

Sudan

Executive Summary 2006

The implementation of the Comprehensive Peace Agreement (CPA) in Southern Sudan progressed despite delays in the implementation of key aspects of the agreement. However, the three year-old conflict in Darfur has yet to be resolved and massive humanitarian needs were expected well into 2007 and beyond.

The Darfur Peace Agreement (DPA) was signed on 5 May 2006 by the Sudanese Government and the Sudan Liberation Movement/Army (SLM/A) faction of Minni Minnawi, militarily the largest of the three main rebel factions. The Abdel Wahid faction of the SLM/A and the Justice and Equality Movement (JEM) refused to sign the agreement. This partial signing of the DPA heightened tensions and factionalism, which in turn increased ethnic divisions and further exacerbated security conditions, human rights violations and increased vulnerability. Since the signing of the agreement, fighting escalated between signatories and those who refused to sign and, as a result, access to the affected population in Darfur has decreased to its lowest level since early 2004. In addition, tensions in the Eastern region and Abyei are continuing.



The continued provision of massive relief was essential across Darfur as the population was almost entirely dependent on humanitarian assistance. In a situation of continued provision of assistance, Protection and Gender Based Violence remained the most significant challenges for the population of Darfur. Continued assistance could not, however, be assumed. Tension and insecurity in the Darfur region were at their highest levels since 2004 and the period since May 2006 saw increased displacement, deadly attacks on humanitarian staff and hijacking of vehicles, resulting in a dramatic reduction in access. Negotiations for humanitarian access were increasingly difficult due to fractionalization of the rebel groups, and growing politicization of internally displaced people (IDPs).

Tackling Southern Sudan's enormous post-conflict challenges and delivering peace dividends required significant and sustained efforts by the Government of Southern Sudan (GoSS), State Governments, and renewed and focused international support to help consolidate the CPA. In Southern Sudan, the shift from relief to recovery was promising, but expectations among the Southern Sudanese for greater stability, improved basic services, and improved livelihood opportunities remained high. Although there had been relative peace, there had also been an increase in inter-communal conflict because of a vacuum of law and order in the region. In addition, tension and intermittent insecurity prevailed in the three areas of Abyei, Southern Kordofan and Blue Nile. The issue of the Abyei Boundary Commission Report had yet to be resolved.

An outbreak of acute watery diarrhea (AWD) began in Southern Sudan in late January 2006, initially reported from Yei Town in Central Equatoria State. The outbreak subsequently spread to involve the urban centers of Juba, Torit and Malakal as well as many smaller towns and villages in Central Equatoria, Eastern Equatoria, Jonglei, Lakes, and Upper Nile States. Western Equatoria State had reported sporadic cases and Unity State reported suspicious

cases. In a four-month period following the initial report, over 12,000 cases were reported with 314 deaths for an overall case fatality rate (CFR) of 2.63 percent. The causative agent was identified as *Vibrio cholerae inaba* from multiple reporting sites.

Although the outbreaks at most locations were controlled, other towns and villages reported new cases as the bacteria spread through population movements. As of mid-April 2006, there were approximately 400 cases per week reported from locations in Southern Sudan other than Juba. At the time of the outbreak, it was estimated that the trend was likely to continue over the following three months due to population movements, onset of the rainy season and low availability of safe water and appropriate sanitation.

Table 1: Agencies that received funds in 2006

Total amount of humanitarian funding required – 2006	▪ Sudan: \$1.6 billion
	▪ Darfur:\$799 million
Total amount of CERF funding received by window (rapid response/under-funded):	▪ Rapid Response: \$35,519,099
Total amount of CERF funding for direct UN/IOM implementation and total amount forwarded to implementing partners	▪ Direct implementation: US\$32,434,724
	▪ Forwarded to partners: \$3,084,375
Total number of beneficiaries targeted and reached with CERF funding (disaggregated by sex/age):	▪ Please see section “results”
Geographic areas of implementation:	▪ Darfur and Southern Sudan

Decision-making

UN agencies and partners requested a total of \$1.6 billion for humanitarian interventions through the 2006 UN and Partners Work Plan for Sudan. With roughly \$270 million received or pledged as of late March, only 17 percent of the total funding needed had been pledged or committed. Because of the deteriorating situation in Darfur and given the increasing costs and constraints to humanitarian access, there were four applications for rapid response grants from the CERF.

As per the requests, all four grants were quickly approved from the Rapid Response mechanism of the CERF. The first grant of \$20 million was provided in May 2006 to respond to the new displacement of approximately 200,000 IDPs and influx of 14,000 Chadian refugees in Darfur. The second grant of \$1 million was provided also in May 2006 to respond to cholera outbreak in Southern Sudan. The third grant of \$4.5 million was provided in October 2006 to expand the Humanitarian Air Services. The fourth grant of \$10 million was provided in December 2006 to respond to the growing crisis in Darfur.

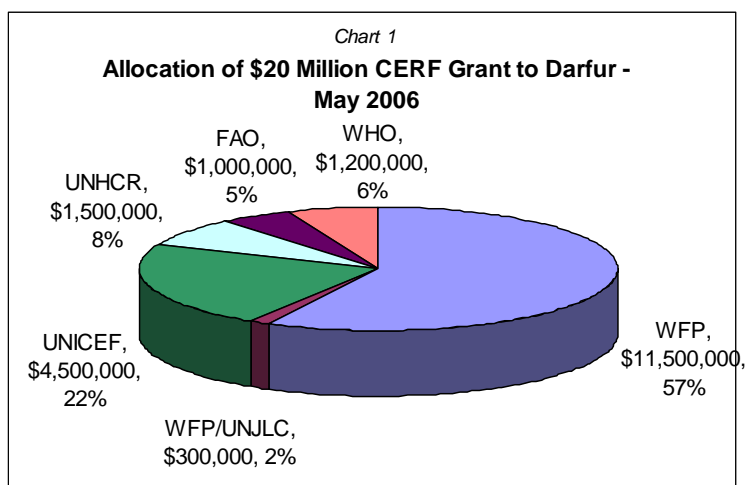
In response to the growing crisis in Darfur and the cholera outbreak in Southern Sudan, the Humanitarian Coordinator and the UN Country Team (UNCT) Sudan agreed upon the following

sectors as priority lifesaving areas: food aid, food security and livelihoods, health, non-food items (NFIs), protection, and water and sanitation. This decision was based on new UN assessments in the regions, in some cases conducted with NGOs and/or Government counterparts, and on prior assessments in the areas, taking into account the newly projected IDP figures. Following an extensive consultation process within sectors, priority activities were identified for CERF funding. The consultation process was fully transparent and took place in participation of all key actors within sectors/regions. Upon endorsement by the sector leader, the prioritized requests for CERF funds were submitted to the Humanitarian Coordinator and the UN Country Team for final review. Once the final decisions were taken, the Humanitarian Coordinator submitted the requests for consideration to the Emergency Relief Coordinator.

Rapid Response Grant to Darfur – May 2006 (\$20 million)

Implementation

Receiving the CERF grant for Darfur was imperative for UN agencies to be able to respond quickly to the new displacement of approximately 200,000 IDPs and influx of 14,000 Chadian refugees. With most agencies experiencing severe funding shortages with respect to the already anticipated caseload of IDPs in Darfur, there was no funding available for the newly displaced. In addition, the quick disbursement of CERF funding allowed a number of agencies to implement immediately response activities before the onset of the rainy season, which would have made access to many areas in Darfur even more problematic.



The \$20 million CERF grant was implemented through six UN agencies in close collaboration with NGOs and Government counterparts. The detailed allocation of funds among recipient UN agencies is presented in Chart 1.

The \$20 million CERF grant for Darfur was implemented primarily through UN agencies with support of their implementing partners, national and international NGOs and Government counterparts. In 2006, WFP implemented its food assistance programmes through 140 partners under 100 field level agreements. The World Food Programme (WFP) collaborated with UN Children’s Fund (UNICEF) and the Ministry of Education in the education sector, to provide more comprehensive assistance to school children through the school feeding programme. WFP and United Nations Joint Logistics Center (UNJLC) worked with UNICEF, OCHA, CARE, and other NGOs on a common system for procurement and distribution of non-food items. UNICEF was responsible for procurement and transport of non-food items to CARE warehouses, CARE was responsible for warehousing and transport to the distribution sites, and UNJLC ensured effective supply chain management and coordination of the non-food item pipeline to guarantee that procurement, transport, storage, and distributions were conducted in a timely and effective manner.

UNICEF provided plastic slabs and plastic sheets for the construction of latrines to OXFAM, American Refugee Council (ARC) and Christian Health Association of Sudan (ZOA). The drilling and construction activities were undertaken by Government partners and the private

sector. UNICEF also supported activities for children implemented by OXFAM in Gereida. Health activities were implemented by Merlin and State Ministries of Health (SMoH) teams in Gereida through provision of supplies, including bed nets and vaccines. In addition, NGO partners directly distributed non-food items procured by UNICEF, which included blankets, reinforced tarpaulins, plastic sheeting mats, women's clothing, and jerry cans.

United Nations High Commissioner for Refugees (UNHCR), in partnership with IOM and with



the support of the Sudanese Commissioner for Refugees (COR), the African Union (AU) and Save the Children-US (SC-US), conducted the voluntary relocation of 3,200 Chadian refugees to Um Shalaya refugee camp from 11 to 28 May 2006. Registration was carried out by the International Organization for Migration (IOM) registration team under the supervision of UNHCR. SC-US doctors provided medical screening to establish whether a person was fit for travel. The fleet was organized and supervised by IOM. All convoys were escorted by African

Union (AU) troops dispatched from Mornei and accompanied by IOM vehicles. Refugees received non-food items packages provided by UNHCR, UNJLC, and Help Age upon their arrival in Um Shalaya. The non-food item distribution was carried out by Intersos¹ or by UNHCR directly. UNHCR's implementing partners, SC-US and Concern, implemented specific projects in Um Shalaya. UNHCR and COR staff continued to be present on a regular basis in the camp to ensure protection for the refugees and coordination of assistance. These refugees had fled from villages along the border areas of Chad and were living in extremely vulnerable locations along the border inside Sudan where humanitarian services could not be provided. The effect of these partnerships was that the refugees were relocated from an insecure border in safety and dignity and were provided with life-saving assistance.

The World Health Organization (WHO) provided technical support and guidance to the State Ministries of Health of North, West, and South Darfur in improving the primary health care services in rural areas and in implementing corrective action for filling the gaps. Through implementing partners, the Food and Agriculture Organization (FAO) distributed vegetable seeds and tools to support self-sufficient food production amongst recently displaced IDPs whose livelihoods and sources of food production had been destroyed by the conflict. FAO also provided livestock vaccinations and treatment for livestock-dependent households to support them in maintaining their livestock assets and avoid disease outbreaks. As the lead agency for the food security and livelihoods (FSL) sector in Sudan, FAO coordinated joint assessments of needs, definition of priorities, programming, and in some cases joint monitoring to avoid overlaps in assistance provision, ensure complementarity of work and balance the coverage of areas in need across Darfur.

The inter-agency collaboration was critical for ensuring the timely and efficient delivery of life-saving interventions. All concerned actors were involved in needs assessments, project prioritization, and identification of life saving sectors. Such coordinated system allowed for utilizing to maximize the expertise and strengths of each participating agency, while minimizing the duplication of assistance. Moreover, the coordinated inter-agency approach allowed for

¹ Italian-based humanitarian non-profit Organization working in emergency aid

greater coverage of humanitarian assistance, making it possible to reach more people with limited resources. The following table outlines implementing partners that benefited from CERF funding, their primary activities, and the amount of CERF funding forwarded to each partner.

Table 2: Activities possible through CERF funding in Darfur – Rapid Response

Agency	CERF Grant	Implementing Partners	Primary Activities	CERF Funds Received
WFP	\$11,500,000	World Vision	Implementation of food assistance programmes	\$167,382
		GAA	Implementation of school feeding programme	\$503,881
WFP/ UNJLC	\$300,000	UNICEF	Procures and transport of NFIs to the CARE warehouse	\$0
		CARE	Warehousing and transport to distribution sites	\$0
		OCHA	Assists with needs assessments and information sharing	\$0
		INGO and NGO community	Distribute to targeted beneficiaries	\$0
UNICEF	\$4,500,000	Government of Sudan	Water, sanitation and hygiene promotion interventions	\$0
		OXFAM	Water, sanitation and hygiene promotion interventions	\$0
		ICRC	No information available	\$0
		ZOA	Construction of latrines and distribution of soap	\$60,000
		CDF	Child protection activities	\$21,300
		AMIS (Child Protection)	Child protection activities	\$0
		State Ministry of Health	Health supplies and mosquito net distribution	\$0
		ARC	Construction of latrines and distribution of soap	\$71,000
		Merlin	Health supplies	\$0
		UNJLC and CARE	NGO distribution of NFIs to IDPs	\$0
UNHCR	\$1,500,000	IOM	Transportation of refugees from the border to the camp	\$232,371
		Concern	Site planning, construction of shelter, other infrastructure	\$231,179
		Save the Children-US	Medical and community services	\$21,450
FAO	\$1,000,000	NGOs (See Annex 4 for details)	Provision of vegetable seeds and tools	\$421,340
WHO	\$1,200,000	SMoH, WES	Equipment to support the operation	\$80,000
		WHO & SMoH	Operational Costs	\$179,954
		WHO, SMoH, WES, RI, PAI, Malteser, GOAL,	Medical kits and supplies for	\$674,541

		IRC, SUDO, KPHF	environmental health and vector control	
Total	\$20,000,000			\$2,664,398

Results

Table 3: Activities possible through CERF funding in Darfur – Rapid Response Window

Agency	Number of beneficiaries	Activities
WFP (food security and livelihoods)	<ul style="list-style-type: none"> ■ 1.1 million people in Darfur 	<ul style="list-style-type: none"> ■ Provided food aid ■ More than 160 schools in Darfur benefited from school feeding programme ■ Overall global acute malnutrition and severe acute malnutrition rates dropped below emergency threshold at 13.1 percent and 2 percent, respectively (2006 Emergency Food Security and Nutrition Assessment) ■ Crude mortality rate dropped from 0.4 from 0.5 deaths per 10,000 in the Darfur region
FAO (food security and livelihoods)	<ul style="list-style-type: none"> ■ 22,000 households ■ 34,000 households ■ 60 community animal health workers (CAHWs) ■ 2,000 households 	<ul style="list-style-type: none"> ■ Received vegetable seeds estimated to cover needs for two months ■ Large scale distribution of agricultural tools ■ 168,000 livestock animals vaccinated against key diseases ■ Trained to work in often-inhospitable remote rural areas where veterinarians are unavailable. Each animal health worker could provide vaccination services and treat on average of 4-500 animals per year ■ Trained in the production and use of fuel efficient stoves ■ Trained on the Integrated Food Security and Humanitarian Phase Classification (IPC) system started by FAO in Somalia which is now being used in other

WFP/UNJLC (Common Services and Coordination)	<ul style="list-style-type: none"> ▪ UN, NGO and Government stakeholders 	<ul style="list-style-type: none"> countries in Africa to assist with food security analysis
	<ul style="list-style-type: none"> ▪ 521,463 households 	<ul style="list-style-type: none"> ▪ 2,248,719 non-food items distributed as a result of UNJLC coordination ▪ Distributions increased with recruitment of additional logistics officers ▪ Needs assessments conducted allowing humanitarian community to target limited stocks to the most vulnerable beneficiaries ▪ Increased coordination capacity enabled humanitarian agencies to respond quickly to new displacements
UNICEF (health and nutrition/water and sanitation)		<ul style="list-style-type: none"> ▪ UNICEF's interventions increased to provide access to safe and adequate water supply ▪ Two deep bore wells drilled and equipped and drilling of six deep ▪ 9 km distribution pipes laid, two elevated and four ground water tanks installed, 10 distribution points constructed ▪ Rehabilitation of four deep and 25 shallow wells completed and equipped ▪ 30 shallow wells drilling completed and fitted with hand pumps ▪ Access to improved sanitation facilities through the construction of 3,000 communal and households latrines, in addition to 500 household latrines constructed for new arrivals
	<ul style="list-style-type: none"> ▪ Over 60,000 IDPs 	<ul style="list-style-type: none"> ▪ 100 hygiene promoters trained and conducting daily household visits and regular hygiene promotion activities, weekly camp clean-up campaigns held and daily disposal of solid waste carried out
	<ul style="list-style-type: none"> ▪ 92,500 IDPs 	<ul style="list-style-type: none"> ▪ 1,300,000 pieces of soap distributed on monthly basis to promote hygiene practices ▪ Camp sprayed for vector control on a regular basis

WHO (health and nutrition)	<ul style="list-style-type: none"> ▪ 128,000 IDPs ▪ Beneficiaries in Gereida camp ▪ 135,000 people ▪ 40,000 households ▪ Children under one year of age in the region 	<ul style="list-style-type: none"> ▪ Benefited from health care services, relief and shelter supplies, including access for the displaced population to 45 primary health care kits, 14 midwifery kits, 50,000 ORS sachets and various medicines ▪ ACT malaria drugs and 40,000 Long Lasting Insecticide-Treated Bed Nets (LLTNs) distributed to protect women and children against malaria ▪ Routine vaccines provided
	<ul style="list-style-type: none"> ▪ IDPs and conflict-affected population 	<ul style="list-style-type: none"> ▪ High coverage of primary health care services ▪ Delivery of life saving drugs and medical supplies to 12 hospitals in Darfur, allowing for the provision of free quality health care and emergency surgical and medical services ▪ Expansion of disease surveillance and outbreak early warning system to 128 reporting units. 78 percent of units reported on time in comparison to 56 percent in 2005
UNCHR (multi-sector)	<ul style="list-style-type: none"> ▪ 3,200 Chadians 	<ul style="list-style-type: none"> ▪ Transported safely from the border area to the newly-established camp in Um Shalaya ▪ 685 shelters with family latrines built ▪ One women's centre built and run ▪ One youth centre built and run ▪ One rub hall to store food and non-food items built and managed

Map of Darfur



Implementing agencies worked closely with their partners and field offices on monitoring activities. WFP and partners adopted a variety of monitoring tools that were used regularly to determine the effectiveness of the food assistance. Some of the tools used include monthly distribution checklists/reports, monthly food basket monitoring, rapid household food economy assessments conducted as needed and monthly post distribution monitoring.

Assessment data for health for UNICEF was pre-existing, based on interventions in the area. Interventions were based on numbers of people coming into Gereida. For child protection, data was collected in the context of joint missions with other partners and UN agencies. Consultations were made on the situation of child protection and the needs with existing actors and partners in Gereida – notably ICRC, ZOA, OXFAM, Cooperative Housing Foundation International (CHF), and African Mission in the Sudan (AMIS) – to respond to the crises with psychosocial support for children.

Several missions were undertaken in IDP locations in Gereida to assess the water supply and sanitation needs. Assessments were undertaken by UNICEF and Government WES/SWC, as well as by a few NGO partners in the area, including OXFAM. Based on the assessment data detailed plans were developed and discussed with all partners working in the area and are being implemented. Hydro-geological and geophysical surveys were undertaken to select suitable sites for drilling bore wells.

WFP/UNJLC delegated responsibility for project monitoring to its implementing partner CARE. The data collected in the field-by-field monitors were analyzed by a monitoring and evaluation officer and reports shared with the Advisory Panel for non-food items to ensure adequate programming and accountability. Similarly, projects implemented by FAO were monitored by implementing partners in collaboration with FAO field offices and in consultation with the sector leaders.

As for WHO, at the state level, the project was organized in five pillars (hospital, primary health care, disease control (CDC), environmental health and coordination) with technical focal persons responsible for routine supervision, monitoring and evaluation. Data was collected and analyzed on a daily, weekly, and monthly basis. Weekly situation reports were then compiled for sharing with partners. Weekly morbidity and mortality updates were produced to monitor disease trends in the region and institute preventive measures as need arose. Joint supervision with the State Ministry of Health was undertaken on a weekly basis. Gap analysis of the health service delivery was done monthly with recommendations for response made. The people involved were the focal persons per pillar, the head of sub-office, the Darfur coordinator, and the Emergency Health Action coordinator on the part of WHO and doctors from the State Ministry of Health.

UNHCR performed monitoring with its own means. Staff in Darfur monitored closely the movements to ensure that the refugees were relocated to the new camp in safety and dignity. They accompanied the convoys from the departure point up to the camp. UNHCR staff also monitored directly the registration of the refugees conducted at the camp level together with the Sudanese Commissioner for Refugees (COR). Regular reports produced by implementing partners were also submitted to UNHCR and staff conducted daily visits to the camp to follow up on developments in all sectors.

Overall, the influx of Chadian refugees in West Darfur was not foreseen at the time of UN and Partners Work Plan development for 2006. In addition, the combination of low funding towards the Work Plan at the beginning of 2006 with slow disbursements resulted in many projects in

Darfur being underfunded. In April 2006, many agencies found themselves with no funds to address unforeseen emergencies on such scale. The CERF grant allowed agencies to quickly respond to the emergency and implement time critical activities, while waiting for other contributions to come in. Relocation of new arrivals and establishment of a camp, provision of sufficient food rations, ensuring access to clean water, and provision of basic health services are only some of many priority interventions which would not have been implemented in time, had the CERF funds not been made available. The following table includes an estimate of beneficiaries reached through CERF supported activities.

Table 4: Number of beneficiaries

Beneficiaries of CERF Supported Rapid Response to Darfur Crises								
Agency	Female			Male			Grand Total	Type of Beneficiaries
	Adults	Children	Total	Adults	Children	Total		
WFP	321,394	278,345	599,739	254,827	249,286	504,113	1,103,852	IDPs
	0	56,385	56,385	0	63,786	63,786	120,171	School children
UNJLC	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	291,000	Newly displaced
UNICEF	49,000	51,000	100,000	49,000	51,000	100,000	200,000	IDPs
UNHCR	908	938	1,846	458	895	1,354	3,200	Chadian refugees
FAO	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	371,675	Unspecified
WHO	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	20,000	Unspecified

**For purposes of this report number of households has been converted into number of beneficiaries (1HH = 5 beneficiaries)*

**N.A. – Not Available*

Rapid Response Grant to Southern Sudan – May 2006 (\$1 million)

Implementation

In response to the cholera outbreak in Southern Sudan, WHO and UNICEF sought jointly a \$1 million CERF grant to enable timely provision of basic health supplies to treat the infected cases, hygienic awareness-raising at the community level, ensuring supply of safe drinking water, improving environmental sanitation through the collection of solid waste, and building of latrines.

Both WHO and UNICEF worked closely with implementing partners on the response to the cholera outbreak in Southern Sudan. WHO's public health operation was undertaken in partnership with the Ministry of Health of the Government of Southern Sudan, the Federal Ministry of Health - Khartoum, UNICEF, ICRC, IFRC and many NGO partners.

The Ministry of Health, Ministry of Housing, Land and Public Utilities, Ministry of Co-Operatives and Rural Development (GoSS), State Ministries of Physical Infrastructure, community structures, WHO, WFP, MEDAIR, IOM, and Swedish Free Mission (SFM) have effectively collaborated with UNICEF through project cooperation agreements. These collaborations have resulted in improved access to safe water, increased sanitation, and hygiene awareness among the targeted population, and ultimately reduced number of cholera cases. The following table presents implementing partners that benefited from CERF funding, their primary activities, and the amount of CERF funding forwarded to each partner.

Table 5: Activities possible through CERF funding in Southern Sudan – Rapid Response

Agency	CERF Grant	Implementing Partners	Primary Activities	CERF Funds Received
WHO/UNICEF	\$1,024,699	IFRC	Rehabilitation of boreholes	\$ 40,000
		Rural Water Department	Chlorination	\$ 1,937
		WFP	Travel and freight costs	\$153,337
		MEDAIR	Water treatment , latrines and hygiene promotion	\$ 85,812
		Swedish Free Mission (SFM)	Disinfection of 100 boreholes, installation of 100 household latrines and hygiene promotion in Juba	\$ 65,328
		International Aid Services	Management of emergency water services in Yei	\$ 8,763
		Public Health Department	Re-assembling of 100 wheelbarrows for garbage collection in Juba Town	\$ 300
Total	\$1,024,699			\$355,477

Results

Below is a list of key results achieved by WHO and UNICEF with activities supported by CERF resources.

Coordination (WHO):

- A Task Force was formed in Juba with the Under-Secretary of the Ministry of Health of the Government of Southern Sudan (GOSS) as chairperson to coordinate overall public health response to the outbreak with daily technical advice and assistance from WHO-Southern Sudan office, and
- A sub-committee of the Task Force on case management and surveillance was chaired by WHO and met separately two to three times per week to resolve day-to-day issues of surveillance and case management.

Surveillance (WHO):

- Printing, distribution, training and promotion in use of standard case definition for reporting of all suspected cases of acute watery diarrhea (AWD),
- Nine fixed surveillance sites were identified in Juba and reporting of all suspected acute watery diarrhea cases was collected and analyzed on a 24 hours basis,
- A standardized line listing form for recording all reported cases meeting the case definition was printed and distributed to all implementing partners. In Juba, data analysis of the line listing continued on a daily basis with Ministry of Health supported by WHO in order to better understand the changing epidemiological pattern and transmission trend of this outbreak,
- Mapping of all incoming data countrywide was continued throughout the eight months of the outbreak. In the early stages of the outbreak, WHO published daily updates and later continued writing and dissemination of weekly reports to all partners until late

September 2006. In Juba, mapping was done by areas of the city to identify high risk areas for targeting of chlorination and aggressive hygiene promotion activities, and

- Systematic collection of stool samples for laboratory testing from multiple locations for verification and continued testing in order to understand the circulating pattern as well as the antibiotic sensitivity pattern of the pathogen causing this outbreak. WHO supplied transport media to all partners, rapid diagnostic tests for cholera, and facilitated specimen transport to the AMREF referral laboratory in Kenya and informed partners of all results.

Case management (WHO):

- Distribution of case management guidelines to all implementing partners; and training of health workers at various outbreak locations was carried out,
- Three cholera treatment centers were set up in Juba town combined with two other existing facilities (police and military hospitals) to improve access to proper treatment, and
- A template for estimation of needs for essential drugs and emergency supplies for case management of acute watery diarrhea was developed by WHO and distributed to all implementing partners.

Environmental control measures (WHO):

- A WHO water and sanitation expert from the Khartoum office assisted in the first month of the outbreak with the planning and training for the chlorination of river water and the city distribution system at multiple locations,
- Emphasis was placed on systematic monitoring of residual chlorine levels in the various water sources. Supplies for monitoring, namely comparators with reagents, were limited among partners, and WHO procured chlorine comparators with reagents for partners use, and
- Standardized hygiene and sanitation messages were developed by the water and sanitation sub-committee of the Task Force in which the WHO expert was an active participant.

Procurement and distribution of urgent supplies (WHO):

- Ten cholera kits of IV fluids and 15 cholera kits (supplementary) were procured and distributed to implementing partners as required (for example in Juba, Lafon, Pacidi, Kapoeta, Bor, Pochalla, Akobo, Kueryang, Parageu, Yeri, Pariang), and
- Additional cholera supplies were procured, positioned, and dispersed from the WHO-Loki hub and Emergency Warning and Response Network team.

Training and verification of rumors of acute watery diarrhea (WHO):

- Rumor reports were sent to WHO- Emergency Warning and Response Network Verification itself was carried out by WHO staff as well as other partners,
- On-the-job training of the case definition, line listing forms and case management was carried out by the WHO staff doing verification of rumors, and
- Formal training sessions were held in Juba for Juba Teaching Hospital (JTH) staff.

Water and Sanitation (UNICEF):

- Access to safe water has been increased in Kator, an area with a population of about 67,000 that had the highest cholera caseload in Juba town, through installation of a new

electrical pump and a new generator that have been vital for continuous and efficient functioning of the water supply plant. The injector pumps for the Juba town water supply system were replaced and gas chlorine was provided for water treatment. The water quality was improved in Juba town through disinfection of 100 boreholes with chlorine. Access to sanitation facilities was increased through construction of 100 household latrines in areas of high vulnerability. Access to hygiene knowledge was increased in the cholera affected areas of Juba town through community mobilization, training on community hygiene promotion and intensive hygiene awareness through mass media, religious institutions and influential community leaders,

- Access to safe water for populations in Aweil and Yei towns were maintained through supply of fuel and water treatment chemicals that have kept the water supply systems operational,
- Access to safe water, sanitation and hygiene knowledge was increased for the population of Wau way station and BOR-Medina IDP population through community mobilization, training and sensitization,
- Supplies were procured, pre-positioned and used for water and sanitation interventions and water treatment activities, and
- Coordination, supervision, and monitoring trips were undertaken to enhance and ensure timely and correct delivery of water, sanitation, and hygiene knowledge services.

Cholera is a disease that spreads rapidly among dense and unstable populations and can kill within 24 hours if not appropriately treated. The CERF funds ensured urgent life-saving needs of cholera affected populations of Southern Sudan. Specifically, the CERF funds facilitated rapid installation and operation of safe water sources and construction of emergency sanitation facilities. Furthermore, the CERF grant enabled dissemination of hygiene knowledge through community mobilization, training of hygiene promotion teams, use of mass media, religious institutions and influential community leaders, and training of surveillance teams. The above interventions resulted in reduced incidence of cholera within vulnerable population and saved lives. The table below presents estimated beneficiary figures of CERF supported rapid response to cholera outbreak in Southern Sudan.

Table 6: Estimated number of beneficiaries

Estimated Number of Beneficiaries of CERF Supported Response to Cholera Outbreak in Southern Sudan							
Female			Male			Grand Total	Type of Beneficiaries
Adults	Children	Total	Adults	Children	Total		
228,000	57,000	285,000	188,000	47,000	235,000	500,000	Of these 3,000 were IDPs Including: <ul style="list-style-type: none"> ▪ 600 children, ▪ 1,920 women ▪ 480 men

Rapid Response Grant for the provision of Humanitarian Air Services in Darfur – October 2006 (\$4.5 million)

Implementation

During the second half of 2006, the crisis in Darfur was showing no sign of resolution and had in fact further declined raising unprecedented levels of concern among the humanitarian and international community. Security conditions prevented road travel and access to a number of locations. UN agencies and partners increasingly relied on helicopter transport to carry out aid activities and WFP together with OCHA and UN Department of Safety and Security (UNDSS) worked on negotiating safe passage for humanitarian assistance,

Following the revision of contingency plans, it became apparent that there was a need to increase the overall air capacity in Darfur to allow more rapid assessments, monitoring of humanitarian activities in difficult-to-access areas, delivery of urgent humanitarian cargo, and increased evacuation capacity.

A CERF grant of \$4.5 million was requested and without delay approved by the Emergency Relief Coordinator for positioning of additional helicopters in El Geneina and Al Fasher and to increase the flying time of the already existing fleet.

While there were no key partnerships in direct implementation of the air service operation, inter-agency collaboration ensured effective utilization of aircrafts due to daily aircraft tasking according to the humanitarian community's needs. Additionally, the Government of Sudan waivers of landing, parking, and navigation fees resulted in cost-savings for the operation.

Results

CERF funding facilitated an increase in air transport capacity allowing for safe transport of staff to carry out rapid needs assessments and other life-saving humanitarian activities, including delivery of humanitarian cargo to remote and insecure areas. The results achieved with the CERF grant are:

- The CERF funding enabled WFP-HAS to expand its fleet of helicopters from four to six,
- The expanded helicopter fleet allowed for increased humanitarian access from 12 to 17 locations,
- The number of people transported increased from an average of 3,500 to 3,900 per month, and
- Increased capacity to perform expeditious security and medical evacuations.

The humanitarian air service was instrumental in providing the humanitarian community with safe and reliable access to remote areas where overland travel was difficult or impossible due to insecurity. The presence of an expanded fleet of helicopters in Darfur allowed for conducting more rapid assessments, monitoring of humanitarian activities in difficult-to-access areas, delivery of urgent humanitarian cargo, and increased evacuation capacity.

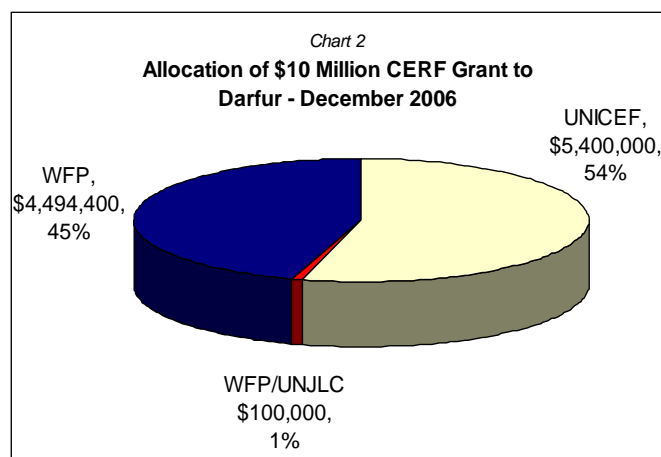
Rapid Response Grant to Darfur – December 2006 (\$10 million)

Implementation

At the end of 2006, Darfur continued to be in chaos. Intensive fighting including extreme violence against civilians, led to further deterioration of the humanitarian environment in the region. Not since the start of the conflict had so many civilians been directly affected by the ongoing violence. The population in need of emergency aid reached 4 million, half of whom were displaced in camps and settlements, an unprecedented figure.

Following consultation with all sectors and taking into account funding levels and available funding mechanisms, another CERF grant for the value of \$10 million was sought in response to the growing crisis.

The \$10 million CERF grant included \$5.4 million for UNICEF to support emergency health response and provision of non-food items; \$4.5 million to WFP to maintain recently expanded Humanitarian Air Services; and \$100,000 for WFP/UNJLC for rapid response intervention in the shelter and non-food items sector. Allocation of the CERF grant among the implementing agencies is presented in chart 2.



The CERF grant was implemented in close cooperation with other UN agencies, local and international NGOs and Government counterparts. The emergency health response programme benefited from strong partnerships both at Khartoum and field level. WHO, UNICEF and Federal Ministry of Health (FMoH) provided strong support for the health humanitarian programme, which was coordinated at Khartoum level through a series of coordination mechanisms involving all partners including UN agencies and NGOs. Bi-weekly health sector coordination meetings were held at the WHO-Khartoum Office. Moreover, several task forces involving UN agencies, departments from the Federal Ministry of Health, key donor agencies and NGOs facilitated joint planning, and monitoring of the humanitarian response activities. At state level, UNICEF and WHO provided both technical and material support for the implementation, monitoring and periodic evaluation of the humanitarian health actions, in partnership with the State Ministry of Health (SMoH).

Along with participating NGOs, the Darfur non-food items common pipeline had four key operational agencies: UNICEF procured items and transported them to the CARE warehouse in El Obeid. CARE as the logistics services provider was responsible for warehousing and transport to distribution sites in Darfur. UNJLC ensured effective supply chain management and coordinated the non-food items pipeline with cooperating partners and communities in the field to guarantee that procurement, transport, storage, and distributions were conducted in a timely and efficient manner. OCHA assisted with needs verification, coordination of assessments and information sharing. The INGOs and NGO community were relied upon as cooperating partners distributing to targeted beneficiaries. As the pipeline had been functioning for three years, partnerships were well-defined. The arrangements were designed to expedite emergency response therefore it was an ideal mechanism to tap into at this critical time in the Darfur emergency.

A coordinated system between the four main agencies, the non-food items common pipeline were able to capitalize on the individual expertise and strengths of each participating agency, proving itself to be a cost-effective and highly successful tool in reaching vulnerable populations in a timely and efficient manner. The following table presents key partners in implementation of the CERF grant with their primary activities and amount of CERF funds forwarded to them.

Table 7: Activities possible through CERF funding in Darfur – Rapid Response

Agency	CERF Grant	Implementing Partners	Primary Activities	CERF Funds Received
WFP/ UNJLC	\$100,000	UNICEF	Procurement and transport of NFIs to the CARE warehouse	\$0
		CARE	Warehousing and transport to distribution sites	\$0
		OCHA	Assists with needs assessments and information sharing	\$0
		INGOs and NGOs	Distribute to targeted beneficiaries	\$0
UNICEF	\$5,400,000	WHO	Technical and material support	\$0
		CARE	Warehousing and transport to distribution sites	\$4,500
		UNJLC	Supply chain management and NFI pipeline coordination	\$0
		NGOs	Distribution to targeted beneficiaries	\$0
		Ministry of Health	Support to the health humanitarian programme	\$0
		Malteser	Community based malaria prevention programme	\$60,000
WFP	\$4,494,400		No implementing partners	\$0
Total	\$9,994,400			\$64,500

Results

Please find below a list of key results achieved by WFP, UNJLC and UNICEF with activities supported by CERF resources.

Non-food items, common services and coordination (WFP/UNJLC, UNICEF):

- With the recruitment of additional logistics officers to increase UNJLC's presence in the field, non-food items distributions to the newly displaced were increased,
- Needs assessments were conducted allowing the humanitarian community to target limited stocks to the most vulnerable beneficiaries,
- Increased coordination capacity enabled humanitarian agencies to respond quickly to the new displacements,
- In 2006, 2,248,719 non-food items were distributed to 521,463 households, and

- UNICEF in coordination with OCHA, CARE, and UNJLC procured, transported, stored and distributed non-food items requirements for 80,000 households. The basket included three blankets, one plastic sheet, two women's soaps, three sleeping mats and two jerry cans.

Health and Nutrition/Water and Sanitation (UNICEF):

- The CERF funds, together with other contributions, enabled UNICEF and partners to pre-position critical supplies: 30 primary health care kits to benefit 300,000 people in six months; 55,000 long-lasting insecticide-treated nets; anti-malaria drugs and acute watery diarrhea essential supplies at the field level where they were available on-demand to respond to emergency health needs by the conflict-affected population in Darfur,
- CERF funds and other contributions enabled UNICEF and partners to fully support the polio eradication campaign by vaccinating about 6 million children in North Sudan, and fully vaccinating 70 percent of under one year old children in Darfur. There had been no reports of polio cases in Darfur and measles outbreaks have been limited in scale,
- With CERF funds, UNICEF evaluated the acute watery diarrhea epidemic response and drew important lessons that are currently being used to prevent another widespread outbreak of acute watery diarrhea in the country, and
- The Darfur non-food items common pipeline mechanism improved living conditions of 80,000 households of newly displaced persons with the provision of shelter and non-food items.

Common services coordination (WFP-UNHAS)

- The CERF funding enabled WFP-HAS to maintain the expanded helicopter fleet for additional six months,
- Number of evacuations increased. During the first half of 2007, 21 evacuations from Darfur were carried out,
- The number of transported passengers further increased reaching the peak in March 2007 of 4,100 passengers, and
- The two additional helicopters funded by CERF grant during the five months of operation moved 2,500 passengers, completed 300 services and assessments mission flights, and carried 25,800 kg of cargo.

WFP/UNJLC delegated responsibility for the monitoring and evaluation of non-food items distribution to CARE. Field monitors were tasked with collecting data in the field, which was then sent to the monitoring and evaluation officer in Khartoum for analysis and reporting. Reports were shared with the non-food items Advisory Panel meeting to monitor quality programming and accountability and to ensure that non-food items were reaching beneficiaries in a timely manner. Valuable feedback from the beneficiaries was also shared with the stakeholders for necessary action. Moreover, UNJLC and CARE used databases for efficient tracking of commodities, reporting on distributions and targeting of Darfur populations, while OCHA assisted with prioritization, assessments and targeting.

As for UNICEF, activities were monitored by field staff in Darfur in the context of emergency preparedness and response planning and activities. There were monitoring mechanisms involving all health partners to review epidemics, resources and activities. Other internal UNICEF monitoring mechanisms to monitor emergency response actions included: weekly meetings in which the emergency preparedness and response activities were monitored; and cholera taskforce that reviews weekly reports from field offices on the cholera epidemic and

response activities. At Khartoum level, there were several monitoring mechanisms in place: the health sector coordination meetings where partners reviewed the health situation and monitored the implementation progress, constraints and opportunities. In addition, there were special taskforces that monitored various outbreaks and epidemics; including the acute watery diarrhea and meningitis taskforces in Federal Ministry of Health.

In the third quarter of 2006, OCHA defined a number of scenarios for Darfur which required agencies to update contingency stocks and emergency preparedness and response plans (EPRP) and measures. UNICEF undertook an extensive process of formulating an EPRP from Darfur, based on inputs from all UNICEF field offices in Darfur. The EPRP required additional funding, mostly outside the work plan, in order to ensure sufficient resources were in place in the eventuality of additional displacements and disease outbreak. The CERF grant was an essential funding part of UNICEF's EPRP, placing UNICEF in an excellent position to respond to the displaced population in January and February 2007.

The overall impact of the CERF funds was to enable UNICEF and partners to pre-position essential health supplies at the field level for rapid response to health emergencies. The funds enabled UNICEF to mobilize available stocks of essential supplies (originally purchased for regular programming) that would be replenished with CERF and other donor stocks.

In addition, in a drastically deteriorating humanitarian situation, the CERF grant enabled WFP to maintain recently expanded Humanitarian Air Services, which increased humanitarian access and the number of people transported per months. The expanded helicopter fleet also allowed for expeditious security medical evacuations. During the first half of 2007, 21 evacuations from Darfur were carried out.

The table below presents estimated beneficiary figures of CERF supported response to deteriorating humanitarian situation in Darfur.

Table 8: Number of beneficiaries

Estimated Number of Beneficiaries of CERF Supported Rapid Response to Darfur Crises								
Agency	Female			Male		Grand Total	Type of Beneficiaries	
	Adults	Children	Total	Adults	Children			Total
UNICEF	73,500	76,500	150,000	73,500	76,500	150,000	300,000	Unspecified
UNJLC	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	100,000	Newly displaced

N.A. – Not Available

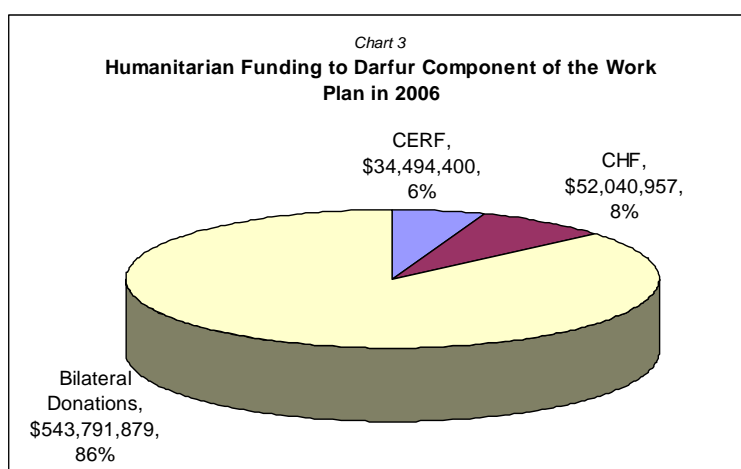
Overall results of CERF funding to Sudan in 2006

In 2006, UN agencies and partners requested \$1.6 billion for humanitarian interventions in Sudan through the UN and Partners Work Plan. The sources of funding towards the Work Plan included bilateral donations, the Common Humanitarian Fund (CHF) for Sudan, the Central Emergency Response Fund (CERF), and the Emergency Response Fund (ERF) for Southern Sudan. With the combination of these funding modalities, the humanitarian action component of the Work Plan managed to raise \$1.14 billion covering 71 percent of the Work Plan requirements. The following table presents contributions from the four funding sources towards the 2006 Work Plan for Sudan.

Table 9: CERF as part of overall funding

Funding mechanism	Amount contributed	Percentage of overall contributions	Purpose
CERF	\$35.5 million	3.11 percent	Used to respond to sudden onset of emergencies or rapid deteriorations of existing emergencies in the context of funding shortfalls. CERF funds were sought for urgent humanitarian needs that the CHF could not meet (typically large allocations towards activities not planned for in the Work Plan)
CHF	\$170 million	14.91 percent	Provided early predictable funding for priority activities within the UN and Partners Work Plan for Sudan (medium to large allocations)
ERF	\$1.6 million	0.14 percent	Rapid funding mechanism for NGO and UN agencies in Southern Sudan to address gaps in emergency response. The ERF is currently implemented as a fast track window of the CHF and allocations can be made within 48 hours (typically small allocations, max \$100,000)
Bilateral	\$932.9 million	81.83 percent	Major funding source towards the Work Plan
TOTAL	\$1,14 billion	100 percent	Figures according to the 2006 Work Plan End Year Review

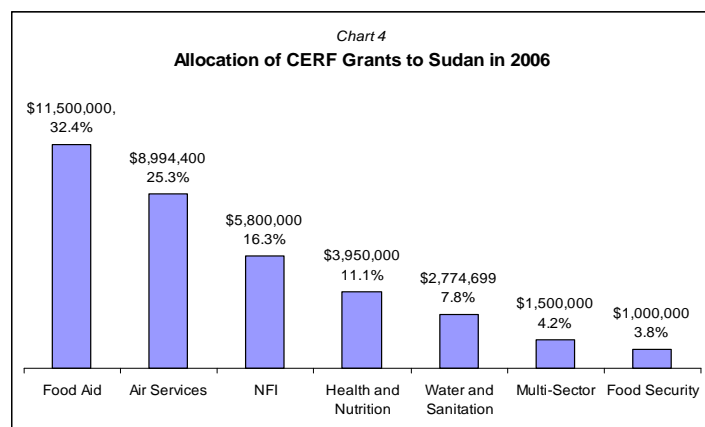
According to the decisions of the UN Country Team, Darfur was the main area of focus for CERF funding in Sudan in 2006. Of the total \$1.6 billion in humanitarian Work Plan requirements for Sudan in 2006, \$799 million were requested for interventions in Darfur and 79 percent of these requirements were met through the Common Humanitarian Fund (CHF), the Central Emergency Response Fund (CERF), and bilateral donations; jointly contributing \$631 million. Please refer to Chart 3 for a breakdown of Work Plan funding for Darfur by funding source.



During the first half of the year, most agencies experienced severe funding shortages with respect to the anticipated caseload in Darfur. By the end of April 2006, escalating conflict brought the total of newly displaced persons to well above 200,000 and the total of new refugees to 14,000. Because of the funding shortages and delayed disbursements, agencies in Darfur found

themselves unable to respond to this new emergency. The quick disbursement of \$20 million CERF grant allowed for timely implementation of lifesaving interventions in the region.

Additional CERF funds made it possible to timely respond to cholera outbreak in Southern Sudan and to expand Humanitarian Air Services and respond to the growing humanitarian



needs in Darfur. All CERF resources provided to Sudan in 2006 were utilized for implementation of key time sensitive, life-saving interventions in the food aid, air services, non-food items, health and nutrition, water and sanitation, food security, and multi-sector activities. The distribution of CERF funds between sectors is presented in the chart 4.

Although CERF funds covered only six percent of the total contributions to the Work Plan for Darfur in 2006, they played critical role in providing a timely

response to the immense humanitarian needs in the region. Through the CERF humanitarian actors were provided with access to funding for time critical humanitarian activities at times when no other funding sources were immediately available.

Lessons Learned

In general, the CERF rapid response process served the crisis in Darfur well. Most agencies felt that the assessment, application and disbursement processes were fairly quick and straightforward. Delays that occurred in utilization of funds usually took place due to circumstances beyond agencies' control, namely, insecurity and restriction of movement, inaccessible roads during the rainy season and bureaucratic bottlenecks with local authorities. Given the scale of humanitarian crisis in Darfur, it is reasonable to expect that there will be a need for continued, flexible funding well beyond 2006.

Following are some key recommendations and lessons learnt by recipient agencies:

- **WHO:** Due to miscommunication between WHO HQ and the CERF Secretariat, the disbursement of funds was delayed by approximately six weeks. Further improvements to the mechanism of CERF disbursements should be considered,
- **UNHCR:** The CERF allocation process proved to be well coordinated by the Humanitarian Coordinator and the UNCT resulting in good planning and no duplication among agencies. However, a problem was encountered when the project became over-funded with a contribution from the Government of Japan. UNHCR asked in writing if it was possible to re-allocate the unused CERF funds (\$1 million) elsewhere, but there was no clear answer on the options/criteria for re-allocation. When it was finally determined that UNHCR would return the funds, the mechanisms on how to go about it remained unclear, and
- **FAO:** While funds provided were key in providing necessary support and action taken was faster than under most other funding mechanisms. For administrative reasons, funds were not made available immediately upon request, with implications for the timely provision of support ahead of the agricultural season in Darfur. This highlighted the need for further improvement in the speed of response. It is recommended that the three-

months implementing period should start from the date that CERF funding is received by the organization concerned.

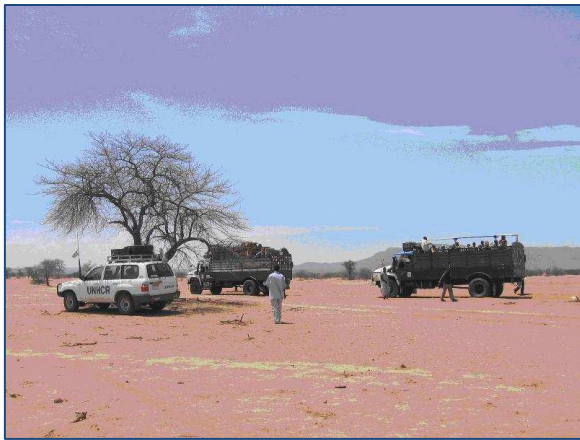
CERF in Action

Emergency Assistance for Chadian Asylum Seekers in West Darfur

In January 2006, Chadians started to arrive in West Darfur seeking safe refuge from increasing insecurity in Chad. By early April, approximately 15,000 Chadians had gathered around Habila and the villages of Galu and Azaza (about 35 kilometers north-west of El Geneina), not far from the border. More than 6,000 Chadians had arrived in Habila by May 2007. The refugees were mostly women and children and were living in extremely vulnerable locations along the border where humanitarian services could not be provided. A combination of factors, including the insecurity and inaccessibility of the border area, historical ethnic tensions among newly arriving tribes and weak coping mechanisms of the host communities led to the decision by UNHCR to that the relocation of this caseload was necessary.

This emergency had not been foreseen when the UN Work Plan 2006 was prepared at the end of 2005, nor later when the UNHCR supplementary appeal was issued in early 2006. As a result, no funds were immediately available to meet the new requirements totaling \$ 2.5 million for the relocation of the refugees to a safe site and delivery of life-saving assistance. The CERF grant of \$ 1.5 million was therefore very timely and enabled UNHCR and its partners to respond quickly.

Um Shalaya, 25 kilometres north-east of Mornei, was identified as a safe area several hours



UNHCR convoy of refugees traveling from the border area to Um Shalaya camp.
UNHCR/J. Williamson/June 2006

away from the border. Over a period of six weeks, starting in May, UNHCR, in partnership with Concern, Medair and Save the Children (SC-US) established a camp at Um Shalaya and, along with IOM, the Commissioner for Refugees (COR), the AU and SC-US, conducted the voluntary relocation of 3,200 Chadian refugees from the border. Prior to the movement, all Chadian refugees were informed of the voluntary nature of the relocation exercise. They were also informed that no assistance would be provided to those who opted not to move to the camp.

The refugees who opted to relocate were transported in convoys (varying between 15 and 16 trucks plus one bus to accommodate vulnerable individuals) from the border to the

camp, as depicted above. They were allowed to take all their belongings and animals, including large numbers of donkeys and a few goats. Local communities in Um Shalaya town, surrounding villages and among the nomadic tribes welcomed the refugees openly and offered them the use of the surrounding land for cultivation, water harvesting and firewood collection.

Assistance provided in the camp included a monthly food ration by WFP, non-food items and shelter materials. Services to refugees included water and sanitation, primary health care and

community programmes such as women's and youth activities (i.e. establishment of preventive and response measures for gender-based violence, women's centers and child friendly spaces, literacy and vocational training classes). Today, the camp continues to run smoothly in all sectors. UNHCR and COR staff are regularly present in the camp to ensure protection for the refugees and coordination of assistance.

It is UNHCR's observation that those who opted not to relocate have been integrated into the host communities.

Water and Sanitation/Health and Nutrition (UNICEF)

In early 2006, some 100,000 people fled their villages to Gereida, in South Darfur, were seeking protection from the conflict raging in their home areas. This exodus brought the number of internally displaced in the three camps around the main Gereida Town to over 200,000. The arrival of the additional 100,000 people overstretched the limited water, sanitation and health resources and strained the fragile protective environment within the established camps. UNICEF was one of few agencies able to negotiate access to the area – following consultations with the Sudan Liberation Army – making its interventions crucial to the survival of the IDP population.

These events and the consequent humanitarian needs came at a time when funding was critically low for many agencies, including UNICEF, making the injection of the \$4.5million grant from CERF crucial in assisting the new Gereida arrivals while not compromising lifesaving interventions in the other areas in Darfur. The CERF grant constituted the bulk of the funding for this crisis and stabilized the humanitarian situation. Over 120,000 people, of which at least 60,000 were children and youth, benefited directly from the grant.

With UNICEF's key partner, OXFAM, water points were expanded, including the drilling of two deep bore holes, the rehabilitation of four deep and eight shallow wells and over 40 shallow wells planned for rehabilitation or construction after the rainy season. Some 3,000 communal and household latrines ensured access to sanitation for IDPs. Another 500 latrines are planned. Following the training of 100 hygiene promoters, health and hygiene promotion activities have been ongoing, in addition to weekly camp clean-up campaigns, daily disposal of solid wastes and provision of 9,890,145 pieces of soap to follow hygiene practices – reaching over 128,000 IDPs.

The health of IDPs was a priority and the CERF grant enabled health interventions through the provision of 38 primary health care kits – covering basic health care for over 129,000 people – and ten midwifery kits for new mothers. Crucially in the rainy season, the malaria supplies procured with the CERF funds saw 12,903 people treated for malaria with ACT malaria drugs and 22,000 LLTNs distributed to the same number of households to protect women and children against this threat. In addition, the rainy season made the provision of non-food items essential, including blankets, reinforced tarpaulins, plastic sheeting mats, women's clothing and jerry cans.

Recognizing that the children had faced trauma due to the violent conflict that displaced and faced daily stress in the struggle to survive, UNICEF provided psychosocial support activities for 50,000 children through recreational kits. About 2,400 young people were empowered to participate in their communities through four youth and adolescent clubs and 100 participated in livelihood training in order to train a further 1,400 adolescents. Importantly, the CERF grant enabled UNICEF to maintain a presence in the area, offering protection in itself – one that

should not be underestimated for this vulnerable population. UNICEF's local partner, the Child Development Foundation, was critical in assessing the situation and supporting the emergency interventions.

Together this integrated package of emergency interventions has ensured that the IDPs – many displaced for a second or third time – did not have to compromise their basic standard of living further. In an area pushed to the limit by the ongoing violence and degradation of land – an area able to offer little to the existing inhabitants – these interventions were literally life-saving.

Expansion of Humanitarian Air Services (WFP/UNHAS)

With the support of CERF of \$12 million since 2006 to mid 2007, the humanitarian community was able to access 18 locations in Darfur where there was no other means of transport except by air. Lack of road infrastructure, increased insecurity, and lack of airstrips necessitated heavy reliance on the use of helicopters to deliver urgently needed assistance, security and medical services for humanitarian aid workers dedicated to help the millions who remain affected by the conflict in Darfur .

The first CERF grant of \$4.5 million provided in May 2006 allowed for expansion of the helicopter fleet from four to six. Subsequent two grants of \$4.5 million and \$3 million provided in December 2006 and in May 2007 respectively, allowed for maintenance of the expanded fleet. During the first six months of 2007, WFP-HAS evacuated 21 medical emergencies where without the helicopter capacity, many lives would have been lost.

The following note was forwarded by UNDSS offices in El Geneina, West Darfur:

'I would like to take this opportunity to commend you and your staff for your outstanding support on 05 July 2007 when UNDSS requested last-minute air support for the relocation of a joint UNDSS/WFP Security Team from Misterei back to El Geneina. With WFP-HAS assistance, UNDSS launched a successful relocation of staff within 30 minutes of our request for support. We wish to highlight that this has been only one of many occasions when your team provided invaluable assistance to UNDSS security operations. Your support has greatly contributed to the UNDSS effort in enabling humanitarian operations throughout West Darfur. Regardless of the task - air lift for security assessment, relocation of staff, or aerial search following critical incidents WFP-HAS has consistently responded in an effective and timely manner and in so doing have put the security and safety of both UN and INGO staff as a top priority.'



Field Security Coordination Officer
UNDSS West Darfur

ANNEX: List of FAO's Partners on Implementation of CERF Grant to Darfur – May 2006

Implementing Partners	CERF Funds Received (US\$)	Primary Activities
North Darfur		
OXFAM	\$59,649	Provision of vegetable seeds and tools for vegetable production
GAA	\$36,874	Provision of vegetable seeds and tools for vegetable production
RELIEF INTERNATIONAL	\$12,699	Provision of vegetable seeds and tools for vegetable production
CHF	\$11,710	Provision of vegetable seeds and tools for vegetable production
PRACTICAL ACTION	\$10,521	Provision of vegetable seeds and tools for vegetable production
ACF	\$11,856	Provision of vegetable seeds and tools for vegetable production
KAEDS	\$28,030	Provision of vegetable seeds and tools for vegetable production
FORESTRY DEPARTMENT	\$1,049	Provision of vegetable seeds and tools for vegetable production
MABA DEVELOPMENT SOCIETY-	\$19,200	Provision of livestock supplies (vaccines, veterinary drugs and equipment) and veterinary support
North Darfur Total	\$191,588	
South Darfur		
SCC	\$9,951	Provision of vegetable seeds and tools for vegetable production
SUDAN AID	\$9,923	Provision of vegetable seeds and tools for vegetable production
UNFPA	\$5,078	Provision of vegetable seeds and tools for vegetable production
CHF	\$4,615	Provision of vegetable seeds and tools for vegetable production
NOON	\$20,427	Provision of vegetable seeds and tools for vegetable production
ARS	\$621	Provision of vegetable seeds and tools for vegetable production
JMCO	\$21,868	Provision of vegetable seeds and tools for vegetable production
SUDO	\$19,305	Provision of vegetable seeds and tools for vegetable production and veterinary support
SDCO	\$26,882	Provision of vegetable seeds and tools for vegetable production
SPCR	\$37,175	Provision of vegetable seeds and tools for vegetable production
AL-RADOUM C. ORGANISATION	\$17,912	Provision of vegetable seeds and tools for vegetable production
SMAAR AND UM GANAH WOMEN D.S.	\$5,707	Provision of vegetable seeds and tools for vegetable production
South Darfur Total	\$179,464	
West Darfur		
TRIANGLE	\$22,611	Provision of vegetable seeds and tools for vegetable production
FAR	\$3,343	Provision of vegetable seeds and tools for vegetable production and veterinary support
INTERSOS	\$7,252	Provision of vegetable seeds and tools for vegetable production
WORLD RELIEF	\$19,553	Provision of vegetable seeds and tools for vegetable production
CONCERN	\$1,398	Provision of vegetable seeds and tools for vegetable production
SOLIDARITES	\$4,194	Provision of vegetable seeds and tools for vegetable production
SCUS	\$4,060	Vegetable production
West Darfur Total	\$39,883	
GRAND TOTAL	\$421,340	

Map of Sudan

