

UNICEF SUDAN

120 DAY HUMANITARIAN ACTION PLAN FOR DARFUR

(1 September – 31 December 2004)



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Overview

The conflict in Darfur continues to be considered the worst humanitarian crisis in the world today. It is characterized by persistent low intensity conflict and widespread displacement. In order to speed delivery and coordination of humanitarian assistance, the UN and NGOs developed the 90 Day Humanitarian Action Plan for Darfur in May 2004. The plan set concrete targets for aid delivery during the period of 1 June to 31 August 2004 in the programmatic sectors of Food; Agriculture; Shelter and Non-Food Items; Health; Nutrition; Water and Sanitation; Education and Protection. UNICEF was designated as the Sector Coordinator in the areas of WES, Nutrition and Education and became the focal point for Child Protection and Primary Health Care, within the larger Protection and Health Coordination groups, respectively.

Now, at the close of the 90-Day Plan and the start of the 120 Day Plan for the period of 1 September to 31 December 2004, the government facilitation of aid delivery is greatly improved. In addition, greater numbers of implementing partners are operational in the states of Darfur. As a result, significant achievements have been made. The striking commonality across sectors, however, is that although UNICEF and partners have achieved most of the 90-day goals/targets, the coverage for vulnerable communities remains inadequate in comparison to the actual needs of the affected population.

Continued fighting, banditry and general insecurity have resulted in additional displacements, meaning that the number and needs of conflict affected persons has increased. In addition, there are geographic inequalities in the distribution of assistance due to security and seasonal constraints. Also pressing, is the realization that a focus on delivery must be coupled by a commitment to quality and maintenance of new services and resources, especially in the water, sanitation and primary health care sectors.

The 120 Day Humanitarian Action Plan, therefore, focuses on expanding services into hitherto un-reached areas as well as improving the quality and monitoring of services and facilities on the ground by enhancing capacity of service providers, improved maintenance of facilities established, and training of personnel to improve implementation/management of programme interventions. The plan is prepared taking into account the possibility that the crisis in Darfur, and the associated population displacement, has not yet peaked.

The total number of conflict-affected people was estimated as of 31 August 2004 at 1,839,972 (1,449,690 IDPs and 390,282 host community residents). These included 437,597 IDPs and 126,069 host community residents in North Darfur; 410,966 IDPs and 168,590 host community residents in South Darfur; and 601,127 IDPs and 95,623 host community residents in West Darfur.

The targets and goals of the 120 Day Plan therefore, are set for a conflict affected population of approximately 1.5 million. Recognising the fact that the number of conflict-affected people will continue to increase, each sector has made a contingency plan to provide services for a conflict-affected population of 2 million. For sectors such as nutrition and child protection, whose targets are not based on population estimates but rather on the prevalence of malnutrition or serious protection concerns, the targets are set based on the most likely scenarios.

SUMMARY OF MAIN OBJECTIVES



Primary Health Care

- Ensure access to primary health care for an additional 252,000 persons through the establishment of and support to 64 new primary health care facilities. At present, partners have indicated a lack of capacity to expand further than 34 facilities, but UNICEF will support and encourage the further development of 30 PHC centres to meet the target. By the end of December therefore, capacity permitting, there should be approximately 209 PHCs.



The Nutrition Sector

- Ensure the establishment and UNICEF support of at least 11 additional Therapeutic Feeding Centres (in the form of centre-based programmes or the Community-based Therapeutic Care). This would bring the total number of TFCs to 41, targeting approximately 9,000 severely malnourished children.
- Ensure the establishment and UNICEF support of at least 15 additional supplementary feeding centres in Darfur, bringing the total to over 45 in Darfur, supporting over 50,000 children.
- Support new nutritional surveys and rapid assessments in Darfur with technical equipment, guidelines and coordination.



The WES Sector

- Ensure the provision of safe water (20L/Day/person for an additional 746,300 IDPs and host community residents (Coverage of UNICEF-supported interventions: 529,300 additional people) reaching a total of 1,578,400 persons by end December;
- Provide sanitary means of excreta disposal for an additional 722,386 IDPs (Coverage of UNICEF-supported interventions: 700,000 additional people) reaching a total of 1,292,766 persons by end December;
- Promote increased acquisition by 1,578,400 persons (Coverage of UNICEF-supported interventions: 1,050,000 additional people) of knowledge of appropriate personal and environmental hygiene practices.



The Education Sector

- Ensure the enrolment of an additional 62,380 children in school, (UNICEF will support 59,090), bringing the total number to 153,395 children.
- Ensure the construction of an additional 805 temporary classrooms or tents and the rehabilitation of approximately 104 classrooms in permanent schools, bringing the total number of functional classrooms in conflict affected to 1,608.
- Train an additional 1,297 teachers in psychosocial support, peace education and teaching methodology, (UNICEF will train 779 of this number), bringing the total number of teachers trained to 2,731



Child Protection

- Provide psychosocial support to an additional 59,090 children in school and 21,600 out-of-school children in 30 additional "Children's Spaces".
- Train an additional 500 humanitarian workers in child protection and child rights based programming, bringing the total number trained to 1224.
- Ensure that 225 new police recruits are oriented on child rights and community based policing. Give in-depth training to 300 police officers on child protection and SGBV, thus reaching 778 in total. Integrate modules on child protection and SGBV into the UNDP training on rule of law, reaching approximately 1000 persons.
- Train an additional 450 humanitarian workers on the code of conduct and expand the training to 590 teachers, thus reaching approximately 1,908 persons.
- Ensure that 1,500 youth are provided with access to livelihood or education opportunities while supporting the development of 9 new youth committees.

TABLE OF TARGETS IN THE 120 DAY PLAN

120 DAY PLAN FOR SECTOR (AND FOR UNICEF AS A PART OF THE LARGER SECTOR)

Activity	#	Output	Sector Progress 31 August	UNICEF Progress in the sector	120 Day Sector Target	UNICEF 120 Day Target in the sector	Total as of 31 Dec
Primary Health Care							
Vaccination Campaigns	1	Children (6 m- 15yr) vaccinated against measles	2,023,000		237,000		2,260,000
	2	Children (6m -59m) received vitamin A supplmnt	550,000		550,000		110,000
	3	Pregnant women vaccinated against tetanus	18,000		29,000		47,000
	4	Children vaccinated for Polio	1,028,215		1,030,000		1,328,215
	5	< 1 vaccinated against DPT3	48,278		36,000		84,278
Health Facilities	6	Fixed health facilities	145	127	64	34	209
	7	Mobile health teams functioning	0	15	0	4	19
	8	Beneficiaries of health facilities fixed and mobile	?	957,000	?	252,000	
Training	9	ACT courses sent to facilities for new marlaria tx			?	300,000	300,000
	10	Health workers trained			?	511	
Monitoring	11	People receiving health education			300,000		300,000
	12	Number of Observations Taken of UNICEF supported facilities		140		322	322
	13	Number of Health Facilities Visited		70		161	161
Nutrition							
Nutrition Services	1	TFCs supported and functioning	30		11		41
	2	Children benefiting from support to TFCs	8,094		9,000		17094
	3	SFCs supported and functioning	30		15		45
	4	Children benefiting from support to SFCs	30,712		50,000		80712
Water, Sanitation and Hygiene Promotion							
Water Delivery	1	People benefiting from all water services	832,630	676,080	746,300	529,300	1,578,930
	2	Hand Pumps Rehabilitated	268	263	150	150	418
	3	Water Yards Rehabilitated	5	1	10	10	15
	4	New water yards / hand dug wells with centrifugal pump			41	19	41
	5	New Hand Pumps	233	187	394	260	627
	6	Fitting high-yield boreholes with submersible pump	38	18	49	30	87
	7	Watertankers operating			48	48	48
	8	Beneficiaries of Water Tankers	73,600	60,000	76,800	76,800	150,400
Management	9	Community members/leaders trained on O&M	276	270	850		1,126
	10	Mechanics trained on O&M	316	310	300		616
	11	Number of water sites tested			50 percent		50 percent
	12	Families covered by adequate chlorination			50 percent		50 percent
	13	Water sources chlorinated			50 percent		50 percent
Sanitation	16	Sanitary latrines installed	28,519	19,728	50,400	35,000	78,919
	17	Number camps covered by monthly environment clean-ups		36	80	50	80
	19	Hygeine promotors / social mobilizers trained	?	749	2,050	1,750	2,799
	20	VHC members trained on promotion	?	276	2,050	1,750	2,326
	21	Children, women and youth on promotion	?	1,660	4,200	4,200	5,860
22	People receiving hygiene education	?	614,922	1,578,400	1,050,000	1,578,400	
Education							
Enrolment	1	Children enrolled in school	91,015	75,683	62,380	59,090	153,395
Classrooms	2	Permanent classrooms (rehabilitated or constructed)			104		
	3	Temporary classroom tents assembled	699		885	805	1,688
Distribution of Materials	4	Textbooks distributed					
	5	Pupil kits distributed					
	6	school in a box distributed					
	7	Classrooms receiving Recreation materials					
Training	8	Teachers receiving teaching materials					
	9	Teachers trained in peace education	655				
	10	Teachers trained in teaching methodology			1,297	779	2,731
	11	Teachers trained in psycho-social support and SGBV					
Child Protection/ Rights Peace-building and Protection							
Psychosocial Wellbeing of children	1	Animators oriented psycho-social support	655		144		1049
	2	Teachers trained in psycho-social support			250		
	3	Children provided with psycho-soc support IN SCHOOL	54,869		59,090		113,959
	4	Children provided with psycho-soc support OUT OF SCHOOL	30,601		21,600		52,201
	5	Number of Child Spaces functioning	25		30		55
Child rights based programming	6	Humanitarian workers trained in child & IDP protection	724		500		1,224
Prevention and response to SGBV	7	Humanitarian workers trained in code of conduct	868		450		1,318
	8	School teachers oriented in code of conduct			590		590
	9	Referral systems for SGBV			3		3
Promotion of child rights among law enforcement actors	10	Police receiving in-depth training on protection from SGBV	478		300		778
	11	Police trained on child protection through incorporation of modules into UNDP police/judiciary training			1,000		1000
	12	New police recruits oriented on child rights and community based policing			225		225
Children associated with fighting forces	13	Youth Committes Established			9		9
	14	Youth provided with access to livelihood or education opportunities			1,500		1500
	15	Sensitization meetings with IDPs leaders, women's groups and partners on children associated with fighting forces			9		9
	16	Meetings among partners on the implementation of the Optional Protocol to the CRC			3		3

1. INTERVENTIONS IN HEALTH

Overview of Achievements and Targets

Access to health care in Darfur states remains extremely precarious. Despite the increasing number of NGOs and UN agencies that have been able to start activities in Darfur, the needs are still overwhelming. At the end of August, UNICEF was supporting 127 fixed or mobile health facilities with approximately 957,000 beneficiaries. Some facilities supported by UNICEF however, are not adequately staffed with qualified personnel at this time. In these cases, the facility itself has been counted but beneficiaries are not considered.

The conflict affected population in Darfur was estimated at approximately 1.5 million persons in August, but this number is expected to rise and potentially peak at 2 million. In order to cover the needs of a growing population, there must be significant new inputs in primary health care, both in terms of establishing new fixed and mobile health facilities, but also in terms of improving the qualifications of staff and the capacity of presently functioning centres, so that they are better able to reach a greater portion of the vulnerable community.

At present, NGOs supported by UNICEF have confirmed plans to establish an additional 11 facilities in West Darfur (covering 66,000 people), additional 9 in South Darfur (covering 70,000 people), and additional 14 in North Darfur (covering 116,000 people). Unfortunately, these confirmed plans still leave a significant gap in coverage, especially in more remote areas. Coverage should be increased by using mobile teams similar to those serving several conflict-affected areas of North Darfur; or by additional fixed facilities operated by recently registered NGOs; as well as by other non-UNICEF supported facilities offering free health care.

A provisional planning figure for new facilities required beyond these confirmed plans, in order to adequately cover the needs of 1.5 million persons, could be 5 for North Darfur, 12 for South Darfur, and 13 for West Darfur. The total number of new PHC facilities needed therefore, should be close to 64.

Unfortunately, the conflict affected population in Darfur is expected to continue rising, (due to the increased displacement; access to previously insecure areas and improved methods of data collection). In the event that the conflict affected population peaks at 2 million persons, the same strategies already being implemented for primary health care would be utilized, expanded and tailored to the pattern of displacement, as outlined below:

- In the event that new camps are formed from increased displacement, priority will be given to the establishment of new facilities. Imagining that this could account for one third of the displacement, 16 additional facilities would be needed.
- In the event of additional displaced moving into already existing camps, emphasis would be placed on upgrading the quality and quantity of staff working in PHC facilities. Imagining that this could account for one third of the displacement, between 10 and 20 additional qualified staff may be needed.
- In case of scattered or low density populations (in SLM/A areas for example), mobile teams would be employed. If this accounts for the last third of the population, a dozen of mobile teams may be required.

An additional 0.5 million conflict affected persons would need between 200 and 300 essential drug kits between now and the end of the year. Essential drugs in sufficient quantities are already either present in the UNICEF warehouse or in the pipeline.

Monitoring and Capacity Building for PHC Facilities

Monitoring PHC services availability and quality will continue to be one of the top priorities of the 120 Day Plan. More than 70 UNICEF supported facilities were visited during the last three months, and close to 140 observations were collected (some facilities were visited more than once). This means that some health facilities were not monitored during the last period. The 120 Day Plan is targeting that every health facility will be monitored at least twice during the period. This would mean 161 facilities visited and 322 observations taken.

Results from last period's monitoring indicate areas for improvement, which will be made priorities during the 120 Day Plan. Routine EPI in general has greatly suffered as a result of the conflict and projections based on figures from the first half of this year indicate that 2004 coverage rates may be as low as 33% (South Darfur). UNICEF observations and federal data both indicate that the routine EPI programmes must be strengthened by:

- Increasing the number of fixed facilities offering EPI services;
- Increase the number of advanced post and mobile teams offering EPI services to scattered populations;
- Organize EPI acceleration drives targeting densely populated areas, large IDP camps, etc;
- Train more vaccinators to rectify the staffing shortage, made acute by the conflict;
- Sensitize health workers on the importance of checking immunization status at every opportunity.

These improvements are expected to positively influence the coverage rates of TT2+ for pregnant women—as is UNFPA’s advocacy for more attention to ante-natal care and reproductive health in general. Only 18,000 pregnant women were immunized with against tetanus toxoid during the 90 day period. From September to December, an additional 29,000 will be targeted to reach a total of 47,000 pregnant women. For DPT3 immunization, approximately 48,278 children under one were vaccinated during the 90 Day Plan. This period, 36,000 more children will be targeted to bring the total to 84,278.

Acceleration Drives

The June Darfur-wide measles immunization campaign covered close to 90% (2,023,000 children of the target 2,260,000 children aged 9 months to 14 years). Preliminary epidemiological information has shown a sharp decline in the number of reported measles cases in the post-immunization period. Nevertheless, measles immunization will continue to be a priority in the 120 Day Plan as many areas were not covered at all during the June campaign as they were under control of the SLM/A and JEM. Special efforts will be made then to reach these isolated communities.

Some efforts have already been undertaken with positive results. Following successful interagency negotiations (UNICEF, OCHA, WHO, WFP) in Asmara with senior SLM/A-leadership, UNICEF, WHO, and the Ministry of Health targeted an estimated 50,000 children (aged 0-59 months) with polio vaccination in several rebel-held locations of North Darfur. A measles campaign followed shortly after, targeting approximately 150,000 children in the state. In addition to immunizing children, the campaign has also proved to be an entry point for health and education services. Similar efforts will be made in South and North Darfur as access becomes safe and reliable.

Malaria Treatment

Since July 2004, FMoH has abandoned CQ as the malaria first-line treatment, replacing it with AS+SP. UNICEF has been on the front line for facilitating the timely shift to this new protocol that, if adequately implemented, should prevent thousands of malaria deaths. Calculations have been made to define the amount of AS+SP needed to treat all the malaria cases diagnosed in UNICEF-supported facilities and UNICEF has committed to sending 300,000 ACT courses to the state level for distribution by partners. The distribution of AS+SP will be preceded by health worker reorientation on the new treatment protocol. Due to the high monetary value of AS and its scarcity on the local market, monitoring of its presence and utilization will be of paramount importance.

Health Education

Health education activities will be conducted in close coordination with the WES sector, which has already been implementing hygiene promotion activities. Additional health messages will be introduced to the already established community-based campaign, which brings together humanitarian organisations, community leaders, local committees, other social mobilizers, street theatre groups and IDPs. The joint target for these activities should be the total conflict-affected population.

2. THE NUTRITION SECTOR

Overview of Achievements and Targets

Nutrition partners, supported by UNICEF, established 30 TFCs and 30 SFCs during the 90-day period, serving 8,094 children with therapeutic feeding and 30,712 children with supplementary feeding. Major NGOs partners involved in the implementation are MSF-F, MSF-H, GOAL, Concern WW, SC-US, ACF, CARE, SC-UK, MSF-CH, MSF-B and MSF-Spain, Tear Fund, World Vision, and NCA. All these partners have project cooperation agreements with UNICEF except NCA. The MOH as well, is supporting two TFCs. UNICEF support for the Nutrition programs may be food items, equipment required for selective feeding, and/or systematic drugs. WFP has the responsibility of providing the food requirement for SFPs.

Despite these interventions the rate of malnutrition still remains high. Persistent insecurity and increased displacement has rendered most communities completely dependant on food aid. Not only is food distribution still irregular or insufficient in some areas, but there are complications with registration in some camps, thus delaying food distribution for vulnerable new arrivals. Solutions for this later problem have been found through interagency meetings but stabilizing the pipeline remains a complicated affair.

Using the conflict affected population at the end of August (1.5 million), approximately 300,000 (or 17%) are children less than five years old. Taking an average prevalence of severe acute malnutrition of 3% and moderate acute malnutrition of 17%, close to 9,000 children under 5 years of age are in need of Therapeutic Feeding, while more than 50,000 children are moderately malnourished and in need of Supplementary Feeding. Based on this rough projection, with double the recommended number of beneficiaries in TFC (200 per centre), approximately 45 TFCs are required, and equally the same number of SFCs.

At the end of August, 30 TFC were established and more or less the same number of SFPs. During the 120 Day Plan, these 30 will be maintained, while an additional 11 TFCs will be established, thus bringing the total to 41 centres targeting 6,435 severely malnourished children. At this moment, there does not appear to be capacity in the sector to expand beyond 41, but UNICEF will advocate for additional interventions to cover the gap.

The figure of 41 remains an estimate since therapeutic feeding programmes can be centre-based (in the form of fixed feeding centre) or mobile, (in the form of Community Therapeutic Care or "CTC"). The CTC model has been promoted for use as an alternative to increase coverage in small towns and remote areas where centre-based TFCs are not feasible. Targeting mostly areas of low density, a CTC admits less children, on average, than a fixed centre. The number of 41 therefore, is an estimate which depends on the strategy employed.

For supplementary feeding, the number of SFCs will increase to above 45 during the course of the 120 Day Plan, targeting approximately 31,850 moderately malnourished children per month. If the security situation and food distribution stabilize, admission is expected to drop due to improvement in the nutrition status, thus number covered during subsequent months would gradually reduce. This target does not include the children in small camps and areas where screening or surveys did not indicate the need for a TFC or SFC. For such camps, advocacy to WFP for general ration delivery would be continued as well as mobile SFP where feasible.

Contingency Plan

Unfortunately, the conflict affected population in Darfur is expected to continue rising. Understanding this, a contingency plan has been considered, in the event that the conflict affected population peaks at 2 million. For nutrition however, a population increase does not automatically correspond with an increase in the target population for feeding programs. If general food rations are adequate and reliable, it may be possible to prevent the slide into malnutrition, thus lowering the GAM and the target population for intervention. Unfortunately, this does not appear to be likely. Any population increase at this time will continue to be associated with food insecurity and high malnutrition rates.

Based on the assumption of about 0.5 million additional people will be displaced (over the population figure for August of 1.5 million), this is about 10,000 additional children less than 5 years old. Based on the same projection of 17% moderate malnutrition rate and 3% severe, there will be 3,000 additional children in need of TFC and 17,000 additional needing SFP. If the nutritional situation in existing camps begins to stabilize, many TFCs could absorb substantial amounts of new admissions. More than likely however, there will be a need for additional feeding programmes. There are adequate supplies in stock and in the pipeline (kits, therapeutic food and drugs) to cover the needs. Buffer stock will be increased in the field offices.

Contingency plans for nutrition should also consider a situation in which there is no further increase in the conflict affected population, but there is a dramatic increase in malnutrition rates due to a break in the pipeline or complication such as outbreak of disease. In this case then, the overall population remains stable but the target population for feeding increases. In either scenario, the response is the same. It is important however, to consider where the new malnourished children are, in order to devise a proper strategy. The following are three scenarios, each with a slightly different plan.

- Influx of new IDPs in the existing camps (or increase in GAM) where Selective Feeding Programmes are already in place. In this case, there will be active screening for new arrivals and additional resources in terms of food, equipment and systematic drug will be provided.
- Opening of access into previously insecure regions such as SLM/A areas. UNICEF will support any expansion with supplies and nutritional surveys. In cases where the population is scattered, CTC and mobile SFC strategy will be adapted to access the population.
- Large influx in completely new area creating a high density camp. In this case, a rapid assessment would be conducted to determine the need. However, where the nutrition situation does not warrant opening of a selective feeding programme, partners must advocate for global ration delivery by WFP.

Nutrition Activities

In addition to the Selective Feeding Programmes, UNICEF will support:

- Nutrition surveys, conducted in areas where three months have passed since the first survey or areas not previously assessed;
- Rapid assessments in small areas or areas of new influx will be conducted;
- A training on CTC models at national and field levels;
- In selected camps, food basket and post-distribution monitoring (conducted by MSF-H and ACF so that the quality and quantity of the general food distribution can be known for advocacy purposes).

3. THE WES SECTOR

Water

UNICEF and WES partners (such as NWC/WES and ADRA; CARE; GOAL; ICRC, IDRB, INTERSOS; IRC; IRWW, MEDAIR; MSF-France, OXFAM; SCF UK; Spanish Red Cross (SRC), Sudanese Red Crescent, SUDO; SC-USA, TearFund, Triangle, UNDP) increased water services in Darfur to reach approximately 832,630 beneficiaries with access to 20 litres per day. A breakdown of the achievements into specific services can be found in the Table of Targets.

During the 120-day period, services will be expanded to reach an additional 746,300 IDPs and host community residents. (Of this figure, UNICEF has committed to supporting 529,300 conflict affected people.) By the end of December, therefore, up to 1,578,400 persons in Darfur should be provided with reliable access to 20 litres of water per day. This will be ensured by expanding existing borehole drilling operations, hand-pump installation, installation of submersible pumps, water yards and water delivery through tanker operations.

An emphasis will be placed on reaching hitherto un-reached areas and to sites with a high incidence of water borne disease. There will also be a new emphasis on establishing and ensuring standards, in line with national policies for water and sanitation. Geophysical surveys, combined with systematic water quality testing, will be stressed as integral parts of drilling operations. In addition to service delivery, the 120 Day Plan will focus on water management, monitoring and quality control. Management will be promoted through the training of approximately 850 additional community members and 300 additional mechanics on operation maintenance (for a 31 December total of 1,126 and 616 respectively).

Sanitation

Ensure the provision of latrines for an additional 722,386 IDPs (Of this total, UNICEF-supported interventions will reach 700,000 additional people) reaching a total of 1,292,766 persons by end December. Quality control and monitoring is also a pressing need in sanitation. Monitoring and certification of the work government and private partners will be important not only to develop a realistic understanding of progress, but to determine the extent of future projects. As more and more NGOs are operational on the field, the reliance on private contractor for latrine construction may be gradually reduced, in proportion to the capacity of the sector. The development and distribution to all implementing partners, of agreed standards for latrine construction is also a priority.

Hygiene Promotion

Promote increased acquisition by 1,578,400 persons of knowledge of appropriate personal and environmental health and hygiene practices. (Of this total, UNICEF has committed to supporting 1,050,000 persons.) By the end of December therefore, over 2 million persons should be reached through a combination of message-based campaigns and community-based initiatives promoting health and hygiene.

Campaigns in the 120-day period will take advantage of the interagency and community coordination structures already in place. Campaigns in the 90-day period brought together humanitarian organisations, community leaders, local committees and community members to develop education programs and establish responsibilities for management of them. This period, an additional 2,050 hygiene promoters/social mobilizers will be trained (for a total of 2,799 by 31 December); 2050 Village Health Committee members will be trained (for a total of 2,326 by 31 December) and 4,200 women, children and youth will be trained (for a total of 5,820). As in previous efforts, these "agents of change" will in turn, promote education to their communities through house to house visits, group discussions, school visits and dramatic productions.

4. THE EDUCATION SECTOR

Overview of Achievements and Targets

As of 31 May 2004, prior to the 90-Day Plan, 32,144 pupils were enrolled in education initiatives in Darfur. As a result of collaborative interventions of UNICEF/SMoE and their education partners, this number increased to 91,015, which constitutes 64% of the planned target, at the end of August 2004. In addition, some 699 temporary classrooms were constructed or erected as tents during the 90 Day Plan.

The plans and targets for September to December focus on continued classroom rehabilitation and construction, sustainability of enrolment and attendance through implementation of school feeding programmes, as well as teacher training and supply distribution to ensure that all functional classrooms are well equipped with quality materials and staff. Understanding that the conflict affected population continues to rise (due to increased displacement, access to previously insecure areas and more accurate methods of data collection), the target for school enrolment also makes a modest increase. An additional 62,380 children will be targeted for enrolment by 31 December (UNICEF will directly support 59,090), thus making a cumulative target of 153,395 children.

Unfortunately, if this target is achieved, but the conflict affected population continues to rise, peaking at 2 million persons, this will leave a gap of approximately 66%--if the sector was targeting for full enrolment. Judging by historically low enrolment rates however, it would be ideal to achieve a 60% GER in Darfur. With this consideration, the gap to reaching a 60% enrolment rate, with a conflict affected population of 2 million, is 42%. Considering the limited capacity in the sector at this time (due to lack of implementing partners, conservative donor support and an acute shortage of teachers), it is difficult to realistically plan for a larger intervention. A contingency plan has been drafted however, which considers additional emergency interventions.

The contingency plan anticipates that approximately 50,000 children would be added to the school system. To provide access for this caseload, a budget of approximately \$800,000 would be required. Some kind of federal assistance package would also need to be negotiated with the MoE at the Khartoum level to expand recruitment, training and support of teachers. To ensure physical space for education, emphasis would be put of providing temporary classroom tents as they are quickly assembled, more durable and transportable, in the event of return. School feeding would be mandatory to deal with this new caseload, since the population increase would most likely be associated with food insecurity and aid dependence. These enrolment goals are only possible if classroom construction and/or rehabilitation, teacher training and supply distribution expand to ensure a complete package. Strategies to ensure these inputs are outlined below.

Classrooms construction/rehabilitation

UNICEF and its education partners will continue to support classrooms construction/rehabilitation in the region with the vision of expanding and improving access to education to IDP as well as host community children, especially those not covered during the 90-Day Plan and newly accessed areas under SLM/A control. The sector aims at constructing 883 additional temporary classrooms or classroom tents (UNICEF has committed to constructing 805 of this total) and rehabilitating approximately 104 classrooms in the existing schools.

Teacher Training Programmes

Given the acute shortage of qualified and trained teachers and inadequate capacity of the SMOE in the three states, teacher training and recruitment should be considered one of the top priorities of the plan. Understanding that the increased demand for education has stretched the SMOE's internal training capacity, it will be necessary for education partners to emphasize short "in-service" refresher training courses for teachers. Although training programs in the 90 Day Plan focused on psychosocial support and prevention of SGBV, sessions on teaching methodology and peace education will be a core component of the 120 Day Plan trainings.

Distribution of School Supplies

Availability of adequate quantity of school supplies (including teaching and learning materials) enhances the learning process and makes the school environment very attractive to children, thus sustaining attendance and quality of education. The sector aims at ensuring that every functional classroom providing education to conflict affected children, should be provided with adequate teaching, learning and recreational materials.

School Uniform distribution

Girls' education in the region has been hampered by cultural and traditional beliefs and/or perceptions about

girls' right to education. In addition, lack of proper clothing constraints both boys' and girls' enrolment rates. As of end August 2004 about 30,000 school uniforms were provided to female pupils in the whole region. During the upcoming region, approximately 63,000 boys and girls will be targeted but girls will remain the priority.

School Feeding Programs

Provision of school feeding, (at least one meal per day at school) is essential to ensuring not only attendance through the day, but attendance through time. School feeding programmes are considered a major component which will ensure the sustainability of enrolment figures (and also teacher commitment). Given the dependence on WFP for this program, and their current difficulties with ensuring a stable pipeline of food, this particular intervention might be delayed and thus, definitive targets have not been set.

Community Mobilization

Mobilisation of local community should aim at generating a sense of ownership and participation with regard to projects led by various education partners. In addition, support and cooperation on the part of the community will ensure successful and sustainable schools. Promoting the establishment of Parent-Teachers Councils, which are essential for community decision-making, will be another important goal this period.

5. CHILD PROTECTION

Overview of Priorities

The following key areas have been flagged as priorities during the 120 Day Plan.

Promotion of children and child rights based programming in the wider humanitarian response

In order to promote children in the wider humanitarian response, UNICEF will train 500 newly arriving humanitarian personnel and AU monitors through 12 sessions (one session per month per state). Protection partners will also make use of the training of trainers sessions organized during the 90 day period by monitoring the sessions that the trainers are organizing and meeting with a core group on a monthly basis. There will also be efforts to develop guidelines on child protection during relocation and return with the State Ministry of Social and Cultural Affairs in South Darfur.

Strengthening the psychosocial well being of children

Promoting the psychosocial well-being of children will involve programmes for children in school and out of school. In close coordination with Education partners, approximately 63,000 additional pupils should benefit from psychosocial support through structured recreational activities in school. In addition, UNICEF will support training for approximately 250 teachers. Approximately 21,600 children should be provided with access to psychosocial support outside the context of schools through the establishment of 30 new Children's Spaces (10 in each state). Approximately 144 animators will be trained on psychosocial support (48 in each state).

Prevention and response to SGBV against children and women

UNICEF and Child Protection partners will continue to disseminate the code of conduct regarding sexual abuse and exploitation among the newly recruited humanitarian staff and will organise orientation sessions to 590 school teachers on the code of conduct. There will also be efforts to enhance coordination among partners and key actors to ensure the establishment of at least one system for referral and services to rape and sexual violence victims (including medical, legal and psychosocial support) in each of the three states.

Promotion of children's rights and child protection among law enforcement actors

Work with law enforcement actors will include:

- Integration of children and children's rights orientation sessions into UNDP supported training for the promotion of rule of law and protection. The target group includes 1000 police, security officers, tribal leaders, NGOs and/or lawyers. There will be 7 sessions, 2 days each, in each state, for 1000 persons.
- Organisation of orientation session for new police recruits. At least three sessions should take place over the 120 days in each of the three Darfur states targeting approximately 225 officers.
- Organisation of more in-depth training for 300 police officers on protection, with the support of the Jordanian police. Six police trainers from the Jordanian police should be deployed (two in each state) for a period of

six weeks. Trainers will work with the police to initiate a dialogue around the establishment of Family Protection Units. Advocacy will also be initiated within the framework of the Police Women Training Institute.

- Development of an evaluation plan with the police to assess the impact of UNICEF supported training.

Identification, registration, care, tracing and reunification of separated children

Over the 90 day period, there have been some constraints relating to the challenges faced by ICRC on registration of the separated children. Nevertheless, a number of lessons learned will shape the direction taken in the 120 Day Plan. It is clear that regardless of the progress made on the registration of separated children, the focus should be on making sure that the care of children is being monitored by child protection agencies. This can be done through rapid registration forms and does not need to wait for the full registration made by ICRC. Regular meetings will be held and a one day workshop for all actors involved should be planned as a refresher on the inter-agency framework and the means of ensuring its application at the field level.

Ensure the demobilization and reintegration of children while preventing further recruitment

Recruitment into combatant forces is one of the highest child protection risks associated with the current conflict. Sudan's ratification of the Optional Protocol on the CRC will be used as an opportunity to advocate for the release and prevention of further recruitment of children still associated with the fighting forces. Sensitization activities will target local government structures, NGOs and community leaders such as the *hakamats* (or women poets). There will also be efforts to prevent recruitment by directing activities at the youth themselves. Establishing youth committees in the three states should facilitate discussions and action on the issue.

Support to community based reintegration services, through educational structures and facilities will also be given. There will be efforts to provide educational and livelihood opportunities for 500 youth in each state. This involves identifying, mobilizing and supporting implementing partners in the form of supplies, or trainers' fees, etc. UNICEF will also coordinate with the key actors in education, to provide support in the form of classroom, pupil and recreational kits for schools that open seats for children released from the fighting forces.

Monitoring of the child protection situation

The lack of sustainable information on child protection issues hinders efforts to foster a protective environment for children. Over the 90 Day Plan, data has been collected by UNICEF and partners on a number of key indicators. Collection of information on these indicators will continue. A focus will be placed on:

- A rapid assessment on children associated with the fighting forces;
- A rapid assessment of children separated from primary caregivers in particular orphans, children in detention or living on the streets, abducted children and children with female/elderly/child headed-households;
- A rapid KAP study on community response to victims of SGBV and the children born as a result of rape;
- Three meetings (one in each Darfur state) for government and NGO; partners on protection of vulnerable children and mothers and develop guidelines for assistance to these groups.

6. SHELTER AND NON-FOOD ITEMS

UNICEF, through donor funding, will continue to procure shelter and non-food items (NFIs) and distribute them in partnership with CARE International, to families and organisations in Darfur. UNJLC coordinates the distribution of NFIs in the field with OCHA while UNICEF and CARE participate in the coordination committees at both state and national levels. As of 31 August, UNICEF delivered approximately 50,000 blankets, 42,000 sleeping mats, 175,400 jerry cans, 6,968,035 bars of soap and 95,200 buckets to CARE for further distribution. Some 880 4x50 and 11,980 4x5 tarpaulin sheets have also been delivered to CARE. Priorities and targets are being set with UNJLC for delivery within the coming months, to meet the needs of the growing population.

7. APPEAL REQUIREMENTS AND STATUS OF RECEIVED FUNDS

UNICEF has requested US\$61,924,976 for Darfur-specific activities. These are shown in the table below:

Table 1. UNICEF Funding Requirements for Darfur

	Funding Requirements	Contributions Received	Percentage Received	Funding Gap
Health and Nutrition	9,637,740	10,983,374	114%	-1,345,634
Water and Sanitation	18,144,860	11,858,798	65%	6,286,062
Education	3,024,360	2,588,255	86%	436,105
Child Protection	1,191,680	503,593	42%	688,087
Shelter and Relief Items	29,926,336	5,196,659	17%	24,729,677
TOTAL	61,924,976	31,130,679	50%	30,794,297

*Does not include the estimated costs for the in-kind assistance received from USAID/OFDA and DFID. The estimated costs, including transportation costs, for the in-kind assistance as worked out by UNJLC is about \$US 4,685,699. The cash contributions received by UNICEF, as of 26 August 2004, is \$US 5,196,658.

UNICEF is thankful to the donors listed in the table below for their generous contributions. Table Two details contributions per donor including contributions earmarked for Greater Darfur.

Table 2: Contributions received against ASAP 2004 for Darfur Interventions

Donor	Contribution by programme/project (US\$)						Total
	Health	Nutrition	Watsan	Education	Rights, Protection, Peace Building	Emergency Preparedness/Response Shelter/NFIs	
Requirements	6,810,180	2,827,560	18,144,860	3,024,360	1,191,680	29,626,336	61,624,976
Governments							
Australia		581,495	1,849,045				2,430,540
Canada				375,940			375,940
CIDA/IHA	522,389					729,930	1,252,319
Denmark	253,502		438,960		125,888		818,350
ECHO						2,436,060	2,436,060
Finland			487,212				487,212
Germany						1,568,779	1,568,779
Ireland	904,731	88,854	320,689				1,314,274
Italy	202,665	288,179	244,450				735,294
Japan	1,000,000						1,000,000
Netherlands			1,666,000				1,666,000
Norway		12,537	618,932	713,249			1,344,718
Sweden			1,333,300				1,333,300
U.K/DFID	1,171,554	315,812	2,822,042		163,635		4,473,043
USAID/OFDA	2,579,238	1,059,940	875,712			59,940	4,574,830
NATCOMs							
Australian NC					148,796		148,796
Belgian NC			61,275				61,275
German NC	238,277	379,212	1,141,181				1,758,670
Italian NC	122,549						122,549
Netherlands NC	296,208					401,950	698,158
Spanish NC				78,219			78,219
Swedish NC					65,274		65,274
U.K. NC		272,232		450,847			723,079
U.S. Fund	500,000	194,000		970,000			1,664,000
TOTAL	7,791,113	3,192,261	11,858,798	2,588,255	503,593	5,196,659	31,130,679