LETTER FROM THE SPECIAL REPRESENTATIVE FOR THE DARFUR EMERGENCY

Over the last two months, one of the most common questions I have been asked is: “Is Darfur still the worst humanitarian crisis in the world today”. On several occasions, I have been lost for words to respond. It seems that reports on the progress of aid programmes have been relatively positive and has led some to believe, mistakenly, that the crisis is over or that people are recovering in Darfur from a conflict that has long since passed. But one must not equate meeting the daily needs of an incredibly insecure, fragile and dependant population with resolution of a national crisis, or with the return of peace to this war-torn region. We must also not confuse the progress in the North-South Comprehensive Peace Agreement with a political solution in Darfur.

It is true, over the past year there has been an enormous mobilization through the donor, UN and NGO communities. There are now over 10,000 humanitarian staff in Darfur, and over 900 of them are international. These dedicated persons have worked miracles under harsh and often insecure conditions. For its part, UNICEF has played a key role in ensuring safe water coverage for 1.5 million people and sanitation services for 1.2 million. We have also supported programmes that have ensured measles immunization for 2.35 million children and polio protection for over 1.4. We support 186 primary health care facilities and 44 Therapeutic Feeding Centres that treat malnourished children. Most remarkably, we have helped to put some 263,000 children to school in IDP and host communities and provided psycho-social support for over 105,000 children through various programmes.

These are awesome achievements considering the challenges faced … but they are misleading for they are still insufficient. Let us not forget that even if there were a political solution to the conflict tonight, the basic needs of these communities would still not be met and children would continue to die from preventable disease. Mortality figures are controversial but looking forward, it is clear that there is a 45% (1.23 million person) gap in water coverage and we are experiencing shortages due to ground water depletion. Some 30% (580,000) of people do not have adequate sanitation services at the approach of the rainy season. Around 34% (918,000) of children still can not access a primary health care facility as Darfur enters the peak months for malaria and measles. Food stocks are depleting. Many livelihoods are lost. It is true that large numbers of children are in school, but because the conflict has pushed families from their land, approximately 350,000 more can attend. Education not only provides structure, normalcy and empowerment for youth but prevents destitution and recruitment into fighting forces.

These gaps are real and significant and they could even widen — since the conflict persists and people continue to flee violent attack and endemic insecurity in rural areas. Although outright hostilities decreased this month, conflict between rebel groups increased—while attacks on civilians, primarily women and girls, both in and outside camps, remain at unacceptable levels. Meanwhile, harassment, detention and ambush of humanitarian aid convoys continues.

It should also be remembered that our modest live-saving achievements have little to do with addressing the long-term needs of displaced communities for security, return and rehabilitation of home villages and rural economies. Darfur has suffered unprecedented social collapse. Emergency relief can not be compared with sustainable development and stable governance which could address the systemic issues necessary for peace-building and recovery.

Is Darfur still relevant? Is it still the world’s worst humanitarian disaster? It probably is, but why do we need to rank an emergency? It is necessary only to respond.

Keith McKenzie
**RECENT DEVELOPMENTS IMPACTING HUMANITARIAN AFFAIRS**

**Political Developments**

The Secretary-General visited the Sudan region this period and began his trip with a conference in Addis Ababa, which he co-chaired with the AU to mobilize donor support for the African Union Mission in Sudan (AMIS). Nearly $300 million was pledged. AMIS, initially established to monitor adherence to the April 2004 Ceasefire, has been increased in strength and expanded in mandate. The mission will now have a more protective role in relation to both civilians and humanitarian actors, while the total forces are expected to rise to 6,171 military personnel, including up to 1,560 civilian police, by the end of September 2005.

In Darfur the SG, accompanied by the SRSG, visited Nyala town, Kalma Camp and Labado. In Khartoum he met with First Vice President Taha and discussed the resumption of political talks in Abuja. Unfortunately, disagreements over which countries should assist in the mediation process, and the proposed agenda have delayed the renewal of the process in Nigeria. Sudanese representatives, the SLM/A and JEM held a brief meeting in Abuja this week however, which appears to indicate some agreement to resume.

On the local front, the tribal-based reconciliation process is experiencing some limited success in expanding its support base in South Darfur although it remains to be seen how this initiative will impact the security situation and the larger peace efforts in Abuja. On 3 June, the Government of South Darfur organized the closing session/ceremony of the 17th tribal reconciliation conference, attended by the Federal Minister of Home Affairs, the Secretary General of the Arab League, the UNSRSG to Sudan and the Egyptian Ambassador to Sudan. Agreements were signed between the Massalit tribe and the Hubaneeya tribe; the Rezaigat and Turgum tribes and 8 of the tribes that live in the Sheairreeya Locality (altogether, they are around 32). By the end of June 2005, the participants (including government) hope to bring about an institutionalized reconciliation between all the tribes in South Darfur. To facilitate the process, significant resources were pledged for rehabilitation in conflict affected areas and expansion of services for nomads.

In other developments, the ICC has formally launched its investigation into suspected war crimes in Darfur, despite GoS insistence that UN resolutions can be carried out within the national justice system.

**Security Concerns**

There has been a decline in outright hostilities between the GoS, aligned militias and the SLA/JEM forces this period but the GoS claims to have been ambushed several times on the Tawilla –Kebkabiya road, with "many" casualties. A formal complaint was submitted by the GoS to the AU in North Darfur on 26 May. While confrontations with GoS were limited, fighting between the JEM and SLA broke out, calling into question their fragile alliance. On 3 June at Gereida (100 km south of Nyala) SLA attacked JEM positions with artillery. JEM reported 6 killed and many wounded. According to the AU, JEM are now leaving the region and SLA are taking control while IDPs are fleeing the area. Some 11 villagers of the same family were killed as a rogue shell landed in their village, inspiring further displacement. A GoS military convoy is headed to Gareida as a precautionary measure. Also, on 28 May firing between rebel groups was reported in the Muhajeria region and five people, including a three-year old child sustained bullet wounds.

Security in several camps is also becoming a growing concern. Fighting broke out on the evening of 19 May between Kalma Camp police and IDPs in the market place area. Scores of camp residents, armed with sticks, knives and machetes damaged and/or destroyed several buildings including the HAC Office, the health facility of the SRC and the premises of the Sudanese Red Crescent. The child-friendly space under support of CDF was also looted. In the aftermath, two committees were formed to speed relocation activities and to address security issues. GoS authorities have since closed Kalma to all private/commercial vehicles and convoys. This decision has had a serious impact on the availability of goods in the camp, impacting not only merchants but the well-being of camp residents. OCHA has been negotiating with authorities to end the ban but discussions are ongoing.
In West Darfur meanwhile, several camps around the Geneina areas have been opposing the WFP and IOM led registration exercise, which will most likely result in a more equitable distribution of general food rations. As a result, GFD was temporarily suspended. In Kirindig II sheiks mobilized the community to refuse all humanitarian entry and aid until general food distribution resumed, this included blocking entry and threatening UNICEF supported vaccination teams during the Polio National Immunization Days. WFP decided to resume food distribution but is circulating pamphlets explaining that future rations depend on compliance with the registration exercise. Meanwhile, clashes this period between IDPs and GoS police in Zam Zam left one IDP dead and six injured.

As in previous months, road insecurity continues to pose obstacles for distribution of supplies, monitoring and implementation of programmes. Banditry, ambush and looting of commercial convoys rose marginally this period. Several incidents of armed robbery of communications equipment and personal belongings were reported by INGO/NGO staff. Direct targeting of humanitarian vehicles is suspected in several cases and has been noted by OCHA as “unprecedented and a development of utmost concern”.

Detentions of humanitarian workers by non-state entities also continued to pose complications and delays. On 31 May, WHO teams conducting the morality and morbidity survey close to Nyala were detained and later released, thus frustrating their exercise. On 1st June near Thabit (close to El Fasher) a 32 vehicle INGO/UN vehicle convoy was stopped and detained by SLA for several hours. Liaison with SLM HAC officials released the convoy but only to return to El Fasher. The following day it was allowed to travel to the intended destination.

In addition to direct security threats from armed elements, NGOs remain sensitive about interaction with GoS and the GoS HAC. In response to the release of the MSF Holland report on the incidence and treatment of rape in Darfur, the head of mission in Sudan was arrested and charged with spreading false information. A day later, a Dutch worker with the group, was also arrested. Both men were later released on bail but charges remain pending.

The Conflict Affected Population

As of 1 May 2005 an estimated 2.73 million persons have been affected by the crisis in Darfur. This is equivalent to almost 43% of the total pre-conflict population in the region. Some 1.88 million of this number are currently internally displaced. It is estimated that almost 1.3 million are children under 18 years of age – while well over 500,000 are children under five. These groups are particularly vulnerable to the violence, displacement, hunger, disease, abuse and exploitation that is rife in Darfur at this time.

Based on the figures from registration exercises completed by WFP/IOM and partner agencies, the total conflict affected population increased by 334,089 since 1 January 2005. UNHCR reports that the population of Sudanese refugees who fled to Chad in early 2003 as refugees remains stable at just over 200,000.

Programmatic Planning this Period

The 120 Day Plan is a programmatic planning tool which sets sector-wide targets for implementation and service delivery for all UN Agencies and NGO partners from May –August, 2005. As Sector Coordinators for Education, WES and Nutrition, UNICEF has played the leading role in drafting these plans, in coordination with all partners. As focal-points for Child Protection and Primary Health Care, UNICEF submissions to the larger Protection and Health sectors have been incorporated by UNHCHR and WHO, respectively.

The UNICEF 120 Day Plan, detailed on the next page, is an agency-specific plan which complements the OCHA 120 Day Plan for the sector. It sets internal targets for service delivery within the next four months. Six month PPAs drafted at the beginning of 2005 are still relevant for coordination with government counterparts.
THE UNICEF 120-DAY PLAN (MAY-AUGUST 2005) TARGETS

Primary Health Care
- Boost access to primary health care from 69% of the conflict affected pop. to 80% through expansion of facilities and continued support. Increase number of non-GoS PHCs from 14 to 25. Ensure training of health workers rises from 15 to 30%.
- Ensure polio immunization at 100%; increase measles coverage to 90% and boost routine EPI to 50% in the next four months, while making improvements to the cold chain system to support 50% of requirements.
- Double the distribution of midwife kits from 200 to 400 and improve TT2 coverage from 15% to 20%, while supporting safe motherhood training with new 20 courses. Ensure treated bed-net distribution in conjunction with UNJLC and OCHA and adherence to new malaria treatment protocol.

Selective Feeding and Nutrition Surveillance
- Ensure the establishment and support of at least 6 additional TFCs to bring the total number to 50 targeting approximately 2,500 severely malnourished children per month. Support similar expansions of SFCs to reach over 12,000.
- Improve surveillance through coordinating 10 surveys and 10 rapid assessments, as well as building capacity through training in surveys and data collection.
- Disseminate protocol for micronutrient supplementation and distribute iodized oil capsules to 62,500 pregnant women. Train 90 staff in the protocol.

Water and Sanitation Programmes
- Ensure access to safe drinking water supply; access to sanitary latrines and exposure to hygiene education for 700,000 conflict affected persons already covered in 2004/2005, and expand services for an additional 140,000 persons;
- Ensure access to safe drinking water supply, sanitary latrines and hygiene promotion for 20,000 returning displaced population;
- Reduce tension between host and displaced communities created by unequal provision of WES facilities by ensuring similar services for 30,000 host residents;
- Ensure that people are protected from vector diseases by spraying at least 100% of shelters in selected locations and strengthening solid waste management practices.

Child Protection and SGBV
- Develop psychosocial activities for 200,000 children through support to approximately 375 Child Friendly Spaces (ND: 227, SD: 60, WD: 88). Ensure quality through one mobile model team of animators in each state.
- Organize TOT for 500 teachers on psychosocial support. Monitor quality in schools.
- Ensure 6-10 TOTs and 100% of CivPol trained on CRC, Child Protection, Code of Conduct. Train 25 staff from various sectors on child rights in wider response.
- Sensitize government, NGOs, community on the impact of armed conflict on children; support livelihood opportunities and youth committees for 500-600 adolescents.
- Organize training for 80 school teachers on Mine Risk Education;
- Train 7 community-based networks for emotional support to SGBV survivors;
- Support fuel efficient stove projects with 200 TOT Trainers for 3,000 beneficiaries.

Basic Education
- Increase enrolment of conflict affected primary school aged children to 250,000, with 50% being girls. Boost enrolment in non GoS areas to 13,500. Promote girls enrolment through distribution of 50,000 uniforms and of 3 enrolment campaigns.
- Ensure the construction of an additional 674 temporary classrooms (750 for sector); rehabilitate 650 existing temporary classrooms and 113 existing permanent classrooms (200 for sector), ensuring availability of water and sanitation facilities.
- Train an additional 440 trainers and 2,508 teachers, both salaried and volunteer.
Supporting Primary Health Care

As of end of May, there are some 186 PHC facilities serving approximately 1,860,175 persons from the conflict-affected communities of Darfur. (South Darfur has 66 fixed facilities and 8 mobile teams reaching over 606,055 persons; North Darfur has 58 fixed facilities and 9 mobile teams reaching 543,425; West Darfur has 72 fixed facilities and 19 mobile teams reaching over 710,700 persons.) UNICEF continues to provide support to these clinics, dispensaries and teams through rehabilitation of the physical structures and technical equipment, distribution of essential drugs, cold chain materials and vaccine supplies, increasing capacity of health workers through training on EPI and correct case management and/or coordination support through technical cooperation.

This period the UNICEF team in South Darfur helped to establish four new health post in the SLM/A controlled areas of Jebel Marra (West Darfur), in partnership with the community, bringing the total in this region to six. Each health post is staffed with 5 health workers among them one TBA, and all sites are now stocked with essential medicines. It is worth noting that this is the first time that the people of this region are accessing any primary health care facility. Also significant is UNICEF support to AHA and Relief International for revitalizing most of all health facilities which used to be supported by SCF-UK, in both GoS and SLM/A areas.

Meningitis in Darfur

Meningitis remains a concern at this time. In April, meningitis cases were concentrated in Saraf Omra, North Darfur (for a total of 46 cases and 4 deaths), but the results of a localized immunization campaign produced a positive drop in morbidity. Approximately 81% of the target, or 59,000 persons, were immunized. Over six weeks have passed since the campaign and according to WHO surveillance systems, the weekly attack rate of meningitis has perceptibly reduced every week. The attack rate reduced from 10.34 cases per 100,000 reported in week no 15 to 0 case per 100,000 reported in week no 19. UNICEF was actively involved in this campaign through monitoring, supervision and provision of transport, in coordination with WHO, Medair, ICRC and SMoH.

UNICEF was also involved in May’s activities to cover the outbreak in Abu Sorouj (Kulbus Locality, West Darfur), which was declared on 9 May. A mass Vaccination Campaign was conducted between 17-19 May, targeting about 19,000 (2-30 years) in 10 villages. Preliminary results showed that only 12,157 persons were reached however, leading most agencies to wonder if the target had been overestimated – or if some communities in the villages surrounding Abu Sorouj had relocated. The impact of the campaign is not yet clear but it is expected to significantly reduce mortality and morbidity.

Preventing Polio

Only one new unconfirmed case of polio has been diagnosed in Darfur in 2005, thanks to the successful implementation of the Polio National Immunization Days (NIDs). The 4th round of the 13th PNIDs was conducted between 24–27 May. In total over 1,492,000 children were reached, including 105,518 under-five children in the SLM/A areas of North Darfur and 32,078 children in Jebel Marrah, thanks to UNICEF and NGO support. The UNICEF led-team in Jebel Marrah used the opportunity of access to combine immunization with distribution of essential drugs, health training and child protection activities. In the larger campaign in GoS areas UNICEF provided vaccines, tally sheets and operational support, as well as conduct refresher training of the polio volunteers in all localities (both GoS and non-GoS) of North Darfur.

Unfortunately, opposition to the PNIDs was encountered in Krinding II camp, on the outskirts of El Geneina, where community leaders refused to admit vaccinations teams since they had not received general food distribution for over 7 weeks. A refusal by local Sheiks to permit the WFP/IOM led registration process (which will result in a more equitable distribution of food) resulted in a temporary suspension of GFD.

Measles Control

The need for a comprehensive measles catch-up and mop up campaign was underlined this month as a dramatic spike in new cases was observed. Week 19 (mid-May – the start of the peak season) registered 98 new cases of clinically diagnosed measles with no related deaths. This is the highest recorded level of outbreak since June of last year.
According to WHO surveillance, the majority of these cases (77/98) were reported from West Darfur (in 36 in Garsilla; 29 in Umker; 4 in Abu Suroj; 6 in Bendis; 1 in Morni and 1 in Zalingi) while 20 cases (20/98) were reported from South Darfur (8 in Kalma, 9 El Seref, 2 Kass and 1 in Manawashi). The EPI/SMOH and WHO have already planned a rapid field case investigation in these camps in order to determine the cause of this sharp increase of cases and blood samples are being collected from the clinically diagnosed cases in order to confirm an outbreak of measles, though at this point, most cases have been confirmed in Kalma.

A rapid vaccination campaign in Kalma an Beliel camp (organized between 17-23 May 2005) produced immediate results as no new cases were reported in week 20. UNICEF supported the campaign with over 6,400 vaccines. Plans are underway however, to implement the comprehensive campaign to reach not only those children missed last year due to insecurity, but those children who are now of age for immunization. The campaign will begin the campaign in July, targeting all IDP and host communities for a total of up to 1.6 million children. UNICEF estimates that 1.5 million USD is urgently needed to complete this campaign, in collaboration with WHO. A special appeal to donors will be completed to secure these funds.

A record of measles immunization campaigns is detailed in the graph below.

### Routine EPI

Annualized rates for EPI coverage, released by the MoH for Jan-April 2005, appear lower than expected at 45%. This is due partly to the detraction of accelerated campaigns in polio, measles, etc but also to poor social mobilization and the need for continued rehabilitation of the routine EPI system. UNICEF continues to support rehabilitation of the cold chain system through distribution of cold chain materials such as fridges, boxes, ice packs, syringes and vaccines, as well as inputs to enable transportation.

At present, SMOH/EPI has received all vaccines and related supplies required for the routine EPI services during the 2nd quarter of the year. Two 30 KVA Generators were also released this period for the SMoH/EPI to be used for the main EPI Cold Stores in Geneina and Zalingei. In terms of capacity building, a basic training on EPI was completed in Zalingei on 8 May covering 24 participants from the 4 Eastern Localities. El Geneina training started on 9 May with 30 participants from the 4 Western Localities. Meanwhile, to boost coverage, routine EPI acceleration campaigns were been launched in South Darfur on 1 May and West Darfur on 7 May. In addition, UNICEF, ICRC and MoH are reviewing the routine EPI services in the SLM/A are of Jebal Moon. ICRC has decided to establish Mobile Immunization Services in 2 villages near Sileia, (Arafa and Um Duraba).

### Malaria Control

The attack rate of clinically diagnosed malaria, for week 20 was reported to be 2.92 cases per 1000. During the last few epidemiological weeks, the observed attack rate has been found to be within the...
range of 2.75 to 3.1 cases per 1000. However, this attack rate is expected to rise during the high risk season (May to November).

In anticipation, meetings have been held with partners to determine distribution strategies for prevention and response. The new malaria treatment protocol using combined therapies is now integrated into UNICEF supported facilities, with both ACT courses and training of health workers. In addition, over 35,000 long-lasting, insecticide treated bed-nets (LLITNs) have been delivered to the field and 85,000 more will be distributed by June. Now, meetings with UNJLC, WHO, ICRC, Medair, MSF/CH and MoH have produced agreement on the distribution strategy. Priority will be given to pregnant women and families with children under five as the burden of the reported case load continues to be the under-five population.

**Cholera Preparedness**

In anticipation of the high risk season, a generic cholera preparedness plan has been adopted. Each state will now develop its own detailed micro-plan which will designate response roles of key partners in the field, mainly WHO, SMoH and relevant NGOs in both Health and WES. UNICEF has ordered a buffer stock of 220,000 ORS sachets, 500,000 tabs of Doxycycline, and 740 PHC kits to supplement supplies already in the field.

**Health and Hygiene Promotion**

This multi-sectoral education project, designed to unite various important health, nutrition and hygiene messages into an integrated programme, has been in operation for over seven months. The workshop methodology is one in which highly interactive presentations, demonstrations, group work, discussions, practical exercises and role playing games are utilised. The workshops aim to improve the skills and knowledge of the staff (health, nutrition and hygiene promoters) who are in contact with mothers and care givers in conflict-affected areas on various subjects. Training modules include:

- Management of Diarrhea in children
- Sorghum and Blended food preparation
- Care of Malnourished Child
- Play as a Complementary activity to Nutrition and Growth
- Community- Based Therapeutic Care
- Vaccination against Polio

In October and November last year UNICEF enabled approximately 274 trainers in North Darfur to receive training and approximately 176 have received training this year against a target of 290 for the state. In South Darfur, 352 trainers were trained in against a 6- month target of 300. For West Darfur, training has just begun, with Zalingei as the first location. The estimated total impact is that every one trainee will be able to reach 1000 persons over the six months, thus impacting close to 900,000 people.

This month, training was conducted in Zalingei, Nyala and Jebel Marrah area for:

- 33 RC and Mercy Corps community hygiene promoters in a 3 day workshop in Zalingei;
- 53 IRC and OXFAM community hygiene promoters working in Belil, Otach, Saccaly, Draiaq, Mussay A&B, Mukhar, Kass and Nyala;
- 42 GOAL, DRC and MSF-Spain community hygiene promoters in TFC, SFC, PHCs;
- 29 ACF Staff working in the TFC, SFC or in active case finding and home visits representing Ottash, Kalma and Nyala.

**NUTRITION**

**Overview of the Nutritional Situation**

Deterioration of the nutritional situation has been confirmed by various nutrition survey reports during the months of April-May. The graph below illustrates the results of key surveys since January 2005. This has been further substantiated by an observed increase in admissions to Selective Feeding Programmes across Darfur. These increases have been more pronounced in South Darfur and in parts of North Darfur, while West Darfur appears to remain at a relatively steady level.
The deterioration in nutrition situation has been attributed to outbreaks of diarrhoea disease in many locations, the depletion of food stocks during the seasonal hunger gap, and the overall security situation which continues to inspire displacement, thus challenging all sectors. General food distribution is also suffering as WFP reports that implementation is less than the monthly targets due to insecurity and logistical problems. Conceptualization of the causes of malnutrition, and planning for remedial action, should therefore be done in a comprehensive and integrated manner, with the knowledge that feeding centers only treat the manifestations of underlying problems. Darfur-wide admissions to selective feeding programmes over time, is detailed in the graph below.

### Admissions to Selective Feeding Programmes Over Time

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UNICEF Support

UNICEF’s 2005 Work plan aims to prevent and manage malnutrition among under-five children and contribute to the reduction of global acute malnutrition to less than 15%, through support to selective feeding programmes. There are currently 44 TFCs in operation, supported by UNICEF (6 in ND; 28 in WD; 10 in SD) and approximately 80 supplementary feeding centres (18 in ND; 35 in WD; 27 in SD).

UNICEF supports TFCs and CTCs with nutritional inputs, anthropometric equipment, technical expertise and both state based and Khartoum-level training in management of severe malnutrition. UNICEF also supports the larger nutrition community with training in surveillance and survey techniques; standardization of treatment protocols and information management.

The Situation in South Darfur

The already fragile overall food security situation in South Darfur has worsened with the start of the hunger gap. Grain prices have increased by almost 100-170% in the main markets. General food rations have been maintained by WFP at the same level but the increase in the conflict affected population means that relief deliveries can’t cover all the additional caseload.

This situation has been further exacerbated by cases of diarrhoea (bloody and watery) and measles since March in big camps like Kalma, Kass, ED Daein, Sheria and Otash/Sherif/El Geer, which have contributed to increased malnutrition. Surveys have recorded high rates of morbidity to respiratory tract infections, diarrhea and malaria. Security incidences continue to affect the sustainability of many of the nutrition and other sector interventions, thus interrupting the impact that could have been made. Gaps in coverage of nutritional programmes remain (Buram, Ed El Fursan and part of Adilla localities) and are due partially to this insecurity.

The combination of the above mentioned factors has resulted in increased admissions, which started to rise in February (noted in Kalma, Kass, Muhajeria and Mershing/ Manawashi/ Duma). Established feeding programmes are coping with these increases but any additional caseloads in Kalma will require new centres.
West Darfur

April-May has been characterized by security incidents in Mornie, Kulus, Jebel Moon and Jebel Mara area, which not only interrupted nutrition interventions but affected other sectors, such as GFD, health and WES. Cases of diarrhoea are also reported in West Darfur but the rise in admissions to centres is less pronounced than in the South.

In Mesteri corridor, Tear Fund resumed its activities after almost 1 month of interruption due to insecurity and the number of beneficiaries has increased in both SFP and OTP. Other factors inspiring a rise in admissions include increased active case finding, (which now includes the nomadic community), an influx of nomads from Chad to Sudan and the seasonal hunger gap.

In feeding centers managed by SC-US in Krinding I and Sisi, admissions seem to be relatively stable. In Jebel Mara, GOAL has also reported steady increases in admissions. In Garsila, Bindi, Um Kher and Um Dukkon, increases have also been reported.

North Darfur

In North Darfur, increases in admissions into feeding centers have been reported across the state. Supplementary feeding has observed about 30-40% increase in admissions every month since January. Potential reasons for the increases include decentralization in and around Kutum, Galap, Tawilla Dali, Jebel Si and Karonga areas, as well as disease and the onset of the hungry season. There is also a high rate of defaulters and subsequent re-admissions, in addition to many new arrivals in the larger camps.

Nutrition Coordination and Training

Strengthening of coordination, reporting and standardization of approaches for treatment of acute malnutrition remains a priority for UNICEF. In order to update knowledge of practitioners and promote adherence to protocols, UNICEF coordinated a workshop on the “Management of Severe Malnutrition”, facilitated by Professor Michael Golden (world-renowned specialist in the treatment of acute malnutrition) and Yvonne Grellety. Some 80 participants from eight states (including Darfur states) were trained. The workshop concluded with action points for the national adaptation of the nutrition protocol on the treatment of acute malnutrition. Follow-up lectures were given at three major Universities to medical students and Nutritionists, as well as meetings with Pediatric Associations and the pre-service committee for Universities. Yvonne Grellety has since conducted a review of the feeding programmes in Darfur and provided on-the-job training for MOH and NGO staff in North and South Darfur.

To improve planning, monitoring and evaluation of the nutrition situation in Darfur, UNICEF has brought on board two Consultants to develop a nutrition surveillance system. The sources of information for this system include data from sentinel sites; feeding centres; and nutrition surveys. These will be complemented by information from secondary data on food security, water, sanitation, and health (e.g., morbidity and mortality) surveillance. To date, tools for the sentinel site have been developed and are ready for field testing, survey and feeding centre databases are almost finalized, nutrition survey plans for 2005 developed, and the draft nutrition survey guideline has been reviewed for finalization by FMOH. Details of the action steps and recommendations will be communicated after finalization of this work in a weeks’ time.

WATER AND ENVIRONMENTAL SANITATION

WES Sector Coordination

Significant strides were made recently, in increasing UNICEF capacity for WES coordination and in integrating counter-parts, implementing partners and donors into new coordination structures. Key elements of this progress include:

- The establishment of a UNICEF L5 WES Sector Coordinator post. This post is currently being filled through temporary assistance;
- The establishment of a WES Coordination Unit, headed by the L5 Coordinator, supported by a data management specialist (L3) and possibly a Logistics Expert (L3);
- The establishment of the Inter-agency Technical Advisory Group (IATAG) for water and sanitation which will be composed of 9 members (UNICEF, NWC/WES, MoH, WHO, ICRC, OXFAM, USAID, DFID, HIC). The group
functions as a taskforce to address co-ordination of stakeholders and development of strategies and systems for effective preparedness and response. The group was recently inaugurated and will be meeting bi-weekly;

- The agreement by sector partners on a common matrix for reporting and the schedule for submission of reports;
- The initiation of a pilot WES sector database by HIC, in collaboration with UNICEF in West Darfur which should improve data management and analysis. The project is to be expanded to other Darfur states.

**Provision of Safe Water**

The WES Sector achievements for the first four months of the year show that significant strides were made in the delivery of safe water. Approximately 529,000 people (132% of sector-wide target) were provided with safe water through rehabilitation of 61 handpumps and 56 motorized schemes, as well as construction of 147 handpumps and 19 motorized schemes. This work has been done in tandem with the constant operation and maintenance support for the sustained functioning of over 750 water schemes which already reach over 1.2 million people. According to sector-wide figures released for May, access to safe water has been provided to over 1,383,827 persons. Unfortunately, this still covers only 57% of the total conflict affected population.

Positively, capacity in the WES sector continues to expand and drilling operations are improved as the new DFID funded drilling rig is operating well in West Darfur. A total of 48 boreholes have been drilled so far, between March and May.

**Water Shortages in North Darfur**

Based on ongoing field work by UNICEF, NWC/WES, NGO partners and a recent mission by ECHO, there is strong evidence of an impending water resource crisis in North Darfur. Declining rainfall (which has been decreasing slowly for decades from approximately 310 mm in 1921 to about 180 mm), has affected the sustainability of surface water flows and the recharge of ground water resources. Now, in the height of the dry season, water shortages are placing an additional burden on conflict-weary communities and people are migrating not only because of insecurity, but because of depleted ground water reserves in their villages of origin.

Unfortunately, migration to larger villages and towns such as El Fasher, combined with the trucking of water to surrounding camps and villages, has placed additional stress on the limited services. In Abu Shouk, where water use for commercial purposes has been a problem, the shortages are affecting approximately 26% of water points. Five hand pumps are already dry and four are producing limited amount of water. This situation of over-exploitation is exacerbated by lack of information on aquifer potential and recharge characteristics, as well as unreliable or irregular groundwater monitoring. The impact of over-exploitation can also be seen in Kalma and other large camps.

Relocation of populations to new camps would decrease pressure in some locations, but the overall response requires both short-term remedial projects and long-term solutions. Short term actions include:

- Efforts to meet the existing demand through prioritizing rehabilitation of existing safe water schemes, especially in rural areas. UNICEF is concluding a PCA with COOPI for water supply rehabilitation in El Fasher area in pursuit of this;
- Construction of new schemes where necessary, in a manner that maximizes groundwater conservation (ie: pursue Sub-surface dams across wadis for subsurface impoundment of scarce rainfall run-offs and supply to IDP camps after limited treatment (filtration/chlorination) through piping, elevated storage and distribution).

Long term solutions, which would be facilitated by security and return of IDPs, include:
Establishment of groundwater resource management system including monitoring of groundwater levels and water quality, control of drilling, establishment of standards for well-spacing, managing pumping regimes etc.

Sanitation

In the first four months of the year approximately 316,520 IDPs were provided with safe means of excreta disposal through the construction of 15,826 latrines. This activity is conducted in conjunction with constant maintenance or replacement of existing facilities which continue to benefit over 1 million people. According to sector-wide figures released for May, access to latrines has been provided for over 1,299,470 persons in total. Unfortunately, this is still only 69% of the total conflict affected population in need. Not only must coverage be expanded in anticipation of rains, but a concerted effort to accelerate cleaning, de-sludging, backfilling and replacement is urgent – and already underway in most locations.

Latrine construction is only one sanitation activity. Support to vector control, including solid-waste disposal, camp clean-ups and chemical spraying (particularly in North Darfur), has also been given. In South and West Darfur support to spraying activities includes covering some supply and operational costs.

The NWC/WES Hygiene Promotion activities, conducted with UNICEF support, have reached over 450,000 IDPs through 72,418 household visits. To improve competencies of the promoters, UNICEF has supported training for 931 hygiene promoters, 66 teachers, 974 women, 5,334 children/youths, 929 community leaders and 824 Village Hygiene Committees (VHC) members, during the last four months.

BASIC EDUCATION

Enrolment

The education sector can boast a remarkable achievement – which is helping to put more children in school than have ever attended before. According to UNICEF figures for the end of May there are over 263,200 conflict affected children enrolled in school, supported by UNICEF and NGO partners, (ND: 121,119; SD: 51,786; WD: 80,635). Some 119, 065 children (or 45% of this total) are girls. Unfortunately, this significant progress is still only around 40% of the total number of conflict affected school-aged children. Enrolment figures for the month of May are misleading however, as many locations are presently between the 2004/2005 school calendars. Each Darfur state has its own school schedule and there are additional differences between the start dates for rural and urban schools. A more accurate estimate of enrolment should be available in July, when all locations have officially commenced the new school year.

Approximately 13,000 primary school-aged children in 5 IDP camps throughout Darfur (Kalma and Ottash in SD; Abu Shouk in ND; and Hamidia and Hassahissa in WD) benefited from summer remedial classes run by NGOs. UNICEF has supported these classes by providing pupil kits, recreation kits and plastic sheeting.

Classrooms

Due to the break in the school calendar, May is usually the month for repairing and constructing local classrooms in preparation for the new school year. Through the emergency, UNICEF has been the primary financial supporter for classroom construction and rehabilitation. At present, UNICEF has supported the rehabilitation of 79 existing permanent structures and construction of 8 permanent classrooms. UNICEF has also supported the construction or assembly of 1,694 temporary classrooms.

To improve standardization of construction through the next period, the Ministries of Education, UN agencies and NGOs, in each Darfur State and in Khartoum, have agreed upon Minimum Standards for Construction of Temporary and Permanent Classrooms and a temporary classroom model, using a steel pole frame and locally available straw matting, as proposed by UNICEF. The nomadic community is continuing to use classroom tents suitable for the nomadic lifestyle. During May, UNICEF provided 118 nomadic tents through a local NGO partner.

In addition to constructing additional classrooms for ‘established’ temporary schools (drop the student to teacher ratio) there are education interventions in

WES Sector Partners with Valid Project Cooperation Agreements
IMC, Oxfam, GOAL, ADRA, IRC, CARE, Alisei, Triangle, IRC, Samaritan’s Purse, COOPI, IRC, Tear Fund.
areas not previously reached. At present, 2 new schools are being established in Labado, an SLM/A area that was previously inaccessible and in 4 new schools are being established in 2 new IDP camps in South Darfur.

Teacher Training

The biggest constraint to expanding access to education for the primary school aged children in Darfur remains the availability of teachers and payment of their salaries. UNICEF recognises that teachers need to be remunerated for their work but also believes that the payment of teachers’ salaries is a government responsibility. To boost teacher recruitment and commitment, while enhancing the quality of education, UNICEF has developed teacher training programmes.

To date, enrolment in sessions on child-centred teaching methodology totals 1,921; while enrolment in peace education modules totals 1,077. This period UNICEF also supported training on child-centred and multi-grade teaching methodologies for 100 nomadic teachers from West Darfur.

The State Ministries of Education have agreed in principle to work with UNICEF to further develop this “in-service teacher training” scheme for volunteer teachers in IDP camps. UNICEF is working closely with the MoE to adapt the existing MoE training modules to the new plan which aims to train 440 trainers and 2,508 teachers within the next four months, while providing a small incentive for participation.

UNICEF Education and Protection programmes are jointly collaborating with the Ministries of Education in each Darfur state to ensure the inclusion of training modules on ‘Providing Psychosocial Support to Children’. These modules will be incorporated into the current curriculum.

In both North and West Darfur, there are some salaried MoE teachers working in SLM/A controlled areas along with volunteer teachers, who are paid by the community. The North Darfur MoE in Kutum, which is adjacent to SLM/A areas, suggested that MoE teachers in these areas in Kutum locality be trained as “master trainers”. These master trainers would then train the volunteer teachers in the SLM/A areas so that all communities have access to the same in-service training scheme and stipend.

School Supplies and Food for Education

As the majority of GoS schools have been closed during the month of May, no school supplies have been distributed to these facilities, with the exception of the summer school and catch up sessions, although UNICEF is now pre-positioning items for the new school year. Access to SLM/A areas however has increased in the period and 27 School in a box kits and 31 recreation kits were distributed to 13 schools in non-GoS areas to benefit 4320 children. Some 560 nomadic children have also benefitted from the distribution of 120 textbooks; 4 pupil kits; 3 school tents; 2 school-in-a-box kits and one recreation kit.

UNICEF and WFP signed an Operational Partnership Framework for Food for Education (School Feeding) in Darfur but finding a partner willing and able to implement this programme continues to be a challenge.

NGO Partnerships

During the month of May, several new Project Cooperation Agreements were signed with NGOs. In South Darfur, PCAs were signed with the Norwegian Refugee Council and American Refugee Committee to implement education activities in Kalma Camp and the Gareida corridor, reaching approximately 16,000 children and 3,000 respectively. In West Darfur, PCAs were signed with Mercy Corps and a local NGO, Community Development Association, to implement education activities in Mukjar/Zalingei Camp and Kulbus locality, reaching approximately 14,00 children and 3,000 children respectively.

School Management

An assessment on the collection of school fees in North Darfur, completed in April, inspired the SMoE and FMoE to issue decrees prohibiting the collection of school fees in all IDP schools and to re-affirm that basic education is free for all. However, in host community schools, PTAs will continue to collect some funds from parents as part of the community’s contribution in helping to manage and sustain the schools in the absence of support from government and/or the international community. The SMoE and FMoE has stated that this community contribution should not be misinterpreted as a school fee since PTAs can not deprive any child from attending school due to the inability to contribute.
In North and South Darfur, arrangements are being made to separate IDP and host community primary school children to prevent anticipated tensions between the two communities. In North Darfur, two schools in Malliet town are being used for IDP children in an afternoon shift hours. In South Darfur, after a joint UNICEF- OCHA- Ayya assessment mission to Kubum, it was decided to establish 8 new classrooms in Um Labasa IDP camp to avoid tension in the host community schools.

CHILD PROTECTION

Promotion of Child Rights based Programming in the Wider Humanitarian Response

During the month of May, a total of 77 humanitarian workers, including 43 WES government counterparts in South Darfur and 34 humanitarian personnel in Saraf Omra and Kabkabiya, North Darfur participated in orientation sessions on the Code of Conduct relating to prevention of sexual abuse and exploitation during humanitarian crises and on child protection.

A TOT Training is being currently organized by UNICEF for selected persons from the AU Civilian Police and national participants on child protection issues and the broader context of child rights, Code of Conduct and on sexual and gender based violence. The training will be conducted by international and national consultants and will take place in June-July. AU Civilian Police who are already deployed in Darfur will also receive training in various AU CFC locations during June.

Strengthening Psychosocial Well-being

UNICEF, in partnership with Sudanese Popular Committee for Relief, Enfants du Monde, and two local CBOs in North Darfur, is continuing its support for providing psychosocial activities to IDPs children through the Children’s Spaces.

A new Project Cooperation Agreement between UNICEF and Save the Children/ US was been secured to provide psychosocial support for 49,700 children of 5-18 years of age in 12 camps in west Darfur. UNICEF, in collaboration with Tearfund initiated a project of establishing children’s spaces, hygiene promotion and recreational activities for some 7,800 children in conflict-affected communities of Garsila and Deleige in west Darfur. In North Darfur, psychosocial support activities for children in Kabkabiya and Saraf Omra will be expanded in cooperation with SC-Sweden and local CBOs.

UNICEF’s efforts with partners are currently focused to scale up the psychosocial support by consolidating the existing Child Friendly Spaces and establishment of additional Spaces in geographical areas not reached so far. In this context, UNICEF is planning to target by the end of August 200,000 children in all the three states of Darfur. For this purpose, UNICEF has developed a sample project plan for providing psychosocial support outside the school context and disseminated this sample to all NGOs working in Darfur to have more partners working in this area.

UNICEF is also planning to provide psychosocial support to children in schools through the collaboration with the Ministry of Education to train teachers. Efforts will also be focused on improving the quality of psychosocial support provided inside and outside schools with a special focus on adolescents.

Prevention and response to SGBV

During the month of May, UNICEF and UNFPA have been summarizing, analyzing and writing the final report of the situational analysis concerning
community perceptions of the impact of SGBV on the health of women and girls, based on focus group discussions held in April with over 250 IDPs (men, women and children). The report will be finalized and disseminated in June.

Also during May, UNICEF trained 205 trainers in provision of emotional support to survivors of sexual violence through seven ToT workshops conducted in West Darfur (Geneina,Zalli ngi); in North Darfur (El Fashir, Kutum, Kebkabiya); and in South Darfur (Nyal, Kass). Each trainer is now responsible for training a minimum of ten other persons. The total impact over the next three months then, is a minimum of 2,000 persons trained.

UNICEF has developed and distributed two sample project plans (one for prevention and response to sexual violence and one for fuel efficiency stove projects) – and is now advocating with partners for implementation and support of SGBV programmes.

**Children associated with fighting forces**

During the month of May, 23 youth committees were established and/or functioning among the IDP communities. These committees are viewed as an important tool for sensitizing, empowering and informing adolescents, so as to prevent child recruitment. UNICEF is currently working with partners to improve the participation in committees and to develop livelihood opportunities through this framework.

**Non Food Items**

UNICEF has received over 9 million dollars for funding procurement of NFIs in 2005. Unfortunately, this is only 25% of the total estimated requirement for the year. Not only has lack of funding in this sector constrained expansion, the breakdown of the unloading crane in Port Sudan caused delays in the delivery of NFIs and blocked the delivery of raw materials to local manufactures of NFIs.

Jerry cans, buckets and soap are being procured locally and are currently priority products for distribution as a part of hygiene promotion in anticipation of rains. Due to the urgency, UNJLC has encouraged agencies to distribute these items even if the full package for NFIs can not be given.

Some 263,569 packs of 45 piece soap are ordered and 124,000 are already delivered – but problems in the shipment of raw materials to manufacturers in Khartoum have delayed production. Some 250,737 jerry cans are ordered, 165,181 are delivered. Some 196,540 buckets have also been ordered, 80,000 are in country and 110,000 are delivered.

For shelter and protection some 171,838 units of plastic sheeting have been ordered and 76,800 are presently in country; 520,184 blankets have been ordered and approximately 281,969 have been delivered so far. Some 495,000 sleeping mats have also been ordered and are expected to arrive in Port Sudan in early June. To protect against malaria 112,900 treated mosquito nets were ordered and 86,400 have been delivered.

For personal health and dignity some 220,000 sheets of fabric for women’s clothes have been ordered and 526,400 sanitary materials, but they are still in the pipeline.
UNICEF is thankful to the donors listed in the table below for their generous contributions. UNICEF is requesting US$ 123,513,594 for Darfur-specific activities in 2005. This is a revised figure based on the Workplan Mid-Term Review. Original estimates of annual requirements were US$135,466,092. However, due to limited support in the first half of the year, the funding targets have been reduced (by US$ 7,993,495 in WES and US$ 4,219,753 in Education) to reflect the feasibility of implementing projects in the remainder of 2005. As of early May just over 37 million dollars has been received in new contributions. Although these contributions are significant –only 30% of the required amount is available to implement activities. If the US$11,971,315 in carry-over funds from 2004 is included in this total, UNICEF has approximately 40% of the total funds required.

**Gross Receipts versus Funding Requirements in 2005**

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</table>

For further information on the Darfur Emergency and/or UNICEF Programmes Please Contact:
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msalvai@unicef.org
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skleschnitzki@unicef.org