long-term problems is the ability of the opposition's leadership to resolve internal differences, understand and undertake democratic governance, and plan for the future. REDSO/ESA's Sudan Field Office (SFO) is preparing the terms of reference for this NDA leadership training program, and will be working with G/DG to identify suitable NGOs to undertake its implementation. Obligation is planned for April 1999.

In addition to the programs outlined above, REDSO is contemplating a fourth component to comprise special activities in support of peace and reconciliation efforts, rule of law and judicial independence, and in-kind organizational support.

Care will be taken to ensure that sub grants made to local NGOs under the Cooperative Agreement with CRS do no harm in terms of multiple ethnic conflicts and jealousies, and do not undermine the civil authorities which, while currently unelected, may offer the best hope for civilian government. In addition, no activities funded will presuppose any outcome of the conflict or favor any of Sudan's many ethnic groups and religious affiliations.

## **B. BHR Activities**

Like the STAR program, BHR programs also contribute toward both IR1 and IR2 of SO4. They are described briefly below. It is difficult at this point to determine impact as conflict reduction and peace building results are sub-sets, or by products, of BHR relief related grants and are not often reported on directly in grant documents; and most of the programs are nascent.  
humanitarian

**1. “Do No Harm”:** BHR and REDSO/ESA collaborated to provide training in FY97 and FY98 to USAID implementing partners in the use of analytical frameworks developed by Mary Anderson. These help design relief (and development) programs that consciously seek to avoid exacerbating conflict and that identify and build on desires for peace. USAID is not currently monitoring or documenting in any formal way the extent to which partners have embraced these concepts – i.e., how their project designs succeed in either “avoiding harm” or building on local desires for peace. But there is evidence through grant proposals that these approaches are being used. CRS, for example, provided a full “Capacity and Vulnerability” analysis in its last umbrella grant proposal to OFDA. Worldvision has gone a step further, offering up its Sudan program as a test case in Anderson’s project to formally apply her frameworks. (CRS is formally testing the approach in Liberia.)

**2. Support for OLS Ground Rules and Humanitarian Principles:** OFDA has provided funding for this activity, which began in 1995 and is aimed at promoting in southern Sudan humanitarian principles, the protection of humanitarian assistance, respect for basic human rights and the protection of civilians from the conflict.

Since that time, the SPLA/M relief arm (SRRA) together with UNICEF, have:

- Reached over 8,000 people at all levels of society through a joint dissemination and awareness-raising campaign to promote humanitarian principles
- Held over 30 Ground Rules workshops in Sudan, attended by more than 15,000 members of the general public, local counterparts, civil administrators, military leaders, and members of churches, women’s and other groups
- Held an additional ten workshops in Kenya, attended by more than 250 representatives from UN agencies, NGOs, counterpart organizations and donors

In part because of the humanitarian principles work done by UNICEF and the SPLM-OLS Ground Rules agreement, the environment for the delivery of humanitarian assistance and the openness regarding humanitarian issues has been significantly improved in parts of southern Sudan. The value of this was shown when local SPLM authorities requested more OLS humanitarian principles workshops in late 1998, to deal with the increase in misunderstandings between relief workers and local authorities due to the unprecedented levels of assistance going into the SPLM areas of south Sudan.

However, progress towards another of the program’s aims – to encourage the creation of a more representative and democratic civil society within Sudanese humanitarian organizations – has been slower, in part because of competing and conflicting agendas within the SPLM.

**3. “By products” of OFDA Relief Grants -** A number of grantees are interested in experimenting with ways in which their health related activities can bring together groups that are normally in conflict.

- The local NGO, Sudan Medical Care, has pointed out that its health services in mostly Toposa areas of Kapoeta are attracting people from other tribes that are usually in conflict with the Toposa. They believe this contact is positive and could be built upon for greater conflict resolution effect.
- ADRA is conducting a combined health and livestock program in western Kapoeta county, that has the potential to bring together the Boya, Didinga and other neighboring tribes. While violent cattle rustling causes these tribes to live in fear of each other, those providing community veterinary services are highly regarded in the area. ADRA reports in its proposal that the veterinary assistant will seek to bring together conflicting parties for dialogue.

This part of BHR's portfolio is underdeveloped and poorly documented. The STAR program offers opportunities to create greater synergies between relief activities and conflict mitigation.

### **C. Diplomatic Contributions**

U.S. support for the IGAD peace process is one clear way that the U.S. pursues this objective and is a critical piece in the overall U.S. Sudan strategy.

One potentially important achievement under IGAD is the formation in August 1998 of an IGAD technical committee on humanitarian aid. The committee includes representatives from OLS, the GOS, the SPLM/A and Kenya. In November 1998, the group issued a communique and signed two agreements related to improvement of security for relief workers and cross-battleline delivery of relief supplies.

Negotiations for humanitarian corridors across frontlines is specifically cited as one way to promote IR2 (linkages that help reduce conflict) The impact of these agreements have not yet been felt on the ground but bear both continued support and monitoring from the U.S.

**D. Assessment of Prospects for the Future:** The new DA-funded component of this SO is critical to improving USAID progress in this area. With regard to broader peace efforts, conflict between Ethiopia and Eritrea will likely negatively affect the IGAD peace talks. Alternative approaches to promoting peace in the region may need to be considered.

## **PART FIVE: PROGRAM MANAGEMENT ISSUES**

### **I. REVISIONS TO THE ISP**

BHR, AFR and REDSO/ESA do not believe that any changes to the ISP are necessary at this time. The Action Plan discussed in Part II, Section II both fine tunes and revalidates the strategy laid out in the ISP. The new STAR program also has clearly articulated objectives and indicators and fits neatly into the current ISP framework. If conditions in Sudan remain more or less “status quo,” BHR, AFR and REDSO/ESA may recommend that the ISP be extended beyond its December 1999 expiration, through the year 2000. Progress on the peace talks and reform of the OLS system will be important factors to consider.

### **II. NEAR TERM PERFORMANCE MONITORING OPTIONS**

BHR, AFR and REDSO/ESA staff expect to conduct a Portfolio Review of the Sudan program around the end of CY1999. This review would be modeled along a 1996 portfolio review, which considered such issues as the SPLM’s efforts to create a blueprint for relief and rehabilitation efforts over a five year period; ways to improve health care for populations in insecure areas; and ways to improve targeting of food aid.

In addition to making operational recommendations, the next portfolio review should also suggest:

- Whether or not to extend the ISP through 2000 and/or whether revisions need to be made;
- Whether a formal evaluation of the humanitarian assistance portion of the portfolio is warranted.<sup>27</sup> (It may be too early to look at the STAR program.). Given the current lack of a formal monitoring system for Sudan, an evaluation seems appropriate, especially to consider the impact of some of the longer term objectives relating to training and livelihoods strategies. In addition, the evaluators might make recommendations regarding the kinds of information available for regular program monitoring.

The Portfolio Review will also serve to bring many of the new AID/W and field staff working on the program together with veteran staff for a unified look at the program.

### **III. FUTURE EFFORTS TO IMPROVE MONITORING**

While BHR, AFR and the Sudan Field Office do not believe that now is the time to amend the ISP, we do see the need for an improved monitoring system. The Sudan Field Office is preparing suggestions on how best to report on the Sudan program. This will be shared with AID/W in the near future.

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<sup>27</sup> A 1995 evaluation of the southern Sudan program, along with the 1996 Portfolio Review, served as an important foundation for the development of the ISP.

BHR and the Sudan Field Office have been emphasizing the need to improve efforts by our PVO partners to submit progress reports in a timely fashion and with information that clearly expresses progress against originally stated project objectives. The revised OFDA and FFP proposal guidelines, with their emphasis on timely and substantive reporting (and OFDA's potential adoption of a database system to improve office level results) should facilitate progress in this area. OFDA's new guidelines offer PVOs a list of potential project-level indicators to choose from, but grantees can also create their own.

There is a very mixed view among Sudan programmers and "watchers" about the value of creating a whole range of indicators to measure progress against the ISP. The value of such a system both for measuring impact and shaping budget decisions needs to be weighed against the time and effort required both to develop and implement it.

#### **IV. FUTURE REPORTS**

This progress report is designed to meet the Sudan reporting requirements for this R4 season.

Future reporting for Sudan should be done jointly by the REDSO/ESA Sudan Field Office and OFDA's new Africa Regional Office, in consultation with BHR/Washington offices. An alternative might be a bi-annual report on Sudan, with a Somalia program review submitted on the alternate year. These two countries both have ISPs that will be co-managed by AFR/ESA and BHR. Even with bi-annual submissions, a short progress report on the STAR program would be needed annually to consider future budget levels.

#### **V. STAFFING ISSUES**

The Sudan program benefits in 1999 from the arrival of a PSC to cover the STAR program, and a new Food for Peace PSC and FSN food monitor to assist with food aid monitoring. With these additions, there will be three full time field-based PSCs working on the program and two USDH based in REDSO/ESA working part time on the program. The program will be sufficiently staffed at that time.

#### **VI. FUNDING ISSUES**

There are two important funding issues that bear mentioning:

- Hurricane Mitch has seriously affected funding availability for OFDA programs. If humanitarian requirements spike up again in Sudan in FY99 and other priorities worldwide need to be simultaneously addressed, OFDA may have difficulty meeting all requirements.
- It is unclear at this point which Agency funding sources will be used to support the STAR program in the future. AFR and BHR will need to consider options based upon availability of funds and Agency priorities for their use.