The International Donor Conference for Darfur was convened on the 7th and 8th of April in Doha, Qatar. At the Conference, the international community endorsed the Darfur Development Strategy (DDS) developed through a comprehensive consultation process, involving representatives of all social groups of Darfur including IDPs and women, in partnership with the Government of Sudan, the Darfur Regional Authority (DRA), UN agencies, International Financial Institutions and civil society.

The Government of Qatar made an immediate contribution of $88m, half of the funds required for the foundational and short-term activities.

The final communique’ of the Conference stated that over $1 billion has been raised to fund the strategy in the mid and long terms.

The Government of Sudan reiterated its commitment to allocate the funds stipulated in the Darfur Peace Document.

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As the number of international health-care providers is decreasing amid continuous insecurity and lack of funding, the people in Darfur face further deterioration of already limited health care. The World Health Organization (WHO) says the early recovery phase will require US$ 150 million over the next 2-3 years to ensure the provision of basic health and nutrition services to 3.4 million people.

“We have been here for the past five years, seeing on average 240 patients per day. We were trying to make life easier for displaced people in Zamzam,” says Abdurahman Zakaria, project officer of Mercy Malaysia, a nongovernmental organization (NGO) running a clinic in Zamzam Camp in North Darfur.

Zamzam Camp was set up in 2004 near the regional capital El Fasher to receive the thousands of people fleeing the violence that broke in 2003 in Darfur, in the western region of Sudan. As other camps have recently stopped receiving new arrivals and the conflict persists, Zamzam’s population has rapidly grown to more than 150,000 people. Last year another 20,000 displaced people arrived and many more are expected as the fighting in Jebel Amir area, west of El Fasher, enters its fourth month.

Lack of funding is causing a significant decrease in health facilities as NGOs are being forced to withdraw their vital services. “We have to close the clinic in June as our grant requests were not successful. We are sad as we don’t know if there will be anyone to take over the clinic and its 34 staff,” adds Mr Zakaria. This is the only clinic open during the night and it is unlikely that any other health facility would be able to provide night services that are vital for deliveries and complications during pregnancy.

Mercy Malaysia is the latest example of the continuing trend. In North Darfur, home to 2.1 million people, the number of health NGOs has halved since 2009. Now there are only three international health agencies operating there. For camp residents this is a worrying development. “We are seeing humanitarian health organizations leaving the camp and there is no clear indication who will take over,” says Abdallah Idriss Awad, one of the community leaders in Zamzam. “At the same time more people are coming and needs are only getting bigger” Sudanese NGOs are willing to step in but their financial capacity and training levels cannot match those of the large international agencies. They often lack experience and expertise to work in complex settings.

“The withdrawal of Mercy Malaysia will put lot of pressure on us with increased caseload in our clinics,” says Mahjub Omar, manager of Humanitarian Aid and Development (HAD), a WHO-supported national NGO that runs two clinics in the camp. “We need more funding and training to be able to fill the gaps,” he says.
Hospitals struggle with limited resources

At El Fasher Teaching Hospital, the lack of resources is clearly visible by its overcrowded wards and congested waiting areas. Built in 1948, the hospital does not have the capacity to service the current population of the town, swelled by the influx of displaced people. A project of establishing a new general hospital in new premises could take another decade if the construction continues at the current pace.

“When I came here in 2009 with my ill son, I received medications for free,” says Haleema Abbaker, mother of three living in Zamzam camp. Referred to the hospital again for her daughter who has fever and vomiting, she found that this time she needs to pay US$ 10 a day for medicines. “My family cannot afford the treatment and we are forced to borrow the money,” she says.

Since 2006, WHO has been financially supporting running costs for five hospitals in North Darfur and medical supplies, ensuring that displaced persons had access to medicines for free. The funding stopped in 2010 and the impact was strongly felt in these hospitals.

“Financing from the Ministry of Health covers only the salaries. Without outside financial support, we can no longer ensure provision of basic medical supplies such as surgical equipment,” says Dr Khaled Siddig, Curative Medicine Director at the State Ministry of Health. “This funding was also used to pay for electricity and maintenance costs. We are struggling to keep going and our patients are paying the price.”

Another serious issue in North Darfur is the significant inequities in the geographic distribution of health facilities. Many rural areas are underserved by the health system and lack health facilities, which are clustered in towns and cities.

To address this problem the Ministry of Health has established the Health Academy, aiming to train some 500 health workers from rural parts of North Darfur in professions such as nursing, midwifery and community health workers.

However, the Ministry of Health can provide only 40% of funds for this initiative so its future is uncertain.

International funding appeal

“Our biggest challenge is the gap in access to primary health-care services for the population and this has been exacerbated by the withdrawal of international health agencies,” says Dr Munir Matar, Emergency Health Action Coordinator at North Darfur State Ministry of Health. “We have a 5-year plan to expand primary health-care services to all regions but without a substantial increase in funding it will not be possible to build new health centres and to respond to disease outbreaks.”

The primary health-care services in Darfur are characterized by low coverage, limited accessibility and inadequate provision of essential services. Most of the primary health-care facilities lack the minimum required medical equipment and adequate infrastructure. Darfur has a low workforce density of health professionals with only 0.4 health workers per 1000 population compared to the WHO benchmark of 2.3 workers per 1000 population.

At the International Donor Conference for Darfur held in Doha in April, WHO and the Ministry of Health of Sudan presented the Darfur Early Recovery Strategy for Health and Nutrition, calling for US$ 150 million over the next 2-3 years to ensure the provision of basic health and nutrition services. Rehabilitating existing health facilities, increasing the number of trained health professionals and improving supply systems are key priorities in this region of the Sudan with some of the world’s poorest health indicators. An additional US$ 105 million is needed to sustain health and nutrition coverage over the next 15 years, including improved surveillance and rebuilding the health system.

In the meantime, with no lasting peace in sight, Darfur and its people will have to rely on existing resources and hope for stronger international support.

Tarik Jasarevic, WHO
Training on virus transportation held in Khartoum

Federal Ministry of Heath of Sudan and World Health Organization organized a two-day Infectious Substance Shippers Training (ISST) for twenty-one laboratory technicians from different parts of the country who might have the responsibility for shipping infectious substances. Sharing and shipping viruses in a timely manner with respect to the international regulation of the transport of dangerous goods is crucial and ISST workshops provide adequate skills to fulfill the international shipping regulation requirements.

In the past, Sudan has faced several epidemic threats requiring infectious substances to be sent to various WHO Collaborating Centers for laboratory analysis and characterization. For example, samples from the last November Yellow Fever outbreak in Darfur were shipped to Institut Pasteur in Dakar, while suspected Guinea-worm cases were analyzed in Centre for Disease Control and Prevention (CDC) in Atlanta. The workshop focused on the importance of appropriate shipping of infectious substances and included different modules covering: introduction to transport of infectious substances, shipping terms, categorization, packaging, marking and labeling, documentation and refrigeration. Facilitated by WHO’s Global Influenza Surveillance and Response System, the course is recognized by the air-transport authority International Civil Aviation Organization (ICAO) and the International Air Transport Association (IATA). At the end of the course, participants were required to take the practical and written test in order to receive the ISST Shipper Certificate that meets international transport regulations standards and is valid for two years. Since 2007, twenty-five ISST workshops were held worldwide in which 570 laboratory technicians were trained globally. Training is designed by WHO’s Support to International Health Regulations (IHR) Capacity Development.

Obstetric training in Kutum

The World Health Organization (WHO) has supported the State Ministry of Health of North Darfur (MoH) to conduct a five-day training in Standard Obstetrics Care for 25 midwives working in Kutum locality. Maternal mortality remains a major problem in the Sudan. The Sudan Households Health survey from 2010 showed that maternal mortality in North Darfur is 177.5 per 100.000 but in some areas, such as Kutum, it is feared to be significantly higher. Most maternal deaths are due to the complications during pregnancy and childbirth such as bleeding, high blood pressure, infection and prolonged labor. Many of these deaths can be prevented by early recognition, treatment and timely referral.

The training, designed and facilitated by Reproductive Health Department of the State MoH, focused on referral criteria, emergency care, infection prevention and making pregnancy safer. It is part of WHO’s project on reduction of child and maternal deaths within Kutum and Mallet areas in North Darfur with poor mother and child health services. The skills acquired at this training will be evaluated by MoH and WHO through monthly supervisory visits.

Tarik Jasarevic, WHO
The Integrated Food Security Project (IFSP) has achieved several recent milestones in its first four months of implementation. The US$10 million project is funded by the Canadian International Development Agency (CIDA) and implemented by FAO and UNIDO (United Nations Industrial Development Organization) in collaboration with Kassala’s Ministry of Agriculture, Forestry, Irrigation and Livestock. It aims to achieve sustainable food security by improving communities’ agricultural productivity, their linkages to markets and their practical livelihood skills for increased income. The project has six main areas of activity: irrigated horticulture, fisheries, sunflowers as a cash crop, water-harvesting for sorghum production and improvement of livestock routes.

Recent achievements include the Horticulture Cluster’s establishment of eight irrigated gardening blocks on the banks of the River Atbara. They are being used to train poor farmers and young people in horticulture, vocational skills, marketing and procurement of essential equipment. Five women’s development centres are also being established which will provide a place to train women in income-generating activities such as kitchen gardening. Fifteen Farmer-Trainers from Kassala’s larger private farms have also been deployed to the target villages in order to provide village-based farmer-to-farmer extension education.

In the Fisheries Cluster a participatory fisheries value chain analysis has been conducted and representatives of the fishing villages and the Fisheries Administration were taken on an exposure visit to other fishing communities in the Khartoum, Blue Nile and White Nile states, and to boat factories and fishing gear suppliers. A similar exposure visit was held for prospective sunflower farmers from the Gash Scheme who were taken to three oil milling companies in Medani and to the Agricultural Research Corporation to talk to researchers on the opportunities and challenges in the production of sunflowers, soybeans and safflower.

Zoie Jones, FAO
The first food rations have reached conflict-affected people in Sudan’s Blue Nile state since 2011, when the isolated rural area near the South Sudan border was cut off by conflict and insecurity. “While we continue to strive for access to all areas, this is still a major breakthrough which will enable us to assist those who continue to be displaced by the conflict or those who have decided to return to their homes and are in dire need of food assistance,” said WFP Sudan Country Director Adnan Khan. Fighting between the Sudanese armed forces and the rebel Sudan People’s Liberation Movement-North (SPLM-N) broke out in Blue Nile state in September 2011, after neighbouring South Sudan seceded under the 2005 Comprehensive Peace Agreement that ended a decades-long civil war. The fighting in Blue Nile displaced and then isolated tens of thousands of people.

“The overall plan is to assist all those we can reach in the six localities where we currently have access before the onset of the rainy season in May,” Mr. Khan said. These localities include Bau, Damazine, Geissan, Kurmuk, Rossaries and Tadamon. Prior to distribution WFP carried out an assessment of the situation in all the six localities to determine how people are coping with their food needs, what food is available in the market and at what price. The first round of distribution has been completed in two of the most severely affected localities, Geissan and Kurmuk. Food distribution is ongoing in two other localities. So far WFP has supported over 75,000 conflict-affected people in four localities. WFP will need an additional $20.5 million to buy 17,000 metric tons of food that will be needed for this operation.

Over forty-seven thousand children were vaccinated against measles and polio during an emergency vaccination campaign organized April 4-10 in Jebel Amir area, North Darfur. More than 110,000 people are believed to have sought the refuge in five major towns after the violence hit the gold-rich Jebel Amir area beginning of January.

The World Health Organization (WHO) and the State Ministry of Health of North Darfur (MoH) visited Jebel Amir as early as February and decided to conduct an emergency immunization campaign of children under 15 against measles and of children under 5 against polio. During the campaign, 22 MoH teams, with support from WHO and UNICEF, established 60 temporary vaccination sites in Alsereif, Gara Alzawia, Abo Gamra, Kakkabia and Saraf Umra.

Before the conflict began, WFP provided food assistance to some 183,000 vulnerable people in Blue Nile state with most of them in Kurmuk, the poorest locality and with high level of food insecurity.
Sudan Launches its First National Strategy for the Development of Statistics

Under the auspices of the Vice President of the Republic, the Central Bureau of Statistics launched on 23 April in Khartoum the National Strategy for the Development of Statistics (NSDS) for the Republic of Sudan (2012-2016). The United Nations Development Programme (UNDP) has supported the development of the strategy technically and financially.

This strategy is the first of its kind for the Republic of Sudan addressing the existing data gap for the design, management, monitoring and evaluation of development policy frameworks, Poverty Reduction Strategies and the Millennium Development Goals (MDGs).

The process for formulating the NSDS has been an inclusive, consultative and participatory process involving various stakeholders reflecting data requirements of national, state and local level governments, non-state actors (private sector &, NGOs/CSOs, as well as international development partners.

The NSDS will help the government and development partners to monitor progress made against defined national priorities in a coordinated and consistent manner.

In his address, Assistant to the President, Mr. Gaffer Al-Saddig Al-Merghani reiterated the government’s commitment to provide political and financial support to the strategy to ensure close follow up of the implementation phase, providing greater coherence integration, precision and quality in the production of data in Sudan at the state, federal, and local levels.

UNDP County Director Sayed Aqa stated that “This important strategy came as a result of considerate efforts from all statistics partners in Sudan adopting a participatory approach at all stages. We believe that this strategy will bridge the data deficit that Sudan has faced in its endeavors to monitor progress of its national development frameworks and global commitments including the Millennium Development Goals (MDGs), and the Sudan Interim Poverty Reduction Strategy Paper (IPRSP) issued in August 2012.”

Director General of the Central Bureau of Statistics (CBS), Dr. Yasin Alhag Abdin, called for additional political and financial support to the strategy to ensure its successful implementation. Abdin further commended the technical, provided by development partners, led by United Nations Development Programme and the United Nations Fund for Population and UNICEF and gentlemen governors, ministers and agent’s commissions strategic States and ministries.

The NSDS is a framework for strengthening statistical capacity across the entire National Statistical System (NSS) that will provide comprehensive statistics for the effective management and sound decision-making. It will be mainstreamed into national development agenda as well as international goals such as the Poverty Reduction Strategy (PRS) and Millennium Development Goals (MDG’s).

UNDP Press Statement
Introducing alternative technologies to meet the construction and energy needs of Darfur

Consultations for the Darfur Recovery and Reconstruction strategy have highlighted the crucial need to provide affordable and sustainable sources of energy and construction materials to the population of Darfur.

On 22 April 2013, Dr. Babiker Abdallah Ibrahim, Undersecretary at the Ministry of the Environment, Forests and Physical Development, hosted the Environmental Technology Task Force (ENTEC) meeting to decide on how to best address energy and construction challenges in Darfur.

ENTEC emerged from a collaboration between UN Agencies, donors and civil society organizations after the 2008 Darfur Joint Assessment Mission (DJAM). ENTEC’s central theme is the introduction and scale-up of environmentally friendly, alternative construction and energy technologies in Darfur to reduce the current rate of deforestation and expected increase in deforestation when IDPs eventually return and reconstruction begins.

In an environment that is shaped by the limited availability of natural resources, and the unsustainable use of these resources, the development and adoption of environmentally friendly building practices and energy sources is indispensable for social, equitable and environmentally sustainable development.

ENTEC is a successful cooperation between UN Agencies (UNEP, UN Habitat, UNOPS, UNDP), INGOs (Practical Action) and Sudanese research institutions (University of Khartoum, El Fasher, Nyala, Zalingei). Jointly led by UNEP and UN Habitat, the ENTEC team has made use of its joint expertise and networks to produce a solid knowledge base on the demand, use and implications of introducing alternative technologies, such as Stabilized Soil Blocks (SSB) or Fuel Efficient Stoves and Liquefied Petroleum Gas (LPG) Stoves.

Together with the UN partners, the Ministry of Environment, the Darfur Regional Authority and national research institutes agreed to join forces to work together to use the knowledge base to move ENTEC one step further.

The group will approach trade unions, the private sector and local governments to create awareness among political decision makers and communities and to link up with donors to secure funding for future ENTEC activities.

For more information and the ENTEC reports, go to www.unep.org/sudan

Julia Ismar, UNEP

Emergency Desert Locust Response

Protecting Crops and Pastures

FAO has delivered eight vehicle-mounted pesticide sprayers to the Plant Protection Directorate (PPD) of the federal Ministry of Agriculture and Irrigation (MoAI) as part of the effort to prevent new swarms of desert locusts along the Nile Valley in Northern and River Nile states.

The sprayers allow more areas currently infested with hoppers (wingless nymphs) to be sprayed with Ultra-Low Volume pesticides. The ongoing spraying operations help protect agricultural production, pastures and related food security in the affected states.

In April, the PPD field teams found some groups of adult locusts were continuing to lay eggs, and hatchings also continued.

The PPD’s current resources such as spare parts, HF radios, camping equipment, generators and pesticide pumps are in short supply and need to be restocked or replaced in order to maintain field operations and prevent a food security emergency.

Approximately US$1 million is needed urgently to continue the control efforts over the next six months.

Zoie Jones, FAO
• 29 April: The United Nations Resident and Humanitarian Coordinator in Sudan, Mr. Ali Al-Za’tari, released a statement expressing his shock at the recent attack on Um Rawabah and other areas in Northern Kordofan and the renewed shelling of Kadugli by anti-government forces. He noted that “the cycle of violence between Government forces and rebel groups is exacerbating the humanitarian crisis in Blue Nile and South Kordofan and on-going and potential development assistance efforts.”

• 25 April: The United Nations Resident and Humanitarian Coordinator in Sudan, Mr. Ali Al-Za’tari, welcomed the beginning of direct talks between the Government of Sudan and the Sudan People’s Liberation Movement - North (SPLM-N) under the auspices of the AUHIP in Addis Ababa. Mr. Al-Za’tari urged the parties to continue the positive spirit and to spare no efforts to put an end to the suffering of civilians.

• 23 April: The Government of Sudan, the UN and partners initiated the vaccination week. The theme for this year’s vaccination week for Sudan is “Stop Measles Now”.

• 19 April: The United Nations Resident and Humanitarian Coordinator in Sudan, Mr. Ali Al-Za’tari called for immediate humanitarian access to allow humanitarian teams to assess the condition of all affected civilians in East Darfur – especially women, children and elderly people – and to provide them with the necessary relief supplies.

• 17 April: The Joint Special Representative (JSR) of the African Union – United Nations Mission in Darfur (UNAMID), Mr. Mohamed Ibn Chambas, met with the Minister of Interior, Mr. Ibrahim Hamid, in Khartoum. The JSR drew the attention of the Minister of the Interior to the humanitarian situation in the areas Labado and Muhajeria towns, in East Darfur State, and urged the Government of Sudan to ensure that UNAMID and United Nations’ humanitarian convoys are able to access to Muhajeria and Labado, in order to provide the humanitarian assistance to those in need. In light of recent developments in and around Muhajeria and Labado, Mr. Chambas also urged the Government to prevent civilian loss of life and property as it reestablishes its control over these areas.

• 16 April: The United Nations Resident and Humanitarian Coordinator in Sudan, Mr. Ali Al-Za’tari started food distributions in Kurmuk locality. WFP so far has supported over 75,000 conflict-affected people in four localities.

• 23 April: The African Union - United Nations Mission in Darfur (UNAMID), the UN Children’s Fund (UNICEF), the World Food Programme (WFP), and the World Health Organization (WHO), conducted the first phase of an operation aimed at delivering food, water and medical supplies to thousands of displaced civilians in Labado and Muhajeria, East Darfur.

• 19 April: The World Food Programme (WFP) started food distributions in Kurmuk locality. WFP so far has supported over 75,000 conflict-affected people in four localities.
I am pleased to send greetings to all participants at the International Donor Conference for Reconstruction and Development in Darfur. I thank Deputy Prime Minister Ahmed bin Abdullah al Mahmoud and the State of Qatar for hosting this important event. I am also grateful to the Government of the Sudan, the Darfur Regional Authority, United Nations agencies and international development partners for producing the Darfur Development Strategy which underpins today’s pledging initiative.

We share a collective commitment to achieving a comprehensive and inclusive peace for the people of Darfur. Resolving the crisis there remains critical to consolidating peace and stability for Sudan as a whole. Ten years since the crisis peaked, the conflict continues to exact a heavy toll on civilians, threatening security, displacing populations, hurting livelihoods, destroying infrastructure and disrupting the provision of health, education, water and other basic services throughout parts of the region. The long-stalled effort to find a political resolution to this conflict reached a turning point in July 2012 with the adoption of the Doha Document for Peace in Darfur by the Government of Sudan and the Liberation and Justice Movement. Last month, the inclusiveness of the process was further enhanced when the Government of the Sudan and the Justice and Equality Movement–Sudan agreed to sign on to the Doha Document.

The success of the most recent negotiations opens yet another opportunity for the signatory parties to accelerate implementation of the provisions of the Doha Document, and to do more to improve the lives of the region’s people. Over a six-year period, the reconstruction and development of Darfur will require $7.2 billion. The Government of the Sudan must clearly demonstrate its commitment to fulfill its financial obligations to support recovery and development in Darfur. I also call on the Government to cooperate to facilitate the work of UNAMID [African Union-United Nations Hybrid Operation in Darfur], humanitarian actors and international development partners throughout Darfur, while respecting human rights.

The Darfur Development Strategy acknowledges that while current conditions may not be perfect, “the people are ready for change”. In this spirit, I urge you to step up your engagement to achieve the transformation of Darfur that its people deserve.

“We share a collective commitment to achieving a comprehensive and inclusive peace for the people of Darfur.”